



Department of
Children's Services



Annual Progress and Services Report – FY 2021

For the 2020 – 2024 CFSP

Tennessee Department of Children's Services | Submitted: June 30, 2020



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Collaboration and Vision

State Agency Administering the Programs

Tennessee's Department of Children's Services (DCS) is responsible for the administration of funding through Titles IV-B (Subparts 1 and 2) and IV-E programs, the Child Abuse Prevention and Treatment Act (CAPTA) and the Chafee Foster Care Independence Program. The Department provides services in twelve regions covering the 95 counties across the state. The population served by DCS includes the families of children in foster care and non-custodial children and youth in the community receiving various prevention, and intervention services. Children in foster care include those who have been determined to be dependent and neglected, as well as children adjudicated delinquent or unruly by the courts. Non-custodial populations include families served through Child Protective Services who receive services through one of three Multiple Response System (MRS) tracks including Investigations, Assessments, or Resource Linkage. Ongoing services to families are also provided through Family Support Services and Family Crisis Intervention. Through the Extension of Foster Care Program, DCS serves youth who have reached the age of majority, have exited care and remain on a voluntary contract to receive post-custody services. DCS is also provides services to the families of non-custodial youth placed on state probation and aftercare supervision by the courts.

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Collaboration

DCS continues to incorporate internal and external stakeholders in the Child and Family Service Review (CFSR) process. Tennessee chose to do state administered CFSR during round three and has adopted the CFSR model as its official qualitative review process. A member of Tennessee's Administrative Offices of the Courts continues to serve as a CFSR Reviewer for DCS. The Department also invites internal and external stakeholders to serve as Shadow Reviewers. Stakeholders who shadowed during this APSR cycle include Foster Care Review Board members, Court Appointed Special Advocates, Millarich, Youth Villages, a Judge from Williamson County and all levels of DCS workforce members to become familiar not only with the CFSR process, but with Federal expectations, systemic issues that impact service delivery, and the needs of families and communities. Challenges with COVID-19 required DCS to conduct the 2020 reviews remotely and have limited opportunities for stakeholders to shadow beginning in April; however, new strategies are being considered to resume recruiting stakeholders. Currently DCS continues to recruit through the quarterly CFSR newsletter and promoting the sign-up link through the CFSR team's email signature. External trainings that are conducted are also ways we continue to encourage and recruit external partners and stakeholders to participate.

DCS has included the courts through many different strategies. The Judge in Williamson is functioning as DCS's champion of change to encourage other judges to be involved in collaboration efforts with DCS. The Judge in Blount and the Judge in Marshall are involved in the PIP project to support quality assessments to determine services gaps and needs for the families in their county and to work with DCS to fill those service gaps. Both of these judges also attended The PIP Report Out meeting and/or the Joint Planning meeting. The Judge in Davidson was involved in state planning in March 2020 held in D.C. DCS collaborated with AOC to offer assessment virtual training to Juvenile court directors in August 2020.

The CFSR Program Improvement Plan Report out and Joint Planning Meeting were held on May 27 and 28, 2020 through a virtual platform. Private Providers Omni and TN Alliance for Children and Youth, Safe Baby Court Coordinator in the Knox Region, and Vanderbilt University Center on Excellence participated in the PIP report out. Members of the CFSP Advisory Council (Please see Agency Responsiveness to the Community) as well as an Assistant District Attorney, a parent attorney and Guardian ad Litem, multiple Judges from across the state, Department of Health, and TennCare representatives attended the Joint Planning Meeting. A former Extension of Foster Care youth was also invited. DCS has a growing Young Adult Advisory Council where youth will be invited to participate in future joint planning meetings and other collaborative planning sessions. Several DCS frontline staff also participated in these meetings representing several regions across the state that included Caseworker and Team Leader levels. They also presented on current initiatives being rolled out such as the Child and Family Team Revitalization initiative and The Child Protective Services Redesign in order to provide their perception of how these initiatives support their ability to provide quality services to children and families.

Stakeholder groups did not occur this year during Joint Planning due to COVID 19. Joint Planning was used as an opportunity to provide an overview of the CFSP and presentation of new initiatives. DCS did solicit feedback and had some questions. There have been no suggestions for goal changes but have had more educational questions and one University partner is exploring collaboration opportunities on the PIP TL mentoring project. The plan is to solicit feedback through the quarterly CFSP Advisory Boards and provider meetings.

Tennessee requested an extension for the Families First Prevention Services Act and has elected to begin in 2021. A Team formed and began meeting in late summer of 2019. In the first few months the team assessed work done by individuals who were formerly leading FFPSA implementation. Two large workgroups were formed with one focusing on prevention services and the other on congregate care. These workgroups began meeting in January of 2020. All providers were given the option to participate. There are also plans to engage the Department of Health to look for areas of potential collaboration with respect to the Department of Health's evidence-based home visiting programs. The Department has also partnered with the Tennessee Alliance for Children and Families who participates in all workgroup meetings. There are plans to develop an additional workgroup focused on court activities.

A self-assessment was also sent to all prevention providers and congregate care providers. In order to reach the most prevention partners, the Department also requested Department of Mental Health and Substance Abuse Services (DMHSAS) make the survey available to providers. The Department is also engaging all congregate care providers in one-on-one discussions in order to

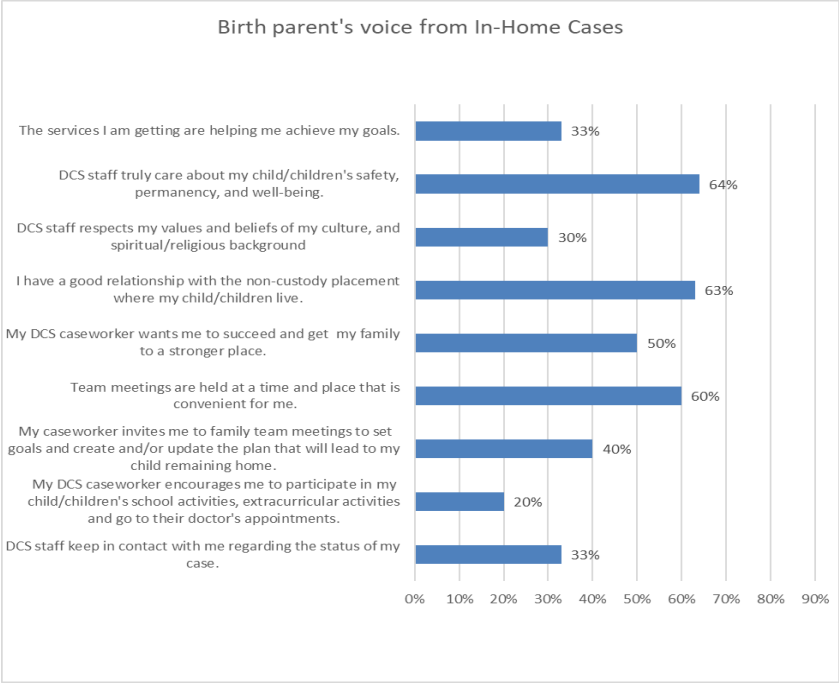
ascertain the provider's readiness to transition to a qualified residential treatment program (QRTP) or another allowable congregate care placement setting. The Department is also implementing a statewide pilot, which will be fully rolled out by early 2021, in order to ensure that all Department staff are familiar with the new steps that must be taken when a child is placed into a QRTP setting. The pilot has rolled out in Upper Cumberland, Northwest, Northeast, and South Central. This is a QRTP Pilot. The purpose of the pilot is to help DCS frontline staff become familiar with the requirements of FFPSA for placing a child in a QRTP setting. All regional frontline staff receive an one hour training on the requirements of placing a child in a QRTP. The training covers the 30 day assessment by a qualified individual, the CFTM, 60 day court reviews, and long-term reviews of QRTP placements. After completing the training, the staff then practice for placing children in QRTP settings each time a child moves to or needs to move to a congregate care setting within our current placement structure. Timeliness of the assessment and the CFTM and the court hearing in relation to the placement date are tracked. Regional leadership meets with the FFPSA team each month to talk about the practice and any barriers staff may be running into meeting the FFPSA timeline expectations for placing a child in a QRTP. Approximately every two months, two regions receive the training and start practicing the QRTP protocol in order to be prepared for July 2021 when FFPSA goes live in TN and placement in QRTP settings must officially be tracked.

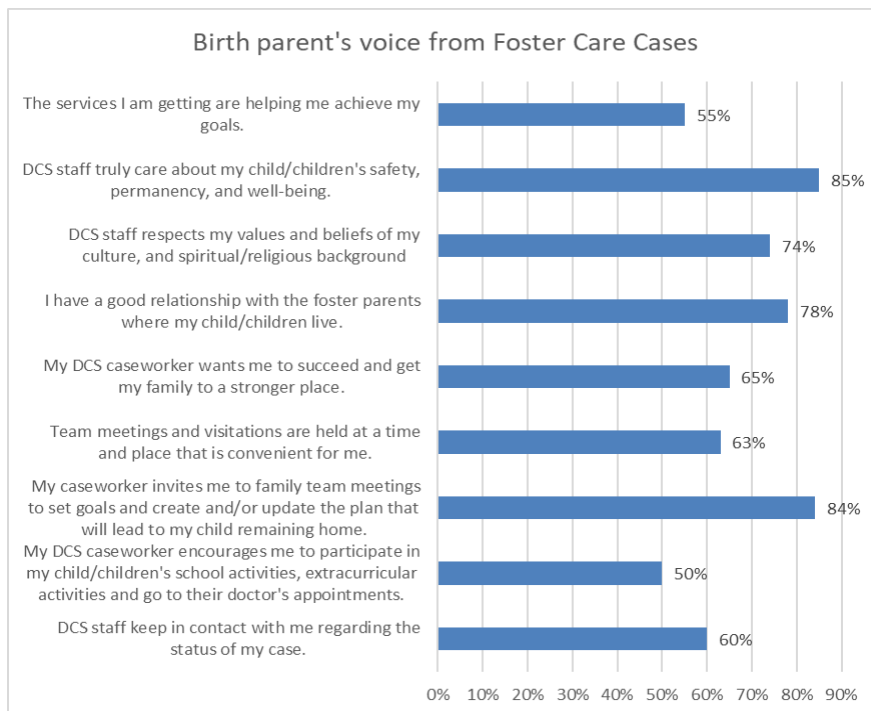
Technical Assistance from Chapin Hall is set to begin this month. Chapin will assist the Department with drafting the 5-year prevention plan as well as making sure the Department has the correct governance structure and policies in place to ensure a smooth implementation. This technical assistance will also assist the Department in determining our candidate population and selecting appropriate evidence-based services to serve that population. External stakeholders currently collaborating with DCS in these workgroups include Administrative Office of the Courts, Child Help, Alternative Youth Services, Meritan, Inc., TN Children's Alliance, Youth Villages, Monroe Harding, Department of Mental Health and Substance Abuse Services, Department of Health and Human Services- 2Gen Program Coordinator and Families First Director, Systems of Care Across Tennessee, Department of Education, United Health Services, Camelot, Agape, Youth Villages, Bethany Christian Services, Porter-Leath, TN Children's Home, TennCare, Holston Homes, Camelot, Omni, Frontier Health, Florence Crittenton Agency, Upper Cumberland Human Resource Agency, and Steppen Stone.

DCS continues to look for methods to improve capturing the voice of birth parents. DCS collected the voice of the parent through two survey methods. Through the Single Team Single Plan approach oversight is led by DCS, but decision making, and ownership belongs to the Multi-Discipline Steering Committee. A Steering Committee for this approach is 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. Please see Service Array Systemic factor section for details and overall project data. Between July 2019 through June 2020 102 parent surveys were collected in 24 counties across the state to get feedback from birthparents to evaluate the effectiveness of this service approach. Results include the following:

Treat me with respect
79% Always
10% Often
Give me a voice in decisions
79% Always
16% Often
Make it easy for me to access a wide range of services
79% Always
16% Often
Help me prepare to transition out of services
76% Always
15% Often

In February 2020 the Program Evaluation Team began collecting the voice of birth parents through the CFSR interview process to test if this would be an effective method to increase collecting the voice of parents to evaluate the effectiveness of services from the birth parent perspective. Currently, 32 surveys have been collected. During the next fiscal year, the method will be expanded to all CFSR reviewers in order to improve birth parent feedback. Results this year include the following:





DCS is developing strategies through CFSR interviews and providers to recruit/invite birth parents to collaborative planning meetings such as the quarterly CFSP Advisory Board and Annual Joint Planning meetings. CFSR Reviewers are being asked while interviewing birthparents during CFSR to assess if they feel that parent would be interested in participating and to ask if they would like to participate at the end of the interview. In addition, providers are being asked to support this effort and provide feedback for other opportunities they may be using or are aware of.

In March 2020 a provider feedback survey was distributed to help DCS identify ways to continue to collaborate with private providers to improve service delivery to children and families. Some trends in responses include the following:

How can we leverage external stakeholders to help engage families to be more involved in the CFT process?

- Better define roles and expectations and offer collaborative experiences

How can we be more successful in engaging fathers to be an active part of the CFT process?

- concerted efforts to locate, inform and truly involve them in the processes.

How can we be more successful in working with incarcerated parents?

- Ensuring they can continue to visit with their children
- Finding ways to break barriers that will allow them to participate in the process and keep them updated on the status of the case.

What are some areas of mutual need and interest where greater collaboration may benefit the families of Tennessee?

- Communication and making sure DCS and providers are on the same page with the status of the child and family.

How can DCS and providers better communicate with each other?

- **Have a consistent process to share ideas and needs with community partner and the Department. Routinely meet to adjust and improve the process to be an open and honest conversation.**

Community-Based Child Abuse Prevention (CBCAP)

Tennessee’s CBCAP program receives consistent funding from federal and state-matched dollars which are distributed through publicly available child abuse prevention grants. The grants are specific to delivering primary and secondary prevention services through the Stewards of Children training and Nurturing Parenting Program curriculum. Community-based agencies are free to develop a program specific to the needs of their community.

As a part of Tennessee’s Children’s Trust Fund, Tennessee is looking for opportunities to expand prevention-related activities and services through publicly available grants and increase funding for CBCAP programs.

The Children’s Advisory Council is scheduled to meet regularly in 2020 and will be included in reviewing the 2020-2024 CFSP and development of the APSR. Members of the Council include but are not limited to representatives from the following:

Local law enforcement	Mental health professionals
Local education agencies	Juvenile Court Officials
Social Workers	Healthcare providers
Consumers of services such as parents, foster parents or family members of children who have been or are service recipients	Child advocates
Persons having specialized knowledge or experience	Public and Private agencies that provide services to children
Youth Voice	Faith-based providers

DCS embraces the opportunity to work with Community Advisory Boards (CABs). CABs support the work of the Department’s vision keeping Tennessee’s children safe, healthy and back on track for success. CABs bring a commitment, knowledge and skillsets that enrich the Department’s work. CABs allow the Department to stay in communication with community partners. Through collaboration, DCS can leverage strengths and resources to meet immediate needs, address systematic issues and build for the future. DCS recognizes that there is opportunity to enhance relationships with external stakeholder. CABs provide the perfect venue to accomplish this task. Please see updates in the Service Array Systemic Factor Section.

Assessment of Current Performance in Improving Outcomes

Child and Family Outcomes

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.

Tennessee was found to be in substantial conformity on Safety Outcome One during the 2017 CFSSR. DCS does not have a Measurement Plan goal for the CFSSR PIP. The target goal in the chart below is based on the federal percentage of substantial conformity.

Data Source: TFACTS (7/1/2019-4/30/2020) and OSRI 9/30/19 (full review)/6/30/20 (partial review)

Measure of Progress	Baseline (FY 2019)	FY 2020	Target Goal	Target Date
CFSSR Performance (Item One) Timeliness of Investigations	82.4% (as of 9/30/18 full Review) 76.32% (as of 6/30/19 partial review)	79.57% 9/30/19 82.86% 6/30/20	95%	6/30/2024
Timeliness of Response – Priority One	90.01% - CPSI 96.57% - CPSA	95.20%-CPSI 95.60%-CPSA	95%	6/30/2024
Timeliness of Response – Priority Two	89.64% - CPSI 95.34% - CPSA	95.20%-CPSI 96.40 %-CPSA	95%	6/30/2024
Timeliness of Response – Priority Three	89.97% - CPSI 87.17% - CPSA	94.40%-CPSI 96.20%-CPSA	95%	6/30/2024

Data Source: Statewide Data Indicators (Round Three)

Statewide Data Indicators	National Performance	TN Risk Standardized Performance (15AB,FY15)	TN Risk Standardized Performance (16AB,FY16)	TN Risk Standardized Performance (17AB,FY17)
Incidence of Maltreatment while in DCS Custody (Using new CFSR Round 3 Measure)	9.67	10.41	8.44	12.63
Statewide Data Indicators	National Performance	FY 15-16	FY 16-17	FY 17-18
Recurrence of Maltreatment (Using new CFSR Round 3 Measure)	9.5%	6.3%	5.1%	4.9%

**Data Source: Tennessee CFSR 3 February 2020 Data Profile. Data years, A=October through March, B=April through September.

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. Recurrence of Maltreatment according to the Data Profile Tennessee’s performance has continued to be statistically better than the national performance.

Progress: Tennessee realized that reporting errors in the CCWIS/TFACTS system were impacting the data for repeat maltreatment in care. It was discovered that referrals received on youth in foster care who reported abuse that had occurred prior to foster care were being counted as abuse that had occurred while in care. This had inflated the data somewhat. Correcting this reporting, as well as implementing other initiatives, has helped the state reduce maltreatment numbers in care.

Strategy: Ensure timely investigations/assessments per DCS policy.	Responsible Party	Update FY 2020	Date
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	On schedule	Ongoing

Strengths and Areas of Needed Improvement Update:

Ensure timely investigations/assessments per DCS policy

This strategy is monitored through regional leadership as well as senior leadership. Goals for improving case closures, response times and assessments are included in 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. 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.

CPS has seen improvements in these areas over the past year. Response times have improved since 12/18 to 4/2020 from 91% to 94.9%. In 12/18 the FAST was completed and submitted timely with 67% and has increased to 91.5% as of May 2020. As of 6/2020, 20% of cases are closed timely, which shows an improvement from 30% in 1/2020. However, there has been a decline in new cases due to COVID-19, so this has impacted the ability to close cases timely and it is being monitored closely for the anticipation of increasing reports in the coming months. Vacancies remain a challenge for CPS in Tennessee. A focus on workforce recruitment, training, and retention is underway and a CPS reorganization has begun to assist in improving how child protection is addressed in Tennessee. This model was implemented in Shelby County in January 2020 and in Upper Cumberland in June 2020. It provides more specialized teams which is projected to impact staff satisfaction and retention and provides a more comprehensive approach to CPS for children and families.

The quality of assessments and subsequent planning has been a focus of improvement for CPS cases. While the data cited speaks to compliance for completing the assessment, the quality of the

information contained within the assessment has been a concern. In response to these concerns, specialized trainings have been developed and delivered in coordination with the child and family services review outcomes to assist staff and supervisors in understanding the need for a global assessment and using the assessment information in case planning and service delivery. Family engagement and documentation trainings have also been delivered to staff to align with improving assessments and creating family plans. As a part of the training associated with the CPS Redesign, specialized global assessment training was provided to staff in Shelby County and Upper Cumberland prior to the implementation. The trainer is a CFSR Lead and he has also provided training to targeted areas in other regions that need improvement. As the CPS redesign is implemented in other regions, this training will be incorporated.

Additionally, Individual Performance Plans for staff were developed with outcomes related to the completion of FAST assessments by the case managers and outcomes for supervisors to review and approve them timely. This expectation has focused the CPS supervisor’s attention on the content too. Quality case reviews also provide the opportunity to review qualitative information and for feedback to be given to the case manager.

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?

Tennessee was not found to be in substantial conformity on Safety Outcome Two during the 2017 CFSR. The Measurement Plan goal for Item Two is 48.5%. The Measurement Plan goal for Item Three is 27.4%. The target goals in the chart below are based on these goals.

Data Source: OSRI 9/30/19 (full review) and 6/30/20 (partial review)

Measure of Progress	Baseline FY 2019	FY 2020	Target Goal	Target Date
CFSR Performance (Item Two): Services to Prevent Removal or re-entry into foster care	40% (as of 9/30/2018 full review) 32% (as of 6/30/2019 partial review)	33.82% 9/30/19 36.84% 6/30/20	48.5%	9/30/2022

CFSR Performance (Item Three): Safety and Risk Assessments	22.9% (as of 9/30/2018 full review) 18.06% (as of 6/30/19 partial review)	22.88% 9/30/19 22.54% 6/30/20	27.4%	9/30/2022
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Source: Statewide Data Indicators (Round Three)

Statewide Data Indicators	National Performance	TN Risk Standardized Performance (14B15A)	TN Risk Standardized Performance (15A15B)	TN Risk Standardized Performance (15B16A)	TN Risk Standardized Performance (16A67B)	TN Risk Standardized Performance (16B17A)	TN Risk Standardized Performance (17A17B)
Re-entry to foster care in 12 months	8.1%	9.5%	10.1%	10.1%	10.8%	11.6%	10%

**Data Source: Tennessee CFSR 3 February 2020 Data Profile. Data years, A=October through March, B=April through September.

Explanation: A lower RSP value is desirable. Tennessee’s rates of re-entry have continually been statistically worse than the national performance and is being addressed in the Program Improvement Plan and during the 2020-2024 CFSP with the goals and strategies below.

***Please Semi-Annual PIP Report for detail updates on CFSR PIP Goals and Key Activities**

Strategy: Ensure children receive timely, initial and ongoing safety assessments	Responsible Party	Update 2020	Date
CFSR PIP – Goal One: Strategy One – Quality Contacts Initiative; Strategy Two – Assessment Integration Model.	Executive Director of Training and Professional Development Regional Directors	Strategy One: On Schedule Strategy two: Completed	3/31/21
CFSR PIP – Goal Two: Strategy One – Safe Baby Courts; Strategy Two – Services Identified by FAST;	Executive Director of Child Safety Administrative Office of the Courts	Strategy One: ongoing Strategy two: This strategy is behind schedule. Please see update in red below	3/31/21

	Regional Directors	under Services Identified by the FAST	
CFSR PIP – Goal Three: Team Leader Mentoring and Enhancement Project	Director of Program Evaluation Regional Directors	On Schedule	Ongoing
Strengthen Resource Linkage Program to promote prevention and provide up to date information on available services to families.	Director of CPS A and In- Home Services Regional Directors	On Schedule	July 1, 2021

Strengths and Areas of Needed Improvement Update:

Quality Contacts and Assessment Integration Model

Due to COVID-19 Quality Contact trainings have moved to virtual classrooms and have worked well. Staff has been engaged, learning is interactive, and activity based, break out rooms are used effectively for discussions and activities. Implementation of a statewide Assessment Integration model for all program areas has been completed in all twelve regions. Since July 2019, an Assessment Integration Booster session was created to be available to regions to assist with skill and learning retention. This booster has been presented in the Tennessee Valley Region. During the booster there was no difference in staff retention and some participants had reverted back to old habits in their assessment practice. We recently sent out a survey to help us understand where the region sees their strengths and areas of improvement are as they relate to assessment. This is the same survey used pre and post AI rollout. Once all the results are compiled, DCS and the COE Assessment Consultants will work to create a targeted booster training to help the region improve in those areas identified as needs.

Quality Contacts is on track for completion and all training is now being delivered virtually. The last 3 cohorts have rolled out and are scheduled to be completed in Jan 2021. The Training Division is working on an optional documentation training at the request of a few Regions that will support the Quality Contacts Collaborative and help staff to appropriately document the practice they are implementing. In addition, the Program Evaluation Division will work with CQI Division to develop a review process for the project.

Team Leader Mentoring Project

Knox County and Tennessee Valley Regions continue to benefit from The Team Leader Mentoring and Enhancement Project. This process is now being implemented in the Southwest, Northeast, and Davidson County Regions. Each of these regions were selected due to lower CFSR scores during the 2019 season. Three additional regions will roll out in December 2020 or January 2021. The final four

regions will be rolled out during the remainder of 2021. Due to the COVID-19 pandemic the official Kick-off Meeting with each of the new regions occurred via Webex. Currently all mentoring is being conducted via Webex. With most Team Leaders, Caseworkers, and mentors working remotely, it has been challenging to have quality mentoring sessions, thus far. A Team Leader Mentoring and Enhancement Protocol was developed during quarter three and quarter four. This new protocol was developed based on lessons learned from the initial two regions in order to ensure that the successes can be replicated in remaining regions. A new pre and post-test was developed during quarter four, as well as a mentoring plan, in order to produce evidence of the successes of the program. This will be replicated in the remaining seven regions. The SimLab associated with this project has been put on hold due to budget constraints. SimLabs will be re-evaluated in October including moving to a virtual platform. However, a virtual training on formal and informal quality assessments was conducted on June 17, 2020. Additional virtual trainings will occur in July on the CFSR items to provide a better understanding of what is being rated and why during a CFSR review.

