



Department of  
**Children's Services**



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# **Annual Progress and Services Report – FY 2023**

For the 2020 – 2024 CFSP

Tennessee Department of Children's Services | Submitted: June 30, 2022



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## **Attachments:**

### Attachment 1.

Target Plans:

- Appendix A – Foster and Adoptive Parent Diligent Recruitment Plan
- Appendix B – Health Care Oversight and Coordination Plan
- Appendix C – Disaster Plan
- Appendix D – Training Plan

### Attachment 2.

CFS 101 Title IV-B Part I, II FY 2023 Budget and planned expenditures & Part III FY 2020 actual expenditures

### Attachment 3.

Education and Training Vouchers: Attachment C

### Attachment 4.

CAPTA Annual Report

### Attachment 5.

Annual Citizen's Review Panel Report

### Attachment 6.

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### Attachment 7.

ChildStat SMART Tracker May 2022

# 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 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. Two members of Tennessee's Administrative Offices of the Courts continue to serve as a CFSR Reviewers with DCS. In addition, a stakeholder employee from Centerstone began developing as a CFSR reviewer and has completed several reviews. The Assistant Dean for Academics of the College of Social Work from the University of Tennessee began shadowing during the 2022 season. Having these external stakeholders participate continue to support maximizing knowledge of the CFSR process as well as with Federal expectations and systemic issues that impact service delivery, and the needs of families and communities. Challenges with COVID-19 continues to require DCS to conduct the 2022 reviews remotely and have limited opportunities for stakeholders to shadow. However, DCS has managed to maintain current external reviewers and recruit one new external reviewer. DCS continued to recruit through the quarterly CFSR newsletter and promoting the sign-up link through the CFSR team's email signature. External trainings are also ways we continue to encourage and recruit external partners and stakeholders to participate. Round 3 ends September 30<sup>th</sup> 2022. DCS will continue to do state led reviews in September 2023 and other years until Round 4 begins. Ongoing trainings will continue CFSR official review process. Meetings with ELT are ongoing to plan how Round 4 will be implemented as a state led review. In addition, data and statewide indicators are shared annually, quarterly and monthly through Joint Planning, Citizen Review Panel, CFSP advisory committee, QA/QI

calls, Provider meetings. In addition, the CFSP and APSR are available any time through Tennessee's website. DCS continues to include the courts through many different strategies and through Family First Prevention Services Act implementation. DCS in partnership with the AOC developed a Qualified Residential Treatment Program (QRTP) Bench Card for Juvenile Court Judges. Judges were then trained on the new Bench Card during the annual Judge's Conference in February 2022 by AOC and DCS. A training on the QRTP process was also jointly delivered by AOC and DCS in June 2022 at the Davidson County Juvenile Justice Center for local attorneys, many of whom serve as Guardian ad Litem and Parent Attorneys. In 2021 the DCS Commissioner, DCS Deputy Commissioner for Child Programs, DCS General Counsel, DCS Deputy General Counsel, and DCS Director of Federal Programs were appointed by the Tennessee State Supreme Court to serve on the AOC Court Improvement Advisory Board. This advisory board is a multi-disciplinary statewide group whose purpose is to help inform the activities of the Court Improvement Program (CIP). Tennessee has also involved the AOC to work on the Guardian Assistance Program (GAP). DCS has also been working closely with TennCare, Tennessee Department of Mental Health and Substance Abuse, Tennessee Department of Human Services, and the Tennessee Association of Mental Health Organizations on selecting evidence-based services for the DCS Five-Year Prevention Services Plan.

### **Annual Joint Planning**

The Joint Planning Meeting was held on May 18, 2022. One hundred and five (105) stakeholders attended either in person or virtual. Thirty-two (32) more stakeholders compared to last year. Attendees included Members of the CFSP Advisory Council (Please see Agency Responsiveness to the Community). Examples include foster parents, Judges from Blount and Davidson County and former foster care youth, Citizen's Review Panel and Children's Justice Task Force representatives, TN Department of Health and Mental Health and Substance Abuse Services attended the Joint Planning Meeting. A parent, parent consultant and several young adults from the Youth Advisory Council (YAC) participated as well. DCS frontline staff also participated in these meetings representing several regions across the state that included Caseworker and Team Leader levels. Updates on current initiatives being rolled out were presented including Family First Prevention services and Qualified Residential Treatment Program (QRTP) Implementation, Assessment Foster Homes, Safe Baby Court, Independent Living, and DCS Program updates from Child Programs, Juvenile Justice, and Child Safety. Additional updates included Tennessee's Child and Family Services Reviews, and Racial Justice Workgroup.

Stakeholder Break out groups conducted during Joint Planning included Primary Prevention, Safety, Permanency, Well-Being Collaboration, Court/Legal, Equity, and Employee Recruitment and Retention. Examples of discussions during the stakeholder groups include:

#### **Primary Prevention Discussion:**

##### ***What is going well?***

- We're seeing more money being appropriated (Governor's day care funding for essential workers, for example), we need to continue to advocate for that
- Doing well with recognizing the impact of Trauma, developing onsite resources
- Department of Mental Health and Substance Abuse Services (DMHSAS) is holding focus groups now to learn what messaging platforms various communities use; they are willing to share the results
- Attention to Diversity has been positive
- DCS communication community/statewide, provide trainings, and forums (like today) to all talk about our work. There's lots of good work happening around the state: Transition age youth, Safe

Baby Courts, DMHSAS initiatives, advocating and moving forward the Relative Caregiver Stipend Program.

***What can be improved upon/or built?***

-Time for reinvention of prevention to really empower families. Currently the system is designed as reactionary

-Messaging needs to include how DCS is a benefit to families and the community. We need to be educating the community on DCS, spotting child abuse, knowing where to go to get help, etc. "well and healthy families" is the lens.

***Primary Prevention: How do we prevent further harm?***

Build parenting capacity, psychoeducation, educating the community, having multiple options for community to interface with DCS (hotline, text, chat) for people seeking help, for children to ask for help/self-report, for schools and other mandated reporting entities to know what's available. Two lens perspective: preventing child abuse, and preventing children from entering care

-There are grants available to improve and expand services. Grants take time to write, though, and not every entity has the time or expertise to do so and be successful at it. Build technical capacity and have easy and accessible templates available to support entities in their grant writing

-A billboard association wants to donate space for messaging (Jim Layman- DCS legislation)

- The online hotline reporting is laborious and cumbersome. The user platform needs to be easier. Add hotline options including call/text/chat features to meet today's user interfacing (see DMHSAS focus groups)

-Need to train the workforce in Evidence Based Programs (EBPs) being used/adding additional EBPs

-Expand "Safe Baby Court" to "Safe Families Court", and include Child Protective Services (CPS)/Juvenile Justice, perhaps use the "family court" model even when parents/caregivers are arrested on other criminal charges so that TN is supporting healthy families. Develop partnerships with stakeholders

-Need respite services; parents need a break. There are respite services out there, but they're not widely known. Need to get the word out to parents, and community partners about respite options and accessibility. Normalize "parents getting a break/parents night out". Messaging needs to normalize breaks, parental struggles and where non-judgmental respite can be obtained

-Use a 'family model' vs. focusing solely on the child(ren) and build up parental capacity. Zero-Three/Zero-Five and other systems of care expansions

-Meeting with families in their homes is more successful than having them come to an office (for any services)

- Need clear understanding (and messaging to match) of the differences in Urban and Rural Communities' cultures. Find the 'mavens' in the rural communities, include faith-based communities.

-Rural Services are hard to find; need to work with schools/faith based/health care systems to reach a wider range of families and provide services, and educate communities

-Messaging needs to include normalizing seeking help & support. Help is out there, but the community doesn't recognize or know what that is, where it is, how to access.

-Outreach/messaging/services to include childcare centers/pediatrics offices/other family-gathering places, flyers given to parents while in the hospital giving birth (normalizing help/support)

-Develop a parental stress line/parenting hotline for support in times of distress & help/support seeking that is available 24/7

-Use a three-digit call system for reporting/reaching out for help & support (similar to poison control, 911, 211, 988, etc.). "No wrong door" approach to getting families the help/support they need. Will require strong communication and community collaboration

-The public's perception of DCS/Child Protective Services is generally adversarial and suggested that the "authority" of enforcement and investigations be separated from Prevention/Preventative Services. DCS should handle enforcement and investigations and contract w/ Providers for Prevention. DCS doesn't have the tools to do prevention (suggested that Child Advocacy Center handle primary prevention services)

-DCS communication community/statewide, provide trainings, and forums (like today) to all talk about our work. There's lots of good work happening around the state: Transition age youth, Safe Baby Courts, DMHSAS initiatives. Continue with community forums and joint planning sessions, come together more often. Relationships are key

### **Safety Discussions:**

#### ***What are the impacts of the CPS redesign?***

- Drug Teams have a positive impact on completing assessments and treatment options. Staff feel well equipped and have strong relationships in the community and courts which in turn yield positive outcomes. Need to consider expanding drug teams. Develop focus groups to support implementing statewide
- Providers see more referrals from the DEC team than Immediate Response teams
- Shelby region had more THC referrals and developed a specialized team to respond to those referrals
- Drug team involvement in drug coalitions have yielded positive results. A primary treatment center for mothers was developed in Greene County
- Drug teams work well with Safe Baby Courts
- There are gaps in services and collaborations
- Need more providers who can complete psychological assessments
- DCS needs a toxicologist to complete hair follicle and nail tests. Current outside agency used is not credible. A barrier identified is DCS cannot cross regional lines

#### ***What gaps in services exists?***

- Services and assessments for fathers, co-occurring services, acute mental health, beds for autism disorder or intellectual disabilities, domestic violence services for offenders

#### ***Brainstorming question responses:***

- Need to compensate staff for cost of living
- Part-time positions have challenges and revisiting how to overcome the challenges
- Need to review exit interviews
- Revise career fair information
- Make changes in documentation and data entry requirements vs. time working with families directly
- Explore have different shift positions and split shifts. Learn strategies from other professions
- Referred to Child Help's retention survey
- Consider doing listening tours
- Encourage supervisors to be more proactive about onboarding new hires. Consider more SimLabs and on the job training opportunities
- Utilize more technology resources to support new hires with completing tasks, i.e., Talk to text, grammarly, etc.



## **Permanency Discussions:**

### ***What are top barriers to permanency that you see and any potential solutions to solve the barrier?***

- Caseworker turnover in Davidson County Region
- Relative caregiver - not extinguishing the options in the beginning
- Diversity in foster parents and having the option of foster parents that look like you
- Match children with potential foster parents. Survey for child and foster parents to complete that will show if the families mesh well together
- Not enough sources and help to get the resources to allow parents to work through their needs
- Enthusiasm within the community for fostering children that are above the age of 12. 12 is a slippery slope – since a lot of people don't want children that are older.
- Older youth = mental models. What are the mental models that the community/foster parents have about fostering the older youth? Creating ways that we can see the children as individuals and people. Recognizing what mental models may be out there
- Families are able to get information about the children, but the children do not have information about the placement that they are going into – causes them to be scared and it's hard to adjust to new. Children are judged before they are seen
- Change the way that we give the context of the way we are seen to others outside of DCS
- Connect with the young adults to share their real opinion of how it is to be involved with DCS
- There's a lack of media and positive representation of foster care youth
- Positive media attention could be helpful to getting the information out for foster parents
- There is not enough to protect the rights of the children as we think of the rights of the parents
- No Foster Care Youth Bill of Rights in TN
- Youth Empowerment is necessary
- Lack of genuine engagement throughout DCS, courts and community partners
- An administrative support staff that can help with requesting records, scheduling appointments and entering case services, Paperwork backup is a barrier due to the caseload
- Relational permanency – trying to maintain supports from the family could help boost permanency
- Court delays, lack of services in removal area or where the child is placed, miscommunication of multiple parties working towards services
- Specific services such as ABA therapy not being accessible in specific areas
- The Department should focus on people outside of the parents for placement/custody option and reunification should not always be the goal
- Recruitment efforts

### ***What are strategies to engage youth in the development of their permanency plan?***

- Don't use "cookie cutter" plans that are not talked about with the children before CFTMs
- Conversations with the children prior to meeting to help with the conversations/understanding when it comes to meetings
- Connect the YAC with other children to be mentors so that similar experiences can be shared
- Language is a barrier – language is not accessible. A handbook for our acronyms. Use language that is friendly for the children.
- Too acronym reliant when speaking in meetings and to families can be confusing to youth
- We are rushing through the meetings
- Interpretation services not available for cases

- Include the acronyms into the clients' rights handbooks so that the children will also have it be looked back on and reference
- If you can't understand something you don't have a seat at the table
- We focus too much on what the children are doing wrong and not doing well. Positive reinforcement is necessary
- Engagement is not just asking the child what they want but it's listening to what the children need – we need to include these types of things in trainings for new staff
- Pushing the presence of information for youth/child in custody on college campuses
- Frequency of engagement is necessary
- Help people that aren't in custody to understand what happens during custodial episodes
- Peer support in CFTMs / outside supports
- Big brother, big sister type of mentorship in the regions
- Expand mentorship with the YAC

***Based on your experience what is one thing that DCS could do better?***

- Spend more time with the children. Depersonalization of the children because they don't get to spend time with the children
- We need to build relationships with our children, and it can't be done because of caseload numbers
- Videos that could be sent to college social work school to recruit or show them what the Department does
- We need to show that this is an area that is rewarding to work in
- Things have become so regulatory and they aren't able to do as much as they need to do or want to do. The caseworkers have to meet discuss specific topics so other conversations aren't held
- Breakdown of the positions that are available on job postings
- Partnerships with the colleges are important
- Vacancies – have we seen an increase or decline of people that have social work degrees pre-pandemic to now?
- Listen to the current staff that we have to maintain the team we have
- The ones that are leaving may speak negatively about DCS which in turn causes DCS to have a negative connotation
- Teaming – within and outside of DCS.
- More media and community events are needed to change the way DCS is seen
- Foster children needs physical things that they can have to show what being in custody may look like – resource kit
- Children need more time that changes the attachment with the caseworker (caseworker/child visits)
- The style of the way we speak with the children - Allow workers to help more than the average permanency, well-being and safety questions
- Likes the flexibility of Youth Village - LifeSet

## **Well-Being Discussions:**

### ***What is going well with addressing Mental Health in TN?***

- We have a well-coordinated network of MH providers working with DCS that collaborate and partner around MH services in TN
- Services are accessible for free
- Single team/Single plan: Flow of information among MH providers is very good. TNCare helps to knock down barriers for finding/providing services
- Collaboration is better than ever
- FFPSA has been good to help in giving MH services
- Access to services has been easier post-COVID with the right services and equipment
- Telehealth has helped to reach more people
- We are looking at families as a whole unit

### ***What gaps are present?***

- Recruiting and staff shortages
- Waiting lists
- More challenges getting services in rural areas
- Pay for therapists is very low
- TNCare reimbursement rate is a burden for training new therapists.
- "Therapists are saving lives and not being paid for it."
- Appropriate placements for children with mental health issues is a huge challenge. Severity of MH issues is increasing. FPs are not equipped to handle increased needs.
- Need trained medical providers who understand you cannot medicate trauma out of children
- Technology, though helpful to reach more clients, it is a barrier due to no personal connection, no engagement or informal assessment opportunities – cannot watch interactions or read the room
- Medication management – need to provide better education to families regarding medication for their children.
- DCS does not have the health staff needed to monitor all custodial children's psychotropic medications.
- All staff – DCS, therapists, providers – overworked and under paid
- Secondary trauma for the workforce
- No available people to do quality psychological assessments
- Testing delays holds up treatment

### ***Strategies:***

- Need meaningful internships: Interns should get first-hand experience, not just be used to do admin tasks. They need to know what it truly is like to do the work.
- Think differently about internships
- Include certifications in internships
- Universities need to include Trauma Informed curriculum.
- Coordinate efforts across the state among the COEs
- Psychological education for providers
- Different reimbursement rate for MH providers for more complex cases.
- Need to review the Foster Parent curriculum to see if changes are needed – they need correct expertise to influence change
- Recruit FPs capable of handling MH needs
- Network Development – create more capacity for kids who need residential beds

- Get communication out regarding the need for therapeutic foster homes (All foster homes should be therapeutic)
- Periodic regular updated lists of providers for kids in care (EFC youth)
- TNCare could provide internet hotspots in areas where connectivity is an issue for access of services
- Regionally collaborate to use schools after hours for youth and families to go for tele-health appointments if they do not have internet access at home.

### **Court/Legal Discussions:**

#### ***Child protection***

- Safe Baby Court (SBC) is going well in Nashville/Davidson. Communication is clear & consistent. There have been staffing issues that have been well navigated. Seeing children move through the “system” quickly. Value has been seen in the flexibility in funding sharing an example was shared of funding being used to purchase a car battery for a parent – this allowed them to work, attend appointments, and more. Examples like this of eliminating hurdles for families in managing day to day tasks can help parents focus on their MH & sub abuse.
- When SBC partners with private and community organizations, families benefit.
- Next year, the Court Improvement Project (CIP) will be focusing on providing targeted training for attorneys in SBC and SBC practices. The hope is that these trainings help recruit & retain (R&R) attorneys to serve families and as GALs. Hoping further that this training will increase high quality legal representation.
- In Johnson Co., training is open to all attorneys & GALs hoping that this can move the needle on the court’s perspectives on sub abuse as in some instances, visitation will be suspended when we know contact and bonding is critical. Possibly there’s a need to define/re-define safety & risk.
- CIP and others seeking to incentivize attorneys to join pool to become parent’s attorneys. Need = for the agency to partner with the court to lobby/advocate everywhere for more money for parents attorneys & GALs for the hourly rate as well as general expenses. There’s a difference in the Level of engagement/involvement between a parent’s attorney and a GAL.

#### ***Juvenile Justice***

- Is there an opportunity to partner with the court to address truancy statewide? TN does not have truancy courts statewide yet youth with truancy issues alone are taking up placements impacting placement stability.

### **Employee Recruitment and Retention Discussions:**

Statistics around the “Great Resignation” was reviewed. Forty percent (40%) of all employees considered leaving their current job in 2021. The 30-45 year old group have the highest resignation rate which has increased by 20%. Many of the issues relate to COVID because staff feel disconnected and disengaged. They are currently experiencing burnout from working longer hours at home and not taking breaks. The desire for more flexibility caused people to leave their current job for more flexible jobs. Twenty percent (20%) of people who changed jobs took a pay cut. Three drivers for the great resignation are 1.) lack of strong relationship, 2.) lack of growth opportunities, 3.) lack of connection to the mission of the organization. Four of the top ten reasons why people are quitting their jobs are related to their supervision and leadership.

A discussion about what the Department has been doing to attempt to recruit more staff included: 1.) the approval of part-time position and more flexible schedules. 2.) Advertising on Indeed. People can submit interest through Indeed and can be reached out to immediately. The department cannot hire full time without someone being on the state registry. However, the department can hire for parttime and then work with them to complete the process to become full time. Two years ago the department started developing a recruitment department and have hired a recruiter. Most of the recruitment events continue to be virtual, however, due to the pandemic.

***What are ways we could engage employees/partners/community to bring people into the field?***

- Paid Internships. Students are already struggling financially and add on that they keep their jobs plus do an internship, we are burning them out before they even start. Giving them the opportunity to have a paid internship would alleviate some of that burden and possibly give us more candidates.
- Host families for new staff. If we are recruiting and someone is interested in a job in another city or even from out of state – establish “host families” for the new staff to stay with for 3-6 months to get on their feet since it takes a while for benefits to kick in and most people (especially just out of college) don’t the money immediately for the start up.
- Recruitment bonus – if a staff member recommends someone for a position and they get hired and through on boarding, that staff member gets a bonus
- Bring back Bachelor’s stipend program
- Focus on interns. Reach out to colleges. Give them a chance to work in multiple program areas as intern.
- Be transparent about what this job is before they start. Don’t sugar coat it.

***How do we retain existing staff?***

- Training on how to stay connected without being in the same space. How to connect and build teams.
- More support for mentor program and more formal peer support training/program
- Encourage self-care
- Lower caseloads
- Talk to staff and ask them what it is they need/want. Listen to them. Communicate the “why” around what we do. Lack of communication of the “why” is killing morale.
- Increase cap on salaries
- Revise P4P – staff now are feeling like it isn’t working because they are now being penalized for carrying additional cases and increased workload.
- Talk to staff who are leaving – get their story. If possible, explore (with the staff) possibility of moving to a different program if the issue is that the specific program area isn’t a good fit for them.
- Develop a training team – more in person and group staffing of cases so that they learn from each other and feel more connected. This is being piloted in OCS/NE.
- Senior Leaders traveling to the regions and not just talking to staff but listening to them.
- Look inward and possibly remodel how we do what we do and make it easier to handle the current workload
- Restructure so that seasoned staff have clerical or admin support to take some of the tasks off of them and give them more time to focus on the youth.
- Focus on strengths of the team members and how they can help each other utilizing strengths. Ex – if an FSW has a certain skill or niche with specific types of cases/youth, work off of that strength by giving them those types of cases or allow them to work with others to help educate them more about that population.

- Look at team approach to working cases

***Issues discussed that led to the ideas above:***

- Caseloads are not manageable. People are leaving because they don't have time with their own families
- There is no grace with supervision. Job Plans are not achievable. Leadership are quick to react to negative parts.
- Preservice is a challenge because it is virtual. New staff used to get 5 training cases to start and now get 10. Not doable. Especially when they are quickly at or over caps.
- Losing more long stayers

**Equity Discussions:**

***What does inequity look like in child welfare?***

- The group discussed over-representation of African American (AA)/People of Color (POC) in child welfare. State has higher representation of children of color in care; we see that it appears higher in more metro areas in the state. Staff with the agency should reflect the community/clients we work with.
- Leadership staff-under representation of AA/POC in leadership. Also, a low number of men. Discussed how this was identified and then the applicant pool for men and AA/POC was low- so if we aren't getting the applicants, we can't have that representation.
- Reviewed data and noted African American children had a much higher rate (almost .5) placements per 1000. Considered whether this included JJ youth.
- Much of the solution exists outside of the department. Need more collaboration. Consider looking at families who fall slightly outside of policy guidelines. Some things are cultural norms. Safety and nurturing shouldn't be compromised.
- Track and adjust using staff expertise. Identify ways to partner within the department's own internal resources.
- What about our Foster Parents? Do our Foster Parents reflect our children? Discussed how we don't always engage LGBTQ foster parents and foster parents of other faith. Typically go to churches to recruit or rely on other FPs to recruit. Discussed increasing recruiting techniques-recruitment is going to be handled by another agency temporarily. A suggestion was to assess foster homes cultural backgrounds across the state. Vanderbilt can do mapping.
- Discussed more training for staff around racial disparity and training for Foster Parents.
- Discussed the department's Racial Justice Workgroup and the work being done to address disparity in Tennessee's child welfare system.

**Tennessee's Racial Justice Workgroup Slogan:**



The department developed the Racial Justice Workgroup through the Office of Training and Development in 2019. The purpose of the workgroup is to collaborate with internal stakeholders on all staff levels to discuss and learn to create awareness on how to engage families from all cultural differences. The group partners with Chapin Hall and Vanderbilt University who provided racial disparity data and Vanderbilt University also hosted a cultural bias training available to all department staff. The group also partners with Department of Human Resources on policy reform. In addition, there are subgroups that focus on specific areas to ensure creating awareness is effective and the department policies are inclusive to all cultures and beliefs. The subgroups include:

- Racial Justice Policy
- Racial Justice Assessment
- Racial Justice Marketing

The workgroup is in the beginning discussions on how to support the regions in improving diversity in foster parent recruitment. It was noted that most recruitment is done through churches and more outreach needs to be done through other diverse groups. Below are some examples of data the group has used to inform decisions the group will focus on.