Ten (10) Team Leaders completed the project:

Foster Care - 3

Juvenile Justice - 1

In-home (FSS) - 1

CPS Investigation - 3

CPS Assessment - 1

CFTM Facilitator - 1

Knox and TN Valley Post-test key themes:

- (100%) The knowledge that I have gained from the CFSR Team Leader Mentoring Enhancement Project will be useful to me in the future.
- The importance of quality documentation
- Better understanding of CFSR expectations and how the team leader can coach and support staff
- SimLab helped team leaders identify strategies to improve engaging children and families

Eighteen (18) Team Leaders are currently participating in the project:

Foster Care - 7

Juvenile Justice - 3

In-home (FSS) - 2

CPS Investigation- 3

CPS Assessment - 3

Davidson, Northeast, and Northwest Pre-test key themes:

- (61%) I am confident and use CFSR practice in my daily practice with my staff.
- Improving quality formal and informal assessments
- Improving quality contacts/visits
- Improve coaching on CFSR expectations

Monitoring Safety Plans

The Inter-rater reliability process of the Case Process Reviews transition to the Program Evaluation Team in January 2020 and implemented the process in May 2020. Findings from the process of improvements of monitoring safety plans will be provided during the next APSR.

Safe Baby Courts (SBC's)

Zero to Three is involved in the development of training for the 5 new SBC sites and this has opened lines of communication between the AOC and DCS. Planning sessions have occurred between DCS, AOC and TN DMHSAS to provide training and ongoing support for the 12 SBC sites. DCS is concentrating on support for case managers carrying SBC cases and supporting the regional staff in strengthening relationships with their local SBC team. Upcoming training with START was scheduled for April but due to travel restrictions, will be rescheduled or conducted via WebEx. This will provide the information needed to begin planning for implementation of START in SBC sites.

Services identified by the FAST

This strategy is to 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. Blount and Marshall County Juvenile Court Judges are engaged and ready to work with DCS on this project. Tennessee Supreme Court determined that only required hearings would take place currently due to the COVID-19 pandemic. Currently, this strategy is on hold until the end of the pandemic. The Blount County Juvenile Court Judge and staff, as well as the Marshall County Juvenile Court Judge and staff participated in a virtual training specific to their counties on the FAST and CANS. This training included three years of data on the assessed needs of families from those counties to assist the DCS regional leadership team and the court staff determine a small test of change.

The Juvenile Court Conference for 2020 was cancelled due to the COVID-19 pandemic. However, DCS worked with the Administrative Offices of the Courts to offer a CANS/FAST Training to juvenile court staff on August 4, 2020. This training provided not only an overview of the assessment tools, but statewide data to demonstrate the needs of the families in Tennessee.

Strengthen Resource Linkage Program

Throughout the past fiscal year, there have been workgroup meetings with a target goal of enhancing policy and practice of the Resource Linkage (RL) program area. Policy revisions primarily focused on enhancing engagement skills and opportunities with families and partners. The ongoing discussions continue to highlight the importance of RL coordinators (RLCs) maintaining awareness of available services and resources in Tennessee's communities. Policy and practice revisions are still proceeding, as continued discussions have identified the potential role of RLCs accessing and providing services and resources that may decrease a likelihood of an abuse/neglect concern, repeat maltreatment or a custody episode. In addition, in-depth discussions have occurred, as recent as May 2020, with OIT related to TFACTS enhancements, designed to support the functionality of the RL program. These enhancements will allow improved tracking of RL work and performance, which will ultimately afford better opportunities to analyze the program's efficacy and areas of need. RLCs across the state have attended the Family Support Services new practice model training which has a strong reference to the provision of services and resources that may be delivered with support or direction from the RL staff. Central Office staff continue to encourage the upkeep of community resources either through departmental resource guides or other avenues maintained via an external partner. These efforts

have been especially beneficial during the COVID-19 pandemic. Community Advisory Boards (CABs) are providing RL staff with updated resources designed to combat the impact of COVID-19. RLCs report that they have been coordinating with local schools and other organizations to provide items for the community during the efforts to overcome the aftermath of a natural disaster and COVID-19. RLCs in some regions are physically taking items to homes for community members who otherwise would be without essential goods.

At this time it is too early to determine how these projects are impacting the data; however, there have been some improvements in the 2020 CFSR data. A Recent deep dive analysis showed Knox had significant improvements which is a region that has Safe Baby Court and completed the TL mentoring project.

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?

Tennessee was not found to be in substantial conformity on Permanency Outcome One during the 2017 CFSR. The Measurement Plan goal for Item Four is 88.4%. The Measurement Plan goal for Item Five is 50%. The Measurement Plan goal for Item Six is 43.9%. The target goal in the chart below is based on these goals.

Data Source: OSRI 9/30/19 (full review) and 6/30/20 (partial review)

Measure of Progress	Baseline FY 2019	FY 2020	Target Goal	Target Date
CFSR Performance (Item 4): Placement Stability	82.9% (as of 9/30/18 full review) 71.79% (as of 6/30/19 partial review)	64.29% 9/30/19 71.05% 6/30/20	88.4%	9/30/2022
CFSR Performance (Item 5): Timely and Appropriate Permanency Goals	42.7% (as of 9/30/18 full review) 56.41% (as of 6/30/19 partial review)	46.43% 9/30/19	50%	9/30/2022

		39.47% 6/30/20		
CFSR Performance (Item 6): Achieving Permanency	36.8% (as of 9/30/18 full review) 25.64% (as of 6/30/19 partial review)	36.9% 9/30/19 21.05% 6/30/20	43.9%	9/30/2022

Data Source: Statewide Data Indicators (Round Three)

Statewide Data Indicators	National Performance	TN Risk Standardized Performance (16B17A)	TN Risk Standardized Performance (17A17B)	TN Risk Standardized Performance (17B18A)	TN Risk Standardized Performance (18A18B)	TN Risk Standardized Performance (18B19A)	TN Risk Standardized Performance (19A19B)
Permanency in 12 months for children entering foster care	42.7%	42.1%	41.3%	-	-	-	-
Permanency in 12 months for children in foster care 12 to 23 months	45.9%	51.4%	49.0%	47.8%	45%	44.3%	46.3%
Permanency in 12 months for children in foster care 24 months or more	31.8%	37.5	37.3%	36.4%	37.1%	37.0%	35.2%
Placement Stability	4.44	7.79	7.90	7.48	8.00	7.82	8.19

**Data Source: Tennessee CFSR 3 February 2020 Data Profile. Data years, A=October through March, B=April through September.

Explanation: A higher RSP value is desirable for the permanency indicators and a lower RSP value is desirable for the Placement Stability indicator. Permanency in 12 months for children entering foster care according to the Data Profile Tennessee statistically shows no difference compared to

the national performance. Permanency in 12 months for children in foster care 12 to 23 months Tennessee’s performance has been steadily statistically no different than the national performance. Permanency in 12 months for children in foster care 24 months or more Tennessee’s performance has been steadily statistically better than the national performance. Placement Stability reflects Tennessee’s performance statistically worse than the national performance and is being addressed in the program improvement plan as well as the 2020-2024 CFSP through the strategies below.

***Please see Semi-Annual PIP Report for detailed updates on CFSR Goals and Key Activities**

Strategy: Collaborate with courts and stakeholders to ensure that quality services provided to families to meet their unique needs.	Responsible Party	Update 2020	Date
CFSR PIP – Goal Two: Strategy One – Safe Baby Courts; Strategy Two – Services Identified by FAST; Strategy Three – Revitalize CFTM Process	Executive Director of Child Safety Regional Directors	Strategy one and two please see updates in Safety Section and Semi-Annual CFSR PIP Report Strategy three: ahead of schedule.	3/31/21
CFSR PIP – Goal Three: Strategy Two– Foster Parent Recruitment and Retention Plans	Executive Director for Permanency Executive Director of Network Development Regional Directors	On Schedule. Please see Semi-Annual CFSR PIP Report	3/31/21
CFSR PIP – Goal Four: Strategy Three– Court Improvement	General Counsel Administrative Offices of the Courts Regional Directors	On schedule	3/31/21
Incorporate Children’s Bureau “Foster Parents as a service to families, not a substitute” vision	Executive Director for Permanency	Completed	7/1/21

into recruitment and training of Foster Parents, both DCS and provider agency.	Executive Director of Network Development Regional Directors		
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.	Executive Director for Permanency Executive Director of Network Development Contract Provider Network	Ongoing	7/1/21

Strengths and Areas of Needed Improvement Updates:

Revitalize Child and Family Team Meeting (CFTM) Process

This is still in the planning phase and is giving DCS an opportunity to refocus on the practice wheel that includes Engagement, Teaming, Assessment, Planning, Implementation, Tracking and Adjustment. Progress includes:

- Reinstating CFTM Excellence
- Regular Facilitator Continuous Quality Improvement Meetings
- Revision of Facilitator Assessment Certification Process
- Implemented Annual Facilitator Retreat
- Revision and Re-education of CFTM Appeals Process
- Develop and Implement Quality Review Tool
- Improved Diligent Search Training for staff
- Revise CFTM Form to include concurrent planning and diligent search
- Consultation with parenting mentoring programs
- Multi-discipline Leadership Group

Key Activities in Process:

- Creating a CFTM Refresher Training for DCS staff
- Develop CFTM User Guide and revise related policy and protocol
- Develop and Implement CFTM Preparation Worksheet
- Develop Family Oriented Brochure
- Develop Post CFTM Debriefing process
- Develop post-CFTM partner survey
- Identify staff who can assist in diligent search and train those staff to assist
- Collaborate across programs to ensure that CFTM revitalization occurs in each program area

Foster Parent Recruitment and Retention Plan

A staggered roll-out of CORE for Teens with the remaining regions, was to begin April 2020. However, due to COVID-19 barriers, this project is currently on hold until classroom delivery can resume. The Evaluation of the curriculum from the University of Washington was received and adjustments have been made. Adjustments included delivering the curriculum in 12 hours virtually vs 14.5 hours in the classroom. The first statewide virtual offering was delivered in June. The following changes were implemented during our June delivery:

- Welcome and icebreaker activities were shortened or modified
- Small group activities that included 4 or 5 scenarios were reduced to one scenario and changed to a large group activity
- Decreased verbal communication for some activities due to usage of chat box for participant responses
- Removed some information that is covered in our new Pre-Service TN KEY curriculum. For example, we did not deliver a Fight, Flight, or Freeze activity. We reviewed the information verbally as this information is covered in our TN KEY- Impact of Trauma course.

The format was shared with Spaulding and other states as Tennessee's virtual option during our champion's meeting. The delivery was successful and survey data will be reported during the next APSR cycle.

In addition, the University of Washington has requested another round of AFCAR data and plan to proceed with submitting the curriculum to be placed on the Evidenced Based list for states to choose from in the future.

Annual recruitment and retention plans are reviewed quarterly by Central Office to address progress of regional plans and discuss successes and challenges. The COVID-19 pandemic caused most foster parent appreciation and recruitment events in the community to be cancelled. Regional Foster Parent Support (FPS) staff struggle to find ways to recruit but are becoming creative with social media posting positive stories of foster families, regional needs and training schedules on the regional and state Facebook page.

Staff have maintained connection with community partners by Zoom meetings and panel discussions, providing fliers and posting on community partner Facebook pages. Appreciation is being shown to foster parents with gift cards, personal cards/notes, staff videos voicing their

appreciation and car parades. FPS teams continue to brainstorm for new ideas and strategies for recruitment and retention.

Specific recruitment efforts for Safe Baby Court have been fruitful for the North West region. Eighteen (18) foster homes agreed to participate. The Shelby region is well supported by faith-based organizations to support efforts in recruitment and retention. This partnership has produced six (6) new foster homes willing to accept sibling groups of three (3) or more and eight (8) new foster homes willing to accept teens. Activities to support retention of foster families included gift cards for those affected by the pandemic, and donating toiletries, diapers and baby formula.

Collaborative analysis of Foster Homes

Each region writes an annual recruitment and retention plan utilizing regional demographic data of the children and families and the foster homes served by the region. Based on the identified needs, the plan identifies general and targeted recruitment efforts of the region. The recruitment and retention plan also include goals to retain foster parents and engage them as partners in the recruitment process. Identifying needs on the front end of the foster care process allows for success in permanency. In Tennessee, over 80% of children are adopted by their foster parents. Plans are approved by Central Office and monitored quarterly to address progress of the plan, discuss successes and challenges to meeting recruitment goals and provide technical support.

Regions are focusing efforts for relative/kin placements during non-custodial intervention and at time of custody. Efforts to support relative/kinship homes include increased contact by the Kinship Coordinator and sharing ownership of the foster home with a provider agency to increase service supports and stabilize placements. Relative/kinship homes are closing with permanency by Subsidized Permanent Guardianship and adoption. The South West region had seventeen (17) relative/kinship adoptions recently. The North West region has been able to convert eight (8) relative/kinship homes to become traditional foster homes and South Central converting two (2) homes.

Isaiah 117 House is a non-profit organization that provides a comfortable, safe and loving home for children awaiting foster care placement. Through this partnership, the North East region has recruited some volunteers to become foster parents. This organization is expanding across the state and partnering with many regions to promote foster parent recruitment.

Court Improvement

Blount and Dickson County were identified for a “deeper dive.” The jurisdictions selected were 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 is a site for a recent implementation of a new Safe Baby Court; and challenges with rural service delivery. The first meeting between DCS, AOC, and TCJFCJ successfully occurred on July 2, 2020. At this meeting, the group tackled COVID19 related challenges and the group agreed to set up quarterly meetings. The AOC has agreed to schedule and send out invites for the recurring appointment. All key activities of this strategy have been completed.

Foster Parents as a Service not a Substitute

The vision is incorporated through DCS foster parent training curriculum and through external consultant training provided to foster parent support staff and began in January 2020. Foster Parent Support staff spoke with families identified that would embrace the mission of this project as well as be good mentors to birth parents.

ChildStat

ChildStat is an agency wide initiative focused on moving children to permanency as quickly and safely as possible. Commissioner Nichols initiated ChildStat in October 2019 due to a sharp rise in custodial numbers and data indicating that while admissions have increased, the length of time children/youth are staying in custody is also increasing. Leaders identified specific data indicators for targeted improvement. By focusing on these indicators, regional leadership can develop and implement strategies to improve outcomes and track progress in real time. Key indicators include: Exits under 60 days, percentage of children on Trial Home Visits (THV) , number of youth in Pre-Adoptive Homes, Termination of Parental Rights (TPR) Completions, Entry/Exit Ratio, number of children in custody 15 months or longer, number of children in kinship homes, number of children exiting by subsidized guardianship, placement rate, number of face to face visits completed, etc. A tracker is sent out monthly to help regions track their progress over time and identify areas which need additional work.

Teams composed of regional leadership from the three program areas: Safety and Prevention, Foster Care and Permanency and Juvenile Justice as well as legal are teamed with Central Office staff called Consultants/Advisors to address each data indicator and develop strategies to meet statewide goals. These teams meet regularly to review data, develop strategies or adjust strategies and problem solve around new issues which arise. The teams report quarterly to the Commissioner.

ChildStat is led by a Central Office Senior Leader who meets regularly with each region to review progress and share information across regions. Regions located in the same geographic area of the state may share common issues – such as the closure of a manufacturing plant that causes high unemployment and housing issues, or very rural counties/regions where treatment resources are scarce. Sr. Leadership can connect regions to better resolve issues or develop cross regional strategies to address a crisis such as a tornado or the most recent pandemic. These crises directly affect time to permanency through court closures, housing shortages, homelessness and lack of jobs.

ChildStat has shown positive results and great promise. Overall custody numbers from October 2019 to June 2020 have decreased by 295 children or an average of a net decrease of over 30 children per month for the past 9 months. Prior to this initiative, custody numbers were growing by an average of almost 70 children per month for the previous 9 months.

The workforce turnover rate at DCS has played 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. Also, service array 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.

The Department has seen a slight increase in the number of Foster Homes available across the state. However, a challenge is ensuring that those Foster Homes meet the unique needs of the children from each county. Data often shows that the number of foster homes in a county may match the number of youth in care from those counties. However, when the unique needs of those children are reviewed, many counties do not have the correct match of foster homes to the needs and ages of the children in care from that area. 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 visits with family and therefore assist in children obtaining permanency in a more timely 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.

Tennessee continues to see large numbers of infants born exposed to drugs. In 2018, specialized drug teams were created in the eastern portion of the state to provide a more comprehensive and timely intervention and engagement with parents impacted by substance abuse. Additional teams have been deployed to Shelby County and to the Upper Cumberland region as of June 2020. 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. The expansion of Safe Baby Courts by 5 new jurisdictions has also focused on the needs of the vulnerable population of children under the age of three years. These new courts were added in 2019-2020 and work closely with DCS, the AOC and the TDMHSAS for support and guidance as well as with Zero to Three as an external consultant. There is a total of 12 Safe Baby Court sites in Tennessee that work closely with community providers and mental health agencies to support the model with the goal of keeping children out of foster care and reducing the time to permanency for those that must enter custody.

Although these projects are either in the planning phase or early implementation and it is too early to determine the impact these projects will have on Tennessee’s performance, DCS has seen some improvements in the 2020 CFSR data.

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?

Tennessee is near substantial conformity for item seven during the 2017 CFSR. Although these items do not have a PIP measurement goal they are tied to financial penalties and are closely monitored.

Data Source: OSRI 9/30/19 (full review) and 6/30/20 (partial review)

Measure of Progress	Baseline FY 2019	FY 2020	Target Goal	Target Date
CFSR Performance (Item 7): Siblings Placed Together	93% (as of 9/30/18 full review) 86.36% (as of 6/30/19 partial review)	82% 9/30/19 91.3% 6/30/20	95%	6/30/2024
CFSR Performance (Item 8): Visitation with Parents and Siblings	36% (as of 9/30/18 full review) 48.48% (as of 6/30/19 partial review)	46.58% 9/30/19 33.33% 6/30/20	40%	9/30/2022
CFSR Performance (Item 9): Preserving Connections	31.6% (as of 9/30/18 full review) 35.9% (as of 6/30/19 partial review)	40.48% 9/30/19 52.63% 6/30/20	35%	9/30/2022
CFSR Performance (Item 10): Relative Placement	46.8% (as of 9/30/18 full review) 48.39% (as of 6/30/19 partial review)	49.3% 9/30/19 37.93% 6/30/20	50%	9/30/2022

CFSR Performance (Item 11): Maintaining Relationships with Parents and Children in Foster Care	38.3% (as of 9/30/18 full review) 43.75% (as of 6/30/19 partial review)	44.44% 9/30/19 42.86% 6/30/20	45%	9/30/2022
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Data Source: TFACTS 7/1/19-4/30/20 and Case Process Reviews 7/1/19-12/30/19

Measure of Progress	Baseline FY 2019	FY2020	Target Goal
Percentage of Sibling Visits for Siblings Not Placed Together	54.6%	40.53%	90%
Percentage of Children Placed with Relatives	13.54%	20.94%	20%
Percentage of Siblings Not Placed Together	29.13%	32.96%	20%
Case Process Review: Documentation of visitation between child in foster care and birthparent monthly as applicable or concerted efforts to do so.	N/A – New Measure	Mother – 55% Father – 35%	50%

***Please see Semi-Annual Report for detailed updates on CFSR PIP Goals and Key Activities**

Strategy	Responsible Party	Update FY2020	Date
Ensure that connections are maintained to family and community for children in foster care.			
CFSR PIP – Goal Two: Strategy Three – Revitalize CFTM Process	Executive Director of Child Safety Executive Director for Permanency	Ahead of schedule update provided in permanency 1 outcome section.	3/31/21

	Regional Directors		
CFSR PIP – Goal Three: Strategy One – Team Leader Mentoring and Enhancement Project; Strategy Two– Foster Parent Recruitment and Retention Plans	Executive Director for Permanency Executive Director of Network Development Regional Directors	On schedule. Both strategies have experienced some challenges due to COVID-19. Update provided in Permanency 1 outcome section.	3/31/21
CFSR PIP – Goal Four: Strategy One – CFSR/CFSP Integration	Director of Program Evaluation Regional Directors	On Schedule	3/31/21
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.	Executive Director for Permanency Executive Director of Network Development Regional Directors	Completed (Please see Permanency 1 outcome section.	7/1/21

Strengths and Areas of Needed Improvement Update:

DCS continues to show good performance in the permanency outcome 2 items. The integration of CFSR and CFSP will support DCS in monitoring performance. CPRs and QPRs have been updated to include CFSR standards. Regions have been using this new format for two quarters. The Program Evaluation Team trained CQI Coordinators on standards and is now doing CPR IRR for a sample of cases from each of the twelve service regions.

For those courts utilizing the Safe Baby Court model, visitation is expected to increase to maintain bonding and attachment between the child and parents. The child and family team will determine the best approach to increasing visitation in a safe manner. 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.

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?

Tennessee was not found to be in substantial conformity on Well-Being Outcome One during the 2017 CFSR. The Measurement Plan goal for Item Twelve is 25.2%. The Measurement Plan goal for Item Thirteen is 39.2%. The Measurement Plan goal for Item Fourteen is 39.1%. The Measurement Plan goal for Item Fifteen is 22%. The target goals in the chart below are based on these goals.

Data Source: OSRI 9/30/19 (full review) and 6/30/20 (partial review)

Measure of Progress	Baseline FY 2019	FY 2020	Target Goal	Target Date
CFSR Performance (Item 12 Overall): Needs and Services of children, parents, and foster parents	20.8% (as of 9/30/18 full review) 19.44% (as of 6/30/19 partial review)	17.65% 9/30/19 19.72% 6/30/20	25.2%	9/30/2022

CFSR Performance (Item 12A): Needs Assessments and Services to Children	41% (as of 9/30/18 full review) 47.22% (as of 6/30/19 partial review)	46.41% 9/30/19 46.48% 6/30/20	50%	9/30/2022
CFSR Performance (Item 12B): Needs Assessments and Services to Parents	17.6% (as of 9/30/18 full review) 16.42% (as of 6/30/19 partial review)	17.12% 9/30/19 14.06% 6/30/20	20%	9/30/2022
CFSR Performance (Item 12C): Needs Assessments and Services to Foster Parents	52.4% (as of 9/30/18 full review) 72.73% (as of 6/30/19 partial review)	64.86% 9/30/19 72.41% 6/30/20	60%	9/30/2022
CFSR Performance (Item 13): Child and Family Involvement in Case Planning	34% (as of 9/30/18 full review) 28.17% (as of 6/30/19 partial review)	30.92% 9/30/19 35.29% 6/30/20	39.2%	9/30/2022
CFSR Performance (Item 14): Caseworker Visits with Children	34% (as of 9/30/18 full review) 40.28% (as of 6/30/19 partial review)	43.14% 9/30/19 45.07% 6/30/20	39.1%	9/30/2022
CFSR Performance (Item 15): Caseworker Visits with Parents	17.7% (as of 9/30/18 full review) 18.18% (as of 6/30/19 partial review)	16.55% 9/30/19 9.52% 6/30/20	22%	9/30/2022

***Please see Semi -Annual PIP Report for detailed updates on CFSR PIP Goals and Key Activities**

Strategy: Ensure that children and families receive quality formal and informal assessments, as well as quality visitation from Caseworkers in order to increase engagement of families in case planning.	Responsible Party	Update FY 2020	Date
CFSR PIP – Goal One: Strategy One – Quality Contacts Initiative; Strategy Two – Assessment Integration Model.	Executive Director of Training and Professional Development Regional Directors	Strategy one is on Schedule and Strategy two is completed. Please see updates to both strategies in Safety 2 outcome section. Both of these strategies will support engagement of families, assessment of safety and needs to drive case planning decisions.	3/31/21
CFSR PIP – Goal Two: Strategy One: Safe Baby Courts; Strategy Two: Services Identified by FAST; Strategy Three – Revitalize CFTM Process	Executive Director of Child Safety Executive Director for Permanency Regional Directors	Strategy one and two: Please see update in Safety Outcome 2 Section. Strategy three: Please see update in Permanency Outcome 1 section.	3/31/21
CFSR PIP – Goal Three: Strategy One – Team Leader Mentoring and Enhancement Project; Strategy Two– Foster Parent Recruitment and Retention Plans	Executive Director for Permanency Executive Director of Network Development Regional Directors	Please see updates in Permanency Outcome Sections	3/31/21

Strengths and Areas of Needed Improvement Updates:

Needs Assessments and Services

Although DCS has made some improvement in its practice performance with children, practice is still below the PIP goal for improvement in the measurement plan. DCS continues low practice performance with parents. Challenges with parents continue to be substance abuse, untreated mental health and their resistance to change. Through the CFSR process evidence continues to show limited concerted efforts to engage fathers coupled with fathers who are not interested in being involved in the child's life. DCS shows stronger practice performance in its work with foster parents. DCS will continue to monitor performance improvement through the Quality Contacts initiative, Assessment Integration Model, Team Leader Mentoring Project, and Safe Baby Court Initiative.

Child and Family Involvement in Case Planning and Caseworker Visits with Parents

DCS demonstrated good practice through the CFSR process in involving children in the planning process; however, continues to demonstrate poor performance in engaging parents. Incarcerated parents continue to be a challenge and limited concerted efforts to locate parents. DCS will continue to monitor performance improvement with parents through the revitalization of the CFTM process and Quality Contacts Initiative.

Quality Caseworker Visits with Children

DCS has met this goal for improvement in the PIP measurement plan. Ongoing focus through the Quality Contacts Initiative will occur to support continued improvement.

Nurturing Parenting Program

DCS implemented the Nurturing Parenting Program (NPP) in six regions of the state as a service to provide parents techniques to improve their parenting skills and enhance their ability to parent their children. Based on data provided by Chapin Hall, DCS has chosen to stop providing this service. However, it continues to be available for families through private providers.