### Entry Rate and Ratio for TN

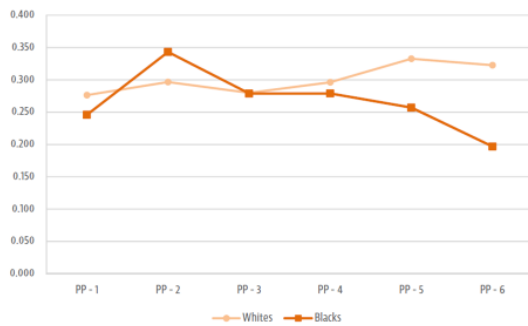
Table 3: Number of Children, Number of Children Placed, Placement Rates by Race, and Disparity Ratio: Tennessee – 2011-2017

	Total Children	Children Placed	Placement Rate
African American children	324,106	1,226	3.78 placements / 1000 children
White children	1,313,348	3,377	2.99 placements / 1000 children
Disparity ratio			1.27

Chapin Hall Accountability Center Report

## Rate of Exit and Disparity Ratio

Figure 1: Period-Specific Rates of Exit and Disparity Ratios by Race\*

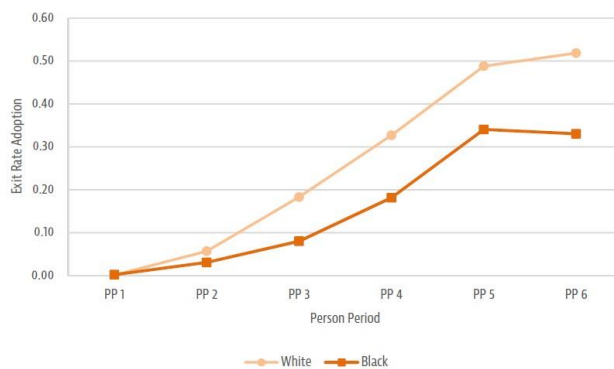


TN Department of Children's Services

**Explanation:** PP refers to Person Period = 6 months between each PP. At PP 1, children have been in custody 6 months. PP 2 = 12 months, etc. Vertical line indicates rate of permanency. This demonstrates African American children move more slowly to permanency than White children. This disproportion increases significantly the longer children remain in custody. At PP 5 and PP6, African American children exit custody at a much lower rate.

## Exit to Adoption by Race

Figure 4: Period-Specific Rates of Exit to Adoption and Disparity Ratios by Race



TN Department of Children's Services

**Explanation:** White children, regardless of how long they have been in care, are more likely to be adopted than African American children, except in the initial six months, when adoption is rare overall.

### CFSP Advisory Council and Provider Meetings

The department will continue to solicit ongoing feedback through the quarterly CFSP Advisory Boards and provider meetings (Please see Agency Responsiveness to the Community Systemic



Factor and for details). The CFSP advisory council met in February 2022 during this APSR cycle. Discussion included CFSR PIP Update, FFPSA Update, Assessment Foster Home Model, and Joint Planning and APSR plan. Also, foster parents shared information on long waiting lists for children to access services. Joint Planning meeting was held in lieu of the next quarterly CFSP advisory council. All of these meetings also provided time to share information and data regarding the CFSP, APSR, PIP, and statewide data indicators. Please see Chafee Section for ongoing feedback and listening sessions with Youth and Young Adults.

### **20.20 LGBTQ+ Workgroup**

The 20.20 Workgroup is a group composed of program matter experts from a variety of disciplines within the agency that provides case consultation for regional staff seeking resources or navigating unique challenges for LGBTQI+ youth. The workgroup is named after DCS Administrative Policies and Procedures 20.20, Guidelines for Managing Children/Youth in DCS Custody Related to Sexual Orientation, Gender Identity and Expression. Examples of program areas represented include, but is not limited to, child health, independent living, legal, training, and continuous quality improvement. After a referral is received, the team reviews the referral and answers any specific questions the regional staff may have or provides general guidance or direction for case management.

### **Family First Prevention Services Plan**

During this APSR cycle Tennessee worked with the Children's Bureau to finalize the Family First Prevention Services five-year prevention plan. The department is currently working on the final pieces and projects to have the plan finalized in July. Providers and community stakeholders were invited to virtual presentations of the different service model owners of the evidence-based services that are well supported in the FFPSA clearinghouse that Tennessee plans to implement. Service model presentations included:

#### Well-Supported Treatment Models

- Intercept
- Multisystemic Therapy (MST)
- Parent-Child Interactive Therapy (PCIT)
- Home Builders
- Parents As Teachers (PAT)
- Brief Strategic Family Therapy (BSFT)
- Nurse Family Partnership

The two FFPSA workgroups merged with the provider Quality Assurance/Quality Improvement group to create one meeting to ease stakeholder and provider's time. The larger group began meeting in February 2022.

Internal and External stakeholders continue to participate and collaborate with DCS on QRTP and Prevention topics including DCS frontline and other level employees, custodial and non-custodial providers, Tennessee Association for Mental Health Organizations, Tennessee Alliance for Children and Families, and Tennessee Department of Mental Health and Substance Abuse Services. During the months of March and April 2022 the model owners for several of the evidence-based services included in Tennessee's Five-Year Prevention Services Plan were scheduled for one-hour introductory meetings to provide information to providers wanting to switch to these new treatment models.

## **Parent Collaboration**

DCS continued to engage parents and caregivers in meaningful conversations through the CFSR interview process. In addition, the Federal Program Division (formerly the Program Evaluation) began discussions about strategies to engage parents in meaningful collaboration with Nurture the Next who operates Tennessee's statewide Parent Leadership Academy. The initial conversation led to a parent attending Joint Planning this year and an invitation to a parent leadership meeting during the next APSR cycle for DCS to begin engaging more parents in discussions about the CFSP goals and objectives. During this APSR cycle DCS collected the voice of the parent through two survey methods. Through the Multi-Agency Collaboration 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. As of 4/30/2021 655 non-custodial families and 75 custodial families voluntarily participated. Eighty one percent (81%) stated "The approach gives me a voice in deciding what happens with my family." Please see Service Array Systemic factor section for details and overall project data.

## **CFSR Parent Interview Feedback:**

During this APSR cycle the division began two new strategies through the CFSR process. A designated staff person on the team coordinates engaging birth parents when they chose not to participate in a CFSR review and as regional support when conducting caseworker visits with parents. The staff person or designee on the team reaches out to the birth parents by phone or in person to initiate a conversation with them about their experience with the department. During these conversations the staff person specifically asks questions about the birth parent's experience that are tied to the department's strategies and initiatives outlined in the APSR such as Quality Contacts Training, Child and Family Team Meeting (CFTM) planning process, Drug Teams, Safe Baby Court, etc. Gathering birth parent feedback has helped the department identify trends from their perspective on how these strategies and initiatives are supporting them or where the department has opportunities to improve. This feedback qualitative data is segmented by region and program area so the department can identify geographical and program areas that are working well and areas needing more focus or trainings for improvements. In addition, these ongoing conversations with birth parents are used to identify if they would be interested in attending the department's planning meetings such as the CFSP Advisory Council or Joint Planning. During the APSR cycle two birth parents expressed interest and were invited to the February CFSP Advisory Council.

## **Feedback from birth parents on DCS initiatives:**

- *Drug Team and Quality Contacts initiative*

*During a conversation with the mother and the father they shared they both had been involved with DCS as children. The mother's family had multiple CPS cases and the father was in foster care in another state. Both of them had bad experiences as children but as parents they had a very positive experience with the drug team worker. They felt very supported and felt the worker went above and beyond to help them with resources. They also felt the process was well explained so they knew what to expect and it meant a lot to the mother that she was always asked how things were going first which initiated the conversation during caseworker visits.*

- *Foster Care Quality Contacts and Kinship Placement*

*During a conversation with the mother, she informed she was able to express her concerns during caseworker visits, but she doesn't know if they were taken into consideration. She advised that she still needs to complete individual therapy but did not have any information about it such as what it is for or when it will begin. The child was placed in the home of her maternal uncle and aunt, so the mother was able to visit with her child at least two times a week.*

- *In-Home Quality Contacts*

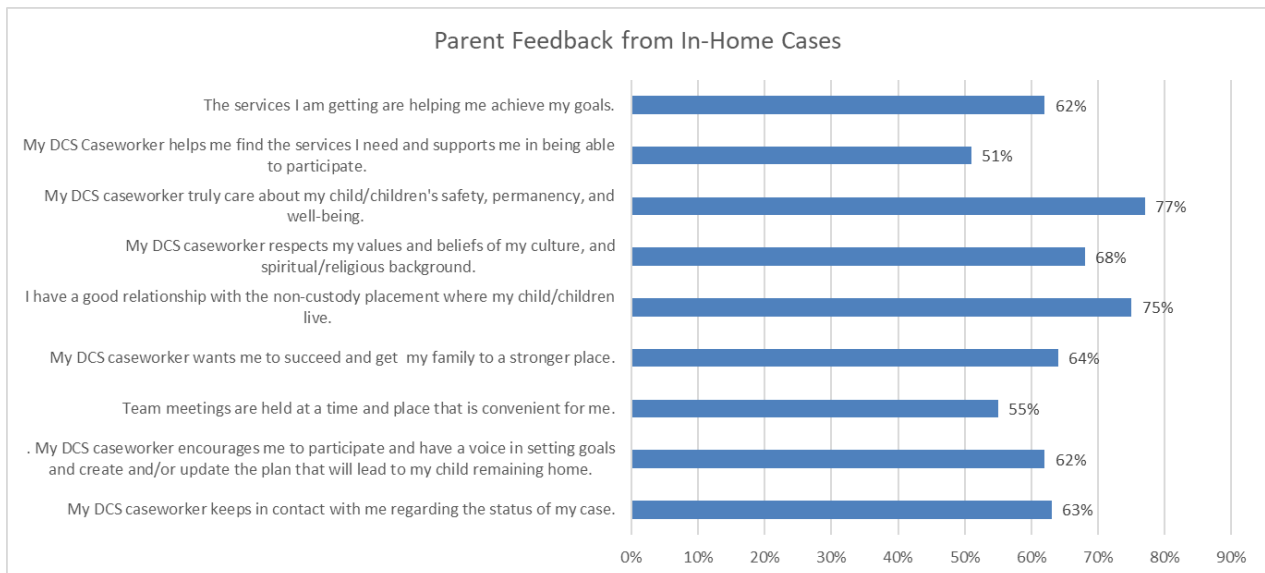
*The mother speaks Spanish and the agency worked with the bilingual provider to explain and update the family throughout the non-custodial episode. It was noted that the mother felt supported and respected. The mother's voice was heard, and it was noted the services were appropriate and appreciated.*

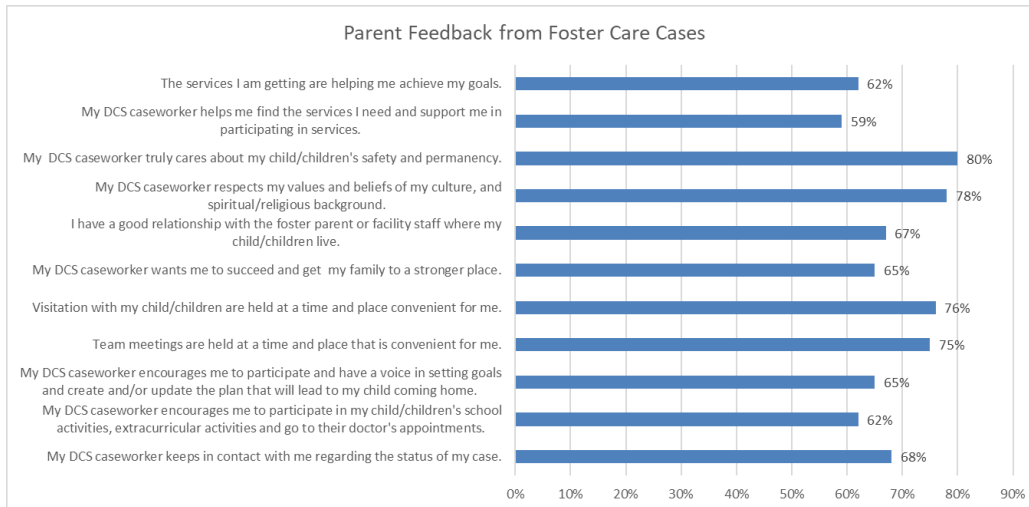
- *Safe Baby Court*

*During a conversation with a mother who participated in the Southwest Safe Baby Court She informed she felt the support she received from her caseworker and the SBC coordinator was key to her success. She was given a voice during CFTMs by having the first part of the meeting her time to voice how she is doing and what she needs to continue to succeed. She was given choices of when her service schedule would be so it was a times convenient for her. In addition, she found the SBC hearings helpful as she was able to hear the other mother's circumstances and it motivated her to continue to complete her services. She was successful in having her children return to her and her case closed.*

*There is a trend in feedback from parents that DCS has opportunities to improve contact with parents who live out of state or who are incarcerated and engaging fathers in the case planning process.*

Between July 1, 2021 and June 30<sup>th</sup>, 2022, the Federal Program Division (formally Program Evaluation Team) collected the voice of birth parents through the CFSR interview process. A sample of 151 feedback surveys were collected. Results this year include the following:





### Parent Collaboration Strategies in the Planning Phase

DCS is in the planning phase to begin implementing 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. A plan is being developed to invite the Parent Leadership Coordinator for Tennessee through Nurture the Next to attend upcoming DCS Leadership Meetings as well as inviting DCS staff from the Federal Program Division to Parent Leadership Meetings. In addition, a video is being developed with a parent who has lived experience that will be shown in pre-service training for all new DCS staff. The purpose is to provide the parent perspective of what it is like to have a Caseworker knocking on your door to improve new employees understanding of the parent’s perspective prior to making that first knock on the door. Results from these strategies will be reported during the next APSR cycle. CFSR Reviewers will continue to be asked while interviewing birth parents during CFSR to assess if they feel that parent would be interested in participating in collaborative planning meetings. In addition, providers are being asked to support this effort and provide feedback for other opportunities they may be using or are aware of.

### The Children’s Advisory Council

The Children’s Advisory Council continues to meet quarterly. Currently one of the Magistrate’s from Davidson County Juvenile Court serves as the chairperson of this group. The Director of Federal Reporting presents updates from the 2020-2024 CFSP, CFSR, and FFPSA to this group on a regular basis. Members of the Council include but are not limited to representatives from the following:

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

### **Community Action Boards**

DCS continues to work with Community Advisory Boards (CABs). CABs support the work of the Department's Vision To create safe and healthy environments for children where they can live with supportive families and engaged communities. 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.

## **Assessment of Current Performance in Improving Outcomes**

### ***Program Improvement Plan (PIP) Strategies and Measurement Plan Goal Updates***

Tennessee completed the final quarter of CFSR Round 3 Program Improvement Plan (PIP) implementation strategies on 3/31/21 and met improvement measurement goals for Safety Outcome 2 Items 2, 3; Permanency Outcome 1 items 5, 6; Well-Being Outcome 1 items 12, 13, and 15. Permanency Outcome 1 item 4 - placement stability is the only item Tennessee has not met the measurement plan goal of 88%. By the end of the 2021 CFSR review season in September 2021 results for item 4 was 79%. Tennessee conducted an extra CFSR review season in all of Tennessee's twelve regions in October 2021 through March 2022 to continue to measure item 4 in an attempt to reach the measurement plan goal of 88%. At the end of the extra review season results for item 4 was 64%. Tennessee also collaborated with the Capacity Building Center for States to identify targeted strategies for placement stability to support achievement of the measurement plan improvement goals by September 2022. In addition, Tennessee collaborated with the Children's Bureau to conduct non-overlapping Measurement Plan calls with each region to hear each region's unique challenges and strategies to improve placement stability. Common themes identified across the state to have created challenges with placement stability are the pandemic and significant employee turnover at DCS and provider agencies. Please see Implementation Supports Systemic Factor for details. Below are the child and family outcomes and systemic factors Tennessee was not found to be in substantial conformity during the 2017 CFSR that were addressed through the CFSR PIP strategies and measurement plan improvement goals. To view the detailed PIP Progress Report please go to:

[https://www.tn.gov/content/dam/tn/dcs/documents/quality\\_improvement/cfsr/PIP\\_Progress.pdf](https://www.tn.gov/content/dam/tn/dcs/documents/quality_improvement/cfsr/PIP_Progress.pdf)

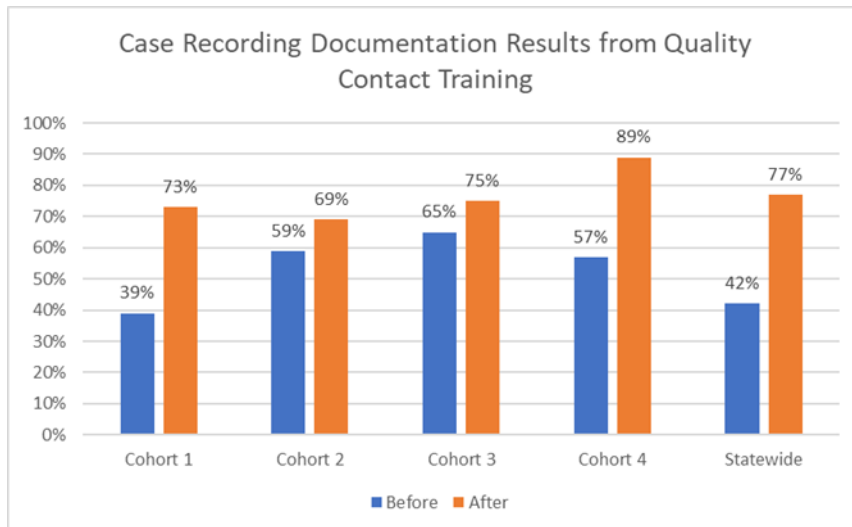
## Child and Family Outcomes

Safety Outcome 2	Results as of 9/30/21	Measurement Plan Goal
Item 2 – Safety Services	71%	48.5% (Exceeded)
Item 3 – Safety Assessments and Management	55%	27.4% (Exceeded)

Strategy: Ensure children receive timely, initial, and ongoing safety assessments	Responsible Party	Update 2021	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: Completed Strategy two: Completed	3/31/21
CFSR PIP – Goal Two: Strategy One – Safe Baby Courts; Strategy Two – Services Identified by FAST;	Executive Director of Legislation Administrative Office of the Courts Regional Directors	Strategy One: Completed Strategy two: Completed	3/31/21
CFSR PIP – Goal Three: Team Leader Mentoring and Enhancement Project	Director of Program Evaluation Regional Directors	Completed based on CFSR PIP requirement	3/31/21

### Quality Contacts and Assessment Integration Model

Quality Contacts is closed out as of January 2021 as a PIP strategy. All Regions have been fully trained and the collaborative has been completed. Case reviews have been conducted showing positive impact on practice. Results from reviews have been broken down by Region and shared with training which will help inform ongoing boosters and follow up trainings. Assessment integration continues as a standardized practice and will sustain through a dedicated staff to partner with Vanderbilt and provide support and training to the regions ongoing.



### Team Leader Mentoring Project

Team Leader Mentoring Project is completed and closed out as a PIP strategy. Seventy one (71) Team Leaders completed the project. In addition, sixty one (61) frontline caseworkers participated in the SimLab. Feedback from the Team Leaders show improved understanding in the CFSR best practice standards and found value in participating in the project particularly with the SimLab experience.

Pre-Questionnaire key themes:

- Better understanding of documentation expectations
- How to be a better overall coach/mentor to staff.
- Helping Staff better understand importance of quality contacts
- Helping workers to understand how more quality assessments could lead to better outcomes and to faster permanency.

Post-questionnaire key themes:

- During the SimLab I was able to learn different approaches to engagement from peers and other staff that I will continue to coach staff around especially when engaging families around domestic violence cases.
- Observing my worker during the SIM lab gave me the ability to see how workers engage with parents on the front end to build that rapport and trusting relationship.
- I have improved my understanding of important elements needed to improve documentation. Examples, the child enjoys coloring, assessing parents progress through conversations.
- The experience of having a mentor has helped me better understand how to be a mentor to my staff. Understanding everyone's style is different how to adjust to the person.

This project is still available for TLs ad hoc. The training Department has developed a Mentoring training program for qualified team leaders to be mentors for new hires that expands knowledge and abilities including best practice.

<b>Permanency Outcome 1</b>	<b>Results as of 9/30/21</b>	<b>Measurement Plan Goal</b>
Item 4 – Placement Stability	79%	88.4% (not met)
Item 5 – Timely and Appropriate Permanency Goals	60%	50% (Exceeded)
Item 6 – Children/Youth Achieve Permanency Timely	55%	43.9% (Exceeded)

<b>Strategy:</b> Collaborate with courts and stakeholders to ensure that quality services provided to families meet their unique needs.	<b>Responsible Party</b>	<b>Update 2021</b>	<b>Date</b>
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 Completed and two Completed per CFSR PIP requirement Strategy three: Completed per PIP CFSR requirement	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	Completed	3/31/21
CFSR PIP – Goal Four: Strategy Three– Court Improvement	General Counsel Administrative Offices of the Courts Regional Directors	Completed	3/31/21

<b>Well-Being Outcome 1</b>	<b>Results as of 9/30/21</b>	<b>Measurement Plan Goal</b>
Item 12 Overall – Assessment and needs of children, parents, and foster parents	43%	25% (Exceeded)
Item 13 – Child and Family Planning Process	59%	39% (Exceeded)
Item 14 – Caseworker visits with children	75%	39% (Exceeded)
Item 15 – Caseworker visits with parents	47%	21% (Exceeded)



<b>Strategy:</b> 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.	<b>Responsible Party</b>	<b>Update FY 2021</b>	<b>Date</b>
CFSR PIP – Goal One: Strategy One – Quality Contacts Initiative; Strategy Two – Assessment Integration Model.	Executive Director of Training and Professional Development Regional Directors	Completed. 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: Completed. Please see update in Safety Outcome 2 Section. Strategy three: Completed. 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	Completed. Please see updates in Permanency Outcome Sections	3/31/21

## Systemic Factors

### Case Review System

<b>Strategy:</b> Ensure that all children have a written case plan developed jointly with the family.	<b>Responsible Party</b>	<b>Update FY 2021</b>	<b>Date</b>
CFSR PIP – Goal Two: Strategy Three – Revitalize CFTM Process	Executive Director of Child Safety Executive Director for Permanency Regional Directors	Completed. Please see Semi-Annual CFSR PIP Report This strategy will continue as a standardized process for the department.	3/31/21
CFSR PIP – Goal Four: Strategy Three – Court Improvement	General Counsel Administrative Offices of the Courts	Completed. Please see Semi-Annual CFSR PIP Report This strategy will continue on an ongoing basis. Quarterly meetings with the AOC, TCJFCJ, and DCS leadership have continued. Recently, this meeting was very beneficial in navigating new legislation mandating DCS provide the court(s) notice about certain situations. The new legislation relates to notices the Department is required to provide to the court in two different circumstances: when the Department receives information that a kinship foster parent has violated any orders relating to visitation/contact with the parent, and when the Department receives information that there has been another child born to parents whose children are currently in foster care. •DCS was invited to present on multiple topics at the recent judicial conference. DCS presented on the CPS redesign; Tennessee’s FFPSA plan and non-custodial prevention work; and the placement/needs assessment. •DCS is presenting a number of CLE mini-conferences in partnership with various courts across the state. One of these is with the Dickson County court in November. Examples of topics include case law updates,	3/31/21

		termination of parental rights practice, legal writing/ethics, and the history of adoption of Tennessee.	
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### Quality Assurance

<b>Strategy:</b> Ensure that the Continuous Quality Improvement Process is aligned with the Child and Family Service Plan and CFSR findings.	<b>Responsible Party</b>	<b>Update FY 2021</b>	<b>Date</b>
CFSR PIP – Goal Four: Strategy One – Integrated Processes <ul style="list-style-type: none"> <li>a. Quarterly Case Process Reviews (CPR) will include CFSR language.</li> <li>b. Quarterly reviews of Monthly Provider Summaries will be conducted using CFSR standards.</li> <li>c. CFSR will be the official qualitative review for DCS.</li> <li>d. Special provider CFSR reviews will be conducted during the period of November – March each year.</li> </ul>	Director of Federal Programs	Completed Please see Semi-Annual CFSR PIP Report This strategy will continue by the Office of Quality Improvement	3/31/21
CFSR PIP – Goal Four: Strategy Two – Integrated Feedback <ul style="list-style-type: none"> <li>a. Continue to solicit internal and external input on a regular basis through surveys, focus groups, work groups, and presentations with stakeholders.</li> </ul>	Director of Federal Programs	Completed. Please see Collaboration Section and Semi-Annual CFSR PIP Report This strategy will continue through the Division of Federal Programs.	3/31/21

b. Joint Planning sessions will include more voice of the stakeholder in development of APSR.			
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**Service Array**

<b>Strategy:</b> DCS will collaborate with other organizations to expand the service array for families of Tennessee	<b>Responsible Party</b>	<b>Update FY2021</b>	<b>Date</b>
CFSR PIP – Goal Three: Strategy Two– Foster Parent Recruitment and Retention Plans	Executive Director for Permanency Executive Director of Network Development Regional Directors	Completed. Please see Semi-Annual CFSR PIP Report Foster Parent and recruitment has been impacted by the pandemic and part of this will be evaluated with our work with CBC	3/31/21

**Foster and Adoptive Parent Licensing, Recruitment, and Retention**

<b>Strategy:</b> DCS will meet substantial conformity standards for the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention.	<b>Responsible Party</b>	<b>Update FY 2021</b>	<b>Date</b>
CFSR PIP – Goal Three: Strategy Two– Foster Parent Recruitment and Retention Plans	Executive Director for Permanency/ Executive Director of Network Development Regional Directors	Completed. Please see Semi-Annual CFSR PIP Report This strategy will continue through Child Programs Foster Care Division.	3/31/21

# 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.

The target goal in the chart below is based on the federal percentage of substantial conformity.