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?

Tennessee was not found to be in substantial conformity on Well-Being Outcome Two during the 2017 CFSR. 2017 performance on this Item was 54.7%. 2018 performance on this Item was as 55.2%. 2019 performance to date is 53.85% with six of the twelve services regions having been reviewed. Tennessee is required to show improvements from the 2017 review year. We don't have a Measurement Plan Goal to meet; therefore, the target goal was determined as a realistic percentage within the current capacity to show improvement.

Data Source: OSRI 9/30/19 (full review) and 6/30/20 (partial review)

Measure of Progress	Baseline FY 2019	FY 2020	Target Goal	Target Date
CFSR Performance (Item Sixteen) Educational needs of the Child	55.2% (as of 9/30/18 full review)	61.82% 9/30/19	60%	6/30/2024
	53.85% (as of 6/30/19 partial review)	66.67% 6/30/20		

***Please see Semi-Annual PIP Report for detailed updates on CFSR PIP Goals and Strategies**

Strategy: Ensure that all children receive quality educational assessments and services as applicable.	Responsible Party	Update FY 2020	Date
CFSR PIP – Goal One: Strategy One – Quality Contacts Initiative	Executive Director of Training and Professional Development Regional Directors	On schedule	3/31/21
CFSR PIP – Goal Three: Strategy One – Team Leader Mentoring and Enhancement Project; Plans	Director of Program Evaluation Regional Directors	On schedule	3/31/21
CFSR PIP – Goal Four: Strategy One – CFSR/CFSP Integration	Director of Program Evaluation Regional Directors	Completed	3/31/21
Increase communication and collaboration with all school systems within the ninety-five counties.	Executive Director for Child and Family Well-Being Director of Educational Services	On schedule and ongoing	7/1/21

Strengths and Areas of Needed Improvement Update: 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. DCS was not found to be in substantial conformity with this Item. During focus groups that were conducted several participants noted that communication between the school system and DCS needed improvement. Tennessee has identified strategies for improvement which include the following:

- DCS Education met with Education Consultants in August of 2019 to discuss the CFSP and areas of need.
- During FY19-20, DCS Education became well-versed in Skyward and made use of this tool for transcript tracking.
- DCS Education will utilize the report card program through Skyward to assist DCS Caseworkers with enrollment time frames. Report cards were incorporated into monitoring and Central office staff gave this information to our Education Specialists.
- DCS Education will work 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.
- 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.
- DCS Education will request that consistent forms be utilized across the state to document face-to-face child and family interviews where education is addressed.
- DCS Education will train DCS Caseworkers on Response to Intervention and how to track student progress through RTI Tiers. DCS created training materials on Response to Intervention and these materials have been integrated into the annual required educational training for all case managers. Additionally, all DCS affiliated schools have been trained on this material in the past year.
- DCS will train its affiliated schools on tracking grades through the Skyward program. DCS trained all affiliated schools on Skyward in both the Fall of 2019 and Spring of 2020.
- DCS will request has requested that all non-custodial case managers attend education training to understand indicators of academic distress. A specialized training is being developed.

DCS has seen an improvement from 61.8% to 66.6% in Item 16 from FY19 to FY20. The outlined strategies from last FY were successful in producing improvement in this area. The following strategies were particularly helpful in increasing compliance with Item 16:

- At the Education Consultant statewide meeting in August, 2019, the Education Consultants were further educated about CFSR metrics and the role that each person involved in a case plays. Following the meeting, DCS Education consultants trained front line staff, emphasizing the importance of asking school related questions at each face to face visit and documenting those discussions in TFACTS. Front line staff were also reminded that Education Consultants are a resource to them, and are able to discuss educational concerns, help determine whether a referral to services is warranted, or monitor the RTI process.

- In addition to creating a policy relevant to the Every Student Succeeds Act (ESSA), DCS has provided multiple opportunities for front line case managers to learn about the Best Interest Determination (BID) process so that it can be more effectively implemented to best serve our population.
- The statewide training materials used by DCS Educational Specialists to train front line staff were updated to include Response to Intervention (RTI) and tracking student progress through RTI tiers. All June, 2020 trainings that took place included this new material.

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?

Tennessee was not found to be in conformity with Well-Being Outcome Three. DCS performance was at 58/3% on Item seventeen during the 2017 CFSR. DCS performance was at 33.3% on Item eighteen. Tennessee is required to show improvements from the 2017 review year. We don't have a Measurement Plan Goal to meet; therefore, the target goal was determined as a realistic percentage within the current capacity to show improvement.

The Department identified a need through the Continuous Quality Improvement process to improve consistency regarding which staff members enter particular types of health documentation into the TFACTS system. A workgroup including both field staff and centralized staff was created with the goal of determining the most efficient and effective way to ensure documentation is entered in a timely and consistent manner. This is an active project that is a priority for staff at the Senior Leadership level of DCS Child Health.

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. We are working at both the individual prescription level and the aggregate level to effect positive change in this area.

In order to facilitate collection of EPSD&T data and any indicated follow-ups, the Department is modifying its current forms and evaluating the submission process for healthcare providers. This will enable more efficient and effective communication of recommendations from healthcare providers regarding children's mental and physical health needs.

Data Source: OSRI 9/30/19 (full review) and 6/30/20 (partial review)

Measure of Progress	Baseline FY 2019	FY2020	Target Goal	Target Date
CFSR Performance (Item Seventeen): Physical Health of the Child	36.1% (as of 9/30/18 full review) 35.56% (as of 6/30/19 partial review)	38.24% 9/30/19 51.92% 6/30/20	40%	6/30/2024
CFSR Performance (Item Eighteen): Mental/Behavioral Health of the Child	32.4% (as of 9/30/18 full review) 25.49% (as of 6/30/19 partial review)	31.25% 9/30/19 37.5% 6/30/20	35%	6/30/2024

Strengths and Areas of Needed Improvement Update: DCS continues to find that workforce turnover at provider agencies and community partners often impacted this area. Also, the lack of services in many rural areas of the state created less than satisfactory results. DCS is expanding partnerships in order to recruit more quality services in areas of need. 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. DCS has developed a plan to meet this Executive Order. Please see Service Array Systemic Factor Section for updates.

Systemic Factors

Information Systems

DCS was found to be in substantial conformity with this systemic factor during the 2017 CFSR. The Department has a well deployed CCWIS system, Tennessee Family & Children Tracking System (TFACTS), which meets security standards. All DCS workforce members receive ongoing training on cyber security and any updates to the TFACTS system.

DCS has a Management Advisory Council (or MAC) that approves and prioritizes the key information technology activities based on the strategic goals and objectives of DCS. The MAC, which meets monthly, is chaired by the DCS Commissioner and includes the Deputy and Assistant Commissioners of the various business units. This business-driven governance model ensures that technology resources are used most effectively. The Strategic Technology Solutions – DCS IT Support team

(under the Tennessee Department of Finance and Administration) is responsible for executing the projects prioritized by the MAC.

Project Timeline: The following timeline summarizes the system’s need for performance improvement and the project schedule for the coming year, showing target delivery dates by quarter. Electronic Content Management (Canon) has been put on hold due to budgetary constraints. The projects that are approved but pending MAC prioritization will support Tennessee to maintain substantial conformity by improving practice and documentation with using assessments to accurately determine families’ needs, quality contacts in caseworker visits with children and parents, tracking and ensuring timely health and well-being.

Scheduled Projects	2020				2021	
	Jan - Mar	Apr - June	Jul - Sept	Oct - Dec	Jan - Mar	Apr - June
Financial Enhancements	■	■	■	■		
FSS Intensity Level*						■
Assessment Integration*		■	■	■		
Person/Intake Packet			■	■	■	■
QRTP (Qualified Residential Treatment Program)*					■	■
ICPC/ICJ/ICAMA/NEICE*					■	■
CPS Workflow					■	■
Legend						
Supports Family First Prevention Plan	*					
Active Project	■					
Approved, awaiting resources	■					

The current CCWIS system operated by Tennessee is TFACTS. This system has an associated data warehouse that is refreshed each evening. The department has some 400 plus management reports that are output from this data warehouse on various schedules from daily, weekly, monthly, quarterly and both annual and fiscal yearly periods. These reports cover both custodial and non-custodial instances of service provision to Tennessee residents by the department. Subjects such as client and worker visitation, timely assessments and case plans and other departmental KPIs are measured using these various reports. This data warehouse also facilitates urgent report and data request development when needed to address emergency and research data projects. All federal reports (AFCARS, NCANDS and NYTD) are sourced from the same data warehouse. Fulltime data dashboards are also provided to DCS program management for informational and research purposes. These dashboards present data by county and regional geographical means which allows for geospatial research.

DCS Scorecard

Work will continue on the 'My Work' feature of TFACTS, which updates worker items from the scorecard within the application, removing pending tasks once the work items have been completed and properly entered into TFACTS. When complete, this feature provides a single source of information for the caseworker for standard casework tasks that require their attention. TFACTS will allow the worker to easily navigate from their list of tasks in need of completion to complete the data entry of those work items.

AFCARS (Adoption and Foster Care Analysis and Reporting System)

The AFCARS Report is submitted twice a year for the reporting periods from October through March and April through September. The report is due 45 days after the reporting period concludes. The last submission was November 2019. All elements met the 10.0% compliancy threshold, and no penalty was incurred. Data quality activities are an on-going effort between DCS Program staff and OIT. The Agency's last AFCARS review took place in April 2013. Results and findings of that review were received from the Children's Bureau (CB) in January 2014. Since that time, the Agency, in partnership with CB, has established and implemented an AFCARS Improvement Plan (AIP) to remediate findings from the review. Updates to the AIP are submitted to CB twice yearly on dates established/requested by CB. After receiving update submissions, CB conducts conference calls with the Agency in order to review changes made to the application and/or extraction code and to clarify any programmatic information that may impact the interpretation of the AFCARS data. Additionally, while the AFCARS 2.0 final rule has been issued, additional guidance from CB is required before the Agency can move to address the new data requirements being introduced. Finalization of the business rules was expected in December 2017 but has since been indefinitely delayed. The Agency hopes to obtain this guidance through its continued partnership and collaboration with the AIP.

NYTD (National Youth in Transition Database)

The NYTD Report is submitted twice a year for the reporting periods from October through March and April through September. The report is due 45 days after the reporting period concludes. The last submission was May 2020. As required, the 2020A was submitted for federal review. The submission was compliant, and no penalty was incurred.

NCANDS (National Child Abuse and Neglect Data System)

The NCANDS Report is submitted annually for the submission period of October 1 through September 30. The report is due three months following the closing date of the reporting period (the end of January of the next year). The last submission was January 2020, for FFY2019, and DCS is awaiting the compliance determination.

SSA Data Exchange

This is a new Federal reporting requirement related to reporting DCS foster care information to the Social Security Administration (SSA) to allow the SSA to 1) determine the appropriate representative payee (payee) for represented minor beneficiaries who have entered or exited foster care or changed foster care placement; 2) determine whether a payee is appropriate for unrepresented minor beneficiaries who have entered foster care; and 3) identify when the State is responsible for an overpayment issued to a minor beneficiary.

The Agency is required to be fully functional by October 1, 2021 and as of March 2020, the project entered the testing phase, with DCS transmitting files to the SSA and the SSA providing feedback to the Agency regarding implementation and data Quality. A small number of states are currently functional with Tennessee expecting to be fully functional at least one year prior to October 1, 2021.

Case Review Systems

DCS was not found to be in substantial conformity with this systemic factor during the 2017 CFSR.

Data Source: TFACTS, Items 21 and 22 AFCARS data 2020A, CPR 7/1/19-12/30/19

Measure of Progress	Baseline (FY 2019)	FY 2020	Target Goal
Item 20: Child has a written plan that is developed jointly with the child's parents/Family participated the CFTM	77.67% of children who entered custody during the period had a mother and/or father participating in the initial permanency plan CFTM	96.07%	95%
Item 21: a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?	No data available	93.32%	95%
Item 22: for each child, a permanency hearing in a qualified court or	No data available	98.68%	95%

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?			
Item 23: The filing of TPR proceeding occurs within 15 of the last 22 months or compelling reasons is documented.	88.89%	91.11%	95%
Item 24: Documentation that Resource Parents were notified in advance of all CFTM's, FCRB's and Court Hearings (CPR)	78% Foster Care Cases	CFTMs – 73% FCRBs – 54% Court Hearings – 65%	80%

Strategy: Ensure that all children have a written case plan developed jointly with the family.	Responsible Party	Update FY 2020	Date
CFSR PIP – Goal Two: Strategy Three – Revitalize CFTM Process	Executive Director of Child Safety Executive Director for Permanency Regional Directors	Please see Semi-Annual CFSR PIP Report	3/31/21

<p>Focus on improving assessments to identify needs and aid in case planning; monitoring CARA cases to ensure plans are developed.</p>	<p>Executive Director of Child Safety</p> <p>Sr Director of Child Safety</p> <p>Regional CPS Directors</p>	<p>FAST compliance has increased from 67% in Dec 2018 to 91.5% in May 2020.</p> <ol style="list-style-type: none"> 1. Trainings provided to case managers and to supervisors that inform staff of the importance of an assessment throughout the entirety of a case and weaves that concept into several training courses. It is provided in the CPS Academy and CPS skills enhancement training as well as other curriculums delivered to frontline staff. It is also a significant portion of the specialty trainings offered in the CPS Redesign specifically for the newly created Rapid Response, Triage and drug teams. 2. This was identified as a Key Performance Indicator in the Department’s Customer Focused Goals to help focus efforts on improving the timeliness of the FAST. In December 2018, FAST compliance was 67% and has risen to 91.5% in May 2020. 3. Provided staff with support to assist in completing assessments timely: <ol style="list-style-type: none"> a. Supporting all CPS staff with tablets in order to be mobile, more efficient, and have the ability to enter documentation during “down” time such as waiting in court, in between appointments and after hours. b. Creating reports in Safe Measures to track and monitor timeframes and tasks to be completed. c. Establishing goals that directly impact individual performance 	<p>3/31/21</p>
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		<p>evaluations and pay for performance increases in salary.</p> <p>CARA reviews were completed for Q1 and results are being compiled to share with regional leadership for follow up and to create action steps as necessary.</p> <p>A Program Coordinator from Central Office is responsible for maintaining a log of CARA cases and conducting periodic reviews to ensure plans are completed and services identified. Regular feedback is provided to regional leadership when issues arise and training is delivered when appropriate to enhance skillsets. Additionally, consultation from Central Office leadership with NICU and high-risk doctors continue in efforts to problem solve and strategize for improved efforts related to policy, practice and training for frontline staff.</p>	
Increase communication and collaboration with Juvenile Courts and Foster Care Review Boards to ensure that case review system is well functioning.	<p>General Counsel</p> <p>Administrative Offices of the Courts</p> <p>Regional Directors</p>	DCS and the AOC 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.	7/1/21
Use the CFSR case reviews to analyze legal barriers that prevent the achievement of timely permanency, timely goal ratification, and periodic reviews.	<p>General Counsel</p> <p>Director of Program Evaluation</p>	The Department engages in ongoing reviews to ensure that legal requirements are met. There has been extensive focus over the last year on reducing the number of children in custody greater than 15 months without a Termination of Parental Rights Petition filed or a documented compelling reason not to file. Since July 2019, this percentage of children has	Ongoing

		reduced from 13% to 5.6% (as of June 8, 2020).	
CFSR PIP – Goal Four: Strategy Three – Court Improvement	General Counsel Administrative Offices of the Courts	Please see Semi-Annual CFSR PIP Report	3/31/21

Court Improvement Program

During FY 2019-2020 DCS and the Court Improvement Program (CIP) of the Administrative Office of the Courts (AOC) continued to work on a number of initiatives:

Model Foster Care Review Boards Montgomery and Dyer

DCS and the Court Improvement Program (CIP) collaborate to improve reviews of youth in foster care through the use of Model Foster Care Review Boards. There are 14 counties with Model Foster Care Review Boards in Tennessee. There are five additional counties that don't consider themselves complete model boards but do use the forms and have adopted much of the practice. The five boards have received the training provided to model boards and utilize the forms. There are various reasons why they are not considered true model boards, e.g. chosen not to recruit board members of specific professions to qualify, chosen not to complete the technical assistance phase, or not obtaining and reviewing school transcripts of older youth. In 2018, the CIP developed and implemented a skillset based Motivational Interviewing Training for foster care review board members. The training encompasses teaching board members how to incorporate components of Motivational Interviewing throughout the board reviews: interpersonal style, open-ended questions, reflective listening, affirmations, and offers. The CIP continues the 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. Foster care review board forms for adolescents age 14 years and older have been revised to include open-ended format questions. This provides a more substantive review encouraging increased participation from the youth and family. Court staff and foster care review board members in the following juvenile courts have completed the Motivational Interviewing Training: Davidson, Dyer, Maury, Montgomery, Sumner, and Tipton. This past year, additional Motivational Interviewing Training was conducted for Dyer and Montgomery counties because of recruitment of new board members.

Joint Project

Project Wrap Around was implemented in 2018 and is a federally mandated joint project between the Court Improvement Program and DCS with Metropolitan Nashville Public Schools (MNPS) and Davison County Juvenile Court as collaborative partners. The goal is to improve permanency outcomes for the extension of foster care population by increasing timely high school graduation rates, matriculation, retention rates, and attainment of post-secondary certificates or degrees among the 18 to 21-year-old population. The joint project population includes the high school

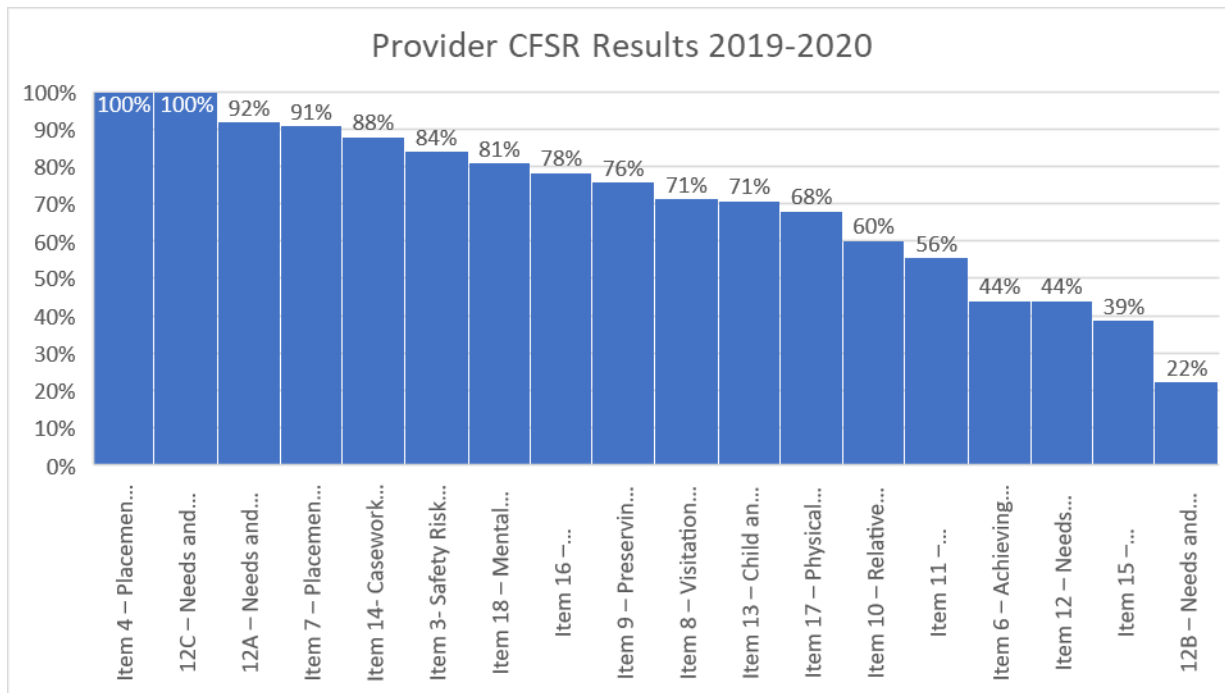
population with the premise that in order to increase the number of young adults in EFC who obtain post-secondary degrees or certificates; youth must graduate from high school in a timely manner. This will allow the three years of EFC eligibility to focus on post-secondary success rather than completion of secondary education. The pilot population encompasses students committed to foster care by Davidson County Juvenile Court who are enrolled in high school in MNPS.

As a result of Project Wrap Around, a referral process was established regarding communication of student movement to ensure that the youth's school conducts a wraparound meeting within 10 days. This meeting allows an opportunity to make a best interest determination about school placement, complying with Every Student Succeeds Act (ESSA), but also helps determine class placement and services in the school setting to help each student be successful. Regular professionals' meetings, training for staff, data sharing, and annual transcript reviews also assist in improving the overall experience of youth in foster care.

Data have been and are being analyzed. A report of findings and recommendations will be completed in the near future.

Quality Assurance Systems

The Program Evaluation Team continues to be responsible for conducting the CFSR reviews across the state. CFSR continues to be the quality case review process DCS uses to determine strengths and weaknesses in its practice. In addition, the Program Evaluation team is responsible for completing and monitoring the PIP and the measurement plan goals. Recruiting efforts of external and internal stakeholders to shadow the CFSR process continue. DCS increased contract provider CFSRs to five between November 2019 and March 2020 including Omni Visions, Youth Villages, Holston, Youth Opportunities, and Helen Ross McNabb. This has demonstrated to be a good quality improvement process to further help providers understand the CFSR standards and DCS expectations. A total of twenty-five (25) foster care cases were reviewed (five per provider). The PUR started July 1, 2019 until the week of the review or case closure. Applicable item results include the following:



The results above show providers perform well in items related to the children and youth. Trends in the cases reviewed showed that youth who resided in residential facilities were more likely to have placement stability due to the provider’s commitment to not disrupt them and had good planning processes when a youth is stepping down. In addition, these facilities had quality ongoing informal assessments as well as a battery of formal initial assessments that were used to determine effective social and emotional services and mental and behavioral health treatment. Trends showed that breakdown in communication with DCS impacted physical health of the child when follow ups were needed. Items related to parents show lower performance and trends in cases reflected similar challenges that DCS faces when working with parents including parents living long distances from facilities. (Please see DCS CFSR results in Safety, Permanency, and Well-Being Sections and the attachment TN Regional Comparison 2020).

Upon completion of each regional and provider CFSR week a Debrief Session continues to be held. During the debrief CFSR results are shared and regional/provider leadership has the opportunity to ask questions. Each region has a CQI Coordinator that can then work with the region to further understand the CFSR data and set short term action plans to help improve certain outcomes. These CQI Coordinators also help the region to focus on other areas of identified need, such as those in the CFSP or DCS Strategic Plan. During a recent debrief session the need to integrate item 6 (Achieving Permanency Timely) to the DCS ChildStat tracker was identified so this item can be monitored more frequently in the regions for improvement.

The Division of Program Evaluation and a CQI Coordinator from the Continuous Quality Improvement Team of the Division of Performance and Quality Improvement continue to provide ongoing trainings around CFSR and performance improvements that are linked to the CFSP. These trainings are customized to meet the needs of the target participants and are often aimed at improving Caseworker/Child visitation and the quality of assessments. In addition, the Program

Evaluation Team was asked to help develop CQI teams/processes for the Youth Advisory Council as recommended by NYTDD. CQI Coordinators were encouraged to invite youth to the regional meetings.