**Data Source: TFACTS (7/1/2021-4/30/2022) and OSRI 9/30/21 (full review) 6/30/22 (partial review six regions)**

Measure of Progress	Baseline (FY 2019)	FY 2020	FY 2021	FY 2022	Target Goal	Target Date
CFSR Performance (Item One)	82.4% 9/30/18 76.32% 6/30/19	79.57% 9/30/19 82.86% 6/30/20	79% 9/30/20 83% 6/30/21	91% 9/30/21 78.57% 6/30/22	95%	6/30/2024
Timeliness of Investigations						
Timeliness of Response – Priority One	90.01% - CPSI 96.57% - CPSA	95.20%-CPSI 95.60%-CPSA	92.38%-CPSI 94.58%-CPSA	88.69%-CPSI 87.90%-CPSA	95%	6/30/2024
Timeliness of Response – Priority Two	89.64% - CPSI 95.34% - CPSA	95.20%-CPSI 96.40 %-CPSA	92.45%-CPSI 93.43%-CPSA	88.30%-CPSI 84.69%-CPSA	95%	6/30/2024
Timeliness of Response – Priority Three	89.97% - CPSI 87.17% - CPSA	94.40%-CPSI 96.20%-CPSA	92.93%-CPSI 93.69%-CPSA	86.98%-CPSI 83.36%-CPSA	95%	6/30/2024

Strategy: Ensure timely investigations per DCS policy.	Responsible Party
This strategy will be monitored through Leadership monthly conference calls with all Investigations Coordinators/Team Coordinators to discuss percentage of cases not meeting assigned response priority	OCS Quality Control Regional Investigations Directors Regional Administrators

and identify trends to barriers to be addressed through the CQI process. In addition, this strategy will be monitored through ongoing CFSR Reviews.	Investigations Coordinators/Team Coordinators
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**FY 2022 Strengths and Areas of Needed Improvement Update:**

**Ensure timely investigations per DCS policy**

This strategy continues to be monitored through regional leadership as well as senior leadership. Goals for improving case closures, response times are integrated in employee performance plans and addressed in the performance cycle and yearly evaluations. Additionally, Safe Measures reports provides data points for the supervisors and case managers to utilize through a dashboard that is available at any point in time. Rapid Response and the Special Investigation Unit have also provided resources in areas that are impacted by high caseloads, vacancies, or other issues that impact caseloads. The Child Abuse Hotline received 144,983 calls/web referrals in 2021.

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

- Part time positions
- Flexible shifts/work hours
- Reassignment of staff for weekend/on-call coverage
- Retirees returning on 120-day contracts
- Geo-assignment for Davidson/MC adjoining counties

## Safety Outcome 2

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


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

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

**Data Source: OSRI 9/30/21 (full review/12 regions) and 6/30/22 (partial review/6 regions)**

Measure of Progress	Baseline FY 2019	FY 2020	FY 2021	FY2022	Target Goal	Target Date
CFSR Performance (Item Two): Services to Prevent Removal or re-entry into foster care	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	46% 9/30/20 62% 6/30/21	71% 9/30/21 68.18% 6/30/22	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	24% 9/30/20 61% 6/30/21	55% 9/30/21 50% 6/30/22	27.4%	9/30/2022



**Data Source: Statewide Data Indicators (Round Three)**

Statewide Data Indicators	National Performance	TN Risk Standardized Performance (18A18B)	TN Risk Standardized Performance (18B19A)	TN Risk Standardized Performance (19A19B)
Re-entry to foster care in 12 months	8.1% 	9.3%	9.5%	8.3%

\*\*Data Source: Tennessee CFSR 3 February 2022 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 are statistically no different than the national performance except between the timeframe of 18B19A which is slightly worse than the national performance. Tennessee continues to track this indicator through CFSR regional reviews and through improved safety assessments and monitoring safety plans.

**Data Source: Statewide Data Indicators (Round Three)**

Statewide Data Indicators	National Performance	TN Risk Standardized Performance (17AB, FY17)	TN Risk Standardized Performance (18AB, FY18)	TN Risk Standardized Performance (19AB, FY19)
Incidence of Maltreatment while in DCS Custody (Using new CFSR Round 3 Measure)	9.67 	12.63	11.24	12.02
Statewide Data Indicators	National Performance	FY 17-18	FY 18-19	FY19-20
Recurrence of Maltreatment (Using new CFSR Round 3 Measure)	9.5% 	4.9%	5.2%	5.5%

\*\*Data Source: Tennessee CFSR 3 February 2022 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; however, Tennessee has made some improvement in FY 2018 but experienced an increase in the most current year 2019 of 12.02 compared to the national



performance of 9.67. Recurrence of Maltreatment according to the Data Profile Tennessee's performance has continued to be statistically better than the national performance.

### **FY 2022 Strengths and Areas of Needed Improvement Update:**

#### **Quality Contacts**

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

#### **Assessment Integration**

The work with frontline staff to improve use of the CANS/FAST has continued. This year, the assessment consultants updated the CANS/FAST recertification training curriculum to improve upon last year's update by integrating information relevant to other areas of their work, such as, information regarding CFSR requirements for assessment. The goal is to continue to connect the dots for staff of all the tasks they are required to do. Additionally, another approach to improving assessment quality and integrating assessments, this year an assessment training specific to supervisors was developed and being utilized. All frontline supervisors are required to participate in this course to meet their yearly CANS/FAST recertification requirements. During this training, the basics of scoring the CANS/FAST are reviewed, but the trainers spend the bulk of the training time teaching the supervisors what to look for from a supervisory perspective when reviewing the CANS/FAST and how to work with those they supervise to get a quality assessment. Training sessions for both case managers and supervisors began in March via Zoom and Teams and are being offered through June. To ensure timely assessments per DCS policy this strategy continues to be monitored through regional leadership as well as senior leadership. Goals for assessments are integrated in employee performance plans and addressed in the performance cycle and yearly evaluations.

#### **Monitoring Safety Plans**

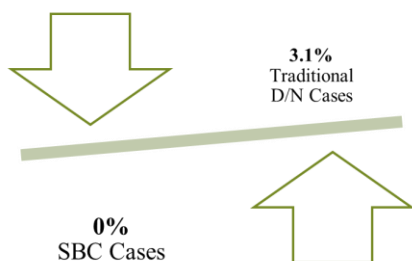
Tennessee implements several strategies to monitor safety plans. The Office of Child Safety continues to monitor Plans of Safe Care by program coordinators in Central Office and issues are addressed through training or supervisory monitoring. DCS Legal Department and Regional Administrators monitor Immediate Protection Agreements (IPA) to ensure children and youth are safe while they are in effect. In addition, Tennessee's Family First Five-Year Prevention Plan identified The FAST will be used to monitor child safety and address the needs of families who are at risk of child welfare involvement and determine the level of intervention needed including development of a safety plan and the frequency of monitoring. Collaboration with the Data Quality Team to ensure monitoring safety plans will be added to the Case Process Review (CPR) Tool to provide a process to track and monitor improvements in monitoring safety plans will continue. Onsite Review Instrument (OSRI) Tennessee Performance Practice Report for development and monitoring safety plan results as of 5/25/22-PUR October 2020 and April 2022 -71.43% Foster Care, 64.71% In home and 28.57 AR/DR for all case type 63.77% (44/69 cases).

#### **Safe Baby Courts (SBC's)**

There are currently 12 established SBC sites in Tennessee. Implementation and onboarding have begun for two new sites, with the expectation that those sites will be fully operationalized in 2022.

Every established SBC site has received the Best Practice Standards training and training on aligning individual site practices with the Best Practice Standards. In 2021, the SBC Statewide Leadership Team conducted eighteen (18) trainings on the Best Practice Standards, with a total of 498 participants. Audiences included judicial leaders, SBC Coordinators, attorneys, DCS staff, service providers, and other key stakeholders.

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



Another initiative associated with SBC was purchasing and providing over 1,400 “Timbi Talks” sets for distribution in the twelve SBC counties. *Timbi Talks About Addiction* is a children’s book written by Tennessee author Trish Healy Luna. This book helps children understand that they are not responsible for their parent’s addiction and provides age-appropriate coping and regulation strategies. The “Timbi Talks” sets included the book, a plush Timbi bear, and an activity kit all packaged together in a bright blue bag. Ms. Luna conducted informational talks for DCS staff and SBC coordinators regarding the development and use of the Timbi sets. These sets were shared with multiple DCS program areas (CPS, foster care, foster parent support, family support services), SBC Coordinators, school resource officers, and other child serving professionals who provided the sets directly to children and families. For more information about Tennessee’s SBCs, please see the SBC Annual Report.

<https://www.tn.gov/dcs/program-areas/qi/policies-reports-manuals/annual-report.html>

**Services identified by the FAST**

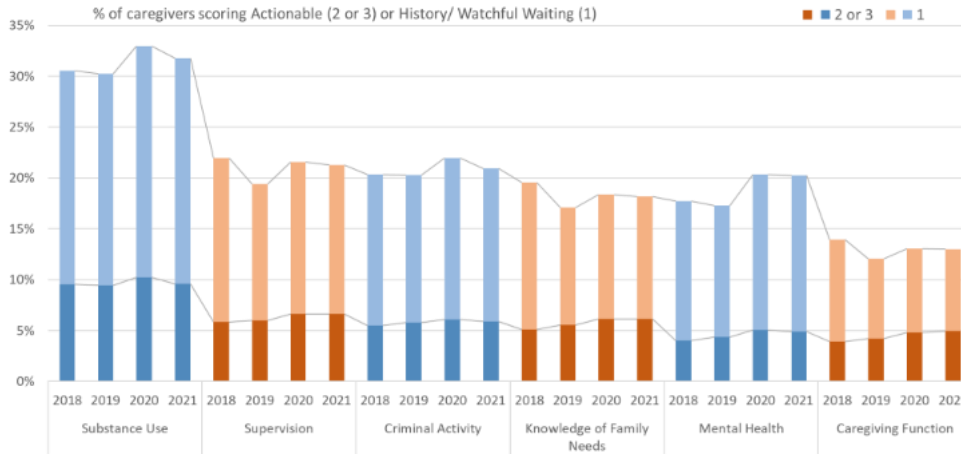
The severity and complexity of the cases have increased over the past 3 years. Severe abuse allegations increased from 2019 (10%), 2020 (12%) and 2021 (14%). Drug Exposed Child, Physical Abuse and Sexual Abuse are the highest for the severe abuse category.

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

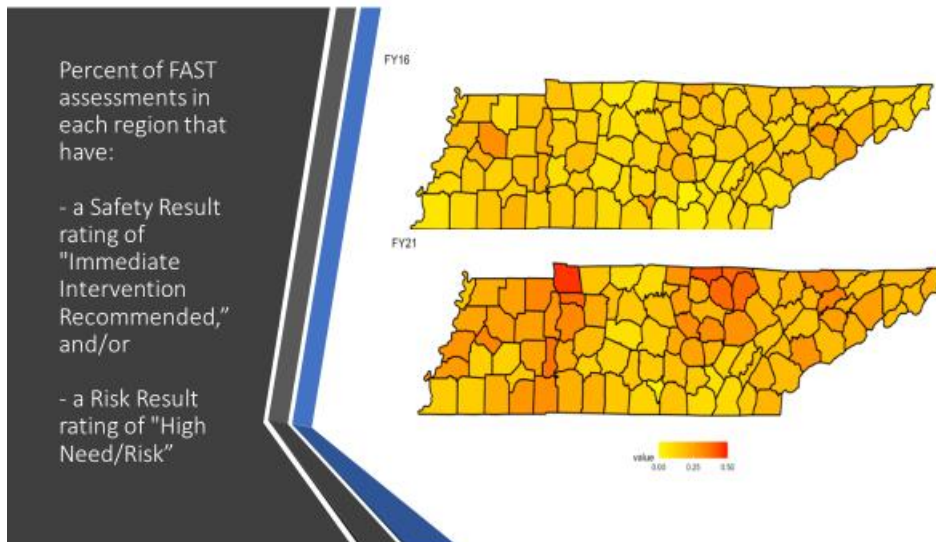
The chart below reflects the safety concerns or risks of caregivers in Tennessee between 2018-2021

### FAST - Caregiver Items

2018-2021 N = 840,035 caregiver assessments



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



Tennessee is using several initiatives and strategies to address the increase safety concerns and risks of families through Safe Baby Court and ongoing collaboration with judges and the courts to improve

knowledge of services. The department also has a racial justice workgroup that works to improve caseworker's understanding of cultural differences and how to approach families to ensure children can remain safely in their homes. This workgroup also uses the FAST data to identify disparity in services and gaps in geographical areas. In calendar year 2021, the quarterly Quality Assurance Review (QAR) results determined 82% of Child Protective Services (CPS) cases met or exceeded expectations for quality assessments of safety and 80% for quality assessments of risk. Eighty-three percent (83%) of CPS cases Identified & Initiated safety services appropriately & timely.

### **Strengthen Resource Linkage Program**

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

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

CFSR performance trends show steady improvement. Several initiatives related have supported in these improvements such as Safe Baby Court, Quality Contacts and the Team Leader 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?

The target goals are based on the measurement plan improvement goals.

**Data Source: OSRI 9/30/21 (full review/12 Regions) and 6/30/22 (partial review/6 Regions)**

Measure of Progress	Baseline FY 2019	FY 2020	FY 2021	FY2022	Target Goal	Target Date
CFSR Performance (Item 4): Placement Stability	82.9% of 9/30/18 71.79% 6/30/19	64.29% 9/30/19 71.05% 6/30/20	69% 9/30/20 69% 6/30/21	79% 9/30/21 74.36% 6/30/22	88.4%	9/30/2022
CFSR Performance (Item 5): Timely and Appropriate Permanency Goals	42.7% 9/30/18 56.41% 6/30/19	46.43% 9/30/19 39.47% 6/30/20	48% 9/30/20 67% 6/30/21	60% 9/30/21 61.54% 6/30/22	50%	9/30/2022
CFSR Performance (Item 6): Achieving Permanency	36.8% 9/30/18 25.64% 6/30/19	36.9% 9/30/19 21.05% 6/30/20	36% 9/30/20 54% 6/30/21	55% 9/30/21 33.33% 6/30/22	43.9%	9/30/2022

**Data Source: Statewide Data Indicators (Round Three)**

Statewide Data Indicators	National Performance	TN Risk Standardized Performance (8A18B)	TN Risk Standardized Performance (18B19A)	TN Risk Standardized Performance (19A19B)	TN Risk Standardized Performance (19B20A)	TN Risk Standardized Performance (20A20B)	TN Risk Standardized Performance (20B21A)	TN Risk Standardized Performance (21A21B)
Permanency in 12 months for children entering foster care	42.7% 	41.7%	41.6%	41%	-	-	-	-
Permanency in 12 months for children in foster care 12 to 23 months	45.9% 	-	44.3%	46.3%	45%	47.4%	44.8%	46%
Permanency in 12 months for children in foster care 24 months or more	31.8% 	-	37%	35.2%	33.6%	34.4%	34.5%	34.3%
Placement Stability	4.44 	-	7.82	8.19	8.14	8.03	6.19	6.49

\*\*Data Source: Tennessee CFSR 3 February 2022 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; however, shows some improvement in the last two most current timeframes. Tennessee continues to monitor placement stability through the CFSR regional reviews and non-overlapping measurement plan calls with the Children’s Bureau.

## **FY2022 Strengths and Areas of Needed Improvement Updates:**

### **Revitalize Child and Family Team Meeting (CFTM) Process**

CFTM Training has been completed statewide and is fully implemented and is a sustained standardized practice. We continue to meet on an ongoing basis with our CQI Facilitator Team to identify any barriers to practice and provide support.

### **Foster Parent Recruitment and Retention Plan:**

#### ***Increasing and revitalizing the pool of active foster homes that for the first time in five years declined in 2021.***

Covid negatively impacted historical face to face methods for foster home recruitment during a period when many foster parents were hesitant to open their homes and accept placements due to safety risks. Additionally, the unforeseen aftermath of Covid, which significantly reduced the available DCS workforce, resulted in many foster parent support staff being diverted to frontline case management.

Effective July 1, 2022, DCS plans to supplement its recruitment workforce and provide additional support to staff through contracting for foster parent recruitment and the related activities. Effective in the Spring, 2021, the Department created a Foster Parent Journey workgroup comprised of both DCS and provider foster parents, foster parent association leaders, and key DCS foster care leadership. The purpose of the workgroup is to provide a quarterly forum that addresses issues and concerns relative to foster parents that can support re-vitalization of the network. In the first year, approximately ten workgroup recommendations related to policy, procedure, training and other enhancements were implemented.

#### ***Addressing the private provider placement shortages post Covid***

The Department proposed, and the Governor's office approved significant funding to increase provider rates effective July 1, 2022. The network has experience staffing shortages that parallel those experienced in the Department. Community non-profits and faith-based partners have stepped forward to support the Department in addressing the national challenge of kids being maintained in offices due to placement delays. These are child friendly locations where staff and sometimes volunteers can provide oversight and supervision while ensuring that short term basic needs are met pending placement.

#### ***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.

Starting in July 2021, The Office of Child Safety began tracking the number of children who went to live with relative/kin and who had custody formally transferred by the juvenile court without the child first entering DCS custody. Through the second half of calendar year 2021, a total of 1816 children and youth were diverted from foster care and are now in the legal custody of relative/kin

through this type of legal action. 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.

Region	CFG Cohort	Collaborative Foster Homes SFY 2022 Permanency Outcomes									
		Adoption		Permanent Guardianship		Emancipation to PPLA		Exit With Relative		Grand Total	
Davidson Region	24	7	29%	0	0%	0	0%	1	4%	8	33%
East Tennessee Region	82	37	45%	0	0%	1	1%	1	1%	39	48%
Knox Region	90	30	33%	0	0%	2	2%	0	0%	32	36%
Mid Cumberland Region	126	61	48%	0	0%	0	0%	2	2%	63	50%
Northeast Region	85	35	41%	0	0%	0	0%	1	1%	36	42%
Northwest Region	52	29	56%	0	0%	0	0%	1	2%	30	58%
Shelby Region	45	24	53%	0	0%	0	0%	0	0%	24	53%
Smoky Mountain Region	106	47	44%	0	0%	0	0%	1	1%	48	45%
South Central Region	90	58	64%	0	0%	2	2%	2	2%	62	69%
Southwest Region	31	13	42%	1	3%	0	0%	1	3%	15	48%
TN Valley Region	84	37	44%	0	0%	1	1%	0	0%	38	45%
Upper Cumberland Region	85	57	67%	3	4%	2	2%	0	0%	62	73%
<b>Grand Total</b>	<b>900</b>	<b>435</b>	<b>48%</b>	<b>4</b>	<b>0%</b>	<b>8</b>	<b>1%</b>	<b>10</b>	<b>1%</b>	<b>457</b>	<b>51%</b>

## Placement Stability Improvement

### Assessment Homes:

Assessment Foster Homes provide supervision and support to children who display a wide range of behaviors and may require an additional period of observation and assessment to effectively determine the most appropriate service level and placement setting to meet their needs. Children referred may have varied assessment needs. Presenting problems may include substance abuse, delinquent behavior or charges, and runaway behavior. Children may have mood or anxiety problems, interpersonal difficulties, emotional dysregulation, difficulty in securing and maintaining close relationships with others, truancy, and/or difficulty in accepting authority. Children appropriate for referral may have current emotional or behavioral symptoms which are transiently moderate in nature and appear to be capable of placement in a family setting without posing a danger to themselves or others. Children and youth who enter custody for the first time with no history and minimal information, and children and youth who disrupt a foster home without a good understanding as to why they disrupt are excellent candidates for the program. The assessment foster home is a trauma informed structured environment. Foster parent provides informal assessments of behaviors and relational interaction as part of the overall assessment process for each child.



Tennessee has opened four (4) Assessment Homes thus far. There is at least one home in each grand region—East, Middle, and West. One additional home is expected to open by the end of May. Recruitment is ongoing to develop more resources. Four (4) children/youth have completed the assessment process and have moved to placement. Two continue to receive Harmony support in DCS homes, one has been placed in a therapeutic foster home with a provider, and another was recommended for Residential Treatment. There are currently two (2) children in the assessment process.

Length of stay in an assessment foster home is expected to be up to fourteen (14) days but should not exceed thirty (30) days. A CFTM is convened to discuss assessment results and treatment recommendations as soon as they are available. A CFTM should also occur prior to the child's discharge from the assessment home to plan for the transition. Harmony is the contract Provider. The services provided include:

In-depth record review

Interviews

CANS Assessment

Alcohol and Drug Assessment (if applicable)

Treatment Recommendations

Individual/Family Therapy

Psychoeducation

Consultation

Harmony Coaches provide:

- Assessments completed within 14- 30 days
- Explanation of the NMT metric and Treatment Recommendations (see below)
- Implementation of Treatment Recommendations
- Consultation regarding level of care needed
- Follows the child for 6 months if youth is placed in a DCS home
- If a youth requires a higher level of care, Harmony Coach will provide a "warm hand-off" to the provider.

The Neurosequential Model of Therapeutics Assessment (NMT) is the service model Harmony uses. Recommendations from NMT include:

- Essential – activities that are crucial to the child's future growth
- Therapeutic – activities that are important for the continued growth and improvement
- Enrichment – activities that will enhance and reinforce strengths

The Evaluation Team will begin meeting in July to begin assessing the impact of the model. Information from quarterly child surveys, monthly coaching evaluations, and monthly support calls with parents will be reviewed.

### **Feedback from Assessment Home Foster Parents:**

*How would you rate your interactions with the in-home coach?* Extremely respectful and professional  
*How supported did you feel by the in-home coach?* I felt that the in-home coach completely heard my concerns and provided support.

*How equipped did you feel to implement the recommendations of the in-home coach?* Completely equipped

*How well were you able to meet the needs of the child?* I was able to meet the needs of the child completely.

*Are you able to see a change in the child's behaviors using the tools learned?* Always

*What other information would you like to share?* I have enjoyed this program very much!

### **Relative/kinship Placement**

In regard to strengthening placement stability through improving the population of kids served by kinship placements, kinship practice coaching/mentoring for all CPS, Foster Parent Support and Placement staff. A total of 535 staff completed the training from March to November 2021.