The monthly Interagency Quality Assurance WebEx meeting continues to be hosted by the Program Evaluation Team and attendees include the DCS Continuous Quality Improvement (CQI) Coordinators and the quality improvement staff from provider agencies to discuss progress on the CFSR PIP and CFSP, as well as provide training on any upcoming changes to service delivery requirements and changes that will be required in the FFPSA. The team continuously looks for ways to improve provider engagement in these meetings. In January 2020 a survey was distributed to the providers asking for feedback on topics they are interested in. Some trends in feedback included:

Topics:

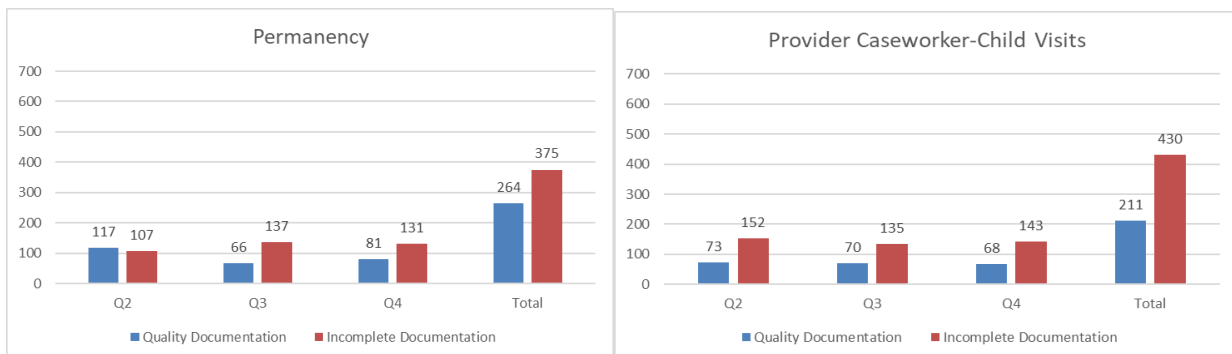
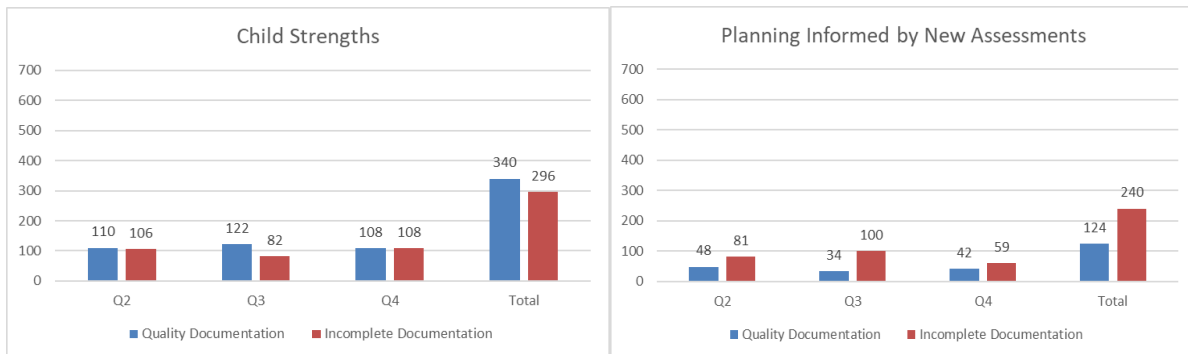
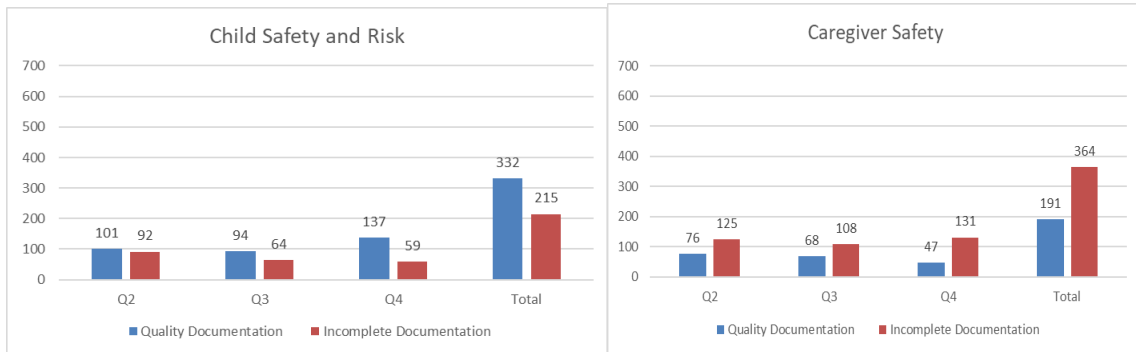
- **Discussions on how providers and DCS can better collaborate on quality work and documentation**
- **FFPSA changes in policies trainings, evidenced based practice information and service delivery gaps**
- **Available resources to prepare for CFSR and COA**
- **Finding strategic ways to have success for the families were serve and finding placement for challenging cases**

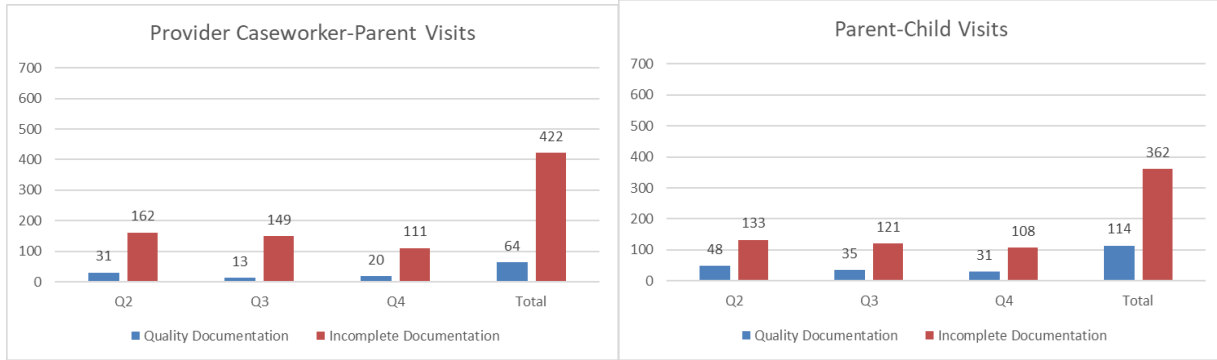
In January 2020 the Program Evaluation Team added the responsibility of conducting inter-rater reliability reviews (IRR) for the quarterly case process reviews (CPR) conducted by Team Leaders (TL) in the regions. The first quarter began in May 2020 and is currently in process. Challenges have been identified with how Team Leaders have been trained and understand the CFSR perspective. The Program Evaluation Team is planning to use this first quarter to gather information through the process to use to determine next steps for improvement moving forward. This process has also been integrated with the Team Leader Enhancement Project by selecting TLs for the IRR sample who reviewed a case that is also in or completed the project so that the IRR process can be used as an additional evaluation and learning opportunity with the TL. In addition, TLs who are developing or are lead CFSR reviewers are also selected for the IRR sample to use as continuing education on CFSR items.

Quarterly monthly provider reviews

The Provider Monthly Summary reviews support the Department's efforts to incorporate best practice strategies and documentation of quality contacts with children and families into work with provider partners. The reviews are completed by Child and Family Service Review (CFSR) reviewers and other members of the Department's internal provider support team. There is a total of five provider agencies reviewed each quarter, which consists of 15 cases from each provider (seventy-five total). Reviewers read case documentation and summaries to assess for quality practice and documentation around the same indicators that are examined in the CFSRs: child safety and risk, caregiver safety, physical health and development, education, child strengths, mental/behavioral health, planning informed by new assessments, independent living, permanency, caregiver strengths and needs, and contacts between caseworker and child, caseworker and parent, parent and child, and siblings. The results of the review, including strengths and opportunities, are shared

with each provider and discussed during an individual meeting. Agency providers are asked to develop a Program Improvement Plan (PIP) to identify two to three areas of focus to improve the quality of their monthly summary documentation. Once their improvement strategies have been implemented, providers are asked to submit evidence of improvement (additional monthly summaries, training curriculum, etc.). An internal tracking mechanism has been developed to monitor progress over time. The results of the Provider Monthly Summary Reviews are shared with the Department’s internal provider support team, during QA/QI calls with providers, at grand regional provider meetings, and at Provider and Foster Home Quality Team provider site visits. Results between July 2019 – March 2020:





Bootcamp CFSR Reviewer Training

In February and March 2020, the Program Evaluation Team facilitated face to face annual CFSR reviewer trainings in East and West Tennessee locations. In April it was moved to a virtual training due to COVID-19 for Middle Tennessee. This training is required for anyone interested in developing as a reviewer and for lead reviewers to maintain their status. One hundred and fifty-four (154) people participated in the training statewide. In effort to measure the effectiveness of the training a pre and post-test was administered in all three trainings. Overall, participants demonstrated an improved understanding of the process and item ratings.

Question	Pre-Test % of Correct Answers	Post-Test % of Correct Answers
1. How is each individual item in the OSRI rated?	75%	94%
2. Timelines created for the case you are reviewing must follow guidelines to ensure that it conforms to CFSR?	57%	83%
3. It is not necessary to interview the child if it is inconvenient for the reviewer?	91%	100%
4. Interviews must be conducted directly from the interview document provided by the Children's Bureau?	71%	92%
5. The timeliness of investigations will be addressed in which item?	92%	97%
6. If a youth is participating in Independent Living Services in their foster home which item would be this be addressed?	58%	83%
7. What is an acceptable way to indicate The Tennessee Department of Children's Services in a narrative?	84%	96%
8. The Safety and FAST assessment is an assessment you would consider when reviewing item 3?	90%	99%
9. In a foster care case with an older target youth the PUR ends when the youth turns 18 years old.	64%	99%
10. To achieve a strength rating on Item 1, the reviewer must confirm that the agency made concerted efforts to make timely face-to-face contacts with children on all investigations and that all investigations and/or assessments were initiated timely during the PUR.	96%	97%
11. Safety related services necessary o prevent removal or re-entry would be addressed in which item?	57%	81%
12. Remaining in the same placement throughout the entire PUR will always make Item 4, Placement Stability, a strength?	56%	86%
13. In Item 14, Caseworker Visits with Child, visits completed by a private provider agency can	53%	88%
14. What reasons would preclude a parent from needing to be interviewed for CFSR?	53%	88%
15. Quality Assurance (QA) 1 and 2 is not necessary step for certified reviewers?	90%	97%

Quality Assurance (QA) Reviewer Training

In March 2020 the Program Evaluation Team held a training for all QA reviewers. The purpose of the meeting was to improve standardizing the QA process in effort to ensure QA reviewers were consistent and improve the CFSR reviewer's experience. Lesson learned was used in developing the standards including recognizing reviewers experience levels is changing through the years and ensuring QA reviewers are mindful of reviewers will need different levels of support. In addition, guidelines were developed to standardize case summaries and completing tables in the OSRI.

Strategy: Ensure that the Continuous Quality Improvement Process is aligned with the Child and Family Service Plan and CFSR findings.	Responsible Party	Update FY 2020	Date
CFSR PIP – Goal Four: Strategy One – Integrated Processes <ul style="list-style-type: none"> a. Quarterly Case Process Reviews (CPR) will include CFSR language. b. Quarterly reviews of Monthly Provider Summaries will be conducted using CFSR standards. c. CFSR will be the official qualitative review for DCS. d. Special provider CFSR reviews will be conducted during the period of November – March each year. 	Director of Program Evaluation	Please see Semi-Annual CFSR PIP Report	3/31/21
CFSR PIP – Goal Four: Strategy Two – Integrated Feedback <ul style="list-style-type: none"> a. Continue to solicit internal and external input on a regular basis through surveys, focus groups, work groups, and presentations with stakeholders. 	Director of Program Evaluation	Please see Semi-Annual CFSR PIP Report	3/31/21

<p>b. Joint Planning sessions will include more voice of the stakeholder in development of APSR.</p>			
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Staff Training

DCS was found to be in substantial conformity with this systemic factor during the 2017 CFSR.

Pre-Service Training

Over the past year, Pre-Service training has undergone revisions, with a revised model that rolled out in January 2020. As discussed in last year’s report, these revisions were specifically targeted to support further skill development of newly hired case managers to conduct quality visitation and conduct informal assessments. The Foundations of Child Welfare Practice, which is the new case manager training, has been strategically designed to reinforce competencies while making use of different learning methods and tools. It is made up of both classroom attendance, and virtual learning. There are portions of the training that the new hires do as a group, as well as assignments that they complete individually.

The training weeks are comprised of:

- Presentations by internal and external professionals such as Legal, Law Enforcement, and CPIT
- Google Classroom Assignments
- Simulation Lab interactive experience
- Classroom learning
- On-the-Job experience
- Mentorship in the field
- Computer based training, as well as WebEx, and e learning
- Hands on skill development

The simulation lab component of Pre-Service was created to better prepare front line case managers for their role in working with families. All newly hired case managers will complete the SIM lab portion of pre-service. Participants receive their simulation training in three parts. First is the classroom portion where skills such as engagement, assessment, Fourth Amendment and situational awareness are covered. Case managers then do a walk-through of a simulated home, like they would see in the field, and identify the protective, safety and risk factors. The final component of the SIM lab experience is knocking at the door of a home, engaging and assessing the family while practicing interviewing and situational awareness skills. Feedback is provided individually and to the group from peers, facilitators and actors to help process the experience and improve skills. Because the nature of this experience is a hands-on live simulation with immediate feedback, this component has been temporarily discontinued due to pandemic safety precautions.

In February, our On-the-Job Training Coaches were shifted from regional supervision to centralized supervision from the Office of Training and Professional Development. OJT Coaches are a key component of our on-boarding process for newly hired case managers and are responsible for ensuring that new case managers receive a variety of learning experiences to enable them to successfully complete the certification process. The shift to centralized supervision is intended to provide more consistency in the OJT experience of new hires across the state and free the OJT Coaches of additional regional duties, allowing them to focus the provision of best practice coaching with new case managers. Since moving to the training division, the OJT Coaches have begun a series of training sessions with the Vanderbilt Center of Excellence in Child Welfare leading to a Coaching Certification.

In the wake of Tennessee's Safer at Home order, we have adapted our Pre-Service and many of our In-Service courses for virtual classroom delivery. Our Pre-Service material was adapted for virtual synchronous and asynchronous learning within a single week after Pandemic safety orders were issued. We were able to continue Pre-Service training without cancelling or rescheduling a single class. Currently, we are using a combination of WebEx video conferencing and Google classrooms. The Google classroom application is being used to organize and house all the learning documents as well as the support assignments that we have created for the concepts being taught through lecture via WebEx. Our use of Google Classroom for Pre-Service assignments, which began in January of 2020, was extended for Pre-Service delivery and we are exploring its use in some in-service courses. Facilitator Guide/Outlines of the lecture material is shared with all the trainers, who also, complete all the support assignments to ensure their understanding of what the students are learning and experiencing. This deepens their ability to connect with the students in discussion during lecture sessions via Virtual Classroom. The support assignments are a base of Google Forms with add-ons from Poll Everywhere, YouTube videos, Google Jam Boards, and some widgets. Our trainers have been utilizing video conferencing via WebEx for some time and have demonstrated a unique ability to engage students through that format. The material is re with the challenge of being virtual in mind. We incorporate the chat box, use of the emoji's and the use of students' names when facilitating discussions. We also incorporate breakout sessions in our specialty trainings and the use of whiteboards and split whiteboards (a Book Widget) to further engage the students. Overall, virtual classroom training has been received well. We have also updated our evaluations to ensure that we have data to assess our virtual delivery.

In-Service Training

DCS staff achieved a 95% compliance rate for mandatory training and required number of training hours for FY2019. Completion of In-service training is tied to workforce performance plans and raises. This has helped improve this performance goal. Key initiatives are outlined below, including new projects and updates to prior year projects.

DCS Live Webinar Series & Podcasts: DCS Staff, Foster Parents and Community Partners have optimized the benefits of live internet educational webinars produced by OTPD. Topics in these webinars range from technical applications like learning TFACTS or how to use WebEx to understanding child development, trauma, child welfare practice and self-care. The National Child Welfare Workforce Institute (NCWWI) now includes many of the webinars on their training calendar. Also, recently private providers and state agencies from Iowa, Indiana, West Virginia and others send their staff and foster parents to our webinars for their approved training credit.

The expansion of our webinar delivery is in part based on our partnerships with other agencies. In partnership with Tennessee Commission on Children and Youth, DCS delivers Building Strong Brains: Tennessee Adverse Childhood Experiences Training on a monthly basis. In collaboration with Tennessee Suicide Prevention Network (TSPN), the Question Persuade Refer™ suicide prevention is also presented monthly. Additionally, webinar delivery expanded due to the ability to garner subject matter experts to provide presentations. Some examples of these include:

- Dr. Shelley Avny, the founder of the Child & Adolescent Anxiety Practice (CAAP), conducted two webinars. Dr. Avny is at the forefront of the conceptualization and treatment of youth with selective mutism, and developed WeSpeak, the first structured behavioral group intensive for tweens and teens with SM.
- The General Counsel of the Tennessee Bureau of Investigations, Jeanne Broadwell provided information about the history, requirements, and registration of the Tennessee's Violent Juvenile Sexual Offender Registry.
- Dr. Laura Corona of the Vanderbilt Kennedy Center's Treatment & Research Institute for Autism Spectrum Disorder (TRIAD) who provided an overview about autism spectrum disorder (ASD) and how children with ASD may be at greater risk for coming into the purview of the child welfare system.
- DCS partnered with Prevent Child Abuse Tennessee to conduct a virtual showing of RESILIENCE: THE BIOLOGY OF STRESS & THE SCIENCE OF HOPE which chronicles the birth of a new movement among pediatricians, therapists, educators and communities, who are using cutting-edge brain science to disrupt cycles of violence, addiction and disease.
- There is an ongoing webinar series with the Community Coalition Against Human Trafficking that discusses the prevalence of human trafficking in Tennessee. The webinar series provides a deep analysis of how individuals are trafficked and the long-term impact and trauma that is associated with this type of victimization.

These are just some of the examples of webinars we conduct with subject matter experts; all of these are free and open to the community at large. We continue to see an increase in participants in these types of webinars. Increasingly, our webinars are attended by participants from across the country and we have learned that some offerings, including the above-mentioned series on human trafficking, have been included on the National Child Welfare Workforce Institute's webinar calendar. The use of the webinar format serves to maximize the best use of employee and foster parent time and state resources while also providing an interactive online classroom while engaging the entire community about issues in child welfare.

During this fiscal year, the Office of Training and Professional Development has also begun producing "DCS Talks", a podcast series that is used to promote dialogue among child welfare professionals, foster parents and the entire community about ways to prevent child abuse and neglect. In the series this past year we have podcasts about healthy relationships, self-care, legal processes in child welfare, domestic violence and our CFSR process. The podcast is a way to train foster parents and staff as well as engage the community. There are currently thirteen podcasts available on our website.

Supervisor Certification Process: This year, OTPD revised the Supervisor Certification created to better prepare supervisors for the transition into management. The program began on 3/1/20 and includes all supervising Case Manager 3s and all Case Manager 4s. There are three components in

the new process including a two and a half day interactive, in-person Leadership Learning Lab; monthly individual coaching including at least one face to face; and four modules of group coaching. Participants have up to 8 months to complete the process. A readiness tool was developed and is utilized by the new supervisor's leader after the completion of the 3 components to determine if the identified skills have been learned and are being applied. A new supervisor can be referred for additional coaching around any areas of need. The goal of certification is to have new supervisors who are confident in their role and the development and retention of their staff.

Leadership Investment: Leadership Investment and Support is an initiative to promote Safety Culture and Leadership Development for Leaders within TN DCS. This initiative is in partnership with Vanderbilt Center of Excellence and is delivered within 2 waves. The first wave is comprised of Child Programs Regional Administrators, Office of Child Safety Statewide Directors, and Juvenile Justice Statewide Directors. The second wave is primarily the direct reports to Senior Leadership for all program areas within the Regions: Team Coordinators and Deputy Regional Administrators. This initiative began in 2018 and continues today. Both groups engage in sessions on a quarterly basis. Content is developed by a team of Vanderbilt COE experts, Dr. Tarah Kuhn, Dr. Jon Ebert, and Kathy Gracey, in collaboration with Julie Rotella, Assistant Commissioner of Administrative Services. The focus for growth and development for this year is Secondary Trauma: recognizing it in self and staff and responding in healthy ways to build resiliency for self and staff.

Secondary Traumatic Stress for Supervisors: As part of the DCS effort to address Secondary Traumatic Stress (STS), a new course, Secondary Traumatic Stress for Supervisors, recognizing that supervisors have a multilayered challenge related to STS, as they are responsible for supporting staff affected by STS while potentially being affected themselves. In addition to hearing secondhand about trauma experienced by their staff's clients and bearing a higher level of accountability for client safety, they have personal experiences of directly working with children and families that they bring with them to their jobs. Supervisors need to be able to process their own experiences and reactions with their own supervisors before they are in the position to do so with their staff. Supervisors are often caught in the middle, struggling to manage both their direct reports' stress and agency administrators' pressures and mandates, all in the midst of limited resources. Supervisors play a key role in STS prevention and mitigation. Supervisors have the most contact with frontline staff therefore are often in the best position to identify and address staff's STS symptoms, including how they are impacting staff-client engagement and interactions. This training was developed in order to increase the supervisor's knowledge of STS symptoms and their impact on Child Welfare Professionals/ Supervisors, develop strategies to prevent STS in themselves and others, identify and strengthen resiliency factors, and to learn strategies for STS intervention. This initiative was piloted in the Northeast Region in January 2020 and rolled out statewide in March 2020.

CFTM Facilitation for Case Managers: Partnering with Children and Families through the CFTM process is a vital part of providing quality assessment, planning, and service implementation with families. Often the front-line case managers are responsible for facilitating CFTMs for the cases they work. CFTM Facilitation for Case Managers was developed to increase understanding and competency of CFTM facilitation skills of case managers by enhancing engagement strategies, communication skills and knowledge of CFTM policies and practice. The CFTM process and hearing the family story are critical when creating a shared vision/understanding of the family plan and its implementation. When the case manager acts in the role of the CFTM facilitator and the case

manager, they are responsible for the process of guiding the CFTM through the stages ensuring everyone's voices are heard while at the same time ensuring risk and safety issues are discussed and a collaborative plan is developed with the family to address these issues.

Mock Court Training: Mock Court, another simulation experience, was piloted this year. The initiative was created to better prepare case managers for court testimony. The training is available for Child Protective Services, Juvenile Justice and Social Services case managers. Participants attend a classroom training in the morning where they receive information on court testimony from DCS legal staff. They are also able to debrief the mock case they received and watch a video of the interviews from that case. In the afternoon, participants testify based on the morning preparation. They are able to participate in both direct testimony and cross-examination. Feedback is provided by DCS legal and training staff. Based on the feedback received, an implementation plan is being developed to extend the court simulation lab across all regions of the state. Since COVID-19 this training has been put on hold. No decision has been made at this time to move it to a virtual platform.

Domestic Violence Training: DCS recognized the need for case managers to become domestic violence informed. To support that initiative the Office of Training and Professional Development developed a plan to educate employees and partners on the best practices of working with families where domestic violence is present. DCS partnered with Safe & Together™ to deliver a child-centered model that derives its name from the concept that children are best served when we can work toward keeping them safe and together with the non-offending parent (the adult domestic violence survivor). Four DCS Trainers were accepted into the Safe & Together Model Trainer Certification Program that began 5/6/2019. As a result of that partnership, the identified trainers received 5 days of intensive face-to-face training with follow-up support through monthly coaching/mentoring calls and supplemental materials. Those trainers utilized their knowledge and skills to train, coach and support DCS employees and partners through:

- Safe and Together Classroom Trainings
- Introduction to Domestic Violence Webinars
- Impact of Domestic Violence on Child Welfare Cases Podcast DCS Talks: November 2019
- Individual Coaching Sessions and Materials

To date, 537 DCS Employees also have received training credit for the three E-courses listed below, purchased from Safe & Together:

- Safe and Together Introduction
- Safe and Together Multiple Pathways to Harm
- Safe and Together Working with Men as Parents

Zero Point Leadership Series: With the assistance of VOCA funding, OTPD brought in a consultant from Zero Point Leadership Inc. to conduct a series of workshops for DCS staff, foster parents and community partners. Zero Point Leadership Inc. is a globally recognized science-based leadership learning and development organization with foundations in neuroscience, heart intelligence, social intelligence, quantum theory, systems thinking and mindfulness. These presentations focused on how research from modern neuroscience may inform approaches to engagement that can help people at all levels in the child welfare system. Participants learned about resilience, regulation, co-regulation, mindfulness, the impact of trauma on the brain, and how to apply brain science framework for increasing engagement and motivation with children and families.

Racial Justice Workgroup: The Racial Justice Workgroup was formed in 2018, however in 2019 the work became more focused and intentional. The members of the workgroup have identified that the purpose of the workgroup is to effect change, raise awareness, and overcome disparity in our services to children and youth. In a pursuit of addressing the purpose of the workgroup, a Consultant has been secured to move the work forward. The workgroup has been able to accomplish the following objectives:

- Created Draft Mission and Vision
- Presented to Executive Leadership
- Placed Resources on Basecamp-Lit Review
- Created Training Opportunities for all DCS Staff on Implicit Bias and Racial Healing: Pastor Palmer
- Some workgroup members attended 11/6 and 11/7/19 Bridging the Racial Divide: Heather McGhee UT
- Some workgroup members attended 1/16/20 Debbie Irving presenting her book Waking up White
- 1/21/20 National Day of Racial Healing livestream and social media presence
- Created a Data Group to identify disparity in our services
- 2/28/20 Just Mercy film/book discussion and training credit
- Secured Pastor Palmer as a Consultant
- Created a Media Club within the workgroup

Foster Parent Training

The Foster Parent Training Program offers learning opportunities that support adoptive, foster and kinship parents in their effort to provide safe, nurturing and loving environments for the children in their care. Through a contract with one community agency, the Department provided Parents as Tender Healers (PATH) pre-service training to 1625 traditional applicants in all twelve regions across the state between July 1, 2019 and December 31, 2019. DCS is excited to announce the transition to a new Pre-Service training for potential parents. The new curriculum is titled TN KEY (Knowledge Empowers You) and was developed by OTPD staff. The DCS TN-KEY training curriculum was developed for the purpose of providing prospective foster parents with the most trauma-informed information to help assist in navigating their journey through foster care.

This new curriculum was implemented on January 1, 2020 and 494 applicants have been trained on the new curriculum. In addition, we were able to offer a 16-hour condensed version of PATH for Kinship parents statewide for the majority of the reporting period. During this period, 695 kinship applicants completed training. Beginning April 1, 2020 kinship applicants transitioned to the new TN KEY Kinship Condensed curriculum. This curriculum also consists of 16 hours of materials. The applicants are able to complete training in just two weeks.

During the 2019-2020 fiscal year, 82% of foster parents were in compliance with training. Next, DCS currently mandates Prudent Parenting and What to Know about Child Exploitation for all foster parents during their first year of approval. In addition, parents are required to receive a minimum of 15 hours of training credit annually. Between July 1, 2019 and April 30, 2020, 922 (of 1,894) foster parents completed Prudent Parenting training and 1266 (of 1,894) completed the What to Know about Child Exploitation training. In addition, parents are able to receive training on multiple parenting related topics.