### **Achieving permanency for children/youth in custody who cannot be reunified with family**

The goal for SFY 2022 is permanency by June 30, 2022, through adoption or subsidized guardianship for no less than 50% of children/youth in full guardianship on July 1, 2021 (900). On April 30th, the Department had achieved permanency for 49% of the target population with two months remaining in the goal period.

For the federal fiscal year that ended September 30, 2021, the Department finalized a total of 1634 adoptions/subsidized permanent guardianships-sixteen more than the previous FFY. In the current FFY, we are running approximately 65 finalizations behind the status at this point in 2021.

### **Court Improvement**

All key activities of this strategy have been completed. Blount and Dickson County jurisdictions were selected based on positive relationships between the respective Courts and DCS; some systemic challenges reported by the region; opportunities for engagement with the Courts and the Bar; Dickson county's Safe Baby Court; and challenges with rural service delivery. Both counties felt the work that was done addressed the identified issues. Quarterly calls between DCS, the AOC, and the executive committee of the Council of Juvenile and Family Court Judges (TCJFCJ) are ongoing

### **Foster Parents as a Service not a Substitute**

The vision continues to be 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. Foster Parents are 98% in compliance with our new Mentoring Birth Parents requirement.

### **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 across multiple program areas for targeted improvement. There are currently 19 indicators being tracked around entries, exits and longevity in foster care. The indicators are tracked monthly and

segmented by region and statewide results. By focusing on these indicators, regional leadership can develop and implement strategies to improve outcomes and track progress over time.

Teams composed of regional leadership from the three program areas: Safety and Prevention, Foster Care and Permanency and Juvenile Justice as well as DCS Legal are teamed with Central Office staff called Consultants 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. 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 and strategies are brought to different teams by the Central Office Leader.

ChildSTAT showed very positive results in the first 18 months of implementation. COVID had a significant impact on custodial practice as well as the operation of the courts. DCS saw sharp declines in referrals to the Child Abuse Hotline for a period of about 6 months during the beginning of the pandemic followed by a sharp increase in referrals and then a leveling out of referrals over the past 6 – 9 months. One of the impacts of court closures is the decline in trials to terminate parental rights, as judges hesitated to hold those hearings virtually. This has caused a rise in custody numbers as children are staying in custody longer awaiting a TPR hearing. As a result, adoptions slowed down, and trial home visits were delayed/impacted due to concern of children moving back and forth between foster homes and biological homes and the concern for spreading COVID. Visits between children and parents were held virtually when possible, but in-home visits were delayed. In-home prevention services were sharply curtailed during the pandemic which may have also caused an increase in custody rates. The only demographic which did not seem to be significantly impacted by COVID is the delinquency rate as it continues to show a slow but steady decline. This is partially due to Juvenile Justice Reform legislation passed under the previous administration. An increase in foster care youth is being analyzed for potential secondary impact of this legislative reform as the underlying needs remain present and the court and child welfare approach shifts to address them in a different way.

DCS continues to believe that ChildSTAT is a promising practice and regions are reporting that the link between ChildSTAT and CFRS is improving practice and positively impacting CFRS scores. Currently custody number are on an upward trend, which is a common trend for this time of year. DCS is tracking custody trendlines over a 5-year period which includes the time period impacted by COVID. Strategies to adapt to the pandemic and subsequent variants continue to be utilized and modified to meet the specific needs of the communities across Tennessee. Please see ChildSTAT tracker excel spreadsheet for the most current data.

### **Challenges to Achieve Permanency Timely**

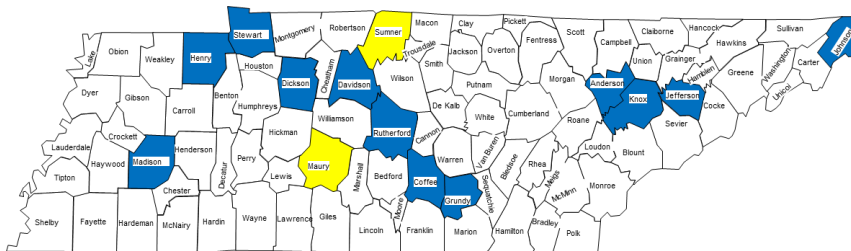
The workforce turnover rate at DCS continues to play a role in impacting this outcome area. Changes in Caseworkers often can lead to a delay in permanency for the child, as the new Caseworker must re-engage the family and begin building relationships. Also, service array played a role in impacting this 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.

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

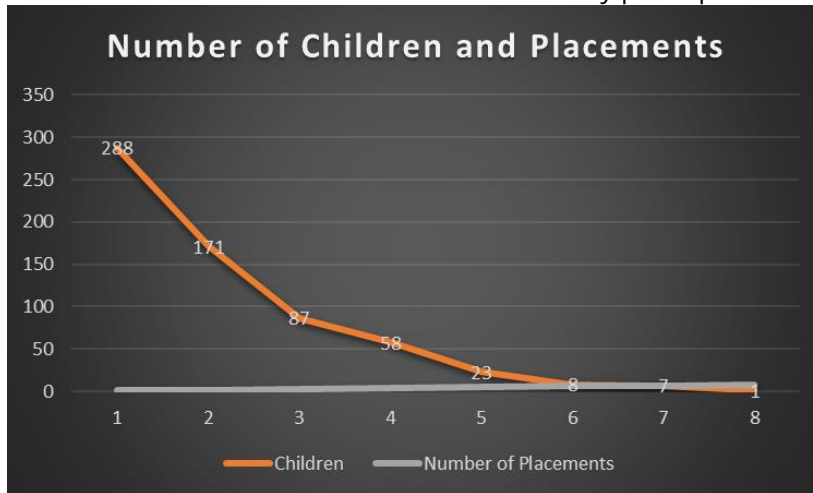
the child, size of the sibling group, and unique behavioral needs for the children. DCS realizes that having children placed closer to birthparents can lead to more quality visits with family and therefore assist in children obtaining permanency in a timelier fashion. Ongoing and collaborative work with provider agencies and DCS to ensure that recruitment strategies match the needs of each county and the new “foster parents as a service, not a substitute” philosophy should improve these outcomes.

### Safe Baby Court Time to Permanency Outcomes

Tennessee continues to see large numbers of infants born exposed to drugs, specialized drug teams continue in the eastern portion of the state to provide a more comprehensive and timely intervention and engagement with parents impacted by substance abuse. Specialized teams were implemented in Davidson County and the TN Valley Region as of April 2021. 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. Please see results since SBC’s inception below.



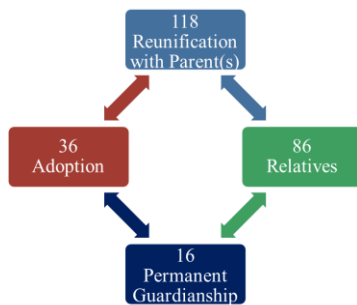
Number of Placements for children whose family participated in SBC since its inception



Statewide SBC Children Length of Time in Foster Care Since Inception



Statewide Permanency SBC Children Since Inception



Reduction in time to permanency for SBC cases versus traditional D&N cases:

Traditional D&N (Average days youth in custody in cases closed each calendar year):

CY20: 522.8

CY21: 550.4

SBC (Average days that case remains in the SBC intervention):

Custodial:

CY20: 385.8

CY21: 420.1

Non-Custodial:

CY20: 330.4

CY21: 291.4

Combined:

CY20: 357.6

CY21: 355.0

Please see Safe Baby Court Annual Report 2021 <https://www.tn.gov/dcs/program-areas/qi/policies-reports-manuals/annual-report.html>

DCS continues to see improvements in the CFSR data in timely and appropriate permanency goals and achieving permanency over the last three years. Regional and Central Office focus on improvement has supported the steady performance improvements.

## ***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?

The target goals are adjusted based on baseline and trends.

**Data Source: OSRI 9/30/21 (full review/12 Regions) and 6/30/22 (partial review/ 6 Regions)**

<b>Measure of Progress</b>	<b>Baseline FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY2022</b>	<b>Target Goal</b>	<b>Target Date</b>
CFSR Performance (Item 7): Siblings Placed Together	93% 9/30/18 86.36% 6/30/19	82% 9/30/19 91.3% 6/30/20	86% 9/30/20 84% 6/30/21	86% 9/30/21 87.5% 6/30/22	95%	6/30/24
CFSR Performance (Item 8): Visitation with Parents and Siblings	36% 9/30/18 48.48% 6/30/19	46.58% 9/30/19 33.33% 6/30/20	42% 9/30/20 66% 6/30/21	73% 9/30/21 64.52% 6/30/22	80%	6/30/24
CFSR Performance (Item 9): Preserving Connections	31.6% 9/30/18 35.9% 6/30/19	40.48% 9/30/19 52.63% 6/30/20	64% 9/30/20 62% 6/30/21	77% 9/30/21 61.54% 6/30/22	85%	6/30/24
CFSR Performance (Item 10): Relative Placement	46.8% 9/30/18 48.39% 6/30/19	49.3% 9/30/19 37.93% 6/30/20	50% 9/30/20 63% 6/30/21	72% 9/30/21 62.07% 6/30/22	80%	6/30/24
CFSR Performance (Item 11): Maintaining Relationships with Parents and Children in Foster Care	38.3% 9/30/18 43.75% 6/30/19	44.44% 9/30/19 42.86% 6/30/20	49% 9/30/20 68% 6/30/21	74% 9/30/21 58.62% 6/30/22	80%	6/30/24

**Data Source: TFACTS 7/1/21-4/30/22 and Case Process Reviews 7/1/21-12/30/22 and OSRI**

<b>Measure of Progress</b>	<b>Baseline FY 2019</b>	<b>FY2020</b>	<b>FY 2021</b>	<b>FY2022</b>	<b>Target Goal</b>
Percentage of Sibling Visits for Siblings Not Placed Together	54.6%	40.53%	46.18%	35.91%	90%
Percentage of Children Placed with Relatives	13.54%	20.94%	18.67%	* This data is not available in TFACTS for this APSR cycle due to a glitch during current system enhancements. It is being corrected and will be available next year. OSRI/CFSR data as of 6/6/22 shows 18% - most current placement was a relative	20%
Percentage of Siblings Not Placed Together	29.13%	32.96%	34.26%	35.31%	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%	<b>Visits:</b> Mother – 62% Father – 39%  <b>Concerted Efforts:</b> Mother -73% Father – 50%	<b>Visits:</b> Mother – 73% Father - 48%  <b>Concerted Efforts:</b> Mother – 77% Father – 48%	Mother - 80% Father – 60%  Mother – 90% Father – 70%

**FY2022 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 continues to support DCS in monitoring performance. Case Process Reviews (CPR) and Quality Process Reviews (QPR) continue to include CFSR standards. A team including program staff, CQI staff, and CFSR staff reviewed the tools over a period of time during this APSR cycle and made additional improvements in an effort to strengthen the alignment of CFSR standards and Case review tools. CQI Coordinators continue to do CPR IRR for a sample of cases from each of the twelve service regions. Please see Quality Assurance System section for further details.

For those courts utilizing the Safe Baby Court model, visitation and concerted efforts is showing a steady increase to maintain bonding and attachment between the child and parents. The child and family team continues to determine the best approach to increasing visitation in a safe manner. During this APSR cycle, 177 cases had a no-contact order at some point during the SBC case. Of those cases, 128 had visitation during the periods of time when there was not a no-contact order prohibiting visitation. On average, these families had 9.93 visit(s) per month. This model has also increased court appearances and the family is encouraged to bring the young child(ren) to the court meetings in order to keep the attention focused on the child(ren) and their needs. This can also be an opportunity for the court and the team to see the interaction between the child and parents and



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

## **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

The target goals are based on the measurement plan improvement goals.

### **Data Source: OSRI 9/30/21 (full review/12 Regions) and 6/30/22 (partial review/6 Regions)**

<b>Measure of Progress</b>	<b>Baseline FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY2022</b>	<b>Target Goal</b>	<b>Target Date</b>
CFSR Performance (Item 12 Overall): Needs and Services of children, parents, and foster parents	20.8% 9/30/18 19.44% 6/30/19	17.65% 9/30/19 19.72% 6/30/20	19% 9/30/20 40% 6/30/21	43% 9/30/21 43.06% 6/30/22	25.2%	9/30/2022
CFSR Performance (Item 12A): Needs Assessments and Services to Children	41% 9/30/18 47.22% 6/30/19	46.41% 9/30/19 46.48% 6/30/20	49% 9/30/20 68% 6/30/21	71% 9/30/21 66.67% 6/30/22	50%	9/30/2022
CFSR Performance (Item 12B): Needs	17.6% 9/30/18 16.42% 6/30/19	17.12% 9/30/19	20% 9/30/20	43% 9/30/21 39.68%	20%	9/30/2022

Assessments and Services to Parents		14.06% 6/30/20	39% 6/30/21	6/30/22		
CFSR Performance (Item 12C): Needs Assessments and Services to Foster Parents	52.4% 9/30/18  72.73% 6/30/19	64.86% 9/30/19  72.41% 6/30/20	69% 9/30/20  69% 6/30/21	80% 9/30/21  86.67% 6/30/22	60%	9/30/2022
CFSR Performance (Item 13): Child and Family Involvement in Case Planning	34% 9/30/18  28.17% 6/30/19	30.92% 9/30/19  35.29% 6/30/20	38% 9/30/20  58% 6/30/21	59% 9/30/21  57.97% 6/30/22	39.2%	9/30/2022
CFSR Performance (Item 14): Caseworker Visits with Children	34% 9/30/18  40.28% 6/30/19	43.14% 9/30/19  45.07% 6/30/20	50% 9/30/20  75% 6/30/21	75% 9/30/21  72.22% 6/30/22	39.1%	9/30/2022
CFSR Performance (Item 15): Caseworker Visits with Parents	17.7% 9/30/18  18.18% 6/30/19	16.55% 9/30/19  9.52% 6/30/20	19% 9/30/20  45% 6/30/21	47% 9/30/21  40.32% 6/30/22	22%	9/30/2022

**FY2022 Strengths and Areas of Needed Improvement Updates:**  
**Needs Assessments and Services**

DCS continues to make steady improvement in assessment and service practice performance with children and parents and is currently exceeding the overall measurement plan goal. These improvements could be directly impacted by the ongoing monitoring through the CFSR reviews and previous Quality Contacts Initiative and regional and central office leadership focus on improvement. Challenges with parents continue to be substance abuse, untreated mental health, and their resistance to change. However, through the CFSR process evidence shows improvements in concerted efforts to engage fathers and incarcerated parents. DCS continues to show stronger practice performance in its work with foster parents. DCS will continue to monitor performance improvement through annual CFSR and monthly CPS case reviews, Assessment Integration Model, and Safe Baby Court Initiative. Services for children and youth, parents, and foster parents continue to be available through community-based prevention services and private providers. Please see Service Array, Foster Parent and Adoptive Licensing, Recruitment, and Retention Systemic Factor and Services and Chafee Sections for details.

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

DCS continues to demonstrate good practice through the CFSR process in involving children in the planning process and has seen significant improvement in concerted efforts to engage parents. Incarcerated parents continue to be a challenge. The main challenge continues to be correction facilities allowing DCS access to the parents especially during the pandemic but improvements in concerted efforts to find other strategies to notify incarcerated parents and to locate parents has significantly improved. In addition, the department has seen a significant improvement in engaging homeless parents and finding alternative options to have quality caseworker visits by finding private areas in a DCS office or at court hearings so open and honest conversations can occur for at least part of the contact. Through the CFSR process these concerted efforts has shown improvement in

engaging parents in services and keeping them informed of what is happening in the case which is having a positive impact in assessments of parents and active involvement in case planning. DCS will continue to monitor performance improvement with parents through the CFTM process and CFSR and monthly CPR case reviews.

**Quality Caseworker Visits with Children**

DCS continues to demonstrate good practice in caseworker visits with children. Caseworkers are able to demonstrate private conversations with each child and more visits are occurring in the child's home. Quality conversations at age-appropriate levels in occurring and helping the children understand what next steps are. Casual conversations with children are also being demonstrated so that the caseworker can build a trusting rapport and learn more about the child's interests and how services are going for the child/youth. These quality caseworker visits are having a positive impact in the children's assessments and services as well as active involvement in case planning. Ongoing monitoring will continue through annual regional CFSR and monthly CPR case reviews.

**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?

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

**Data Source: OSRI 9/30/21 (full review/12 Regions) and 6/30/22 (partial review/6 Regions)**

Measure of Progress	Baseline FY 2019	FY 2020	FY 2021	FY 2022	Target Goal	Target Date
CFSR Performance (Item Sixteen)	55.2% 9/30/18	61.82% 9/30/19	71% 9/30/20	85% 9/30/21	95%	6/30/24
Educational needs of the Child	53.85% 6/30/19	66.67% 6/30/20	83% 6/30/21	84.44% 6/30/22		

**FY2022 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. During focus groups that were conducted several participants noted that communication between the school system and DCS frontline staff needed improvement. Tennessee identified strategies for improvement which include the following:

- o 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. This continues. All DCS Affiliated schools have been trained.
- DCS Education utilizes 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. The Skyward system was very helpful during COVID shutdown to assist in gathering report cards and transcripts even though students were not physically attending school.
- DCS Education works with other trained program staff to ensure during face-to-face visits, all DCS case workers directly ask about school updates and specific areas of difficulty creating barriers to academic success. Please refer to response from caseworker face-to-face data.
- DCS Education has worked with other arms of the Department to ensure that forms and checklists utilized by front line staff are consistent in the message that checking in on educational needs of children is a crucial area to cover during visits. This should be addressed through the Education Stability review by the CFTM process. The CFTM process identifies procedures to first discuss educational progress and then to notify Education Consultants when a Best Interest Determination meeting is needed at the child's school of origin.
- DCS Education request that consistent forms be utilized across the state to document face-to-face child and family interviews where education is addressed. Education Consultants have also been trained on the procedure of when to notify school Points-of-Contact to facilitate BID meetings.
- DCS Education trained DCS Caseworkers on Response to Intervention and how to track student progress 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.
- DCS trained all affiliated schools on Skyward in both the Fall of 2019 and Spring of 2020. Additional Training on Skyward occurred May 2021.
- DCS 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 85% in Item 16 from FY19 to FY22. The outlined strategies from last FY were successful in producing improvement in this area.

### **Well-Being Outcome 3**

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

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

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

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

**Data Source: OSRI 9/30/21 (full review/12 Regions) and 6/30/22 (partial review/ 6 Regions)**

<b>Measure of Progress</b>	<b>Baseline FY 2019</b>	<b>FY2020</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>Target Goal</b>	<b>Target Date</b>
CFSR Performance (Item Seventeen):	36.1% 9/30/18	38.24% 9/30/19	53% 9/30/20	80% 9/30/21	90%	6/30/24
Physical Health of the Child	35.56% 6/30/19	51.92% 6/30/20	77% 6/30/21	75% 6/30/22		
CFSR Performance (Item Eighteen):	32.4% 9/30/18	31.25% 9/30/19	41% 9/30/20	71% 9/30/21	85%	6/30/24
Mental/Behavioral Health of the Child	25.49% 6/30/19	37.5% 6/30/20	68% 6/30/21	71.74% 6/30/22		

**FY2022 Strengths and Areas of Needed Improvement Update:**

DCS continues to find that workforce turnover at provider agencies and community partners often impacted mental and behavioral health services creating long waiting lists and delaying initiating the service. However, due to improved concerted efforts by caseworkers the department continues to see improved trends in CFSR results. DCS has identified multiple evidence-based services to implement across the state through the FFPSA five year prevention plan that should also support item 18 results. Also, the lack of services in many rural areas of the state created less than satisfactory results. Tennessee Governor’s Executive Order One outlines fifteen rural counties for state departments to assess and focus to determine how services can be improved/increased in those areas. DCS has developed a plan to meet this Executive Order. Please see Service Array Systemic Factor Section for updates.

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

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

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

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

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

# Systemic Factors

## ***Information Systems***

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.

### **Assessment of Functioning:**

**Readily retrievable** – There is a large array of reports that are being produced and published by STS, DCS and Safe Measures on a regular basis that have this information. Those reports are available to just about anybody who has the need to see them, whenever they need to see them.

**Accuracy** – Before a report is published for consumption, it goes through a validation process that involves the report developer testing the report code and then the report owner validating the results. If the report has successfully come through those two checkpoints and gets published, there is a high level of confidence that the report itself is accurate. There are safeguards in place (e.g. drop down lists, calendar fields, validation, person merges) to ensure the information entered into TFACTS is as accurate as possible. There is also a TFACTS clean up reports process for instances where TFACTS data is missing or was entered incorrectly (e.g. entered under the wrong name).

**Current** – To determine how current information is timeliness or other management-type reports is monitored. For example, when looking at a kid's placement history, there is an assumption that it is current because it is what is there. One wouldn't know until a user enters another placement and back dates it with a start date earlier than the system date that what you looked at before was not current, or in other words, placements aren't being entered timely.

**Available statewide** – TFACTS, the application, is available statewide. As far as reports are concerned, there are tons of reports that are available statewide, and then there are others that are only available to certain audiences based upon a 'need to know' decision made by program.

**Data entry into TFACTS** - Caseworkers, team leaders, support staff such as facilitators, foster parent support staff, DCS nurse and psychologist, permanency specialist, and legal staff enter information into the system. Documents such as Alcohol and drug treatment, court orders, drug screens, and any other items that are to be scanned and uploaded, are done by the caseworker or supervisor.

**Timeliness for entering the data** - Per policy Case notes are supposed to be entered within 10 days of the contact. CFTMs are supposed to be entered within 15 days of when the meeting was held. Placement Moves within 24 hours. This is tacked through a daily movement report. Cases should be closed within 24 hours.

**Data monitored for accuracy-** Supervisors are expected to review each caseworker's entries through monthly performance reviews, and other reports. Central office pulls reports for Face to face with children, parents, home visits, EPSD&T, parent/child visits. Also, select cases are monitored through Case Process Reviews (CPR's) which are conducted monthly by a supervisor in the region, other than the caseworker's actual supervisor.

**Useful/Reliable** - TFACTS does hold an immense amount of useful information, and is reliable for obtaining data about a case, in all areas, as well as prior history. One challenge can be that information can be stored in different places and can be time consuming to find information.

**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. These projects will support Tennessee in maintaining 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.

Legend for scheduled Projects	
Supports Family First Prevention Plan	*
Active Project	
Approved, awaiting prioritization & resources	

Scheduled Projects	2021				2022		
	Jan - Mar	Apr - June	Jul - Sept	Oct - Dec	Jan - Mar	Apr - June	July-Sept
Financial Enhancements							
FSS Intensity Level*							
Assessment Integration*							
Evidence-Based Services*							
Random Moment Sample*							
QRTP (Qualified Residential Treatment Program)*							
Person/Intake Packet							
AFCARS 2.0							
ICPC/ICJ/ICAMA/NEICE*							



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.

#### **AFCARS (Adoption and Foster Care Analysis and Reporting System)**

The Agency continues to submit AFCARS Data by the twice-yearly due dates prescribed by the Children's Bureau (CB). The submission includes Children in a qualified AFCARS placement as well as children adopted during the report period. The AFCARS report periods are October 1 through March 31 and April 1 through September 30 and all elements met the 10.0% compliancy threshold. The AFCARS extraction code has been modified for the TFACTS Fiscal 2.0 enhancement. Additionally, the AFCARS 2.0 final rule has been approved and initial meetings are convening to discuss and implement changes needed to TFACTS in order to report all of the elements needed in AFCARS 2.0.

#### **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 November 2021. As required, the age 21 Follow-up population was submitted for federal review. The submission was compliant, and no penalty was incurred. As of April 2022, we are in the Age 19 A follow-up period. We download weekly surveys and create a report for review as period progresses. We are expected to have the Age 19 follow-up file ready for submission on or before May 15, 2022.

#### **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 Agency has successfully submitted a compliant FFY2021 submission in January 2022

#### **SSA Data Exchange**

The Agency has met the planned goal of being fully functional by August 1, 2021. Each monthly submission, since August 1, 2021 has been compliant and is submitted on the 1st of each month or the first work day following the 1st. The file is transmitted to ACF (via the same interface used by AFCARS), and ACF forwards the file to the Social Security Administration. In addition to passing data quality checks by ACF/SSA, the file must be transmitted by the 7th of each month to be compliant.