The Foster Parent Training program hosted an annual conference for 689 foster parents. A total of 90 workshops were attended by foster parents, along with an additional training on trauma related topics from a keynote speaker. Parents were able to receive a maximum of 20 hours of training credits in one weekend.

Finally, the Foster Parent Training Program is unique in that the program also develops Foster Parent Trainers, who are DCS and private agency staff, across the state. The Foster Parent Trainers are instructed and provided with training skills, tools and curriculum to develop quality foster, adoptive, and kinship parents who are professional and well prepared. There were approximately 405 Foster Parent Trainers trained across the state from July 1, 2019 to April 1, 2020.

Staff Training, Technical Assistance and Evaluation

DCS has a goal to have a strong, healthy, child welfare workforce to achieve better outcomes for families. Objectives in support of this goal include:

- The Quality Contacts Initiative
- The Assessment Integration Model
- The Team Leader Mentoring and Enhancement Project
- Pre-Service Revision
- Working with University Partners to support the development of strong Social Workers who have the skill set to provide the quality services necessary to promote success for families.

DCS continues to implement the Quality Contacts Initiative as identified in the approved CFSR PIP. Cohort #3 was initiated in February 2020 in all 3 Regions. Email, leadership call, and half day supervisor session have been completed. DCS is in the process of completing a full day session. Due to COVID-19, it is now being delivered via virtual classroom.

The Quality Contacts Initiative continues to support the following strategies:

- Ensure children receive timely, initial and ongoing safety assessments
- Ensure that children and families receive quality formal and informal assessments, as well as quality visitation from Caseworkers in order to increase engagement of families in case planning.
- Ensure that all children receive quality educational assessments and services as applicable.

A coaching component to the training was added for immediate supervisors based on the Child Welfare Skills-Based Coaching Modes and Core Steps in Coaching as outlined in the Capacity Building Center's Child Welfare Brief.

DCS conducted an analysis of the OJT Coach role and determined that due to the duties of those positions being varied by region it would benefit the Department to align these positions to strengthen this component of training. This had been identified as a crucial missing piece that could

help improve the skills of new Caseworkers. All OJT Coaches now report directly to Central Office under a Director, and function under the same performance plans and expectations.

DCS Tuition Assistance Programs

Bachelor of Social Work (BSW) Tuition Assistance Program: The Bachelor of Social Work (BSW) Tuition Assistance Program will continue to provide financial support for selected social work majors who commit to working with children and families at DCS immediately after graduation. In this program, students agree to work for the Department after graduation for six months for each semester of financial support they receive.

Master of Social Work (MSW) Tuition Assistance Program: The Master of Social Work (MSW) Tuition Assistance Program will continue to allow qualified DCS employees to receive financial support to pursue an advanced degree in Social Work in exchange for a commitment to continue to work for the Department upon graduation. As is the case with the BSW Tuition Assistance Program, the employee agrees to continue to work for the Department for six months for each semester of financial support they receive, up to 24 months.

Strategy: Develop a strong, healthy, child welfare workforce that has the capacity and capability to meet the unique needs of the families served.	Responsible Party	Update FY 2020	Date
CFSR PIP – Goal One: Strategy One – Quality Contacts Initiative	Executive Director of Training and Professional Development Regional Directors	Please see Semi-Annual CFSR PIP Report	3/31/21
CFSR PIP – Goal Three: Strategy One – Team Leader Mentoring and Enhancement Project	Director of Program Evaluation Regional Directors	Please see Semi-Annual CFSR PIP Report	3/31/21
Work with University partners to support the development of strong Social Workers who have the skill set to provide the quality services necessary to	Executive Director of Human Resources University of Tennessee College of Social Work	DCS Human Resources continues to partner with Universities including through	7/1/21

promote success for families.		the BSS and MSW stipend program.	
Revise DCS pre-service training program.	Executive Director of Training and Professional Development	DCS is in the process of studying changes needed based on FFPSA and CFSR	7/1/21

Training Evaluation

DCS uses a variety of methods to address training quality and efficacy.

- Focus groups are used during the planning and development stages of many of our larger and mission critical training initiatives. For example, revisions to our Supervisor Certification and our Case Management Pre-Service curricula that have occurred over the past two years began with focus groups. Focus groups are also planned for two of our current development priorities, peer mentoring certification and the foster parent support program. Additionally, focus groups were utilized as Tennessee worked with Spalding for Children during the development and pilot process for the Core for Teens curriculum designed to promote permanence and placement stability for adolescents.
- In other instances, workgroups are 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 TN Key Foster Parent Pre-service, regular Case Manager Pre-service updates, Counter Response, Family Support Services program training, Quality Contacts, CFTM Facilitation for Case Managers, Skilled Facilitator Certification, and Advanced Facilitator Inservice training.
- For our Case Manager Pre-service program, a variety of individual assessments are used to determine the readiness of the new hire to begin working a case load independently. While the primary aim of this process is to assess the new hire, they are also a useful part of assessing the efficacy of the curriculum itself.
 - The Individual Learning Plan (ILP) serves as an ongoing assessment of professional development throughout Pre-service certification training. As the new employee progress through the Pre-service process, the document is developed and shared during support team meetings for the employee. Classroom trainers and On-the-Job Training Coaches contribute observations and feedback from their work with the new hire. Further, OJT Coaches capture feedback from the new hire’s supervisor and peer mentor, as well as from the new hire themselves to develop the plan. That plan then guides the learning and development activities that are tailored to the new hire’s individual learning needs throughout the remainder of the initial training

period. The final plan is used to guide the development process following certification.

- Following the completion of classwork and OJT training, the new hire will participate in a Case Presentation Assessment involving one of their training cases, which will be assessed by their OJT coach, mentor and supervisor. The Case Presentation Outline gives the new hire guidance to organize the information and prepare for the case discussion. The new hire will bring examples of completed documentation for their case so the team can evaluate their documentation skills. At the conclusion of this presentation, documentation review, and a review of the Individual Learning Plan, the team will determine the new hire's readiness to be certified as a case manager.
- Scoring for the final assessment utilizes a rubric that includes behavioral indicators of foundational case management competencies. This rubric is provided to new case managers at the beginning of their training and serves as both readiness assessment and a guide to the best practice principles. As such, this tool is useful to not only the new hire, but to their peer mentors, supervisors, OJT Coaches, and training staff.
- The Training and Development team participates in the provider contract and review process 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.
- Trainer Monitoring tools are utilized on a quarterly basis with both DCS training staff and with our foster parent contract trainers. Observation tools based on Trainer Competencies are completed on each trainer once quarterly and include a coaching session for the trainer being observed.
- 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. Additionally, surveys are used to evaluate the effectiveness of training content and gather information on training needs from the workforce.
- A qualitative review with two components is being utilized for the Quality Contacts training initiative.
 - In the first component, supervisors complete a self-assessment of how well they have incorporated quality contacts concepts into their supervisory practice. The survey is completed prior to and after each of the coaching sessions. These indicators include the use of a global assessment process using formal and informal assessments, developmentally appropriate engagement of each team member, collaborative interactions and inclusion of the child's and family's voice in the CFTM and planning process, assessment of the child's health and social needs, implementation of needed services, and indications that interactions are respectful, unbiased, developmentally appropriate, culturally responsive and reflect critical thinking. In early analysis, supervisors' belief that they had incorporated these concepts into their practice "well" or "very well" increased from 66.7% prior to coaching to 79% after two coaching sessions. In particular, there was a dramatic increase (more than 20%) on the concepts of intentional and purposeful, and goal directed visits, assessment supported decision, as

- well as ensuring that the worker's actions are reflected in documentation. Overall, supervisors indicated that their practice on all assessed concepts improved following coaching sessions.
- In the second component, supervisors rate the documentation of one of their employees' cases as part of the Quality Contacts training. Supervisors are also encouraged to continue using the form as a supervisory tool ongoing. Slightly less than 10% of the submissions are related to ongoing use. Ratings range from Unacceptable to Exceeds Expectations. The percentage of cases rated as have met or exceed expectations is indicated in parentheses after the criteria. Documentation is rated for evidence of formal (68.5%) and informal (75.5%) assessments, effective engagement (77%), effective service delivery (71%), concerted efforts (61.5%), and whether the worker provided full disclosure where applicable (46.5%). Additionally, supervisors provide written justification for their ratings and these frequently reflect the growth in practice of both the supervisor and the case manager. Some examples are below.
 - This FSW has improved in her documentation over the past year. There are areas of for growth as it relates to her documenting all efforts and follow ups with the family and providers. She has begun incorporating that monthly summaries.
 - This case was worked very well with attention to detail for the child's safety and mental health. The family's circumstances with work and dynamics were prioritized and the plan was created with the child in mind and something that everyone was happy with. The case notes reflected the hard work that went into the case and was well written and detailed.
 - TL will discuss with FSW in monthly briefing of ensuring that she gives all pertinent information when documenting so a reader can have a clear picture. TL will ask her to read case recording and give feedback on what she could have added.
 - I think the worker needs coaching on how to ask really good in-depth follow up questions and I think this worker would benefit by having me go into the field with him on a regular basis to provide coaching and feedback. I believe helping this worker come up with a plan of action (reading all TFACTS history and coming up with questions for all household members and collaterals) would really help polish his skills.
 - During our monthly performance briefing I've asked this worker to add an additional focus to her recordings; addressing her formal and informal assessments in the case recordings. We discussed what she learned from the recent Quality Contacts training and what she thought were her strengths and what she saw as an area of improvement. She agreed that she could give more attention to the area of documenting assessments. We talked about what makes an assessment and how to record these in a strength-based way.

Service Array

DCS was not found to be in substantial conformity with this systemic factor during the 2017 CFSR.

DCS is committed to expanding the service array. Challenges often exist in the more rural areas of the state. Multi-Agency Collaborative Single Team Single Plan is an approach to practice that brings together child serving state agencies and community partners that team together to serve families. Typically, families are identified by Child Protective Services Staff as a family who is at risk of coming into foster care. The worker engages the family in a discussion about the approach to practice and gains their consent since this approach is voluntary. After consent is obtained, a Child and Family Team Meeting is scheduled and all partners are invited to the table to hear the family's story, offer services they can contribute, create a plan, and decide who should remain on the family's team based on the family's individual needs and priorities. While this approach is primarily a prevention model and most cases served through this model are non-custodial, there are also some custodial cases that are identified to participate in the approach to reduce the length of stay in foster care. Oversight for this approach is led by DCS but decision making, and ownership belongs to the Multi-Discipline Steering Committee. A Steering Committee for this approach is 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.

The Multi-Agency Collaboration Single Team Single Plan Approach began in 2016 through four pilot counties and began expansion in 2017 with a goal to train at least one county in each region. Once the approach had reached each region, full statewide expansion began. In 2019 the team began to shift to prioritize expansion to the 15 counties identified in Governor Lee's Executive Order 1, which qualify as economically distressed, ranking among the nation's 10% most distressed counties based upon an annual index of unemployment, income and poverty. Training and implementation of this approach in all 15 counties will be completed by August of 2020. Plans are in place to complete training and implementation in all 95 counties of the state by 9/30/2021.

The approach continues to prove successful through data collected. As of 4/30/2020 there have been 425 non-custodial families, comprised of 850 children, participate in this approach to practice. Of those 850 children served, less than 4% of those children have been removed from their homes within one year of discharge from the approach. Additionally, 63 custodial families, comprised of 120 children, have also been served in hopes to reduce their length of stay in foster care. As of 6/30/2020 there have been 390 non-custodial families, comprised of 858 children, participate in this approach to practice. Of those 858 children served, less than 3% of those children have been removed from their homes within one year of discharge from the approach. Additionally, 70 custodial families, comprised of 124 children, have also been served in hopes to reduce their length of stay in foster care. Customers are asked to participate in a survey throughout their participation in the model. Customers are asked to participate in a survey throughout their participation in the model. When asked to provide an answer between Always, Often, Sometimes, Rarely and Never, 204-208 respondents provided the following answers. The team made it easy to access a wide range

of services, 82% Always, 12% Often, 4% Sometimes, Less than 1% Rarely, Less than 1% Never. The approach is giving me a voice in deciding what is happening with my family, 82% Always, 10% Often, 7% Sometimes, Less than 1% Rarely, Less than 1% Never. The team treats me with respect including being upfront and honest with me, 84% Always, 11% Often, 3% Sometimes, 0% Rarely, 2% Never. The team worked together as a team to meet my needs, 84% Always, 10% Often, 4% Sometimes, Less than 1% Rarely, Less than 1% Never. Internal surveys are also provided to team members throughout each participating agency and partnership. In the most recent frontline staff survey conducted in May of 2020, 105 participants responded. When asked, overall, how beneficial is it for your agency to be a member of the Multi-Agency Single Team Single Plan network, respondents answered 59% Greatly Beneficial, 25% Moderately Beneficial, 13% Slightly Beneficial, 3% Not at all Beneficial. When supervisors of frontline staff were asked the same question, 46 respondents answered 55% Greatly Beneficial, 33% Moderately Beneficial, 10% Slightly Beneficial, 2% Not at all Beneficial. In regions where drug teams have been created (Northeast, East, Smoky, Knox, Upper Cumberland and Shelby), resources and community partnerships have been expanded. Local staff work closely with substance abuse providers, mental health agencies and other informal supports to increase the services and resources for families impacted by substance abuse and to identify gaps in services. Long term case management in the eastern regions has also been expanded by a contract with Omni Health Care to provide intensive in-home family support services. Recognizing the intensity and frequency of contact needed for families struggling with substance abuse prompted this partnership with Omni.

The introduction of Safe Baby Courts has also prompted a need to expand services that are accessible to families in the 12 counties. 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.

Executive Order One, issued by Governor Bill Lee, identified fifteen rural counties that were economically distressed. The Office of Child Safety, in partnership with several statewide and local organizations, delivered drug workshops in the distressed counties. The participants included frontline staff, community partners and local officials. Many of these sessions were held in person prior to COVID19, however some were still delivered virtually to ensure the information was provided to those distressed areas.

Strategy: DCS will collaborate with other organizations to expand the service array for families of Tennessee	Responsible Party	Update FY2020	Date
CFSR PIP – Goal Three: Strategy Two– Foster Parent Recruitment and Retention Plans	Executive Director for Permanency Executive Director of Network Development Regional Directors	Please see Semi-Annual CFSR PIP Report	3/31/21
DCS will begin work to enact Executive Order One in one of the fifteen counties, then expanding until all fifteen counties service array has been expanded.	Executive Director for Permanency/Executive Director of Child Safety Executive Director for Child and Family Well-Being/Executive Director of Network Development Regional Directors	Please see update above	1/1/24
Conduct an assessment of the Resource Linkage Program in each region in order to design a restructure that will focus on prevention services to children and families in all service regions.	Director of CPSA and In Home/Director of Program Evaluation	Assessment throughout each region is an ongoing objective achieved through different methods to determine what is working best for each respective region. Enhancements to the collection of RL information have showcased needs related to staff capacity, resource needs, and regional support of RLC efforts. In the Northwest region, the Regional Administrator (RA) determined that the RLC's role should be primarily devoted to RL efforts if	7/1/21

		<p>the goal to effectively serve all counties in the NW region was one to be seized. In the TN Valley region, it was decided to add a supplementary RLC position to serve a large portion of the region that was not previously being served by the existing RLCs. The worker has reported diligent labors to become familiar with community partners and community needs. Other regions have been keeping in close contact with their supervisors as well as with central office staff when it comes to best practice and ideas to further advance the program. There is a monthly call for all RLCs and Central Office staff to collaborate and execute those ideas and plans.</p> <p>RLCs across the state were also involved in conversation during both an RL gathering and a meeting with providers from TN's Kinship Navigator program and regional leadership, that encouraged dialogue concerning the significant contribution RLCs could provide when effectively utilized.</p>	
<p>DCS will work with Child Advocacy Centers, Citizen's Review Panels, and Community Advisory Boards across</p>	<p>Executive Director of Child Safety Executive Director for Child and Family Well-</p>	<p>RL staff is responsible for the development and support of community advisory boards (CABs) and its meetings. Central</p>	<p>7/1/21</p>

<p>the state to listen to the community and support enhancement of needed services in each service region.</p>	<p>Being/Executive Director of Network Development Regional Directors Director of Program Evaluation</p>	<p>Office staff has been working closely with RLCs to provide technical assistance to build strong and resourceful CABs. To enhance the support to RL staff and CABs, Central Office staff has received CAB schedules, and plans to continue efforts to attend CABs throughout the year. To present day, Central Office staff has been able to attend CABs across the state in person as well as virtually once the COVID-19 meeting standards were put into effect. Central Office staff is assisting the Southwest region in their creation of bylaws for the CABs which is supported in the CAB toolkit. The desire is to promote a more seamless and consistent functionality of CABs across the Southwest region. Central Office staff is also assisting the new RLC in the Smoky Mountain region in the work around the identification of housing services in their region, as DCS and the community have incurred some challenges in attempts to access housing.</p>	
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Agency Responsiveness to the Community

DCS was found to be in substantial conformity with this systemic factor during the 2017 CFSR.

The Department continues to be committed to engaging all levels of internal and external stakeholder in developing the Annual Progress and Services Report (APSR), as it did with the development of the 2020-2024 CFSP. Many of the CFSR PIP strategies involve engagement of the community and ongoing communication between DCS and all stakeholders. The virtual annual Joint Planning Session held on May 28, 2020 included multiple external stakeholders. Activities such as Safe Baby Courts, Interagency Quality Assurance WebEx meetings, and CFSRs also continue to include internal and external partners. The CFSP Advisory Council was formed in January 2020 and met for the first time in February 2020. The Council includes Judges from Blount and Marshall Counties, Court Appointed Special Advocates, Child Advocacy Centers, and Citizen’s Review Panel Representatives, Department of Human Services, Department of Mental Health and Substance Abuse Services, Extension of Foster Care Youth, Foster Parent, University of Tennessee College of Social Work, Tennessee Commission on Children and Youth, Administrative Offices of the Court, Safe Baby Court Coordinator, multiple Private Providers including Youth Villages, Omni and Family and Children Services, TN Alliance for Children and Families, as well as, DCS staff from multiple levels. The first meeting was held February 5, 2020 where DCS presented updates to goals and strategies that are incorporated both in the CFSR Program Improvement Plan and the CFSP and provided opportunities for stakeholders to comment and ask questions. The council members were also invited to the virtual Joint Planning meeting held in May 2020 and will continue to meet quarterly during the next APSR cycle. The Bureau of Indian Affairs for the Choctaw and Cherokee Tribes was also invited to the Joint Planning meeting and will continue to be invited to the CFSP Advisory Council meetings.

DCS will continue to coordinate services with the Tennessee Department of Human Services, Tennessee Department of Mental Health and Substance Abuse Services, Tennessee Department of Developmental Disabilities, Tennessee Department of Education, Tennessee Department of Corrections, and Tennessee Bureau of Investigations. Strengthening these relationships will also be a focus for DCS over the next five years. All of these efforts are showing to have a positive impact on CFSR and PIP performance.

Strategy: DCS will enhance relationships with external stakeholders.	Responsible Party	Update FY 2020	Date
CFSR PIP – Goal Two: Strategy One – Safe Baby Courts	Executive Director of Child Safety Administrative Office of the Courts Regional Directors	Please see Semi-Annual CFSR PIP Report	3/31/21

CFSR PIP – Goal Four: Strategy Three– Court Improvement	General Counsel Administrative Offices of the Courts Regional Directors	Please see Semi- Annual CFSR PIP Report	3/31/21
CFSR PIP – Goal Four: Strategy Two – Integrated Feedback c. Continue to solicit internal and external input on a regular basis through surveys, focus groups, work groups, and presentations with stakeholders. d. Joint Planning sessions will include more voice of the stakeholder in development of APSR.		Please see Semi- Annual CFSR PIP Report	3/31/21

Foster and Adoptive Parent Licensing, Recruitment, and Retention

DCS was not found to be in substantial conformity with this systemic factor during the 2017 CFSR.

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 who are potential placement resources for children under the Interstate Compact on the Placement of Children.

Each region is required to establish an annual recruitment and retention plan. Various strategies are implemented to meet regional goals. Regional staff continues to educate themselves to evaluate demographic data and utilize heat mapping to better target placement needs in their region specifically as it relates to minority groups.

Regionally, recruitment and retention plans have varied in success. However, statewide goals under the TN Fosters Initiative have been exceeded three years running.

Standards for foster home approval are applied equally with non-safety accommodations provided for relative/kin placements. DCS policy has been revised to include any national licensing standards as required under the FFPSA. DCS meets and exceeds the criminal background check requirements for foster parent applicants and all adult household members. Non-smoking foster homes and immunization requirements were the only areas where DCS was not in compliance. New policies were developed and implemented in July 2019 to bring the state into compliance with the standards.

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.

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 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.

As of June 15, 2020, ICPC began utilizing the National Electronic Interstate Compact Enterprise (NEICE) for any new requests allowing staff to submit and receive documents through a secure portal to 29 states. Within the next six months, this number should increase to 34 states. Although TN is not “live” on NEICE and cannot follow the progress of the case at this time, this ensures that all transmissions are secure. Targeted go live date is expected June 2021-June 2022. TN will continue to submit and receive information electronically to states that are not on NEICE. The usage of NEICE is expected to reduce the amount of time to obtain ICPC placement approvals.

In order to preserve family connections, the foster parent pre-service curriculum has been re-written to be more trauma informed and stress the importance of reunification, birth parent mentoring, and understanding grief/loss and attachment. A new in-service training, CORE Teen, has been implemented to educate foster parents to effectively parent teens with challenging behaviors.

Strategy: DCS will meet substantial conformity standards for the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention.	Responsible Party	Update FY 2020	Date
CFSR PIP – Goal Three: Strategy Two– Foster Parent Recruitment and Retention Plans	Executive Director for Permanency/ Executive Director of Network Development Regional Directors	Please see Semi-Annual CFSR PIP Report	3/31/21
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.	Executive Director for Permanency/ Executive Director of Network Development Regional Directors	Please see update in Permanency 1 Outcome Section	7/1/21
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.	Executive Director for Permanency/Executive Director of Network Development Contract Provider Network	Please see update in Permanency 1 Outcome Section	7/1/21

DCS will begin enforcing policies to ensure that Foster Parents have non-smoking homes and the appropriate immunizations.	Executive Director for Permanency Regional Directors	National licensing standards regarding non-smoking homes and appropriate immunizations was added to policy effective July 2019	7/1/19
DCS will develop a project management plan to design and implement the new NIECE system for ICPC.	Executive Director for Permanency Chief Information Officer Assistant Commissioner for Finance and Administration	Completed	7/1/20

Plan for Enacting the State’s Vision

Vision Statement

Tennessee has presented the new vision of the Children’s Bureau to internal and external stakeholders throughout the development of the CFSP during Joint Planning, during the Citizen’s Review Panel Conference, and during Grand Regional Provider Meetings. DCS Executive Leadership determined that the current Mission, Vision, and Values of the organization should be updated. The new Mission, Vision, and Values for the agency were developed from input received during numerous focus groups and the 2019 Joint Planning session.

Mission: Provide high quality prevention, and support services to children and families that promote safety, permanency, and well-being.

Vision: To create safe and healthy environments for children where they can live with supportive families and engaged communities.

Values:

- ***Relationships:*** We believe that the child welfare system in Tennessee is a collaborative, aligned system of professionals that provide unique interventions to our most vulnerable populations.
- ***Integrity:*** We believe that ethics, fairness, and sincerity are the foundation for a successful organization.

- **Diversity:** We believe that all children and families deserve to be treated with respect and maintain strong connections to their identified community, faith, and culture.
- **Learning:** We believe that staff should be safe and receive the training, services, and supports to be mentally and physically healthy.