## Case Review Systems

Data Source: TFACTS, Items 21 and 22 AFCARS data 2022A, CPR 7/1/21-12/30/22

Measure of Progress	Baseline (FY 2019)	FY 2020	FY 2021	FY2022	Target Goal
Item 20: Child has a written plan that is developed jointly with the child's parents/Family participated the CFTM	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%	95.83%	94.41%	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%	93.75%	90.69%	95%
Item 22: for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?	No data available	98.68%	97.54%	95.99%	95%
Item 23: The filing of TPR proceeding occurs within 15 of the last 22 months or compelling reasons is documented.	88.89%	91.11%	90.52%	83.01%	95%

*Item 24: Documentation that Foster 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%	CFTMs – 86% FCRBs – 74% Court Hearings – 83%	CFTMs- 41% FCRBs – 27% Court Hearings – 37%	80%
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**Additional Sources of Data for Parents:**

Item 20 - Data from quarterly Foster Care CPR Question "Is there documentation the worker made monthly concerted efforts to involve the mother/father in case planning?" – 78% of Mothers were involved in case planning and 52% of Fathers were involved. This is not an exact comparison to the TFACTS data reflected for item 20 and is based on a 10% sample of cases. This is the only additional data available currently. Overall, trends in data have had slight decline. Negative impacts in the data are a result of the pandemic.

Item 24 FY2022 results are significantly lower than in previous years. This may be due to the department focusing strategies more on birth parent engagement and restrictions during the pandemic. Results for parents is slightly better compared to foster parents as seen below:

Parents notified in advance of the following:

- FCRB: 46%
- Court: 68%
- CFTM: 71%

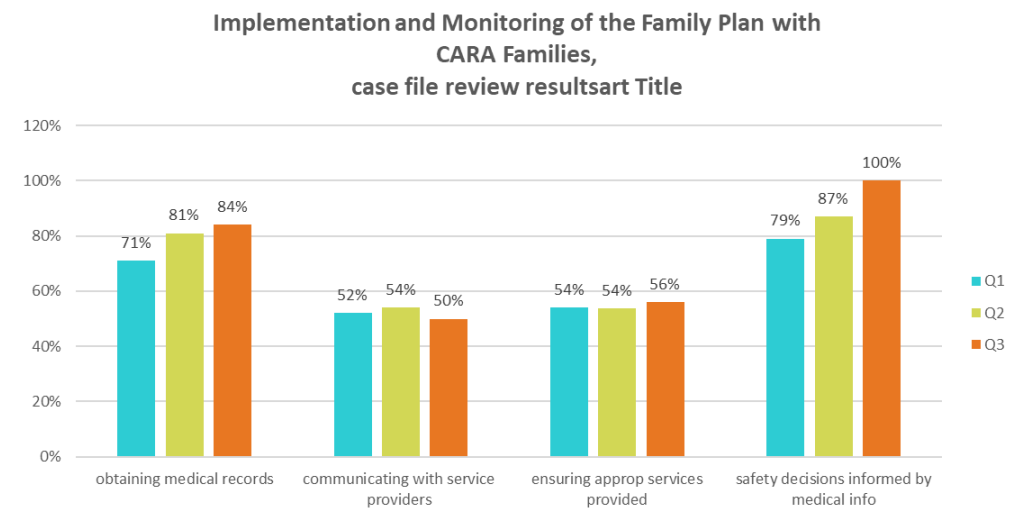
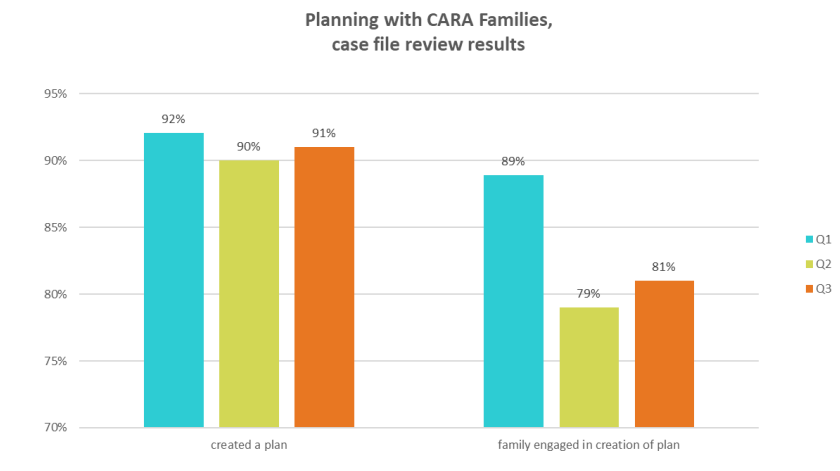
<b>Strategy:</b> Ensure that all children have a written case plan developed jointly with the family.	<b>Responsible Party</b>	<b>Update FY 2022</b>	<b>Date</b>
Focus on improving assessments to identify needs and aid in case planning; monitoring CARA cases to ensure plans are developed.	Executive Director of Child Safety Sr Director of Child Safety Regional CPS Directors	FAST compliance as of March 2022 it is at 73%. This has been impacted by vacancies and turnover  1. Trainings continue 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	6/30/23

		<p>trainings offered in the CPS Redesign specifically for the newly created Rapid Response, Triage, and drug teams.</p> <ol style="list-style-type: none"> <li>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.</li> <li>3. Provided staff with support to assist in completing assessments timely: <ol style="list-style-type: none"> <li>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.</li> <li>b. Creating reports in Safe Measures to track and monitor timeframes and tasks to be completed.</li> <li>c. Establishing goals that directly impact individual performance evaluations and pay for performance increases in salary.</li> </ol> </li> </ol> <p>CARA reviews are conducted quarterly for infants affected by substance abuse, withdrawal symptoms, or Fetal Alcohol Syndrome and consistently find that family plans are being developed. DCS expanded the existing permanency planning process to incorporate Plans of Safe Care. The TFACTS system allows for the designation of specific family and infant needs as meeting the population definition of the Comprehensive Addiction and Recovery Act (CARA). These needs are then discussed in the Child and Family Team Meetings where the Family Permanency Plan is created. The Family Permanency Plan then becomes the Plan of Safe Care in one streamlined document for families, DCS staff and courts rather than creating a duplicate workflow. This process is</p>	
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		<p>followed whether the infant enters foster care or is supported in the community through non-custodial services.</p> <p>An assigned staff from Federal Programs 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. Please see quarterly chart results below.</p>	
Increase communication and collaboration with Juvenile Courts and Foster Care Review Boards to ensure that case review system is well functioning.	General Counsel Administrative Offices of the Courts 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.</p> <p>AOC CIP and FCRB coordinator maintained monthly contact to address issues with FCRBs as they arose building a collaborative relationship between the AOC and DCS.</p>	6/30/23
Use the CFSR case reviews to analyze legal barriers that prevent the achievement of timely permanency, timely goal ratification, and periodic reviews.	General Counsel Director of Federal Program Division	<p>The Department engages in ongoing reviews to ensure that legal requirements are met. There has been a shift in focus on improving the timeliness of filing Termination of Parental Rights Petition. In FY21, 91.2% of TPR petitions were filed timely, i.e. within 30 days of acceptance of a completed referral.</p> <p>The Director of Federal Programs continues to share the Item Rating Narratives for CFSR Item5 and 6 with the Office of the General Counsel at the end of each review season so the information can be reviewed to determine any systemic barriers that may be in place in a particular region or statewide.</p>	6/30/23

<p>Court Improvement</p>	<p>General Counsel Administrative Offices of the Courts</p>	<ul style="list-style-type: none"> <li>•DCS has continued to be invited to participate in judicial conference presentations. In February 2022, DCS was asked to jointly present with the AOC CIP on QRTP practice in Tennessee in addition to presenting on pertinent case law updates.</li> <li>•In 2021, DCS presented at 6 CLE mini conferences to 366 participants. These mini conferences are presented in partnership with various courts across the state. Examples of topics include case law updates, legal writing/ethics, ethics during the pandemic, and the history of adoption of Tennessee.</li> </ul> <p>CIP Director and DCS Counsel began regular monthly meetings to discuss the status of collaborative projects, opportunities for future collaboration and needs within the child welfare and juvenile justice system.</p> <p>DCS Attorneys have been invited to participate in special CIP core curriculum including an attorney academy, reasonable efforts, and Red Book Training in an effort to promote consistency and collaboration within the community of the child welfare and juvenile justice system, ultimately decreasing the detrimental effect on child welfare outcomes including permanency and maltreatment.</p> <p>In an effort to ensure conformity with federal child welfare requirements and assist in helping children and families achieve positive outcomes, a CIP team member continues to actively serve as a CFSR Reviewer. An additional CIP team member completed the process of shadowing as a CFSR Reviewer during the 2021 review season. After the completion of the CFSR, DCS and CIP collaborate to address areas in the child welfare system which need improvement.</p>	<p>6/30/23</p>
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## CARA 2021 - 2022 Results



### Court Improvement Program

During FY 2021-2022 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

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 (FCRBs). There are currently 15 counties with Model Foster Care Review Boards in Tennessee. During the pandemic, some model FCRBs utilized judicial periodic progress reviews rather than model FCRBs to review children's permanency plans. As the pandemic has waned, all but one of these jurisdictions have returned to conducting FCRB. Additionally, two jurisdictions that relied heavily on judicial review have become model FCRBs. These two counties have received model board training and on-site coaching as needed.

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 2020, the CIP conducted an eleven-week lunch and learn training series for boards across the state. The live, virtual training series focused on the conduct and governance of the foster care review board and details to support productive communication with youth and families and child and youth well-being. Additionally, in 2021, the CIP convened model FCRB facilitators in retreat in order to discuss trends, strengths and needs on their boards. A product of this retreat was a revised Model FCRB Policies and Procedures Manual which relied heavily on the input of current model FCRB facilitators across Tennessee. A FCRB Education Manual was also created by CIP and shared with DCS.

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. Incorporating these Motivational Interviewing components and skillsets into the FCRB improve collaboration and engagement with youth in care and their families which leads to youth and families feeling respected and heard as well as communication concerning safety, permanency, and well-being. The CIP is working with a Motivational Interviewing expert to create a Model FCRB Motivational Interviewing Train the Trainer Curriculum. Model board facilitators in five counties (Montgomery, Dyer, Sumner, Hickman, and Davidson) completed a four-part MI basic series and are in the process of undergoing coaching sessions so that they are equipped to train and coach their FCRB volunteers. In Hickman and Davidson counties, the CIP will collaborate with the local courts to provide MI training to stakeholder groups, including GALs, CASA, and foster parents, with the goal of increasing hearing engagement among these groups and fostering a community of collaborative communication.

#### 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 Davidson 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 between DCS and MNPS, alerting the school system when students in care: a) enter or exit DCS custody; b) accept EFC Services; c) step-down from or step-up to a residential facility or juvenile detention facility; d) have other placement changes; or e) runaway or return from unauthorized



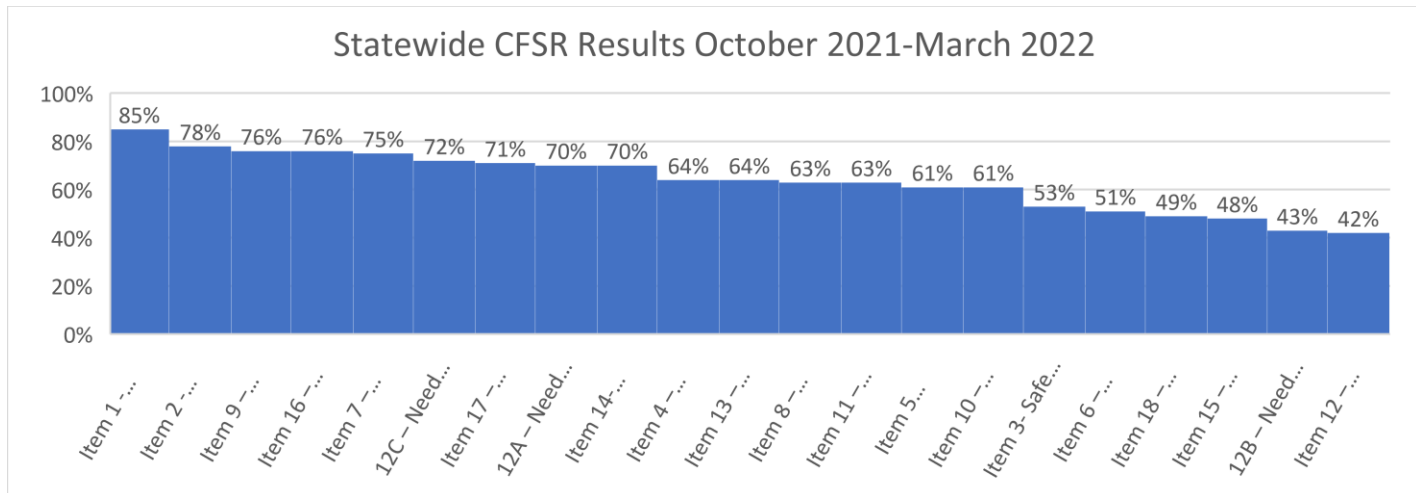
leave. This communication enables high schools to provide additional supports to students in care or leaving care. After the referral, the youth's school conducts a wraparound meeting within 5 school days. This meeting allows an opportunity to make a best interest determination about school placement, 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 school, community and agency staff, data sharing, and annual transcript reviews also assist in improving educational support and stability for youth in foster care. Transcript review meetings are scheduled annually with school counselors at each of the zoned MNPS high school located in Davidson County. During the meeting, school counselors examine the school transcripts of their enrolled students in care and chart a course to high school graduation. Errors are resolved on site. A representative from the DCS office on Independent Living is present to train counselors on Extension of Foster Care and Independent Living benefits for young people on their caseloads.

Data from the 2018-2019 Project Wrap Around evaluation indicate that project participants demonstrated increased credit accrual while enrolled in the project and an on-time graduation rate of 71%. Counselors reported that the Project Wrap Around process was supportive to young people's educational and stability needs. Due to the high level of turnover within DCS and MNPS school counselors, PWA for the 2020-21 school year was focused on training, strengthening procedures, and project fidelity.

## Quality Assurance Systems

### Child and Family Service Review Process

The Federal Programs Division (formally 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 Federal Program Division is responsible for monitoring the measurement plan goal for item 4 Placement Stability which is the only PIP measurement plan goal Tennessee has not met. DCS did not conduct provider CFSRs during this APSR cycle due to choosing to conduct an extra regional CFSR review between October 2021 and March 2022 to monitor item 4 results in an effort to meet the measurement plan goal of 88%. The PUR started October 1, 2020 until the week of the review or case closure. Results include the following:



The results above show Tennessee performs well in item 1 (Timely Response to maltreatment reports) and made significant improvement in item 2 (Safety services to prevent entry into foster care or re-entry). However, the department declined significantly in item 4 (Placement Stability). At the end of the regular 2021 review season in September 2021 item 4 results was 79%. At that time the department was 9% below the measurement plan goal of 88%. By the end of the extra review season in March 2022 the department's item 4 results declined to 64%, twenty four percent (24%) below the measurement plan goal. During monthly non-overlapping calls each region reported the after-effects of the pandemic that was impacting the results. These after-effects were foster parents choosing to close their homes because they needed a break after having been in lock down with the children and high risks of getting COVID. This was also a challenge provider homes were experiencing. Therefore, the number of resources available for foster homes significantly declined across the state causing children and youth to have more temporary placements and moves while searching for stable placements. In addition, the high employee turnover and high vacancies in residential facilities reduced the number of beds available in order to keep the staff to child/youth ratio in compliance. Foster parent and employee recruitment strategies by the regions and providers has increased and continue in an attempt to increase the number of foster homes and employees and in turn to help improve placement stability results for Tennessee.

Upon completion of each regional CFSR week a Debrief Session continues to be held. The process changed in February 2022 to a structure more individualized to each region's needs. Each region

selected two CFSR items that wanted a deeper dive and report out on. Some regions focused on items that did not perform well. Other regions chose items that did perform well. All regions had a deep dive analysis on item 4. During the debrief CFSR results are shared including OMS reports (case level and practice reports) 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.

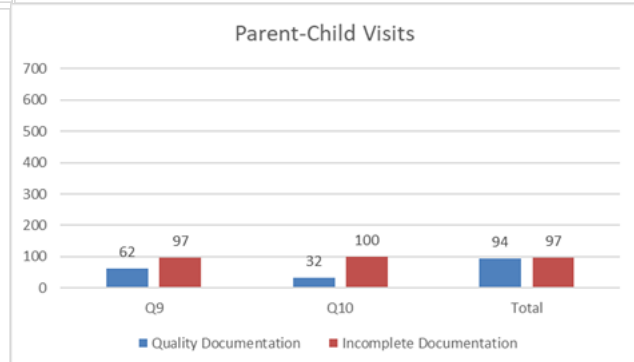
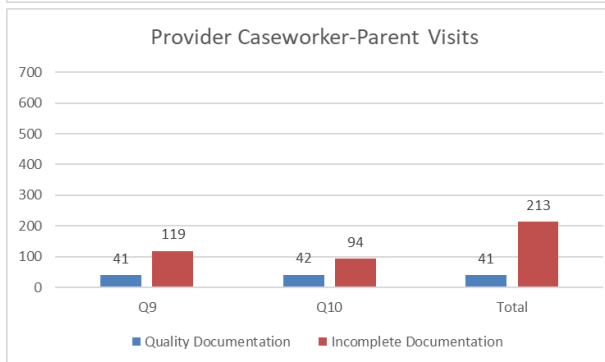
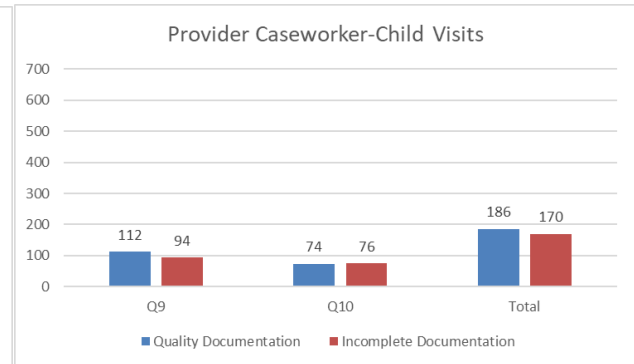
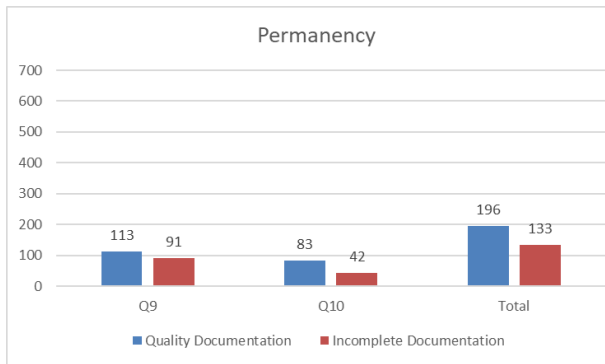
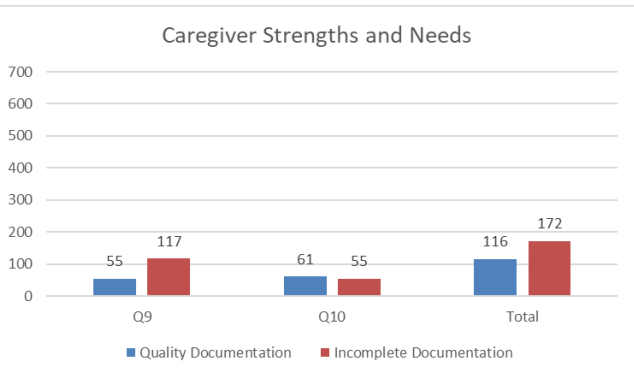
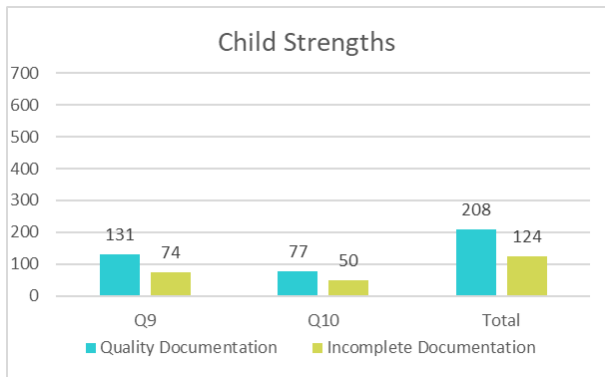
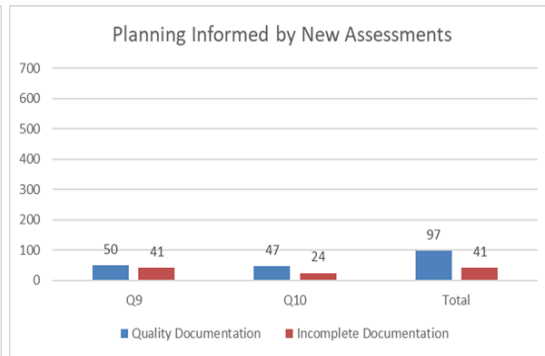
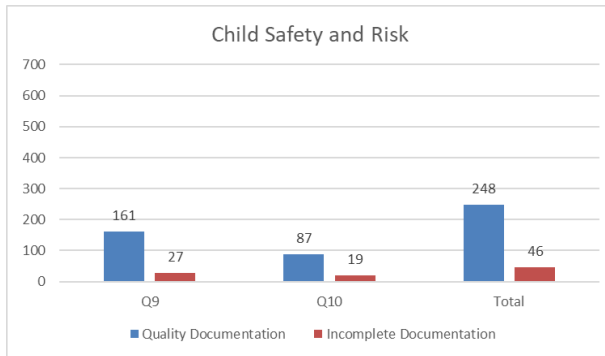
### ***Regional Support***

The Federal Program Division 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 for the regions. These trainings are customized to meet the needs of the region and are often aimed at improving Caseworker/Child visitation and the quality of assessments. In addition, the Federal Program team and CQI Coordinators provide preparation support for each region before the case review week. These trainings include schedule prep training and interview prep training. The purpose of the schedule prep training is to ensure the region understands who needs to be included on the interview schedule for each case. The purpose of the interview prep training is to give caseworkers and team leaders guidance on how to prepare for their interview based on each case circumstance. During this APSR cycle staff from the Federal Programs Division supported Davidson, Knox, Mid Cumberland, and Southwest Regions on site for several months due to high staff vacancies. The team provided extra support in uploading documents and preparing the regions for the CFSR reviews. In addition, the Federal Program Team continued 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.

### ***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 from the Office of Continuous Quality Improvement. 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 is used 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 2021 – October 2021:



### ***Bootcamp CFSR Reviewer Training***

In March and April 2022, the Federal Program Team facilitated CFSR reviewer refresher trainings virtually. Twenty-two (22) people participated in the training statewide. In addition, developing or new reviewers were required to shadow a case and complete the CFSR onsite review instrument (OSRI) on the training site and attend a virtual overview training in January 2022. Six (6) new reviewers attended. In addition, certified reviewers were required to review at least four (4) regional reviewers to maintain certification status.

All CQI staff are either CFSR reviewers or required to shadow. The CQI Director and Director of Federal Programs share trainings together and CQI Coordinators are involved. Regions review CFSR data in their CQI meetings led by CQI Coordinators and invite Federal Programs staff when further interpretation is needed.

### ***Quality Assurance (QA) Reviewer Training***

During this APSR cycle QA reviewers began attending two meetings. One monthly meeting for all QA reviewers. During these meetings agenda items were determined based on experience or issues for the group to discuss and come to consensus on how to handle situations in future reviews. The agenda items discussed were to ensure QA reviewers were following the same understanding for consistency to decrease confusion for case reviewers. In addition, a smaller group met once a month as the Core QA staff. These meetings would make final decisions if the larger group could not come to consensus or would discuss items and make decisions before agenda items were taken to the larger group. This change in process improved the QA reviewer's consistency due to ongoing conversations keeping information fresh instead of one annual training.