Goals

<p>Goal One: DCS will collaborate with providers, juvenile courts, community advisory boards, child advocacy centers, and community organizations to expand the service array in Tennessee.</p>	<p>Rationale: While DCS is committed to moving to a more prevention focused system, quality prevention services must be available to families across the state. It became clear through focus groups that many juvenile courts do not know about or trust some service providers.</p>
<p>Goal Two: DCS will work collaboratively with providers and juvenile courts to conduct in-depth utilization reviews on all children in the foster care system.</p>	<p>Rationale: DCS has seen an increase in the number of children coming into the foster care system. The opioid crisis has fueled some of this increase. However, it is apparent through CFSRs, as well as focus groups, that DCS has a number of children in care for reasons other than dependency or neglect (unruly, bench order for services, etc.). In order to increase the financial impact to prevention services, DCS must be able to reduce the number of children in foster care.</p>
<p>Goal Three: DCS will improve workforce recruitment, onboarding, training, mentoring, coaching, and retention.</p>	<p>Rationale: DCS has seen a very high level of workforce turnover. It has also been evident through CFSR and focus groups that caseworkers do not always have the skill set needed to conduct quality visitation or informal assessments. It was also evident that frontline supervisors often lack the ability to properly coach and mentor staff. DCS must be able to recruit, train, and retain quality staff in order to meet the goals identified.</p>
<p>Goal Four: DCS will work with Foster Parents and providers to provide support, training, and evaluation in shifting the focus to foster care</p>	<p>Rationale: The philosophy of foster care as a service will require a shift in culture for Foster Parents in Tennessee. A structured messaging will be required and reinforced through regular required trainings. This will also impact</p>

being a service to families and not a substitute for parents.	recruitment and screening practices for Foster Parents.
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Objectives & Measures of Progress & Progress Benchmarks

Goal One: DCS will collaborate with providers, juvenile courts, community advisory boards, child advocacy centers, and community organizations to expand the service array in Tennessee.	Action Steps:	FY 2020 Progress Benchmarks	Completion Date	Measure of Progress
<u><i>Objective One:</i></u> Assess the existing Resource Linkage Program to determine enhancements that will benefit and expand the program, allowing families to have access to services without an open case with DCS.	<ol style="list-style-type: none"> 1. Complete assessment of Resource Linkage Coordinator Job Duties. 2. Set Resource Linkage Coordinator Job Plan to be consistent across state. 3. Educate all Resource Linkage Coordinators on FFPSA. 4. Develop any needed enhancements or changes in duties. 	<p>Please see Safety Outcome 2 section for update</p> <p>The latest revision provided clear direction on documentation of RL work, and collaboration with other program areas when providing RL services. There is at least one RL in each region, and they are to be readily accessible to all program staff as well as the CAB. There was no formal assessment completed like that of the RCP program area. This was informally done, and the process</p>	7/1/21	<p>New Resource Linkage Policies</p> <p>Assessment Results</p> <p>Increase number of responses to families. (Baseline to be determined by December 2020)</p>

		<p>consisted of speaking monthly with RL staff regarding their roles and processes, and then incorporating those things into the policy. We're in the process of investigating a way to conduct a more formal assessment but the outcomes of the informal one have led to updates to the policy, and a review of the CAB statute and CAB toolkit to possibly recommend revisions. Much of the RL work isn't in TFACTS so another assessment outcome was to have RL staff to ensure that cases are called into the Hotline and assigned to their caseloads. All other cases or provision of services (that aren't appropriate for an RL open case) are captured in Formstack. This was also developed and then revised as a result of the assessment of the RL program. As written in the above section, there were several adjustments made in the regions to either replace</p>		
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		<p>staff or add an additional worker based on geographical needs or demands that exceeded the abilities of one RL. The assessment highlighted a need to ascertain the true number of functioning CABs to determine where technical assistance and support is needed to improve functioning or to establish a “meeting” that meets the spirit of CAB. Last, we’ve developed and submitted a process map to have adjustments made in TFACTS that will allow a better capture and analysis of RL cases, as it’s difficult to determine that and the self-reported numbers are captured in Formstack.</p>		
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<p><u>Objective Two:</u> Conduct a Needs Assessment in each service region that will focus on available non-custodial services to families.</p>	<p>1. Use Executive Order One Format to complete an assessment of available services in each region.</p> <p>2. Consult with Resource Linkage Coordinators, courts, and local chamber of commerce to determine potential gaps.</p> <p>3. Review data from FAST to determine needs of families from each county.</p> <p>4. Implement, support, and evaluate an In-Home Practice Model, called Family Support Service (FSS) that guides and strengthens the delivery of In-Home services to children and families. Staff will develop a deeper understanding of familial issues influencing child safety, well-being and permanency, leading to clear identification of service needs.</p>	<p>1. -3. Please see Update in Service Array Systemic Factor section.</p> <p>4. The statewide implementation of the new practice model has occurred, August 2020. A virtual version of the training was issued beginning May 2020 to August 2020. Next steps have been established to evaluate the efficacy and fidelity of the new practice model. The review of regional CPRs will be analyzed as a means of determining areas of need to help ensure safety, permanency and</p>	<p>7/1/21</p>	<p>Needs Assessment</p> <p>Guide to available services produced for each county (Online guide with hard-copy guide provided to each juvenile courtroom).</p>
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		well-being of our In-Home children and families.		
<p><u>Objective Three:</u> Coordinate, train, and assess the role of the DCS Court Liaison in each county, as these workforce members have direct communication with the courts. This can enable Juvenile Court Judges to have the most up to date information about quality services in their community.</p>	<ol style="list-style-type: none"> 1. Complete assessment of Court Liaison job duties. 2. Set Court Liaison Job Plans to be consistent across the state. 3. Provide training for Court Liaisons on FFPSA and available resources in counties served. 	<p>Some of this work is contained in the Semi-Annual CFSR PIP Report in the court improvement goal. We have conducted a focus group with court liaisons; developed a proposed uniform job plan; conduct regular statewide court liaison meetings; and utilized one of the statewide meetings to provide introductory training to FFPSA for court liaisons.</p>	7/1/21	<p>Percentage of Court Liaisons that are trained. (Baseline to be determined).</p> <p>Increase in prevention services referrals from court (Baseline to be determined).</p>
<p><u>Objective Four:</u> CFSR PIP Strategy Three – Revitalize CFTM Process. This PIP goal will also help ensure that Skilled Facilitators have the most up to date information for resources available in communities to help plan services for families.</p>	See CFSR PIP	See Semi-Annual CFSR PIP Report and Permanency Outcome 1 Section for update	3/31/21	Completion of CFSR PIP Strategy.

Goal Two: DCS will work collaboratively with providers and juvenile courts to conduct in-depth utilization reviews on all children in the foster care system.	Action Steps:	Update FY 2020 Progress Benchmarks	Completion Date	Measure of Progress
<u>Objective One:</u> Develop a comprehensive utilization review instrument that will be implemented on a quarterly basis at each contract provider to determine if children are receiving the appropriate services to move to permanency in a timely fashion and that those children are being served in the least restrictive environment possible.	<ol style="list-style-type: none"> 1. Develop Utilization Tool for providers. 2. Office of Continuous Quality Improvement and Office of Network Development to collaborate on development of a utilization review plan. 3. Present utilization review tool to providers and develop plan for ongoing reviews. 	Each region has been conducting utilization reviews to ensure that appropriate services are received timely. In lieu of developing a tool, a new initiative, ChildStat was developed to help move children and youth to permanency. Further work is planned on developing a utilization process after the results of ChildStat are determined.	7/1/21	Review Tool Evidence of Reviews Decrease in time to permanency for children in care. (Baseline to be determined)
<u>Objective Two:</u> CFSR PIP – Goal Four: Strategy Three– Court Improvement. This PIP goal will	See CFSR PIP	See Semi-Annual CFSR PIP Report and	3/31/21	Completion of PIP Strategy

provide open lines of communication with Juvenile Courts. Incorporation of this PIP strategy as well as revising the role of the Court Liaison should help prevent youth from entering care for services only.		Permanency Outcome 1 Section.		
<u>Objective Three:</u> Conduct a random assessment of reason for custody for children in foster care in each service region. This assessment will identify the number of children who enter care for reasons other than true dependency or neglect.	1. Office of Continuous Quality Improvement will work with STS to identify reasons for custody from samples of children in each region. 2. Sample will be compared to services available in each county to determine gaps.	This information is available in TFACTS and this objective is on track to begin prior to completion date. An assessment was just completed and DCS plans to use the results to determine the baseline for each region	7/1/21	Completed Assessment Baseline goal will be determined for regions or counties determined to have a large percentage of children entering care for services only.
Goal Three: DCS will improve workforce recruitment, onboarding, training, mentoring, coaching, and retention.	Action Steps:	FY 2020 Progress Benchmarks	Completion Date	Measure of Progress
<u>Objective One:</u> CFSR PIP – Goal One: Strategy One – Quality Contacts Initiative. This PIP strategy will improve the Caseworkers’ ability to conduct quality	See CFSR PIP	See Semi-Annual CFSR PIP Report and Safety Outcome 2 Section	3/31/21	Completion of PIP Strategy

<p>visits with children, as well as birthparents and conduct quality informal assessments during those visits.</p>				
<p><u>Objective Two:</u> CFSR PIP – Goal Three: Strategy One – Team Leader Mentoring and Enhancement Project. This PIP strategy will help frontline supervisors have the skills necessary to coach and mentor Caseworkers to ensure that quality visitation and assessments are occurring.</p>	<p>See CFSR PIP</p>	<p>See Semi-Annual CFSR PIP Report and Safety Outcome 2 section</p>	<p>3/31/21</p>	<p>Completion of PIP Strategy</p>
<p><u>Objective Three:</u> DCS will utilize the Baldrige Framework Category Five: Workforce - to increase workforce engagement and ensure that all workforce members are listened to and able to enact innovative change</p>	<p>1. Office of Continuous Quality Improvement will partner with Office of Human Resources and Office of Professional Development and Training to develop a plan along the Baldrige</p>	<p>DCS hired a HR Manager for Employee Recruitment and Retention who has been working closely with university partners to ensure that information is presented to potential employees</p>	<p>7/1/21</p>	<p>Increased employee satisfaction rates (Baseline to be determined)</p> <p>Decreased turnover rates (Baseline to be determined from year</p>

<p>through the existing CQI system.</p>	<p>Framework – Category 5.</p> <p>2. Gaps will be identified, and action steps developed based on assessment completion of Category Five planning sessions.</p>	<p>who are still students at DCS.</p> <p>The Office of Child Safety will continue to support the implementation of the CPS reorganization through specialized trainings and peer mentoring with the existing sites (Shelby and Upper Cumberland) and others as this is implemented further.</p> <p>An Organizational Health Survey was recently sent out to assess the workforce’s feelings especially during the COVID-19 pandemic. Findings will be used for continued planning and developing action steps.</p>		<p>prior to full initiation of objective)</p> <p>Staff are better trained and prepared for CPS case work. Staff satisfaction and retention will increase.</p>
<p>Goal Four: DCS will work with Foster Parents and providers to provide support, training, and evaluation in shifting the focus to foster care being a service to families and not a substitute for parents.</p>	<p>Action Steps:</p>	<p>FY 2020 Progress Benchmarks</p>	<p>Completion Date</p>	<p>Measure of Progress</p>

<p><u>Objective One:</u> TN Key training for both DCS and provider agencies will include new curriculum that emphasizes the importance of mentoring birthparents.</p>	<p>1. Office of Training and Development will work with the Capacity Building Center and others to determine new curriculum to implement in order to move foster parents to understanding their role as a mentor.</p> <p>2. New training curriculum will be implemented and provided to all new foster parents during initial training.</p> <p>3. New training will be initiated and required of all current Foster Parents.</p>	<p>Please see Training and Development systemic factor section for updates</p> <p>OTPD will develop an online course for existing parents approved prior to January 1st to cover the items in the new TN KEY Pre-Service that emphasizes the importance of mentoring birth families.</p> <p>Existing parents currently have access to a virtual live facilitated Working with Birth Parents and Visitation course.</p>	<p>7/1/21</p>	<p>New curriculum</p>
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		<p>All existing foster parents who have completed Working with Birth Parents and Visitation will be listed as completed or exempt for this new requirement.</p> <p>Foster parents not meeting the requirements above will be required to complete the new online course or the Working with Birth Parents and Visitation course by 6/30/21</p> <p>OTPD will prepare existing Foster Parents and Providers for the new requirement by 10/1/20</p> <p>Marketing for the online course to existing foster parents will begin by 11/1/20</p> <p>The online training will begin by 12/1/20. Required participation will be tracked on the monthly training report for DCS foster parents.</p>		
<u>Objective Two:</u> DCS will strategically examine the	1. New questions about serving as a mentor will be	1. The mentoring expectation is part of the revised	7/1/21	New recruitment plan will be

willingness of Foster Parents to serve as mentors during the initial recruitment and training process.	<p>added to foster parent inquiry calls.</p> <p>2. Office of Professional Development and Training will develop an assessment tool to rate a foster parent's willingness to mentor as they go through TN Key sessions.</p>	<p>training curriculum and is covered in policy.</p> <p>2. The tool has been created and distributed to all trainers for immediate use. Please see Page 3 Module 1 for the information on the attachment TN KEY assessment that will measure potential foster parents' ability to mentor birth parents.</p>		developed that addresses how applicants will be screened.
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Implementation Supports

Goal Four of the CFSR PIP was designed to assure that the CFSP; results from the CFSR, and CFSR PIP were all incorporated into a meaningful plan that can help improve outcomes for children and families. DCS has incorporated the FFPSA, as well as the Tennessee Governor's Priorities and the organization's State Strategic Plan into one comprehensive and aligned plan. DCS continually evaluates to determine if additional supports are needed as the CFSP and CFSR PIP objectives and strategies are implemented.

DCS continues to partner with Zero to Three in order to ensure successful implementation of the Safe Baby Courts across the state. Zero to Three works closely with DCS, the Administrative Offices of the Courts and the Tennessee Department of Mental Health and Substance Abuse Services to promote greater collaboration and learning to ensure this project is successful.

During February 2020 DCS participated in an assessment with the Capacity Building Center for States. The final assessment was received in April 2020 from the Capacity Build Center and possible recommendations for further help are being reviewed by Executive Leadership. DCS intends to look at potential supports from Children's Bureau and Capacity Building Center to help improve outcomes from the measurement plan.

DCS formed an FFPSA Team that is meeting with internal and external stakeholders primarily through a Prevention Services Workgroup and Qualified Residential Treatment Program Workgroup to ensure that Tennessee is able to successfully implement the new FFPSA.

Through the CFRP PIP Blount/Marshall FAST Project, the work with Marshall County may include the future need to involve the Center for Courts and/or Capacity Building Center for States to help provide assistance in the implementation of the small test of change selected by that team.

Services

Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)

Services for Children Adopted from Other Countries

DCS has had a unique, statewide contract with Harmony Family Center, in East Tennessee, to provide post-adoption services to children and families. This service is at no charge to families that adopt from the public child-welfare agency, but legislation was created in July of 2011 that made this service accessible to any family that has adopted internationally, domestically, or privately and resides in the State of Tennessee. When contacted by families that need this type of assistance, staff will work with them to make a referral to Harmony that provides the services to family in-home. The Post-Adoption services from Harmony are delivered by a master's level clinician that is versed in several Evidence-Based Practices and is able to assist in referral to other community-based services, when needed. Data associated with services offered by Harmony indicates that less than 2% of the families served by this agency result in adoption dissolution. During the period of 2014-2019 Harmony provided ASAP services to over 133 private, domestic and intercountry families. All referrals to Harmony are tracked. Historically there has not been a mechanism in place to readily identify out of country adoptions. Effective October 1, 2019, the TFACTS system added a mechanism to capture this information and referrals for services can be made when indicated/needed.

Services for Children Under the Age of Five

DCS will continue to require that every child under the age of three whose investigation results in a classification of "allegation substantiated" or every child under the age of five who is in DCS custody have a referral for screening and eligibility determination to the Tennessee Early Intervention Services (TEIS) program through the Tennessee Department of Education (DOE). TEIS develops an Individualized Family Service Plan (IFSP) for children whose assessment indicates a need for services. At age three, TEIS, in partnership with DCS, when applicable, ensures a timely transition to public school special education services. After the child is approved and receiving services, three to nine months before the child's third birthday, the TEIS service coordinator will work with the family to discuss options for when the child turns three and exits TEIS.

DCS workers across the state can access age appropriate therapies for children, as needed, regardless of the CPS substantiation. CPS often develop a Family Plan that will outline the need for services and can assist in providing case management and monitoring improvements. These plans can be dissolved at the conclusion of a CPS case or can be included in a petition before the juvenile court and ratified into a court order. They can also be the initial plan that is revised if a child enters into state custody. Many local mental health providers can provide therapy to children as young as age three. In cases where it is difficult to locate a provider for intensive needs, DCS staff has access to five Center of Excellence (COE) locations statewide. Each COE provides consultation, evaluation, and assists with coordination of services for children and youth in DCS care with unique mental health needs. Services can also be accessed for severe abuse cases through more than 47 Child Advocacy Centers located across the state. Rural counties tend to have more difficulty accessing services due to multiple issues such as provider capacity (lengthy waiting lists) and transportation barriers. DCS has worked diligently with communities to identify gaps in services and to coordinate efforts to minimize those issues. This can include coordinating efforts with other state agencies such as the TN Department of Mental Health and Substance Abuse Services, Department of Health, private providers, faith-based organizations, and local school systems to identify strategies to increase service provision for families within a community. Each region has a DCS resource linkage coordinator that also assists with community resources benefitting both custodial and non-custodial children and families.

The first Infant Court in the state is in Davidson County through Building Strong Brains: Tennessee's ACEs Initiative. Initiated in October 2016, the court offers specialized, frequent contact to encourage affirmative interaction by biological parents with the infant who is in foster care or to determine that the child will not be with the biological parent so that bonding with an adoptive family occurs early. The purpose is to achieve permanency as quickly and safely as possible. A second court is being developed in Grundy a rural county that will start at the beginning of fiscal year 2020. Legislation was passed in July of 2017 mandating the Department of Children's Services, in collaboration with the Administrative Office of the Courts (AOC) and the Department of Mental Health and Substance Abuse Services, to establish Safe Baby Courts in five jurisdictions by January 2018 and five additional jurisdictions by January 2019. The courts are modeled after the Zero to Three core components focusing on babies from the age of birth to three years old with the goal of reducing the time to permanency, reducing repeat maltreatment, reducing trauma, and increasing resource capacity. Coffee, Davidson, Grundy, Johnson, Knox, Madison, and Stewart Counties were the original Safe Baby Court jurisdictions. Safe Baby Courts are incorporated into the CFSR PIP (Goal Two – Strategy One). Five new Safe Baby Court sites were identified in 2019: Anderson, Dickson, Henry, Jefferson, and Rutherford counties. Four of the five new sites have been fully established. The fifth site has not been able to employ a coordinator and will continued to be delayed because of a hiring freeze.

Other services available to eligible children under age five in Tennessee, which includes children in foster care:

- Special education services are provided by public school systems beginning at age three for children who demonstrate need;
- Early Head Start: Pre-natal to age three if the family is economically qualified;

- Books from Birth: program providing one free book per month for children under the age of five regardless of income.
- Even Start: An education program for economically qualified families that is designed to improve the academic achievement of young children and their parents, especially in the area of reading. Serves children through age seven.
- Pre-Kindergarten Programs: Voluntary public-school programs serving four-year olds. DCS has priority status for child placement in these programs.
- Tennessee Head Start-School readiness program for children age four through age five. DCS has priority status for child placement in these programs.

Efforts to Track and Prevent Child Maltreatment Deaths

Tennessee is a mandatory reporting state (TCA 37-1-403) and as such, all child deaths that are suspected to be the result of abuse or neglect must be reported to DCS via the Child Abuse Hotline. This information comes from many sources including law enforcement and the medical examiner's office, or any other referent with knowledge or suspicion of a child abuse related death. The Child Abuse Hotline collects initial information regarding the child death and enters it into the CCWIS database. Following the initial report, an investigation is conducted, and additional information is gathered and entered. Upon conclusion of the investigation, all the child death information that has been collected is entered into the database. This information is stored and reported to the National Child Abuse and Neglect Data System (NCANDS) annually.

DCS worked with external partners and developed a comprehensive Child Death Review (CDR) process and policy. The process dictates activities required related to notifications, case oversight, and data collection. Additionally, the policy includes a robust review protocol, which culminates into an annual report. The CDR process includes participation of external partners and DCS staff. Additional staff positions were created to support the entire review process and training was created and delivered to every person at DCS. In the area of promoting greater transparency for child protection in Tennessee, a method for sharing child death and near-death information publicly was executed using the DCS website in Q4 2013. In 2014, DCS began posting, as available, preliminary information on child deaths to its website within two business days. Additionally, upon case closure, fully redacted death and near-death case files are published for public view on the DCS website. Transparency is also supported through child death and near death notifications by DCS to members of the state senate and house of representatives representing the child, to the committee of the house of representatives having oversight over children and families, and the district attorney for the judicial district in which the child was located. These notifications occur within 10 business days of the fatality or near fatality report to DCS. The process for publicly sharing child death and near-death information was enshrined in state law as part of TCA 37-5-107(c)(4); child deaths and near deaths meeting criteria for legislative and DA notifications is defined through TCA 37-5-124. Quarterly and Annual Death and Near-Death Summaries and redacted, closed case files are updated and posted quarterly on the DCS website. The Child Death Review Triage team completed 149 death and near-death case reviews in CY 2019. As a result of the reviews, trends were identified leading to statewide system improvements; including a focus on Safe Sleep Education and an increased knowledge and understanding of medical records as it applies to investigations. The Child Death Annual Report for 2019 has been reviewed by the Commissioner and will be posted for public view. https://files.dcs.tn.gov/childsafety/2019/2019-CDR_AnnualReport.pdf

DCS receives information from Vital Statistics, however, this information is usually a year or two behind NCANDS reporting timeframes and does not offer any additional information. With the structure and mandatory reporting requirements set forth by legislation, there is insufficient evidence to suggest that DCS' CCWIS database is not gathering timely and complete information on child deaths that are suspected to be the result of maltreatment. There is no plan currently to change the process for collecting NCANDS data regarding child deaths.

MaryLee Allen Promoting Safe and Stable Families (PSSF) (title IV-B, subpart 2)

Promoting Safe and Stable Families - Please see TN FY20 CFS 101 for the demographics and number of families served for FY 2019-2020.

- **Family Preservation and Family Support Services (30% Title IV-B Funding)**
- **Time Limited Family Reunification Services (20% Title IV-B Funding)**
- **Adoption Promotion and Support Services (20% Title IV-B Funding)**

Family Preservation

The state's family preservation contracts include family violence intervention, family visitation, and family support services contracted agencies currently provide these services to children and families across the state. Family Visitation Services are provided to enhance the opportunities parents have to practice parenting skills and demonstrate their ability and to help build safe and healthy relationships. Family Visitation staff deliver services including preparing the child, parents and siblings for the visit, facilitating appropriate child/parent interaction during each supervised visit and providing feedback and coaching to parents during and after each visit.

Family Violence Intervention Services are designed to help end the debilitating effects of the cycle of violence within families by promoting the five protective factors. Services also work to empower individuals to become self-sufficient and develop a capacity to maintain a violence-free lifestyle. For DCS cases involving family violence, there is an increased concern that abuse suffered by the victims can seriously compromise the safety of children in those families. Family Violence Intervention Services work to meet the multiple needs of families that are affected by both child maltreatment and family abuse.

Family Support Services encompass a wide range of flexible and responsive service tailored to the individual child and family's strengths and needs. Specific services include, but are not limited to parent skill building, teaching and modeling, advocacy, crisis management, anger management, stress reduction, conflict resolution, interpersonal communication, utilizing community resources and other service not covered by TennCare.

Time Limited Family Preservation & Reunification Services

Time Limited Family Preservation and Reunification services are provided from the Department, primarily, through either the Foster Care Placement Continuum (described in the section on Child and Family Service Continuum) or a contract with Youth Villages Inc. and their Intercept Program. The Youth Villages Intercept in-home services program provides treatment to troubled children and families in their own homes at times convenient for the families.

The program serves children of any age (infant to age 18) who have serious emotional and behavioral problems.

Intercept specializes in diverting youth from out-of-home placements such as residential treatment facilities, foster homes, psychiatric residential treatment centers, hospitals or group homes, and in successfully reuniting children with their families in the community.

Diversion services generally last four to six months, while reunification services generally last six to nine months. Intercept family intervention specialists are skilled at reuniting families even when the child has been out of the home for an extended period.

All treatment is family-centered and includes strength-based interventions. Intercept's comprehensive treatment approach includes family therapy, mental health treatment for caregivers, parenting skills education, educational interventions, development of positive peer groups, and extensive help for families and children in accessing community resources and long-term, ongoing support.

Intercept family intervention specialists provide services to the family, rather than just to the youth, meeting with families at least three times weekly and remaining on-call around the clock. Youth Villages tailor services to meet each family's needs, while measuring treatment progress through ongoing assessment and review. Specialists collaborate with other providers, case workers and courts to formulate a collaborative treatment plan. Small caseloads – four to six families – allow the family intervention specialists to focus on the individual needs of each child and family served.

Adoption and Guardianship Support and Preservation

Tennessee began a statewide Adoption Support and Preservation program (ASAP) in 2004, prompted by the settlement of a lawsuit, *Brian A. v. State of Tennessee* (Section 8 of the settlement agreement dealt with adoption and post-adoption support to families). In 2018, TN DCS allocated additional funding to provide Guardianship Support and Preservation (GSAP) services. ASAP and GSAP services are provided statewide through a contract with Harmony Family Center, which is based in East Tennessee. ASAP services include crisis intervention, in-home therapeutic counseling, monthly parent/guardian support groups, respite team building, adoption and guardianship preparation training, family and day camps, animal-assisted therapy, and other educational and advocacy opportunities for families. These programs serve over 3,000 parents/guardians and children annually.

The Adoption Assistance agreement, Subsidized Permanent Guardianship agreement, and the Harmony website all refer adoptive and subsidized permanent guardianship (SPG) families to the ASAP and GSAP programs. DCS Permanency Specialists begin talking to families about these services prior to adoption or guardianship and register DCS families for Adoption & Guardianship Preparation Training (AGPT), an 8-hour group offering. The AGPT curriculum was developed in 2007 and has undergone two subsequent revisions with the most recent update completed in 2018. The first four sessions of the training are dedicated to the caregiver and the second half is child-specific preparation focused on their child's specific story and trauma history. Completion of the training is mandatory for any DCS parent/guardian prior to finalizing their adoption or guardianship agreement. Over 1,100 caregivers attended AGPT in 2019.

Monthly FUSE (Families-United-Supported-Engaged) support groups are held in each of the 12 DCS regions throughout Tennessee. FUSE groups are provided for pre/post adoptive and guardianship families as well, as their children. Approximately 1,500 caregivers and children attended FUSE groups in 2019.

ASAP | GSAP requires that contact be made with families within 24 hours of receipt of the referral and Family Therapists make every attempt to schedule a face-to-face meeting with the family within 48 hours of case assignment. In-home counseling with an ASAP | GSAP Family Therapist and related services are free for any family who adopted or assumed guardianship through TN DCS. Services are also available on a sliding-scale fee basis for families with a private, domestic, or intercountry adoption. Harmony employs 21 Family Therapists who provide ASAP | GSAP services throughout Tennessee including a statewide Family Preservation Director, Clinical Manager, Clinical Training Manager, and Resource Center Manager.

ASAP | GSAP Family Therapists utilize a variety of treatment modalities in their work with clients that permeates clinical practice from assessment and treatment planning to supervision. All ASAP | GSAP clinicians are certified in the NMT (Neuro-sequential Model of Therapeutics), which is a promising evidence-informed tool designed to assess where a child has been, where they are now, and where they need to grow. Once the NMT Metric assessment is completed, a brain map and recommendations for the client are provided to the caregiver(s), which help inform what treatment approach will be most beneficial based on the child's neurodevelopmental level and related functioning. SMART (Sensory Motor Arousal Regulation Treatment) and EMDR (Eye Movement Desensitization Reprocessing) are treatment modalities utilized by the majority of ASAP | GSAP Family Therapists as they support and complement the findings and recommendations from the NMT assessment.

Most treatment strategies and interventions used in the ASAP | GSAP program are derived from a neurodevelopmental approach, which has proven to be highly effective - particularly in working with children who have experienced early childhood maltreatment and/or trauma. For other treatment modalities Family Therapists are certified or trained in ARC (Attachment, Self-Regulation, and Competency), and TF-CBT (Trauma-Focused Cognitive Behavior Therapy), which are evidence-based practices. Clinicians also use aspects of other intervention treatment models including TBRI (Trust-Based Relational Intervention), Circle of Security and Thera play.

In FY 2018-2019, the ASAP | GSAP program provided in-home services to 553 children and their families, with an average length of eight months in treatment. For pre-adoptive children, there was a disruption rate of 4% among families served and for post-adoptive families, a 1% disruption rate.

Service Decision-Making process for Family Support Services

DCS is required to utilize the RFQ (Request for Qualifications) process, which is coordinated through the State of Tennessee Central Procurement Office (CPO). The RFQ process is similar the Request for Proposal (RFP). The procuring agency defines the scope of the work to be provided and sets the evaluation factors. Notices are sent out to all current providers delivering the services on the same date the RFQ is posted on CPO's website for public viewing. The RFQ has a schedule of events including a conference and a date and time for written questions. The department responds to the

questions and the responses are posted as an amendment to the initial RFQ. The date and time for the responses to the RFQ is included in the schedule of events. Responders are held to delivering their proposals on or prior to the date and time identified in the schedule. A minimum of three state employees comprise the team that will evaluate the proposals submitted by the Responders to the RFQ. Scores are assigned for the technical component of the RFQ process. If there is a cost component those will be evaluated in accordance with the schedule of events. The CPO Coordinator compiles the scores from the technical and cost proposals. The responder with the highest combined score is recommended to the commissioner for a contract. The Commissioner is the final approver of the contract. The contract originating from this process follows the rules and policies of CPO.

Populations at Greatest Risk of Maltreatment

- **Drug Exposed Children**

The specialization of drug teams has been implemented in 24 counties (4 regions) in the eastern portion of the state since 2018. In January it was expanded to Shelby County and in June it will be active in the 14 rural counties in the Upper Cumberland region. Expanding and supporting the drug teams is a strategy for the CFSR PIP as well as outlined in the department's strategic plan. The specialized approach to addressing the population of infants born affected by substance abuse involves creating stronger relationships with hospitals, doctors, social workers, substance abuse treatment providers and mental health agencies. The approach is more intensive due to the dynamics of working with a family suffering from addiction. The case management is also longer due to the complexity of the treatment, relapse and recovery.

The partnership with Omni Health continues in the eastern regions and information is being gathered to plan for a collaboration such as this in other counties across the state. It is recognized that more intensive oversight and case management is needed with this population to ensure compliance with the services and child safety is not impacted or compromised. Building capacity and developing networks for the family to sustain progress is also a critical component to reduce the risk of further child welfare involvement.

In jurisdictions where there is a Safe Baby Court, there has also been a collaboration between the drug teams and the Safe Baby Court initiative. In 2019-2020, five (5) new Safe Baby Courts were established in Tennessee. Zero to Three is partnering with these courts as well as the existing seven (7) courts to strengthen the capacity to serve children ages three and under. The focus on infant mental health and the importance of attachment and bonding are critical components for the family and the Safe Baby Court team that supports them. Increasing community awareness and capacity to support these families is also a focus to meet the goals of reducing the number of children entering custody or to reducing the length of stay for those that must enter foster care.

- **Commercial Sexual Exploitation of a Minor (CSEM)**

DCS has updated TFACTS in the CPS case, Non-Custodial Assessments and the CANS tool used by Juvenile Justice and Foster Care to identify youth who have been trafficked as well as those at risk of being trafficked. The Department through its contract with Safe Measures has established reporting

for CPS cases and further reports tracking this information are in development. With the Vanderbilt Center of Excellence, the CANS Risk Algorithm for Trafficking is under review for updating. The Department maintains workgroups across the state and have joined the Office of Criminal Justice Programs in crafting best practice guidelines and rules for state level grants for service providers working with those who have been trafficked. The Department continues to sit on the statewide Human Trafficking Advisory Council and is an identified agency to join a new Human Trafficking Taskforce modeled on the successful Drug Taskforce to decrease systems barriers in responding to reports of human trafficking.

FY 2018 Kinship Navigator Funding (title IV-B, subpart 2)

Tennessee continues its focus on enhancing and evaluating the current kinship navigator program which the Department calls the Relative Caregiver Program. The Department is in the process to determine a contract with an outside entity for technical assistance in order to accomplish the enhancement and evaluation of the kinship navigator/Relative Caregiver Program. Intended enhancements include the capacity to serve more kinship families, improve the quality of programs offered to those families and caregivers, enhance awareness programs throughout the state, and increase partnerships with providers and other state government agencies. The technical assistance will also focus on reviewing a gap analysis, previously completed by Dr. Brad Grey in June 2019, which afforded a view on how the kinship navigator program can be enhanced to ramp up services to a larger population of kinship caregivers in families (Please see 2019 RCP Assessment Report attached). The gap analysis identified strengthening relationships as the primary need between the Department and the relative caregiver providers which can be enhanced through more active communication, relationship building, and streamline process for referrals. Currently the contracted providers implementing the program include the following:

Davidson (Family and Children’s Services)
East / Smoky (Omni Community Health)
Northeast (Omni Community Health)
Knox (Omni Community Health)
TN Valley (Southeast Development District)
Upper Cumberland (UC Development District)
South Central (The Center for Family Development)
Shelby (University of Tennessee)
Mid-Cumberland (New Visions)
Northwest (Carl Perkins Exchange Center)
Southwest (Carl Perkins Exchange Center)

Further information can be found at <https://www.tn.gov/dcs/program-areas/foster-care-and-adoption/fca/relative-caregiver.html>.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits


DCS policies and protocols outline the minimum guidelines for maintaining contact between case workers at DCS and children placed in foster care. To provide clear and concise instructions for case

worker visits, the protocol describes the people responsible, time frames for the visit, and the purpose of the visit including discussion points to be covered. Along with prescribed visitation frequencies, policy also requires that children are visited no less than is needed to assess their progress and ensure their needs are met. The protocol requires that during each face-to-face visit the caseworker, whether DCS or Private Provider, should speak with the child privately for at least some portion of the visit. The policy and protocol outline the requirements of case manager contacts with service providers and birth parents. DCS also requires that face-to-face visits and other contacts with children, families, service providers and/or courts be documented. The documentation includes identified strengths and needs related to the case, a description of the discussion, observations and any next steps to be completed. To improve engagement and global assessments on In Home cases, DCS implemented a Quality Contacts Initiative. This initiative is expected to strengthen staff's understanding of how they structure their time with case team members monthly to build the quality of contacts in a way that increases both formal and informal assessment improving the quality of contacts. TLs participating in the TL CFSR Mentoring Project were surveyed to get their feedback on how they felt the Quality Contacts training helped them. A common theme included the importance of addressing safety, permanency and well-being and how quality visits will determine what the underlying need is.

The initiative began in October 2018 in Davidson, Smoky Mountain and Upper Cumberland regions with all program areas. Caseworkers and supervisors participated in an eight-part (plus one additional session for supervisors) webinar series on Quality Contacts that focused on demonstrating concerted efforts with children, siblings, parents, and out-of-home caregivers. This initiative also included the implementation of a Desk Reference Practice Guide to support staff in writing monthly documentation and new monthly summary. Participants attended two simulation labs where they were able to demonstrate progress through this initiative. A post-test was given to participants at the end of the roll out in those regions. Changes were made to this initiative during implementation in these first two regions based on lessons learned. A protocol was developed to ensure that the future regions would have a set systematic process once those improvements were made to the initiative.

The Northeast, Davidson County, and Southwest Regions began this initiative during March 2020. A pre-test was given to those participants and they will also have the post-test to determine successfulness of the initiative. DCS plans to use the Monthly Caseworker Visit Grant funds to support the initiative over the next five years.

Tennessee will monitor monthly caseworker visits through ongoing CFSR reviews. Also, DCS continues to publish Regional Scorecards with aggregate data regarding monthly casework contacts. Monthly Provider Summary reviews occur quarterly and providers are given feedback on the quality of the documentation in those summaries, as well as the quality of visits between the contract agency caseworker and the child.

	Tennessee Federal Caseworker Face to Face Visits Federal Fiscal Year 2019
13072	The aggregate number of children in the data reporting population
90342	The total number of monthly visits made to children in the reporting population
93804	The total number of complete calendar months children in the reporting population spent in care
68348	The total number of monthly visits made to children in the reporting population that occurred in the child's residence
96.31	Percentage of visits made on a monthly basis by caseworkers to children in foster care
75.65	Percentage of visits that occurred in the residence of the child
	* Population logic is exactly the same logic used in the AFCARS submission 19A & 19B
	** Data as of 12/10/2019 Database Instance eidwprd

Additional Services Information

Adoption and Legal Guardianship Incentive Payments

DCS will follow the guidelines of the FFPSA and has elected to begin in 2021.

Adoption Savings

DCS will follow the guidelines of the FFPSA and has elected to begin in 2021.

Foster Care/Continuum of Care

Children entering foster care receive services based on a level of care determined by the needs of the child through assessments and finalized in the Child and Family Team Meeting. Levels of services include Levels 1 - DCS and Contract Agency Resource Homes, Level 2 and 3 – Contract Agency Resource home and Congregate Care, Level 4 – Acute Psychiatric Hospitalization, and Youth Development Center placement types. DCS currently maintains a network of 30 private agencies providing foster care and services to children in the custody of the Department and services to their

families. Continuum contracts allow both providers and regions to coordinate services to children and their families while providing the flexibility to customize service delivery on an individual, child-specific basis.

The DCS continuum model was developed in order to effectuate changes in the way out-of-home services are delivered to children in the custody of the state. The protocol associated with the continuum model affords providers greater flexibility in designing services for children and families, the ability to facilitate timely movement of children through the service system toward permanency as well as the ability to customize the delivery of services to children and families in the least restrictive, family-like setting appropriate to needs and strengths in the most cost-effective manner. The continuum model as implemented in Tennessee is service-based and geared to purchase successful and timely permanency for children. It provides incentives for placement in the most appropriate, least restrictive, community-based settings. In addition to residential treatment or group home settings, continuum care provides a broad array of treatment and case management services extending to community-based care. These services are delivered by providers in such a way as to meet the clinical, behavioral and medical treatment needs of children. Children enter a continuum program at a specified level of care. The continuum model requires providers to have the full array of services that will appropriately meet the needs of children at the recommended level.

In general level 1 services are provided in a least restrictive, home like environment such as a foster home. The higher levels of care can be provided in a variety of settings including foster home, congregate care, and hardware secure depending on the individual behaviors of the child, age of the child and whether the child is part of a sibling group that DCS is trying to preserve.

Beginning at the high end of services, level 4 sub-acute services are designed for children/youth who are exhibiting a high level of mental health disturbance or have diagnosed syndromes that require intermittent psychiatric hospitalization. Like psychiatric in-patient, level 4 is meant to be short term and designed to stabilize the behavior/mental health condition enough to step the child down to a lower level of care in a least restrictive environment. Level 4 programs are by their nature secure, meaning that the child cannot walk out the door and is never left unsupervised. Barriers such as fences, locked doors and cameras are common in those placements due to the volatile nature of the behaviors.

Level 3 services have a wide range of placement alternatives from foster home to hardware secure YDC. The level 3 service provider is required to provide individual, family and group counseling in prescribed dosages and adhere to programs that are evidence based as well as a behavior modification component that addresses behavior issues such as non-compliance with rules, fighting, etc. Level 3 services can be specific to the type of needs and behaviors of the child such as a level 3 sex offender program or a level 3 alcohol and drug treatment program. It is possible for a sibling group to have one or more children who require a lower level of service (level 2 or level 1) and one of the siblings who requires a higher level of service (level 3) to be placed in the same foster home and each receiving the appropriate level of services within that home.

Level 3 programs can provide congregate care services to both dependent and neglected children as well as delinquent children in the same setting. For example, a 14 year old dependent and neglected child with a history of truancy or unruly behavior who has experienced domestic violence

or abuse may require a level 3 of mental health care while a 14 year old with the same background who also has as minor (misdemeanor) charge of shoplifting and theft under \$500 could be housed in the same congregate care facility with a dependent and neglected child. The Child and Adolescent Needs and Strengths assessment determines the level of services needed but the Child and Family Team (CFT) determines the placement type based on age, offense history and behaviors. All level 3 congregate care settings (both staff and hardware secure) provide in-house education services. Youth attend school and receive credits for academic achievement within the program setting. All mental health services are also provided in-house. Youth do not leave the congregate care facility for any of their mental health or educational services.

Level 3 Juvenile Justice enhanced services were specifically developed to serve only juvenile justice youth who have a more extensive delinquent history than the child described above and may have some additional factors such as drug and alcohol use or chronic runaway behavior. The youth may be older (15+) and the CFT decides that it is best to meet his/her treatment needs in a facility that does not serve dependent and neglected youth. Both programs (the level 3 and the level 3 JJ enhanced) provide the same level of mental health counseling and behavioral management services but provide those in different settings depending on the age and offense history/behaviors of the youth.

In general, the level 3 congregate care programs described above are considered "staff secure" meaning that the ratio of staff to youth and the construct of the facility (perimeter fencing, alarmed panic hardware egress and cameras) provide the security for the facility. Youth are not locked in their rooms at night.

All hardware secure facilities provide level 3 mental health services (individual, group and family counseling, evidence-based programming, education, etc.) but the setting provides for maximum security. A hardware secure facility is characterized by individual locked doors (either keyed like Wilder YDC or electronic locks like Mountain View) at all points of the buildings. Egress from the buildings must always be controlled by staff. This is the most restrictive setting available to DCS. The CANS for a juvenile justice youth placed in a hardware secure facility will be a level 3 for services, but the CFT makes the decision that due to the nature of the offense, age of the youth and current behaviors that the most secure setting is the best place for this youth to receive services. All services are provided in-house including routine health and dental care. These youth are considered a risk to the community and must be securely housed.

It is logical to group the levels of services within the congregate care provider network. A provider can more efficiently provide level 2 or level 3 or level 4 services to a group of children/youth in the same facility particularly since level 3 and level 4 must provide in-house school and in-house mental health treatment.

Level 2 services are characterized by a lower level of mental health and behavior service needs. In general, the child may need primarily individual and or group counseling in combination with basic behavior management. These services can usually be provided in a least restrictive setting such as a foster home where in-home counseling services are provided to the family. In-home services bring services into the home/family setting so that the child/youth's behaviors are addressed within the family setting and foster parents can learn how to manage behavior and how best to deal with mental health issues that may be causing the behaviors. These types of settings and services are

best suited to younger children and children in sibling groups where the children may display some aggressive behavior toward siblings or non-compliance with the rules/structure of the foster home. Some level 2 services may also be delivered in a congregate care setting. These are sometimes used as step downs from level 3 services where the mental health treatment needs have decreased, and the child/youth is preparing to return to their family. Like level 2 services in a foster home setting the services focus on milder mental health and behavioral needs. Teens with ties to biological/kin families may be placed in these settings which allow them a least restrictive community setting while integrating back into society.

Level 1 services include basic care (housing, supervision, food, etc.) in a least restrictive home like environment – usually a foster home. These children may be very young or youth approaching adulthood while they complete education programs. As referenced above, frequently sibling groups will be placed in a foster home with varying levels of services provided in the home. Basic parenting is the primary characteristic of level 1 services.

A final level of service is for medically fragile children. These children will vary in their levels of service needs based on the type of medical condition present. These services are generally designed on a case by case basis.

John H. Chafee Foster Care Program for Successful Transition to Adulthood

Agency Administering Chafee (section 477(b)(2) of the Act)

The TN Department of Children's Services provides the John H. Chafee Foster Care Program for Successful Transition to Adulthood through its Office of Independent Living Division and 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. The Department's goal is to provide each young person in foster care, age 14 or older, with supports, services, experiences, and opportunities that are individualized based on the strengths and needs of each individual youth, that are important to healthy adolescent development, and that will help the youth successfully transition to adulthood. The strengths and needs of a 14-year-old who is four years from legal independence are generally different than that of a 17-year-old who is facing the imminent assumption of adult rights and responsibilities, and so the planning and services are tailored on that basis.

Description of Program Design and Delivery

DCS uses Chafee Foster Care Program for Successful Transition to Adulthood funds to staff Independent Living Program Specialists (ILPS) within each region across the state. The DCS ILPS work directly and collaboratively with Family Service Workers, Extension of Foster Care (EFC) Workers, foster parents, contracted providers and youth. They are responsible for local program coordination, service delivery, community resource development, and on-going consultation to agency staff, foster parents and youth. Although the primary function of the ILPS is to provide support and technical assistance to staff and resource adults, they also provide direct services and

support to youth and young adults through life skills training classes, coordinating the establishment and tracking of Extension of Foster Care Services, provisions of the Independent Living Allowance, assistance with financial aid (FAFSA), Education and Training Voucher and other scholarship applications, and support and coordination of statewide youth leadership boards (Youth 4 Youth).

Five Year Strategic Plan Progress

- Improve practice around expectant and parenting youth and young adults, to include young fathers. Develop strategies to collect and analyze related data.
Update: During FY20 TFACTS enhancement was made to add a Pregnant/Expectant and Parenting Need record. A protocol for staff was developed for the use of the need category. Reports can be generated to collect and analyze the data from the use of the record being generated.
- Increase planning for housing stability for youth aging out. Address housing options prior to the CFTM established for all youth exiting to adulthood. Develop more supportive options for housing for youth aging out.
Update: During FY20 the Supervised Independent Living programs at Partnership for Children, Families in Chattanooga and Omni Visions in Nashville expanded to include Victory Lap. Victory Lap provides the opportunity for eligible youth to reside in a retirement community with the benefits of employment, community service, and supportive connections to senior adults. Also, during FY20 an increased number of former foster youth have received HUD's Family Unification Program vouchers in the cities of Nashville, Knoxville, and Memphis.
- Ensure that young people understand the services, supports, and opportunities that should be available to them, the increased responsibility that they need to exercise consistent with these opportunities, and what to do if they feel that they are not getting the services, supports and opportunities they feel they need.
- Update: The Independent Living Specialist in each region routinely participates in Child and Family Team Meetings to discuss available services and supports to young people. They are also charged with the responsibility of enrolling eligible youth into Extension of Foster Care Services.
- Ensure that, when additional financial supports are necessary to allow foster parents and congregate care staff to provide any specific types of services, supports or opportunities, "wraparound" or "flex funds" are available to provide that support and/or that private provider contracts address those specific types of services, supports or opportunities. Continue evaluation and improvement to the transition planning process. The Office of Independent Living and the Department will conduct ongoing reviews to determine areas of improvement within transition planning.
- Update: The Independent Living Specialists and Coordinators continue to conduct case file reviews. Staff are reviewing independent living plans for custodial youth ages 14-17, transition plans for custodial youth ages 17 and up, and EFC transition plans for young adults ages 18-20. Feedback is provided to regional leadership, FSW, TL, and Youth Villages specialist and supervisor as applicable.
- Add the two additional criteria for EFCS; employment and looking for employment
- Continue to fund the Jim Casey Resource Centers and increase youth involvement.
Update: Four resource centers contracts are active. Each center has developed procedures to offer classes virtually as a response to continue to serve youth during the COVID-19 pandemic.

- Continue to engage aged out youth who didn't accept services, to ensure they get connected to support and services, as needed.

Update: During FY20 a process was developed for tracking and engaging youth that did not accept EFCS three months after they aged out of foster care.

The Department has redesigned Youth Engagement work and developed a youth engagement model that promotes meaningful youth-adult partnerships that supports system and organizational change while providing opportunities for youth to develop, master and apply leadership skills. The Department has been working with youth leaders who serve on advisory boards to implement youth voice in areas of advocacy, policy improvement, as well as organizational change. The Office of Independent Living revamped both local Youth Advisory Boards (Y4Y Boards) and the Statewide Youth Advisory Board, now called the Young Adult Advisory Accountability Council. DCS has active Youth Boards across the state in Nashville, Chattanooga, Memphis, and Knoxville as well as youth actively serving on the statewide Young Adult Advisory Council. DCS has had youth involved in CFSP development, CFSR, trainings to staff and many regional activities. Focus groups that were completed with youth across the state contributed to the development of the Parenting Independent Living Allowance rate for parenting young adults receiving Extension of Foster Care Services. Going forward we will continue to strengthen youth adult partnerships and include youth and young adults in our planning process to help guide our future steps around assessment, practice improvement, and to help drive our NYTD work. Youth representatives have received training on NYTD, and this will continue and be expanded. DCS also plans to utilize young people in NYTD outreach efforts to improve the number of surveys completed each period, which includes engaging the provider agency to work with the state to develop and implement this process. In addition to utilizing the Young Adult Advisory Council to assist with NYTD collections, DCS will partner with Youth Villages to include participation from members of the YV scholars' program.

NYTD Data Quality Improvement Plan
<p>There is still work to be done to improve data entry and overall improve data quality in identified areas, and to include young people more significantly in the NYTD process. The following outlines the areas still requiring remediation identified on the QIP and what is needed and planned to resolve these issues:</p>
<p>1. The state must revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DCS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1). DCS needs to develop a way for placement providers and others that the Office of Independent Living has direct contracts with, such as Youth Villages and the Resource Centers, to document such services and educational information for youth served external to DCS. It will need to be included in contracts. Need documentation regarding the state's action plan, RE: business process plan, data quality reports or plan.</p>
<p>Work still needs to be done to provide guidance and opportunities for providers to enter non-paid independent living services data into TFACTS. A financial enhancement to the TFACTS system is</p>

anticipated to be deployed the summer of 2020, and it includes non-paid services functionality. This will be an opportunity to develop protocols for use by providers. Youth Villages does enter services paid out of their LifeSet contract in TFACTS (as reporting-only services), but not the non-paid, life skills type services. It is anticipated that engaging providers who routinely provide these types of non-paid services by providing TFACTS training on data entry, giving specific provider staff TFACTS access, and developing monitoring reports will occur concurrently with efforts to enhance TFACTS.

2. The state should consider expanding training opportunities for state staff involved in administering the NYTD survey in order to improve its survey participation rate.

A provider agency (Youth Villages) is contracted to administer the NYTD survey in Tennessee. Refresher training on NYTD survey administration was conducted with applicable Youth Villages staff on 5/27/2020. State staff very rarely administer NYTD surveys. When this does occur, it is Independent Living Program Specialists who do and are provided targeted assistance as needed.

3. The state is strongly encouraged to develop and implement a plan to stay in touch with and to collect updated contact information from youth who leave foster care between survey waves. Please provide an update on the state's efforts to engage the Youth Advisory Board on locating strategies. Was anything decided? New plans developed?

DCS is implementing a new and robust youth engagement model that includes strategies for developing stronger youth boards, which will more significantly include youth in Tennessee's NYTD process. Youth representatives have received training on NYTD, and this will continue and be expanded. DCS also plans to utilize young people in NYTD outreach efforts to improve the number of surveys completed each period, which includes engaging the provider agency to work with the state to develop and implement this process. In addition to utilizing the Young Adult Advisory Council to assist with NYTD collections, DCS will partner with Youth Villages to include participation from members of the YV scholars' program.

4. The state is strongly encouraged to develop and implement a systematic effort to analyze NYTD data to assess youths' access to services and the quality of services. The state should engage young people in developing and implementing these plans. Please provide more information about the NYTD data analysis conducted and shared with partners.

NYTD data continues to be included in the annual Youth Transitions Advisory Council report, released annually. This report is also provided to the Tennessee legislature, and agency partners and stakeholders, and the public. Progress has not been made to include more detailed information about NYTD on the DCS Independent Living website. Collaboration with the DCS Communications office and youth leaders will be scheduled to discuss and implement an enhanced NYTD presence.