### ***Tennessee's Continuous Quality Improvement System***

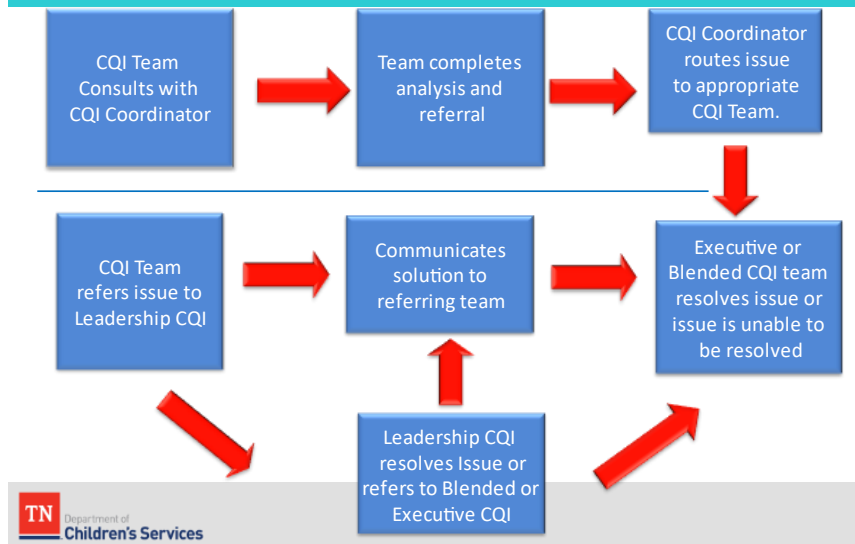
Regional CQI coordinators are responsible for promoting CQI within the region(s) they serve, assisting with the development of ongoing, short term or ad hoc CQI workgroups/circles, acting as the liaison between the region and Central Office should an issue/referral need to be addressed at the Central Office level. Each region varies in the number of ongoing CQI workgroups/Circles but most common are the program circles – Social Services, Juvenile Justice, Child Protective Services and Well-Being. Each Workgroup/Circle (regardless of ad hoc or ongoing) are designed to problem solve an issue either brought to the team from the field or sent to the team by leadership. If a resolution cannot be reached within that group and additional assistance is needed or leadership involvement is required, a referral can be generated. This serves as the tracking mechanism for an issue. A referral is sent to the appropriate group or to Quality Practice Team (QPT) for consideration. Quality Practice Team is the regional group where all CQI workgroup/circles are discussed, and referrals are processed. If additional information is needed for a referral, it can be sent back to the referring group. If the referral can be resolved at the Regional Leadership level, the resolution is sent back to the circle. If it cannot be resolved, then the QPT can opt to send the referral to Central Office for additional support. There is a Program Coordinator in Central Office who tracks all referrals sent to Central Office and follows the referrals monthly until resolution is reached. This is captured on a tracker to show each month updates and the regional CQI

coordinators are updated monthly and take that information back to their regions until the referral is closed.

CQI coordinators also conduct annual training within the region as well as new hire CQI training for new staff within the first 90 days of their employment. Coordinators are also tasked with reviewing data (Face to Face, Medicals/Dentals, AFCARS information, agency data clean up reports, ChildStat data) and assisting the region with problem solving in areas where improvements are needed. All CQI coordinators are familiar with the Child and Family Service Review process and assist their region(s) in preparing for upcoming reviews. Many of the coordinators have reviewed or are CFSR lead reviewers. CFSR data is used within regional CQI circles to help generate discussion around improvement opportunities or to talk about an existing PIP. CFSR data and items are routinely discussed in regional circles both at the program level and regional level throughout the year using the most recent data from their last review. Trends are also discussed if by looking at the Case Process Reviews as these case reviews have been revamped to include questions targeting the CFSR items.

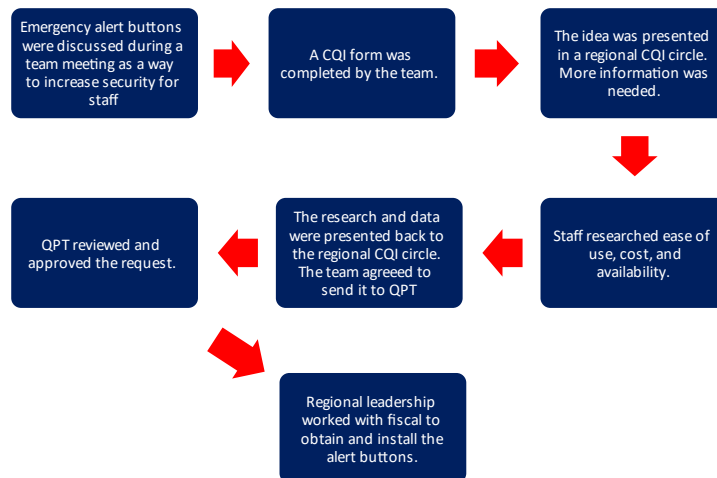
Data Quality is also under Performance and Quality Improvement. The Data Quality Team is made up of a Program Director, Program Manager and Program Coordinator. This team compiles data that is interpreted for various compliance reports as needed, as well as compiling data for the monthly Commissioner's report, and monthly data for ChildStat. ChildStat is a way for the state to monitor outcomes by measuring entries, exits, longevity, legal barriers and other related factors on a regional level. ChildStat involves Central Office and Regional staff. CQI coordinators also facilitate Data Quality circles within their regions that are run much like the CQI circles. Data Quality referrals can be sent up to the Data Quality team in the same manner as CQI referrals. They are vetted through the regional Data Quality team and sent up to the Central Office Data Quality team and then added to the Data Quality agenda. This team meets monthly to discuss new referrals and update to any existing referrals. The Program Coordinator tracks these referrals much like the CQI referrals. In addition to the internal reports created, the Data Quality Team is also responsible for fidelity monitoring of the Evidenced Base Programs chosen by the Department for FFPSA. Data is received by the program purveyor with exception to one chosen intervention in which the Department is responsible for the data collection. This team will assist with the data analysis and explanation of the received or collected data.

## CQI Referrals



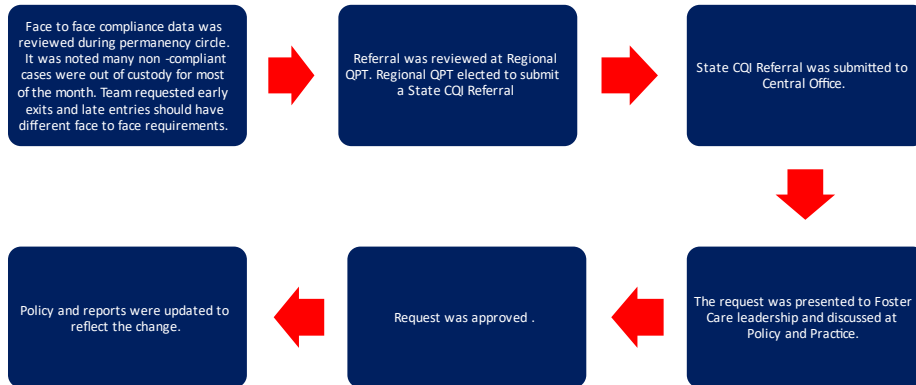
## Example of Regional CQI Referral

A team in Mid-Cumberland presented the idea of installing Emergency Alert Buttons after discussing it during a team meeting.



# Example of a State CQI Referral

Knox QPT requested policy 16.38 be revised to accommodate altered face to face visitation requirements for clients entering in the last 5 days of a month or exiting in the first 5 days of a month.



## Case Process Reviews (CPR)

Per COA standard PQI 5, DCS must conduct peer reviews of case files. This means managers cannot review case files assigned to themselves. The Regional CQI Coordinator is responsible for assisting the region in assigning peer reviewers to ensure that all cases in the sample are reviewed and the workload is to be distributed evenly among Team Coordinators, Team Leaders, and Case Manager (3)s. The goal in assigning peer reviews is to eliminate/reduce the need for unnecessary travel, so supervisors may be required to review files in a discipline different from what they normally work. The case file reviews are primarily conducted by Team Leaders (TLs) or Case Manager 3(s). Once completed, the Team Leader is to use the Case Process Review tools during their supervision sessions with the Case Manager in order to discuss strengths and identified needs. The Team Leader should then set a two-week deadline for corrections to be made to the files reviewed, and then review to assure that the corrections are made. Case Process Review aggregate results are used by Regional Continuous Quality Improvement Teams to develop Program Improvement Plans (PIPs) to target areas for improvement. Any area that has scores positive scores at 80% or better is considered satisfactory, while negative scores higher than 20% should be considered for improvement. Each region will have an active CPR PIP that is monitored and improved through the PQI process. There are currently nine (9) Case Process Review (CPR) tools used to assess content and quality of case records including; Foster Care/ Kinship/ Adoption , Juvenile Justice Probation/ICJ, Juvenile Justice Custody/After-care, Foster Home, Adoption Assistance, Subsidized Permanent Guardianship, Extension of Foster Care, Family Support Services/FCIP and Youth Development Center. As needs are identified additional CPR tools will be added. The data from these tools are extracted through Excel by the Program Coordinator of Performance and Quality Improvement, analyzed by the PQI team and distributed to the regions for CPR PIP tracking and monitoring.



### Inter Rater Reliability (IRR) Process

The Federal Program Division (formally The Program Evaluation Team) transitioned the inter-rater reliability (IRR) for the CPRs to the CQI Division in January 2022. CQI Directors and Coordinators were trained on CFSR standards and CQI is now conducting the CPR IRR. A team of at least 7 staff from CQI have been put together to complete the IRR's quarterly. Each staff are assigned to a program area with 3 currently sharing the Foster Care sample as it is larger than the others. A 5% sample of the CPR cases are pulled and reviewed for reliability. These are done by region to ensure that each region has cases pulled for the sample. The data will be reviewed quarterly and a deeper dive may be needed to determine if any discrepancies are due to the wording of the question(s) causing confusion or a possible training issue with the particular reviewer(s) around what is needed to support each answer for the ones in question. The first quarter since the change in the process was completed in April 2022 as a "trial" period since we have an assigned team to do them and not all coordinators (as of now). CQI Coordinators are assigned program areas to remain focused and not jump from program to program.

### ***Quality Assurance Reviews (QAR)***

The Internal Quality Control Division Quality Assurance Review (QAR) is completed on a random sample of closed Child Protective Services Investigation and Assessment cases within each region and is conducted by Office of Child Safety supervisory staff on a quarterly basis. One closed case per Case Manager is reviewed.

Cases are reviewed for the following criteria:

- a) Quality of Documentation.
- b) Assessment of Safety
- c) Assessment of Risk
- d) Effective Engagement
- e) Identifies and Initiates Services
- f) Evidence Supports Allegation Classification

Results are provided at each level, to the appropriate parties, following each quarterly review. Case Manager review is conducted to discuss with the Case Manager or special investigator their specific results and highlights areas of quality performance or areas needing improvement.

### ***Accreditation Process***

Tennessee is accredited through the Council On Accreditation (COA). COA provides best practice guidance for the administrative structure, roles, activities, and case review processes of the agency. In addition, the accreditation division conducts mock reviews which incorporate case file review, documentation review, facility observations, and interviews to gather information, identify strengths and opportunities for improvement, and provides feedback. The Accreditation division also uses the CQI process to engage internal stakeholders in a monthly meeting to review data, feedback from mocks and actual reviews, discuss barriers and create improvement actions plans, and to create a peer learning environment across regions and programs. During the process of gathering and reviewing evidence for submission to COA, the Accreditation division assessing data and provides feedback to regions and programs individually and through the monthly meeting to share areas of high performance with peers and to assist in identifying reasons for low performance and to develop improvement plans.

CFSR data is reviewed in the monthly COA call to support discussion around standards, policy, practice, and action plan implementation. CFSR data is also one element of the evidence analyzed and addressed during submission for COA self-studies and on-site reviews.

### ***Program Monitoring & Evaluation***

The Provider Monitoring & Evaluation (PME) Team is a division within the Office of Continuous Quality Improvement that monitors and evaluates private providers contracted with DCS to deliver custodial and non-custodial programs and services to Tennessee children and families. All contracted private providers must comply with DCS policies and procedures as well as specific terms outlined in their respective contracts. PME is there to ensure providers are compliant and accountable. PME provides comprehensive monitoring and evaluation services to ensure private providers deliver services to the highest quality and standards while promoting efficient and effective management of state resources.

Contract private provider monitoring and evaluation is a regular review process used to determine a provider's;

- compliance with terms of the contractual agreement and other requirements for administering their responsible program(s);
- adherence to applicable state and federal laws and regulations; and
- progress toward measured stated results and outcomes.
- Provider monitoring results identify areas of non-compliance with the expectation that the provider will take corrective action to bring their agency into compliance.

The PME review schedule operates around 4 types of private provider contract service categories, each with a unique review process and reporting product: Performance Based Contracts (PBC), Non-Custodial Contracts (007), Family Preservation Contracts (FPC), and Unannounced Visits (UV).

## **Staff Training**

### **Pre-Service Training**

In October 2021, changes were made to the Case Manager Pre-Service training model to increase on-the-job training time in the field, at the recommendation from program staff and field supervisors. Of the twenty days of classroom Pre-Service training, twelve of those days are now a half day of classroom training, allowing participants to spend the remainder of the day in on-the-job training (OJT) with experienced staff. Additionally, two full days of OJT are included during the third week of Pre-Service while participants in different program areas TFACTS. During 2021, there were 12 cycles of Pre-Service training delivered and 382 new case managers were certified. In 2022, a new Pre-Service cycle begins every three weeks, making a total of 17 cycles for the year, with the last concluding in early 2023.

In conjunction with the additional OJT field time, the OJT Checklists were extensively revised. These checklists are used by new hires and their support teams during the OJT period of Pre-Service training to ensure that new hires are provided an opportunity to observe and be observed the provision of critical tasks and services. The list also provides optional activities for the OJT period. The revised checklists break tasks down by level of complexity to allow the new hire to complete simple tasks early in their Pre-Service experience and progressing to more complex activities as they progress through the program. Additionally, tasks in the list are associated with the relevant policy and/or protocol so that new hires can readily connect the task with its broader purpose in practice.

Except for Pre-Service Simulation Lab, which returned to in-person delivery in March 2022, the majority of Pre-Service classroom training remains virtual. This has greatly reduced the travel time and expense of participants and training staff and allows greater flexibility for OJT activities. During OJT portion of classroom weeks, the virtual training environment remains open, and trainers are available to respond to questions and help ensure that new hires are actively engaged in learning activities.

All newly hired case managers must complete a certification process with evaluation steps built in. First, an Individualized Learning Plan (ILP) is created for all new case managers. Trainers and On-the-Job Training (OJT) Coaches provide regular feedback to the plan, based on their observations of the new hire. Additional documentation is added during regular Support Team Meetings, to include the supervisor and peer mentor feedback. This document guides learning activities for the duration of their Pre-service experience, to ensure that they are tailored to the new hire's needs. As the final step in the certification process, case managers complete a certification panel assessment where they present an active case and are assessed using a scoring rubric. This information is added to the ILP, and the new case manager is provided a Professional Development Plan, based on their strengths and needs, to guide learning over their first year of service. Second, as participants complete Pre-service courses, they are asked to complete satisfaction surveys related to course and trainer effectiveness. Third, the simulation lab portion of the Pre-service experience has additional evaluation components built in. Participants complete a self-assessment before and after Sim Lab to assess their comfort using specific skills taught in that course. This assessment is discussed with the OJT Coach and incorporated into their ILPs. Additionally, participants complete a scenario-based quiz beginning one month following Sim Lab to assess their ability to apply these same skills.

Following the completion of Pre-Service Certification, new hires complete a 14-question scenario-based Simulation Lab assessment, based on spaced education principles, which delivers one question at a time through a text messaging app over 12 weeks. Initial results, based on the first three Pre-Service groups to complete the process were evaluated in early 2022. Overall, there was an 80% completion rate with approximately 78% of responses correct or partially correct. Based on analysis of each set of question and response, several questions were reworded to be clearer. Additionally, reminder steps to improve completion rates was instituted. Additional analysis will be conducted later this year. Participants also complete a self-assessment on concepts taught in Sim Lab that are based on a scoring rubric. The assessment is completed prior to attending Sim Lab and again following three weeks of OJT experience. Participants are encouraged to share results with their Support Team to address areas of strength and additional development needs.

A new Pre-Service program specialty training was added for Court Liaisons in May 2022. In most cases, Court Liaisons are already certified case managers and transfer to the Court Liaison specialty. Therefore, most will only participate in the self-paced 8-hour specialty training and will not participate in other Pre-Service courses.

### **Mentor Certification**

The Mentor Certification program was completely redesigned last year, and the new program was launched in January. The goal of the program is to develop a pool of highly qualified peer mentors to provide support to new hires, assist in development of knowledge, skills, and abilities to be successful DCS employees. The purpose is to increase staff retention, improve work culture, enhance leadership skills, and ensure transfer of vital institutional information for a well-rounded, sustainable work force. Applicants must have their supervisor's approval, no pending disciplinary action, and must have completed their initial probationary employment period. Two years of child welfare and / or case management experience is preferred, but others are considered on a case-by-case basis. The program consists of three 3-hour sessions over a 3-month period, with one session offered each month. The long-term goal of the program is for every team to have a mentor. Current mentors will eventually need to complete the new program but will be able to continue mentoring until time and space in the new program permits completion. On March 31<sup>st</sup>, the first cohort of 63 new mentors graduated from the program.

### **Supervisor Certification**

Supervisor Certification prepares case manager series supervisors for the transition into management. There are three components of certification process including a two-day interactive, Leadership Learning Lab, monthly individual coaching, and four group coaching sessions. Participants have up to 8 months to complete the process after hire or promotion. 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. In 2021 27 supervisors completed the program.

## In-Service Training

During 2021, the “compliance year” shifted from July 1 to June 30 to October 1 to September 30. Key initiatives are outlined below.

Requirement	Compliance Rate for FY2021
All DCS Staff Mandatory Training	97%
Case Manager Mandatory Training	91%
Required Training Hours for All DCS Staff	97%

Training needs are assessed in a variety of ways including Training Evaluation forms, Training CQI, and needs related to Departmental goals such as strategic planning, needs identified through practice assessment, changes in policy and practice, Evaluation data is collected on each class offered by the Office of Professional Development (OTPD). Each participant is asked to complete a survey regarding the effectiveness of the training content, the trainer, and their overall satisfaction with the training. In addition, staff are asked about additional training topics they would find useful. This data is compiled and distributed to training leadership monthly for review. Data on trainer effectiveness is incorporated into performance evaluations. Data on effectiveness of training events is used to make needed adjustments to curriculum. New requests are considered and incorporated with the overall training plan for the year, where appropriate. Each region has a Training Continuous Quality Improvement group that addresses emerging training needs and the ability to move issues up the chain to the appropriate Departmental leadership for resolution. Training leadership attend regional and statewide leadership meetings where training needs are addressed. Additional data on training effectiveness is collected for select courses, such as Quality Contacts and Pre-Service Simulation Lab. In these cases, the data is reported in the corresponding section of the narrative as available.

### **Revitalizing the CFTM Process**

*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. This course was due for all current case management staff on June 30, 2021. That goal was completed with 97% compliance. The course continues to be offered monthly for newly hired staff and is due to be completed within six months of hire (which equates to within three months of certification). The current compliance rate is 99%.

*Concurrent Planning and Concerted Efforts:* This computer-based training focuses on the concurrent planning process and is required for all case managers within 6 months of hire. To date, 39% of case management staff have completed this training.

*Sharing Full Disclosure of Permanency Options for Family and Kin:* This computer-based course supports staff in techniques to engage caregivers around new protocols regarding full-disclosure and provide a video to show caregivers. It is required of all case managers within 90 days of hire. To date, 86% of case management staff have completed the course.

*Diligent Search:* This online course covers how to initiate a diligent search, creative ways to conduct the search, engaging fathers, grandparents, other relatives, and significant kin. To date, 1263 case management staff have completed the course. This course is not required because, while the course presents the concepts in a standalone CBT, the concepts are also taught in the required Concurrent Planning & Concerted Efforts course.

In further support of this initiative, *Foster Parents and CFTMs* was developed this year and piloted to 52 parents at the Spring 2022 Foster Parent Conference on April 9<sup>th</sup>. This course serves as an introduction for foster parents to the Child and Family Team Meeting Process. Discussion centers around understanding the purpose of CFTMs, the role of foster parents in CFTMs, understanding the importance of empathy, identifying the different types of CFTMs, gaining knowledge on preparation for a CFTM, discussing youth's involvement in CFTMs, understanding the stages of the CFTM and the foster parent's presence, reviewing quality decisions and forms.

***Motivational Interviewing:*** Motivational Interviewing (MI) was selected as an FFPSA evidence-based practice to be used in Tennessee. OTPD partnered with Vanderbilt Centers of Excellence in Child Welfare to create a course focused on equipping the DCS workforce with an understanding of MI that is intended to allow them to integrate the style and skills into practice with children and families with the goal of improving family engagement and communication. The course launched in March 2021 with new modules release every two weeks through early June. Participants received instruction on a specific skill set and guidelines for implementing that skill into practice over the following two weeks. In addition to the online training, five live Q&A sessions were delivered. The training is open to all DCS personnel and is required for case management series staff with an initial completion date of June 30, 2021. The completion rate for this course is 98%. The course is now completed during Pre-Service training and completion is a requirement of certification.

OTPD has initiated several supports for staff as they learn to implement new Motivational Interviewing skills. Following the initial training period, training staff began offering coaching sessions for improving and practicing MI skills. The Professional Development Coaches are participating in a MI Learning Collaborative with the Vanderbilt COE with the purpose of enhancing their own MI skills to both model and coach new hires in the practice. Practice tips are sent regularly to case managers and included in Open Line, the DCS Weekly Newsletter and in the OTPD Monthly Newsletter. In March, OTPD began offering a series of 90-minute MI Booster sessions. Currently staff may attend sessions on The Spirit of MI, Change Talk, and Documentation of MI and OARS. Sessions on additional components are planned for later in the year. A total of 44 MI Booster sessions are being offered between March and June. Further, a series of MI related micro-learning activities have been developed and are currently being marketed to staff. Micro-learnings are short, engaging, modules targeted to a very specific skill and that can be accessed at any time. Current topics include Readiness Ruler, Decisional Balance, Four Processes of MI, Language of Change, What Gets in the Way of Change, What Goes Wrong with Persuasion, Window of Tolerance, Emotional Regulation, and Best Practice Scenarios among others. These are currently available in a Google Classroom.

***Building Staff Resilience:*** This year, OTPD has sponsored two new initiatives in support of staff resilience. Additionally, we were able to offer two additional rounds of the *Moving from Empathy to Compassion* webinar series, discussed further in the next section of this report.

*Listening Circles:* In times where many are navigating both personal and professional challenges, Listening Circles invite participants to be social, discover new methods of dialog, share their stories, build community, and discover collective wisdom. Each circle consists of a small group of staff with a single topic on which each participant is invited to offer their thoughts. Others simply listen. There is no additional discussion, debate, or information offered. The goal is simply to listen and to be heard.

*Mindfulness Matters:* Each Wednesday morning, Assistant Commissioner Julie Rotella hosts a 30-minute Mindfulness Matters session for any interested staff. The sessions focus on the practice of mindfulness and its relation to increasing personal resilience.

**DCS Talks Podcasts:** DCS Talks is a podcast series produced by OTPD that provides an opportunity for staff, foster parents, and community members to hear from DCS internal subject matter experts on a wide range of topics. Available through the DCS website, or through a podcast app, DCS Talks Podcasts produced this year include:

- Adoption Month
- ChildStat
- Domestic Violence Awareness Month in Child Welfare
- Non-Custodial Prevention Services Program
- Child Sexual Exploitation
- DCS Special Investigations Unit
- Employment Opportunities at the Department
- Social Work Month Tennessee Legislative Process and DCS

## **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. The Foster Parent Training experienced several challenges during the pandemic. The entire training program was transitioned to a virtual training program to ensure the safety of participants.

The Department provided TN KEY (Knowledge Empowers You) pre-service training to 1583 traditional applicants in all twelve regions across the state between July 1, 2021 and May 31, 2022. Additionally, we were able to offer a 16-hour condensed version of TN KEY for Kinship parents statewide for the majority of the reporting period. During this period, 991 kinship applicants completed training.

During the 2020-2021 fiscal year, 96% of foster parents were in compliance with training. All foster parents are required to complete 15 hours of training credit annually and training compliance will be measured again after June 30, 2022 for the current fiscal year. Next, DCS currently mandates Prudent Parenting and What to Know about Child Exploitation for all foster parents during their first year of approval. Between July 1, 2021 and May 31, 2021, 61% of active first year foster parents are in compliance with Prudent Parenting and 79% are in compliance with What to Know about Child Exploitation training. Parents are 98% in compliance with our new Mentoring Birth Parents requirement.

As a result of a successful pilot of CORE Teen, DCS is currently implementing 18 different Right-time online courses for parents. Evaluation data indicate that parents access these courses during and immediately after a crisis.

Course Title	Number of Participants Completing Training
Right Time Video: Accessing Services and Supports	262
Right Time Video: Building Parental Resilience	286
Right Time Video: Continued Connections	319
Right Time Video: Family Dynamics	189
Right Time Video: Life Story: Birth and Adoption Story	169
Right Time Video: Managing Placement Transitions	194
Right Time Video: Parental Adaptation	207
Right Time Video: Parental Regulation	258
Right Time Video: Preparing and Managing Visitation	154
Right Time Video: Preparing for Adulthood	148
Right Time Video: Relationship Development	271
Right Time Video: Responding to Children in Crisis	176
Right Time Video: Sensory Integration	177
Right Time Video: Sexual Trauma	180
Right Time Video: SOGIE	295
Right Time Video: Transitions	241
Right Time Video: Understanding and Recognizing the Effects of Trauma	444
Right Time Video: Understanding Behavior	417

Please 2022 Evaluation Report for foster parent outcomes.

The Foster Parent Training program hosted two virtual conferences this fiscal year. A total of 1076 parents attended the Fall conference, and 559 parents attended the Spring mini-conference. A total of 89 workshops were attended by foster parents, along with 4 additional trainings on trauma related topics from a keynote speaker. Parents were able to receive a maximum of 15 hours of training credits for the Fall conference and 7 hours of training credit for the Spring conference.

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 153 Foster Parent Trainers trained across the state from July 1, 2021 to May 31, 2022.

### ***Staff Training, Technical Assistance and Evaluation***

OTPD works with a variety of outside consultants on training initiatives.

**Zero Point Leadership:** Laurie Ellington, owner of Zero Point Leadership collaborated with OTPD on two major initiatives this year. Our **Listening Circle** model, described in the previous section, was developed in consultation with Laurie, who also led a series of training for trainers for OTPD staff on facilitation of the process. In addition, Laurie provided two rounds of her series **Moving from Empathy to Compassion: The Science of Self-Care and Well-Being in Child Welfare**. This is a four-part interactive, brain-based series with a follow-up coaching session that explores recent literature that reveals how compassion cultivates resilience and promotes psychological and physical well-being. Participants learn skills for shifting from empathy to compassion to decrease the risk for fatigue, burnout, and vicarious trauma, as well as strategies for maintaining a healing presence and staying in service when witnessing human suffering. Participants also have an opportunity to assess their levels of mindfulness, empathy and self-compassion and professional quality of life.



**Vanderbilt COE:** OTPD regularly consults with the Vanderbilt COE on a variety of training initiatives. Training on Motivational Interviewing, discussed in the previous section of this report is a collaboration between OTPD and the COE. The **MI Learning Collaborative** for the Professional Development Coaches is part of this initiative. The COE is also a partner in our Sim Lab Evaluation project, and their system is used to send the spaced education texts to participants and collect responses. Vanderbilt has also partnered with OTPD on the provision of **Understanding and Addressing Implicit Bias in Child Welfare Practice** for DCS staff.

**DCS Live Webinar Series:** Our live webinar series provides an opportunity for staff, foster parents, and community members to hear subject matter experts on a variety of topics. The National Child Welfare Workforce Institute (NCWWI) now includes many of the webinars on their training calendar and we frequently have participants from across the country participate in our webinars.

In addition to the topics listed below, we produce a regular series for the DCS Non-Custodial Prevention Services Program, highlighting service providers from around the state with an average two webinars a month. These webinars are recorded and available for in Edison following the webinar.

Webinars offered this year include:

- Active Shooter Training
- Autism Awareness
- Best Interest, Attachment and Trauma
- Compassion Fatigue
- DCS Safety Culture
- Domestic Violence:  
The Impact of the Pandemic on Family Violence
- Human Trafficking
- Internet Safety for Parents and Providers  
of Pre-Teens and Teens
- Introduction to Addressing Behaviors  
in Children and Youth
- Mental Health 101
- Moving from Empathy to Compassion:  
The Science of Self-Care and Well-Being in Child Welfare
- Overview of the TBI Missing Person Unit
  
- Prenatal Substance Use and Effects on Children
- Self-Compassion
- Strategies to Help Challenging Behaviors in Children and Youth
- The Importance of Individual, Team, and Agency Self-Care for Vicarious Trauma
- The Purpose, Plan, and Payoff of Self-Care
- The US Addiction Epidemic: Medication Assisted Treatment and Recovery
- Trauma Bonds in Trafficked Youth
- Trauma Informed Care for Trafficked Youth
- Unaccompanied Youth
- Understanding Children and Youth with Substance Addiction

## Service Array

DCS is committed to expanding the service array. Challenges often exist in the more rural areas of the state. Executive Order One, issued by Governor Bill Lee, identified fifteen rural counties that were economically distressed. This Executive Order is used to improve disparity of services in those rural areas. During this APSR cycle Tennessee experienced increasing challenges in children and families accessing services because of high waiting lists as a result of provider staff shortages.

During the Joint Planning Breakout sessions in May 2022 several groups discussed gaps and needs in services. Overall, available services in rural areas continue to be a challenge. The table below reflects gaps in Tennessee's service array for families, children, and youth that were identified during the breakout sessions.

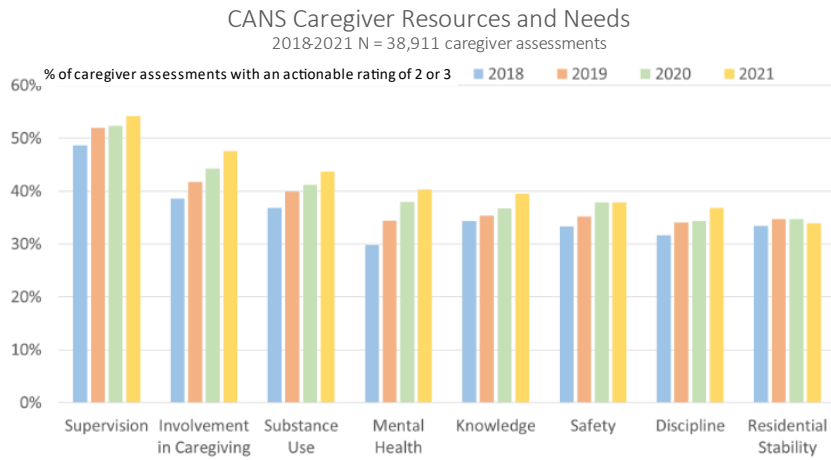
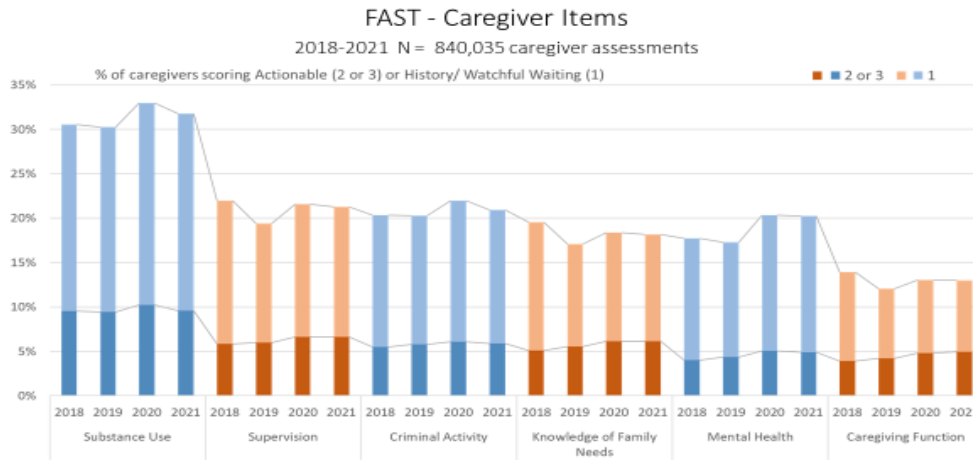
<b>Gaps/Needs in Service Array</b>	<b>Family Member</b>
Assessment and treatment services	Fathers
Domestic Violence Services for Offenders	Parents
Limited Co-occurring services	Youth and parents
Services to address acute mental health needs	Youth and parents
Residential beds for Autistic disorders and intellectual disabilities	Children and youth
Applied Behavioral Analysis Therapy for Autistic Disorders	Children and youth
Limited providers who are qualified to complete psychological assessments	Parents
Limited language interpretation services	Non-English speaking families and children/youth
Big Brother/Big Sister Mentor Programs	Children and youth
Toxicologist for hair follicle and nail bed drug tests	Parents

### **Family Advocacy Support Tool (FAST) and Child and Adolescent Needs and Strengths (CANS) Assessments**

Tennessee uses the Family Advocacy Support Tool (FAST) and Child and Adolescent Needs and Strengths (CANS) Assessment to identify service needs for families, children and youth. The FAST assessment is the initial and ongoing safety assessment that is administered at the Child Protective Services non-custody case opening and updated until case closure or transfer to foster care. The CANS assessment is completed initially and ongoing throughout the foster care case until case closure for children 3 years and up and parents and/or caregivers the children or youth are living with or who they will be reunified with.

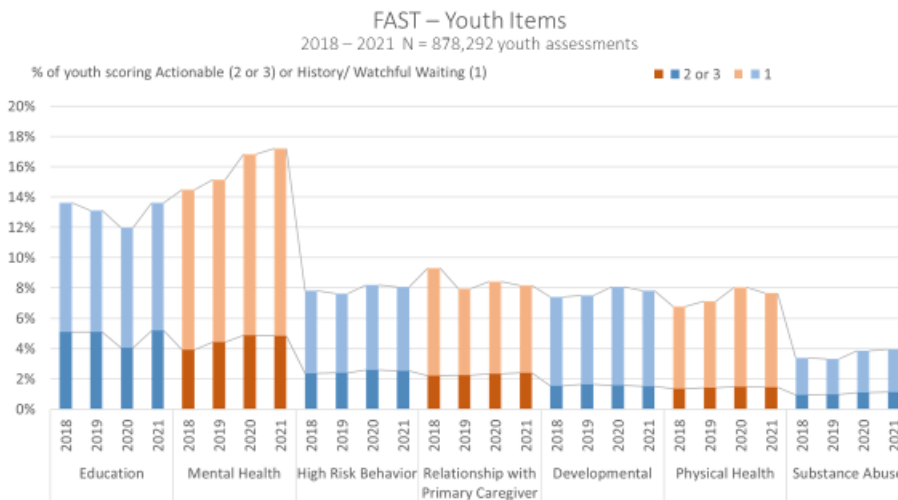
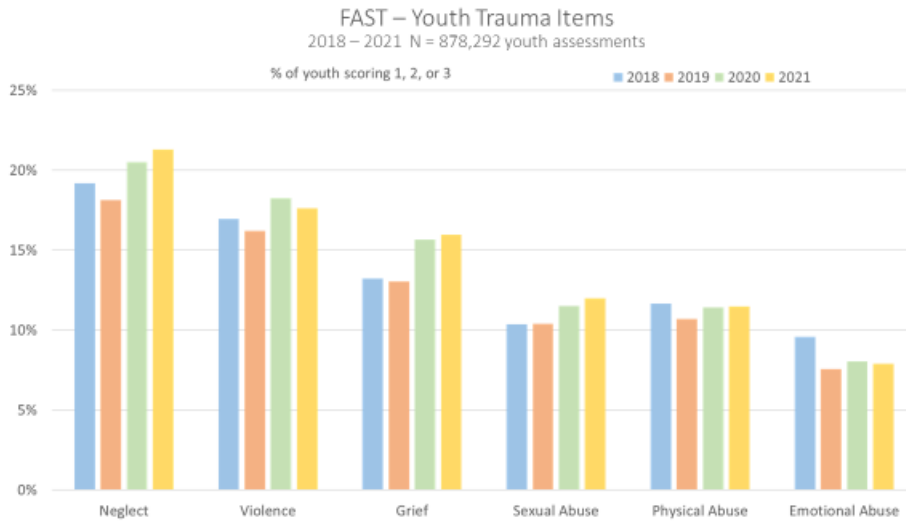
**Parent/Caregiver Service Needs**

Overall, trends between 2018 - 2021 in assessment results show Parent/Caregiver service needs are parenting skills, substance abuse and mental health services:



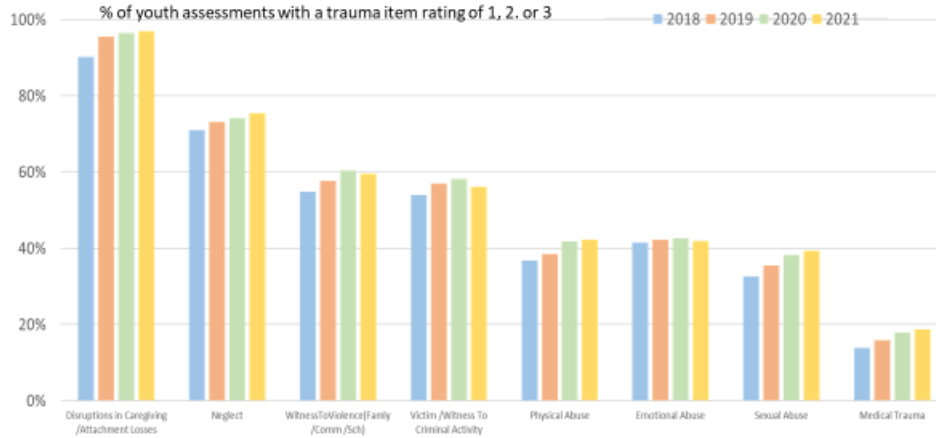
### Children and Youth Service needs

The highest service needs results based on FAST and CANS assessment trends between 2018-2021 for children and youth include mental and behavioral health, and trauma affects from neglect and abuse:



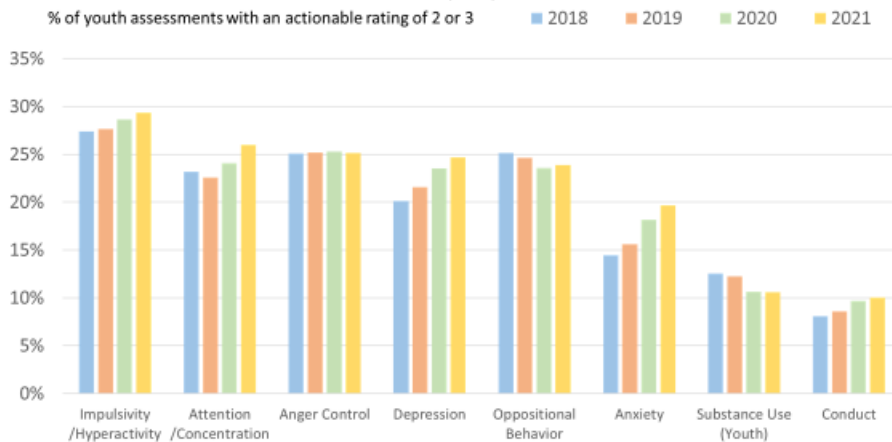
### CANS Youth Traumatic Experiences

2018-2021 N = 46,585 youth assessments



### CANS Youth Behavioral and Emotional Needs

2018-2021 N = 46,585 youth assessments



### Services to support LGBTQI+ youth

DCS has developed policy 20.20 which address support and service delivery to LGBTQI youth. The policy states, all children/youth in DCS custody have a right to receive quality medical and mental health care. LGBTI children/youth must receive medical and mental health services that meet their unique needs that include services that address self-acceptance and validation, concerns about disclosure of sexual orientation or gender identity, family relationships, healthy intimate relationships, and sexual decision-making. In addition to the policy development, DCS has formed a

Policy 20.20 workgroup. The workgroup reviews cases presented by case managers of youth who identify as being LGBTQI and is seeking assistance to support the youth.

**Family First Prevent Services Plan**

During this APSR cycle Tennessee worked with the Children’s Bureau to finalize the Family First Prevention Services five-year prevention plan. The department is currently working on the final pieces and projects to have the plan finalized in July.

The table below shows the services/interventions Tennessee plans to implement through the Family First Prevention Plan rated by the Prevention Services Clearinghouse. In addition, the table indicates their effectiveness with children and families of color<sup>1</sup>

**\*Promising, \*\* Supported, \*\*\*Well-Supported**

Intervention	American Indian or Alaskan Native	Asian	Bi Racial or Multi Racial	African American	Latinx	Native Hawaiian or Pacific Islander	Other
Brief Strategic Family Therapy (BFST)***				X	X		
Homebuilders— Intensive Family Preservation and Reunification Services***	X			X	X	X	
Intercept ®***				X			
Multisystemic Therapy (MST)**				X	X		
Nurse-Family Partnership (NFP)***				X	X		
Parent-Child Interaction Therapy (PCIT)***		X		X			X
Parents as Teachers***				X	X		

<sup>1</sup> Casey Family Programs - Interventions Shown to be Effective with Children and Families of Color Being Served with Family First Funding Research Brief

Initial implementation plans:

- PCIT (July 1, 2022)
- Additional Providers Needed
- Home Builders, BSFT, PAT, NFP (July 1, 2023)
- FFPSA Transition Act Funding:  
Provide Model Training and Set-Up for Providers Switching to and expanding Models

Qualified Residential Treatment Programs began in July 2021. Please see Services Section for details.

### **Multi-Agency Collaborative Single Team Single Plan**

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 (MAC/STSP) approach continued expansion throughout Tennessee to collectively serve our most vulnerable children and families during the 2021 calendar year. Twenty-eight (28) counties implemented the Single Team Single Plan approach in 2021. Now, all 95 counties in Tennessee are utilizing this approach to practice. Despite the continued challenges faced with our Nation's current health crisis, the program has continued to thrive with support through collective team check-ins and refresher trainings. As of December 31, 2021, the Single Team Single Plan Approach has served a total 1,530 children/youth making a significant impact on the future of those families. Team members continue their commitment to serve children and families and that shows through the amount of youth who can remain with their families. Satisfaction of both internal and external customers remain high. Statewide, team members consistently report the partnerships created by this approach to practice go far beyond the cases we share. The mission and vision of each state agency has been further promoted and achieved because of the relationships through this approach.

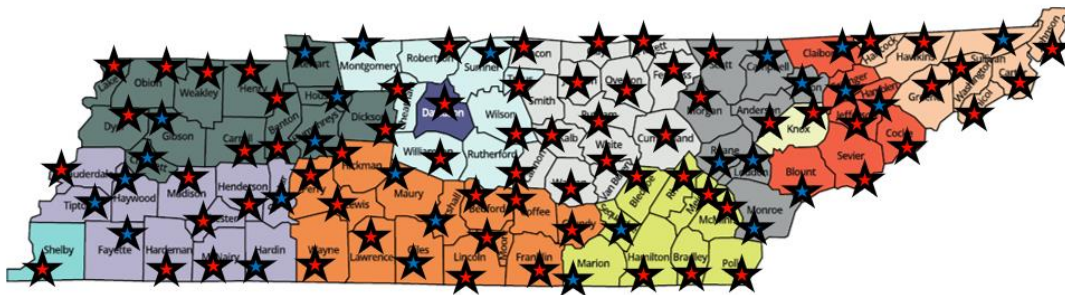
The following is data that reflects customer participation as of December 31, 2021. Customer participation is voluntary. This service is primarily prevention focused serving children through non-custodial cases (families with children who are not in foster care). This model has been used to support custodial families (families with children who are in foster care) to shorten the length of stay for the foster child(ren).

- 85 families comprised of 165 children are currently enrolled and receiving services through this approach.
- 655 non-custodial families comprised of 1,395 children have received services through this approach since it began.
- Out of those 1,395 non-custodial children served, only 4% entered foster care within a year of discharge from the approach. This translates to 96% of non-custodial children served were able to remain intact with their family.
- 75 custodial families comprised of 135 children have received services through this approach since it began.
- The approach has served a total of 730 families comprised of 1,530 children

A total of 28 counties implemented the Single Team Single Plan Approach during 2021, which means we are now serving customers statewide through the Single Team Single Plan Approach in all 95 counties. Last year, we anticipated statewide rollout of the Single Team Single Plan Approach by September 2021. However, our statewide rollout concluded one month earlier, on August 22, 2021. Counties that implemented the Approach during the calendar year are Blount, Campbell, Claiborne, Crockett, Decatur, Fayette, Gibson, Giles, Granger, Hamblen, Hardin, Haywood, Henry, Houston, Humphreys, Loudon, Marion, Marshall, Maury, Monroe, Montgomery, Roane, Sequatchie, Stewart, Sullivan, Sumner, Tipton, and Union.

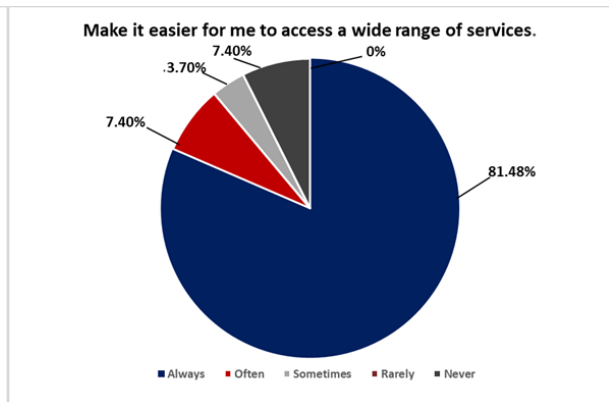
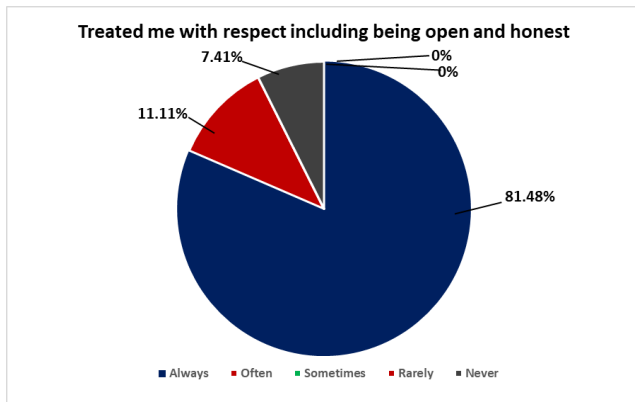
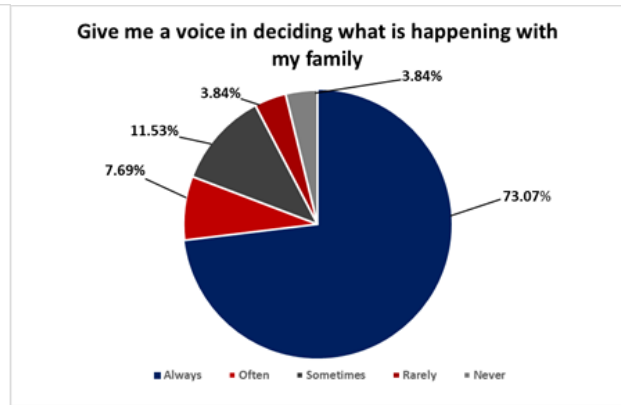
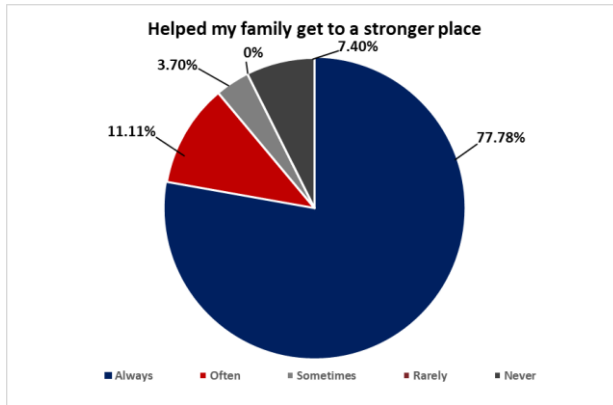
 **Red stars indicate counties that have implemented the model.**

 **Blue stars indicate the counties that have implemented the model in 2021.**



The approach continues to yield a high level of satisfaction from our external customers. Electronic surveys are offered to families following each Child and Family Team Meeting to obtain feedback on their experience and use that information to inform practice. Families consistently provide positive feedback about their experiences. Surveys given to our external customers (families) over the course of 2021 yield the results outlined below.