5. The state is strongly encouraged to incorporate older youth cases into its QSR process and to develop performance measures using NYTD data to raise visibility of practice issues impacting transitioning youth. Need documentation regarding the changes made to the state's QSR process.

Tennessee no longer utilizes the QSR process. Discussions are under way to transition to use of the CFSR, and development of a CQI process to monitor NYTD quality more comprehensively.

6. The state is to add supervisory controls to ensure that information on a youth's tribal membership is entered/updated timely.

An analysis was done in 2018 to determine the number of children who may be affiliated with a tribe. This analysis was made possible by looking at the children whose documented Race in TFACTS is 'American Indian/Alaska Native Race value, which is enforced'. The analysis showed that less than 1% of the AFCARS reporting population were documented with this Race value. This will be revisited during the Person /Intake Packet project that is expected to begin later this year (2020).

7. The state is to establish supervisory controls to ensure that information on a youth's education record is entered/updated timely, especially for youth who are no longer in the state's custody (this includes special education/IEP data).

Tennessee DCS pursued the ability to interface with the Tennessee Department of Education's information system, but the Tennessee DOE will not allow this and therefore no data from that system can be maintained in TFACTS for monitoring and reporting purposes. There is also still discussion about generating pop up messages at various points in the TFACTS workflow, such as during the development of permanency plans when educational information is required, that prompt the workers to update education data using the applicable records. Progress on this has still not been made. This will be revisited during the Person /Intake Packet project that is expected to begin later this year (2020). Office of Independent Living staff continue updating education records for youth who receive Education and Training Voucher (ETVs) or the state funded Bright Futures scholarship, and for youth who exited custody to adoption or SPG who are receiving an independent living service. DCS submitted a request to ACF to participate in the NYTD Data Challenge, which is focused on improving the collection and use of education data and is waiting for more information on starting that effort. Tennessee DCS will continue to monitor, and partner with, the state's information technology division regarding progress in this area.

In addition to continuing efforts to complete the corrective action items in the QIP, Tennessee will continue working on improving ongoing monitoring of reports generated from the TFACTS database. A focus will continue to be on generating reports to monitor identification of the baseline population and their survey status and improving the ability of the provider agency contracted to obtain surveys to get participation from this population. Movement in and out of foster care and changes in foster care placement status during the survey time frame makes tracking this population challenging, and refinement of reporting will help ensure better participation rates. Getting such monitoring reports into production, so that program leadership can access them on demand, is anticipated.

Coordinating Services with other federal and state programs for youth

The federal HUD Family Unification Program is currently being administered through partnerships with the housing authorities in Nashville, Memphis, Knoxville, and Chattanooga. Young adults between the ages of 18-24 that have left foster care and are homeless or at risk of being homeless are eligible for a voucher. Attempts have been made to develop partnerships with eligible housing authorities for HUD's Foster Youth to Independence voucher program. However, currently responses have been scarce. Efforts to secure these partnerships will continue. The Department of Children's Services continues to administer the federal Personal Responsibility Education Program to support the Oasis Center's implementation of the Wyman's Teen Outreach Program (TOP®), an evidence-based Positive Youth Development model, in selected Level II and III residential treatment centers, at John C. Wilder Youth Development Center, through Metro Nashville Juvenile Court and in a Metro Nashville school. TOP® takes a broad youth development approach to the prevention of pregnancy and other risky behaviors by engaging youth in curriculum-guided discussion groups that are active and engaging as well as youth-driven community service-learning projects. In addition to the Teen Outreach Program, the federal Personal Responsibility Education Program supports the implementation of the Sisters Saving Sisters Program at the four resource centers across the State of Tennessee (Helen Ross McNabb, Monroe Harding, Partnership, South Memphis Alliance). Sisters Saving Sisters aims to address the higher risk of HIV/STDs in Latina and African American female adolescent populations. The program is designed to reduce frequency of unprotected sexual intercourse (with and without drug and alcohol use), number of sexual partners, and incidence of sexually transmitted infections. Sisters Saving Sisters is a skills-based risk-reduction intervention administered in small groups of female adolescents and led by trained facilitators. Lastly, the Personal Responsibility Education Program supports Harmony's implementation of the SHARP Program which includes sexual health and family planning curriculum that is offered during Leadership Academy Camps. During the camps youth participate in a spectrum of events around team building, IL skill development, sexual health and family planning, and fellowship with other foster youth, including ropes courses, wall climbing, equestrian therapy, swimming, hiking, preparing meals, and, of course, campfires and s'mores.

Serving Youth Across the State

DCS uses Chafee Foster Care Program for Successful Transition to Adulthood funds to staff Independent Living Program Specialists (ILPS) in each of the state's regions. The DCS ILPS work directly and collaboratively with Family Service Workers (FSW), foster parents, contracted providers, community-based organizations and youth. They are responsible for local program coordination, service delivery, and community resource development, working with specialized Foster Care Review Boards and on-going consultation to agency staff, foster parents and youth. The Independent Living program staff report to DCS Central office under the Division of Independent Living (IL) which resides under the Office of Child Programs. The IL team meets regularly to discuss ongoing barriers, concerns and to ensure that statewide policies are adhered to within Independent Living. Tennessee collects and reports data related to participation and retention related to young adults receiving Extension of Foster Care Services by region and even by county. Although data reporting has been done this way at times on general Chafee or ETV administration, when requested by stakeholders such as state legislative representatives, it has not been a part of the consistent reporting. Tennessee commits to including data reporting of this type, to include NYTD data as current and applicable, in ongoing, standardized reports including the APSR.

Serving Youth of Various Ages and Stages of Achieving Independence (section 477(b)(2)(C) of the Act)

The 17 and up group is subject to federal Permanency plan, Independent Living plan, and Transition plan requirements, which prescribe a set of domains that must be addressed in planning and suggest a related range of services that they might need to successfully transition. The Department addresses not only the federally prescribed domains and services but expands the scope of transition planning for youth. Transition planning for all young people in DCS custody addresses Social Skills, Life Skills, Education, Housing, Employment, Essential Documents, Credit Check, Health, Finances, and Transportation. Additionally, special concerns including immigration and pregnant/expectant and parenting are included in the transition planning process when appropriate. For this group, the Department has developed a partnership with the Youth Villages LifeSet Program. Youth Villages has taken on a very special role and responsibility--both in understanding the range of services that this group needs and in ensuring that each young person they work with has access to the specific services and supports he or she needs. The Youth Villages LifeSet Program employs weekly case management services and engagement of experts in the areas of finance, education, and access to community resources to teach clients the necessary skills to achieve economic self-sufficiency, develop lasting relationships, and succeed independently. The Department has expanded the LifeSet contract with the program to include case management for Extension of Foster Care Services.

The second group is the 14-16-year-old, for whom federal law is less prescriptive in the number of domains to be addressed in IL planning. For this group, normal adolescent development requires increasing levels of responsibility for taking care of themselves and learning some basic self-care skills (cooking, cleaning, health and hygiene habits), introductory budgeting, and opportunities for social interaction, recreational activities, and pursuit of interests that build relationships, confidence and competence. Opportunities for these young people should be shaped by individual interests, levels of maturity, and functioning—the normalizing experiences that would characterize what we expect a younger adolescent to experience in a reasonably well functioning, intact family.

Tennessee includes a breakout of Chafee services provision in standardized data reporting that differentiates the Extension of Foster Care Population (EFCS) from the youth population still in DCS custody, youth who exited foster care to adoption or subsidized permanent guardianship at or after age 16, and other eligible populations who receive Chafee-based services from contracted providers. This reporting, such as in the APSR, does include measures and outcomes for youth served by the Youth Villages LifeSet grant, which is the largest recipient of general Chafee funds and serves the most youth outside of the EFCS young adult population. More attention will be paid to interpreting the data to evaluate how offering (and now privatizing) Extension of Foster Care impacts channeling Chafee funding to other populations and improving outcomes for those youth, and include more detail regarding ETV utilization for eligible youth not receiving EFCS. The ability to capture and analyze that data is in process and will be included in future reporting.

**Table 1: Independent Living Wraparound Services Extension of Foster Care Population
2018-2020:**

Total IL Wrap Services Provided July 1, 2019	Total IL Wrap Services Provided July 1, 2019-April 30, 2020	Total Youth Served July 1, 2018-June 30, 2019	Total Youth Served July 1, 2019-April 30, 2020	Total Expenditure July 1, 2018-June 30, 2019	Total Expenditure July 1, 2019-April 30, 2020

2018-June 30, 2019					
287	191	162	122	\$75,966.15	\$49,006.57

Table 2: Independent Living Wraparound Services Custodial Population 2018-2020:

Total IL Wrap Services Provided July 1, 2018-June 30, 2019	Total IL Wrap Services Provided July 1, 2019-April 30, 2020	Total Youth Served July 1, 2018-June 30, 2019	Total Youth July 1, 2019-April 30, 2020	Total Expenditure July 1, 2018-June 30, 2019	Total Expenditure July 1, 2019-April 30, 2020
427	340	291	209	\$79,905.12	\$65,738.49

Table 3: Adoption/SPG: Education and Training Voucher, Bright Futures Scholarship, IL Wrap-Around Services: Participation, Instance of Services, and Expenditures

7/1/19 to 4/30/20

Number of youth and young adults who received Education and Training Voucher Funding:	28
Instances of Service:	44
Total Expenditures:	\$93,960.48
Number of youth and young adults who received Bright Futures Scholarship Funding:	3

Instances of Service:	5
Total Expenditures:	\$9,551.74
Number of youth and young adults who received Independent Living Wraparound Services:	5
Instances of Service:	7
Total Expenditures:	\$1,539.74

Citation A: Youth Villages LifeSet Services 7/1/19 to 4/30/20:

The data presented here represents the proportion of youth and young adults served with only Youth Villages LifeSet and not the youth receiving Extension of Foster Care Services served on the grant.

Since the inception of the grant in December 2006, Youth Villages has served a total of 11,496 youth in the LifeSet program, with 6,187 of those youth served under the DCS grant. From July 1, 2019 to April 30, 2020, 890 youth were served in LifeSet funded by the DCS grant, with 297 of those youth still enrolled at the end of April. An additional 402 privately funded youth participated in the program in FY 20 (through April 30). Across all funding sources, 1,155 youth have participated in LifeSet (note that some youth may have been funded by different funding sources at different times, and therefore the sum of the two funding sources will be greater than the total number of youths served). An average of 593 youth was served daily in FY 20 (through April 30).

Upon discharge from the YVLifeSet program:

- 89.4% of youth live with family or independently
- 95.0% of youth are satisfied with the Youth Villages LifeSet program

At two years post-discharge:

- 86.2% are living successfully with family or independently
- 83.8% report no trouble with the law
- 84.0% are in school, have graduated high school, and/or are employed

The Casey Life Skills Assessment is the assessment tool cited in state protocol as the recommended method for evaluating young peoples' stages of development, particularly as it relates to learning life-skills, planning for the future in the areas of education, employment, related activities, and building a network of supportive adults. Youth identified as having intellectual/developmental disabilities may have individualized assessment methods utilized that are developed by qualified staff. Young adults receiving Extension of Foster Care Services may be engaged using less formal assessment methods such as a discussion of their needs and strengths, per their preferences. The

TFACTS Assessment Integration project will include the creation of a Life Skills Assessment that will generate Strengths and Needs (permanency plan building blocks) based on the responses to the assessment. Projected completion of this project is December 2020.

Collaboration with Other Private and Public Agencies (section 477(b)(2)(D) of the Act)

The primary mechanism for Tennessee DCS to collaborate with other agencies regarding youth transition issues is via the legislatively mandated Youth Transitions Advisory Council. The council's membership includes representation from state departments such as the Department of Mental Health, Department of Intellectual and Developmental Disabilities, the Bureau of TennCare, and other agencies such as the Tennessee Association of Mental Health Organizations, Workforce Investment, provider agencies with contracts or other initiatives in place to serve transitioning youth such as Youth Villages, the Oasis Center, Helen Ross McNabb, Monroe Harding, (Oasis and Helen Ross McNabb administer federally funded Transitional Living programs, and Monroe Harding has a contract with DCS along with the two prior agencies to administer a Resource Center), representatives from the Tennessee Children's Cabinet, and other entities who request attendance. Much of the membership of this current forum were instrumental in passage of legislation to extend foster care to age 21 in Tennessee, and successfully obtaining approval from the state's Department of Safety to provide free photo identification cards to all youth in state's custody age 16 and older, and young adults receiving Extension of Foster Care Services. There has been collaboration with Tennessee Works. Tennessee Works deals with young people that have intellectual and developmental disabilities. The goal of Tennessee Works is to increase the number of young people with intellectual and developmental disabilities who are employed in the state. Their focus is to ensure that every young person with a disability can find a good job.

Chafee Training

During fiscal year 2020 the Office of Independent Living in collaboration with the Office of Training and Professional Development and the Office of Child Health worked together to develop a computer-based training for staff, providers, and foster parents on preparing for adult transitions. The training provides detailed information on the difference between Extension of Foster Care, ECF Choices, and Adult Behavioral Health transitions into adulthood. The goal of developing this training is to raise awareness of the available adult transition options for youth that age out of foster care and to ensure proper planning is in place for the transition into adulthood.

The Office of Independent Living supports initial and ongoing training regarding the importance of assisting youth in making successful transitions to adulthood needs to a wide range of stakeholders. Training should include information about the availability of Fostering Connections/EFCS and educational, legal and other services and supports that help young adults navigate the many barriers they face. In addition to the youth themselves, the following stakeholders will benefit from such training.

- Department of Children's Services staff;
- Juvenile court judges and magistrates;
- Youth services officers and other juvenile court staff;
- Court Appointed Special Advocates (CASAs);
- Guardians ad Litem;
- Attorneys who practice in juvenile court;
- Foster care review board members;

- Foster parents;
- Residential provider agency staff;
- Mental health service providers;
- School guidance counselors/school social workers;
- Peer advocates; and
- Mentors for current/former foster youth.

Education and Training Vouchers (ETV) Program (section 477(i) of the Act)

The TN Department of Children’s Services is the sole administrator of Education and Training Vouchers. The Office of Independent Living has a Scholarship Coordinator who manages the ETV funds available, and a State Funded Scholarship called Bright Futures. ETV applicants are required to provide documentation along with ETV or Bright Futures Scholarship applications that include the FAFSA SAR, the financial aid package for the programs they are enrolled in, total cost of attendance, and progress reports when applying for subsequent awards. The Bright Futures Scholarship is used for youth who do not qualify for ETVs, or to supplement ETV allocations (not concurrently). These verification documents are reviewed to determine the amount of award needed against other financial aid awards, and to ensure total cost of attendance is not exceeded. The required documentation is scanned and uploaded via the state’s CCWIS system. Each ETV and Bright Futures Scholarship award is processed as a service in the state’s CCWIS system, with entry, review and approval of each service by different staff and utilizing standardized payment procedures in the CCWIS and the state’s enterprise payment processing system, EDISON. These internal controls guard against duplication of service and exceeding maximum allowable liability. A focus moving forward is to better identify barriers to continued educational progress and program completion, and to build partnerships and implement strategies with post-secondary institutions to improve such outcomes.

Consultation with Tribes (section 477(b)(3)(G))

All eligible youth of Indian/Native American heritage are provided the same Chafee services and incentives that are available to all other state custodial youth. An analysis was done in 2018 to determine the number of children and youth who may be affiliated with a tribe. This analysis was made possible by looking at the children whose documented Race in TFACTS is ‘American Indian/Alaska Native Race value, which is enforced’. The analysis showed that less than 1% of the AFCARS reporting population were documented with this Race value. This will be revisited during the Person /Intake Packet project that is expected to begin later this year (2020).

Consultation and Coordination between States and Tribes

- Mississippi Band of Choctaw Indian

There are no federally recognized Native American tribes officially established with the State of Tennessee. The Mississippi Band of Choctaw Indians (MBOC) possesses a Land Trust in Henning (Lauderdale County), Tennessee on the Mississippi border consisting of approximately 88.15 acres of land; however, the tribe is not established in Tennessee as a federally recognized tribe. Tennessee has attempted to engage the Choctaw to become a collaborative partner. Currently the tribe does not wish to enter such a relationship.

- Eastern Band of Cherokee Indian

The U.S. Congress passed a bill on April 16, 2018 to take specified lands and easements in Monroe County, Tennessee, into trust for the use and benefit of the Eastern Band of Cherokee Indians. These lands include the Sequoyah Museum, the Chota Memorial, the Tanasi Memorial, and land to provide support for these properties and cultural programs.

On June 18, 2019 the Eastern Band of Cherokee Indians purchased 122 acres of land in Sevier County, Tennessee for \$7.656 million with the intent to develop a casino once permitted by state law. The tribe intends to also use this land for economic diversification.

DCS had planned to engage the Eastern Band of Cherokee by January 1, 2020, however, the Department has re-established the engagement deadline as September 1, 2020 and will initiate the following by that date:

- Contact the Nashville Office of the Bureau of Indian Affairs and ask the organization to contact the Choctaw and Cherokee to let them know that we wish to engage in a conversation about future collaboration.
- Send both tribes a copy of Tennessee's ICWA policies and invite the tribe to have input in them.
- Invite both tribes to participate in the 2020 Joint Planning Session. An invitation was sent for the May 28, 2020 virtual Joint Planning Session. Invitations to attend the quarterly CFSP Advisory Council and the 2021 Joint Planning Session will continue from the Program Evaluation Team during the next APSR cycle.
- Offer a point of contact at DCS for the designated tribal contact in case either tribe has questions or wants to engage in a collaborative project.

There have been no revisions to Tennessee's DCS policy regarding the Indian Child Welfare Act (ICWA) policy 16.24, Native American Children since January 2012. The state is in compliance with the ICWA law with the most recent Title IV-E plan. This grants a retroactive approval for the Fostering Connections Act, to October 1, 2010, and included a revised policy 31.3, Case Transfer Guidelines Between Regions, Agencies, and Facilities, that demonstrates DCS' compliance to ensure seamless transfer of a Native American child to a Tribal title IV-E agency or an Indian Tribe with a Title IV-E agreement.

- Indian Child Welfare Act (ICWA) Compliance

DCS continues to maintain Policy 16.24: Children of Native American Heritage. The policy ensures compliance with the ICWA law as it was submitted with the most recent Title IV-E plan. This approval grants a retroactive approval to October 1, 2010 for the Fostering Connections Act. DCS enacted new Policy 31.3: Case Transfer Guidelines between Regions, Agencies and Facilities as of November 2013, which demonstrates DCS' compliance to ensure the seamless transfer of Native American children to a Tribal Title IV-E agency or an Indian Tribe with a Title IV-E agreement. Tennessee is one of 14 States without a federally or State recognized tribe. Less than one percent (1%) of TN's AFCARS reporting populations continue to have a documented tribal affiliation.

Target Plans:

A. Foster Parent Adoptive Parent Diligent Recruitment Plan

Tennessee operates a state administered system whereby the Division of Foster Care and Adoption Services provides support to 12 geographic regions that have flexibility in creating their own 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 are targeted to the unique needs of each region based upon ethnic/cultural needs, gender needs, etc. Please see changes and updates in Appendix A.

B. Health Care Oversight and Coordination Plan

Through interagency agreement and established processes, the Department of Children's Services (DCS) and the Tennessee Division of TennCare, the State of Tennessee's Medicaid program, and the selected Managed Care Organization, TennCare Select (TCS), collaborate to provide children in custody with primary physical and behavioral health services. DCS also partners with other state agencies including the Tennessee Department of Health, the Department of Education, and the Department of Intellectual and Developmental Disabilities Services to ensure care coordination and oversight. The elements are further outlined in the Health Care Oversight and Coordination Plan. Please see updates in Appendix B.

C. Disaster Plan

The Continuity Plan applies to the functions, operations, and resources necessary to ensure the continuation of the Department of Children's Services' essential functions in the event its normal operations are disrupted or threatened with disruption and that Department of Children Services is capable of conducting its essential missions and functions under all threats and conditions, with or without warning. This plan applies to all Department of Children's Services personnel, unless specified otherwise. Department of Children's Services staff should be familiar with continuity policies and procedures and their respective continuity roles and responsibilities. The plan is currently being reviewed for potential changes in comparison to the Business Impact Analysis that was completed in March 2020. Please see Appendix C.

On Tuesday March 3, 2020, a tornado touched down in numerous locations within Nashville, TN and surrounding suburbs causing extensive damage. The Davidson County DCS office

located at 900 Second Avenue was directly affected by the tornado resulting in extensive damage to the building. DCS offices and the Child Abuse Hotline located at 200 Athens Way and DCS Central Office located at 315 Deaderick Street were also affected due to power outages. Due to these office locations being impacted, the Continuity of Operations Plan (COOP) was activated by the Tennessee Governor and DCS Commissioner. Continuity personnel were notified and worked remotely. Non-Essential personnel were notified and were given alternate workplace options (i.e., work from home) or approved administrative leave.

The Child Abuse Hotline was able to function on a limited basis due to a generator and limited intake workers as they were allowed in the building. The hotline staff were eventually set up to work remotely. Within a week, the Davidson County DCS office was relocated to the Davy Crockett Tower downtown and the Cloverbottom Campus in Donelson, TN. DCS Central Office restored power within two days and continuity personnel returned to work as they were able or worked remotely. The disaster plan provided the groundwork for the response by DCS. Recent review of the plan with leadership prior to the tornado helped garner how DCS responded and allowed for open communication. The State Department of Human Resources also supported the disaster plan by providing daily updates on building conditions and alternative workplace options. Please See Appendix C.

D. Training Plan

The plan provides a list of pre-service and ongoing trainings required for staff and providers. A description of each class and the credit hours is also provided. Please see updates in Appendix D.

CAPTA Annual State Data Report Items:

Please see Tennessee CJA and CAPTA Annual Report attached.

Information on Child Protective Services Workforce

Basic qualifications, education and training requirements established by the State of Tennessee Department of Human Resources for child protective service professionals continue as follows:

- Graduation from an accredited college or university with a bachelor's degree and experience equivalent to one year of full-time professional work providing child welfare services including, but not limited to, one or a combination of the following: social, psychological, correctional counseling or case management; volunteer services coordination for a children's service program; and/or juvenile classification coordination. An applicant with no experience may be hired at the entry level under the condition of a longer probationary period of one year, at which time the employee may be eligible for advancement.
- All Child Protective Service professionals have at minimum a bachelor's degree and complete 40 training hours per fiscal year. Training is delivered according to policy 5.2 Professional Training and Development Requirements <https://files.dcs.tn.gov/policies/chap5/5.2.pdf> and required training chart: <https://files.dcs.tn.gov/policies/chap5/ReqTrainChart.pdf>

- The average caseload of a CPS worker is 20 cases per month with the goal of not exceeding a caseload of 30. The average number of new referrals each month for a CPS worker is 8, however that can be negatively impacted by a variety of issues such as vacancies, FMLA, and increased referrals.

Gender and Ethnic Description of Child Protective Services Professionals

Gender	Column1
Male	148
Female	957
Total	1105

Ethnic Group	Column1
American Indian or Alaska Native (Not Hispanic or Latino)	2
Asian (Not Hispanic or Latino)	5
Black or African American (Not Hispanic or Latino)	396
Hispanic or Latino	10
Unknown and other	11
White (Not Hispanic or Latino)	673
Native Hawaiian or Other Pacific Islander	1
Two or More Races	7
Total	1105

Education and Experience of Child Protective Services Professionals

This table shows the types of degrees that CPS employees in the Case Manager series hold according to data derived from the information submitted by regional HR staff on their Education and Experience spreadsheets as of June 2020.

Region	Total CM	CM 1	CM 2	CM 3	CM 4	Bachelor	Master's	% with Master's	MSW	Other	% with MSW
Davidson	64	15	15	22	12	44	18	0.28	4	15	0.22
East	48	14	13	14	7	41	5	0.10	1	4	0.20
Northeast	86	5	16	51	14	62	24	0.28	11	13	0.46
TN Valley	100	25	22	35	18	85	12	0.12	6	6	0.50
Knox	77	20	16	29	12	64	13	0.17	3	10	0.23
Smoky	51	11	10	19	11	41	4	0.08	2	2	0.50
Upper Cumberland	61	10	10	30	11	60	3	0.05	0	3	0.00
MidCumberland	66	15	12	28	11	48	17	0.26	12	5	0.71
Southwest	56	10	13	24	9	45	10	0.18	4	6	0.40
Northwest	37	0	6	22	9	28	9	0.24	3	6	0.33
South Central	64	3	16	37	8	58	6	0.09	3	3	0.50
Shelby	132	6	72	30	24	96	36	0.27	14	22	0.39
Hotline	77	8	49	12	8	66	11	0.14	4	7	0.36
SIU	37	0	0	31	6	24	13	0.35	3	10	0.23

Juvenile Justice Transfers

According to data from TFACTS, of all children in care adjudicated dependent and neglected or unruly there were 204 (as of April 30, 2020) that transferred to the juvenile justice custodial population due to acquiring delinquent charges that made them best suited for services in DCS' Juvenile Justice system of care.

Education and Training Vouchers: Please see **Attachment D**

Inter-Country Adoptions:

The State currently has an explicit element in TFACTS that identifies if a child was previously adopted (AFCARS FC #16). Responses to this element include a value that indicates/identifies a child whose previous adoption involved an Inter-Country Adoption. During FY 2019 there were zero (0) children identified as adopted from other countries and who entered custody as a result of the disruption of a placement for adoption or the dissolution of an adoption.