**What our customers say:**

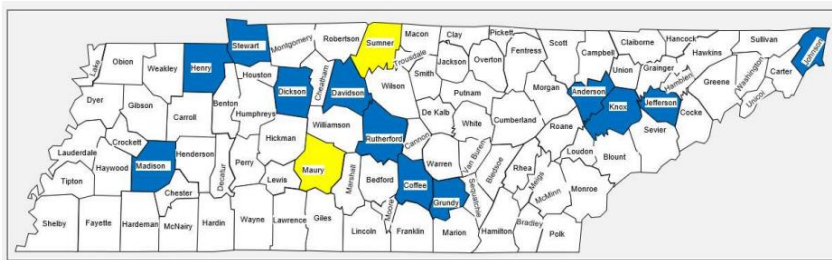
“Stronger today because of the services I get.”

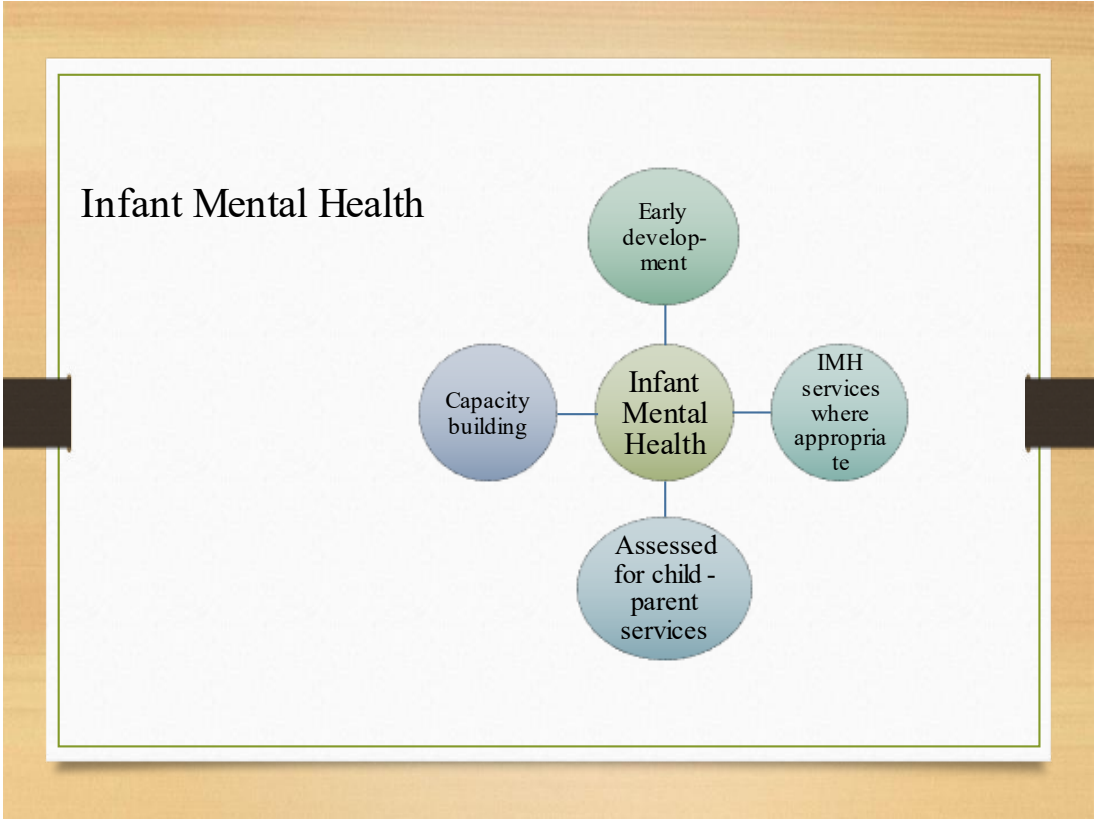
“Everyone has really been awesome.”

**Safe Baby Court Services**

The introduction of Safe Baby Courts has also prompted a need to expand services that are accessible. There are currently 12 established SBC sites in Tennessee. Implementation and onboarding have begun for two new sites, Sumner and Maury counties, these sites will begin accepting cases in 2022. 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.

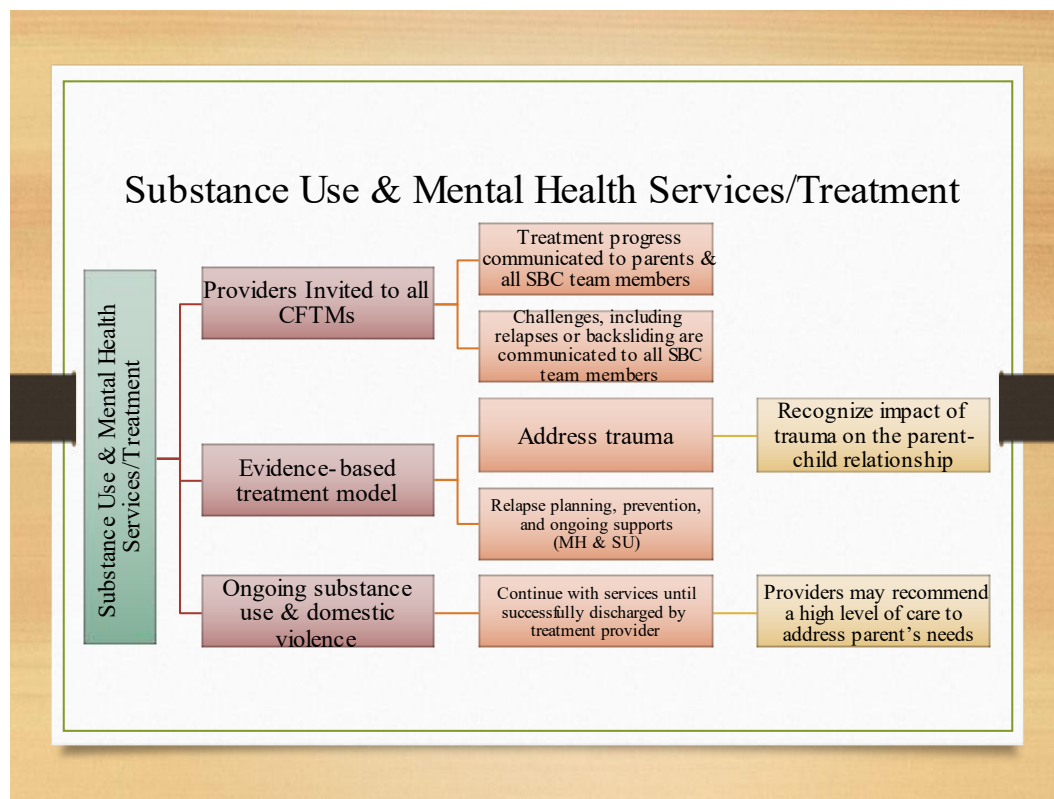
**SAFE BABY COURT SITES IN TENNESSEE**





**StrongWell**

In early 2020, DCS partnered with 180 HealthPartners StrongWell to provide clinical services to families with substance use disorders and mental health needs. While this service is not exclusive for SBC families, it was targeted for the counties that had established SBC sites. In 2021, StrongWell served 172 families, with 625 individual parents or caregivers receiving services such as alcohol and drug treatment, individual counseling, and mental health therapy. Below demonstrates the primary service model process for parents participating in SBC:



## **JUDICIAL PERSPECTIVES**

“The accomplishments of [one family] are an example of the success of Safe Baby Court. This family had a Dependency and Neglect petition filed by a family member, which caused the extended family to fracture. The parents were in denial that they needed treatment. Through the efforts of the Safe Baby Court Division, [the parents] both graduated in July of 2021. Not only were the children reunified with their parents, but the extended family was reunified. [Father] obtained a management position at a reputable company in our community. Their success validates the time and effort put into the program. Safe Baby Court continues to serve our community in hopes of breaking the cycle of addiction. We will continue to support the Safe Baby Court program even if it saves one family.”

-Judge Greg B. Perry,  
Coffee County Juvenile Court

“This year brought many challenges for so many people, especially our families in Safe Babies Court. However, our community supports have been the highlight of the year. Successful family reunification relies on outside community assistance and they have answered the call. All of our community supports have stepped up to donate items from diapers and wipes to furnishing apartments for our parents. Many entities have also set aside ways to make sure our parents have a spot within their programs, as well as designed new opportunities for our babies and parents as needed. For instance, Center of Hope developed individualized therapy dealing with past trauma and substance abuse support for individuals when other service

providers were not able to provide for their special needs. Also, Family & Children Services CAFÉ Program has provided in-home and in-office therapists for each child in Safe Babies Court to support their individual needs. They have also facilitated bonding techniques which parents may need to develop to work towards reunification. Finally, Sage Haven has been available to speak to parents in Safe Babies Court about housing needs and have provided furnishing and other supports for our families, including supporting the court in our efforts to provide for the families and babies.

All of this community support has led to the joy of watching families reunite while putting their trust in the court. Prior to the Safe Babies Court, it was very rare to see a parent or set of parents thank a court system which they believed placed a barrier between them and their children. It is heart warming to see them thank us towards the end of our programming. The success and appreciation comes not only from the work of our court team but also from our partners meeting the families where they are in the midst of their struggle and doing whatever it takes to fill in the missing pieces.

Lastly, we continue to see families grow in atypical ways; not necessarily a one or two parent reunification, but a grandparent and parent learning how to co-parent in the same home as support to one another. We have been blessed to have foster families who are willing to engage and become truly extra supports to the parent. One set of foster parents even allowed the parent to spend the holiday having breakfast with their child in their home. This is how a true team becomes a success story for our babies and families.”

-Judge Sheila Calloway and Magistrate Jerice Glanton,  
Davidson County Juvenile Court

“[Since August of this year], we have almost reached our cap on families we can serve, with a total of 18 Safe Baby Court cases open at this time. During that time, I have seen one case end in adoption and another 2 cases closed, with permanency secured through a relative placement that wants to provide long-term care for those children. In November and December, we were able to start Trial Home Placements for 3 families (9 children) with parents or grandparents that have worked extremely hard to gain back custody of these children. We are having monthly meetings, starting back with bi-monthly in-person Child and Family Team Meetings, where a majority of the custodians and parents are attending and having their voice heard through the process. We have been able to provide financial support through our transportation grant, including car seats, car batteries, and repair bills. We were also able to provide Christmas for 8 custodial and non-custodial families (23 children), through the help of community partners. One parent, who was commended after working hard to begin a Trial Home Placement with her 3 children in December 2021, sent this message to the Safe Baby Court Coordinator, after the coordinator checked in with her after the holidays, just 2 weeks after the THP began. ‘We have been doing great. I thank you for all your support. It means a lot to me and for being here for me when I need somebody. Y’all saved my life.’ I think that captures the importance of the SBC in our community!”

-Judge William R. (Trey) Anderson, III,  
 Grundy County Juvenile Court

“We are so grateful to have Safe Baby Court in Rutherford County. We have had a very successful year and have seen many lives changed. As we are focusing only on non-custodial (prevention) cases, we are so excited to see the progress within this population. Rutherford County Safe Baby Court has prevented foster care for at least 35 children in 2021. We started the year with our first graduation in April and then had 4 additional graduating families in October. In addition to reunification, we have had 7 children released to the custody of relatives. The smiles on the faces of the children and parents tells me this program is worth all of the hard work and dedication by so many individuals. We have seen our community step up to serve families and provide opportunities to support reunification. Our professional community partners have welcomed Safe Baby Court with open arms and continue to work together with our staff and families to obtain the best outcomes for our most vulnerable babies and their families. We are excited to watch our Safe Baby Court program grow and the many opportunities this approach creates in the lives of children, families, and our community. This work is truly impactful and life changing.

- Judge Donna Scott Davenport,  
 Rutherford County Juvenile Court

<b>Strategy:</b> DCS will collaborate with other organizations to expand the service array for families of Tennessee	<b>Responsible Party</b>	<b>Update FY2022</b>
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
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	Please see the Objectives and Measures of Progress Section for updates.
DCS will work with Child Advocacy Centers, Citizen's	Executive Director of Child Safety	Please see CAB update in Safety Outcome 2. The DCS Director of

<p>Review Panels, and Community Advisory Boards (CAB) across the state to listen to the community and support enhancement of needed services in each service region.</p>	<p>Executive Director for Child and Family Well-Being/Executive Director of Network Development Regional Directors Director of Program Evaluation</p>	<p>Federal Programs presents to the Citizen Review Panel Annual Conference to provide updates and solicit information about service gaps in areas of the state served by those boards. DCS partners with Child Advocacy Centers to help provide primary and secondary prevention services through the Community Based Child Abuse Prevention Program. Many CACs are also invited to participate in the annual Joint Planning Session each year to provide feedback on service needs in the areas they serve.</p>
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***Agency Responsiveness to the Community***

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 CFSP PIP strategies involved engagement of the community and ongoing communication between DCS and all stakeholders. The virtual and in person annual Joint Planning Session held on May 18,2022 included multiple external stakeholders. Activities such as Safe Baby Courts, Interagency Quality Assurance WebEx meetings, and CFSPs also continue to include internal and external partners. The CFSP Advisory Council continued to meet during this APSR cycle. The Council includes Judges, 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. Tennessee is committed to continuing to engage members of the Eastern Band of Cherokee Indians as council members as well. During the February 23<sup>rd</sup>, 2022 meeting This year CFSP council members were updated on the following items:

- CFSP PIP Update – The department finished the written part of the program improvement plan on March 31, 2021. All goals and strategies have been finished. Currently in the non-overlapping period which is an 18-month period, where the department must meet certain measurement plan goals set by the Measurement and Statistical Committee. The department has an extra 18 months after the written PIP to show that key activities due later in the written plan have been successful. Currently all has been met except item 4 once and we can consider item 4 met. The department has until September 30, 2022 to meet the item 4 goal. A lot of work has been focused on item 4. This includes work with the Capacity Building Center for States the past Fall to do an assessment with several of the regions.

- FFPSA update – The department went live with FFPSA on July 1, 2021. Currently working on the five-year prevention services plan. Feedback was received last month from the Children’s Bureau and the goal is to turn it in again for a second look next week. The department thought about adding some well supported evidence-based services by addendums, but the Children’s Bureau has given us permission to add the well supported evidence-based services to the current plan. On the plan, The department has Youth Villages Intercept, and MST, both well supported. The Motivational Interviewing piece is with DCS caseworkers, and at this time The department is not rolling it out to the providers; but may in the future. The DCS caseworkers have been trained and are using Motivational Interviewing. The CQI team is looking at ideas on how to do fidelity monitoring on Motivational Interviewing. Several states already have some lessons learned on Motivational Interviewing, and how to do fidelity on Motivational Interviewing, and The department wants to learn from them. The department is having some informational meetings from the owners of these models. The department just had one for PCIT last week. The department has PCIT ready to roll by July 1 in terms of the budget. The department already has a few providers that are doing PCIT, mostly in East TN and Memphis. The department will have to look at the other parts of West TN and Middle TN for PCIT. We have a session on Brief Strategic Family Therapy scheduled for March from the individuals that own this model. We don’t know of anyone who is using this program in Tennessee currently. It is very well supported, and it’s geared toward delinquent youth with an alcohol and drug treatment component. We are looking at Home Builders. Home Builders is like Home Ties. We are also looking at Nurse Family Partnership and Parents as Teachers. The department received \$10M from the Children’s Bureau that we can spend to help provider agencies move to these models. We are having informational sessions and started inviting others to get the word out that we are moving to these models. As we get these set up, we will have others to add to the plan with the goal of most of the services that we provide being well supported from the Children’s Bureau clearinghouse.
- We just finished Round 1 CB-CAP; those letters are going out now. We have additional funding for CB-CAP that you will hear about in the next few weeks. We will also send out more information about the \$10M to move to these services.
- QRTP – We began the shift to QRTP July 1, 2021 and staff in the regions have been working on the QRTP protocol. There are a lot of things that the DCS staff do in order to place a child in a QRTP in order to receive the federal reimbursement. It has been helpful to have Frank Mix’s report since September which tracks all placements, required CANS assessments, required CFTMs and court hearings, as well as a long-term review spreadsheet. Michelle breaks it down and sends it out by region as a reminder to help when CANS, CFTMs and court hearings are due. We also have the long-term review spreadsheet as part of Family First. It’s required that when children or youth are in a placement for a specified amount of time, or in and out of the same placement for the specified amount of time, that there is a review of that child’s placement by the DCS Commissioner. We have developed a protocol, process and form; they are with policy for a review. There will be a form for FSWs and TLs to fill out to submit the information to the Commissioner when a child is due for a review. That information and form will go to Michelle, and she will make sure everything that is needed has been sent. Michelle will send the information on to the Commissioner for her review and she will have a period to do her review. Commissioner will sign off as to whether she



approves of the continued placement. The information then goes back to Michelle and it will be uploaded to TFACTS. We are using the weekly report from Frank Mix to do monitoring and making sure everybody is getting everything in compliance, holding the CFTM, having the assessment done, and going to court in the appropriate timeframe. We struggled a little bit in the beginning, but everyone is getting the process down. The AOC has created a QRTP bench card for judges which will be trained at the upcoming Judges Conference.

- FFPSA had two primary workgroups: one for QRTP and one for prevention services. We also had QA/QI calls with provider agencies. We have merged all these groups into one meeting, so that we can have everyone together to hear the information at the same time. These are also the individuals that are going to attend the information meetings about the evidence-based services.
- Assessment foster homes –The department has struggled with placement stability and each time we think we are going to reach the goal, we lose a little ground. The department continues to look at alternative ways to improve. One of the ideas that we gleaned from another state was the utilization of assessment homes. We are approaching it different from the way that state described it and we have been working on this for close to a year now, more intensely for the last 4-6 months.

Council members were asked three questions to help with Joint Planning, CFSP, FFPSA and other funding opportunities:

1. What primary prevention services do you think are missing from your community?

**Agency feedback** - We do have additional CB-CAP funding that we will be talking about in the coming weeks; and that is primary prevention services money.

2. What family preservation services are missing in your community?

**Stakeholder feedback**- Childcare or more afterschool programs for children 6-11. Services that address and education - Gang prevention for children 6-11.

3. What services for children and youth are missing from your community?

**Foster Parent feedback on services** – “It sounds like you all have a plan for this, but we've still been experiencing super long wait times for play therapy, PCIT, TF-CBT. Kids in my home are aging out of a service (i.e., play therapy) before we ever get in and we're still waitlisted for PCIT.”

“We have a long wait for any mental health services. Intakes are 3-4 months out. Then when they do the intake it's another two months to the actual first session. It is months before we can get into PCIT, and ABA services are the same.”

The Interagency Quality Assurance/Improvement virtual meeting continues to be hosted by the Federal Program Division and occurs every other month. Attendees include the DCS Federal Program Division and Continuous Quality Improvement (CQI) Coordinators and the quality improvement staff from provider agencies that the department contracts with for services. During this APSR cycle the QA/QI calls merged with the FFPSA Qualified Residential Treatment Program

(QRTP) and Prevention Workgroups to integrate the work DCS is doing and communicating with providers to reduce the number of calls to improve efficiency of provider’s time. Discussions continued to focus on progress on the CFSR Measurement Plan on item 4 (Placement Stability) and CFSP, as well as provide presentations on evidence base service models Tennessee is seeking to implement through FFPSA and ongoing discussions on QRTP delivery requirements and updates. The team continuously looks for ways to improve provider engagement in these meetings.

**Example Topics:**

- **Foster Parent Training and Policy Updates**
- **Restorative Justice**
- **PIP Measurement Plan/APSR process, and Joint Planning**
- **FFPSA Prevention Plan status and QRTP Updates**

Below are examples of questions from providers during the February 2022 Interagency Quality Assurance Meeting regarding the evidence-based service models Tennessee is seeking to implement through FFPSA.

February 2022 Stakeholder Feedback Loop	
<b>1.</b>	<p><b>Will TNCare cover some of these services and the provider who will be delivering them, or will all services be provided by the department?</b></p> <p>Some of the service providers are grant funded. For example, Home Ties is grant funded. Some of those provider agencies are still going to have grants to pay for things, somethings will probably be paid for by TNCare. This allows us to provide even more services. In the past, we were limited by services that had their own funding or TNCare, and then what we can pay for using state dollars. This will allow us to bill and hopefully have a better service array for children and families.</p>
<b>2.</b>	<p><b>What is the timeline for rolling out the others on the list? What does this do for the usual RFP process that has normally already been put out for bids?</b></p> <p>We are working with contracts now to get the RFPs out. For PCIT, we do have money to start spending on it on July 1. We are not going to be ready by July 1, but that money will be in this year’s budget. Home Ties is going to continue doing what they have been doing, and working on a grant, while we get them up and running. We are not able to get the agency for Home Builders here until probably Spring 2023; and have everything ready by July 1, 2023. We will be this year working on getting the RFPs out. The earliest we will have the state piece for the other programs (other than Intercept, MST, the things we already have, and the PCIT providers we are paying for) we are probably looking at July 1, 2023. We could do an implementation on July 1, 2024. We must have our part of the implementation money that they have given us exhausted by September 30, 2025. So, everything ideally should be up and running by 2024.</p>
<b>3.</b>	<p><b>Are you looking for agencies that already have staff trained in PCIT and Home Builders?</b></p> <p>Yes. If we have those, we are. We know we have some PCIT providers on one end of our state; and we will be working with them. PCIT is sporadic across the state. If there are agencies already using Home Builders in the state, let Tony know. Motivational interviewing piece is already rolled out as we are doing it with our own staff, we are looking at fidelity and how we do fidelity. We are interested in anything that you are already doing.</p>

This year during Joint Planning stakeholders were updated on the following items: Tennessee's Family First five-year prevention plan and well-supported services selected, update on QRTP process and monitoring, Safe Baby Court; three young adults shared experiences and helped provide updates on the extra money the department received to help young adults during the pandemic. In addition, stakeholders were updated on the department's focus and priorities in child, safety, and juvenile justice program areas. The three young adults also participated in breakout discussions on Permanency and equity and a parent with lived experience participated in primary prevention and safety breakout discussions.

**Parent feedback-** "I was honored to be a part of the Joint Planning a few weeks ago. We were discussing in our breakout group about short staff, and I am interested in overnight remote if anything is available for like child abuse hotline or any other hotline or day-time remote position."

**Agency Response to parent feedback -** The Human Resources department worked with her to complete an application in the child abuse hotline department.

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. Examples include, ongoing communication with TN alliance with prevention services making recommendations for well supported interventions. DHS coordinates the child only grants which many of our relative caregivers qualify for, day vouchers, in-home cases day care determinations and DHS prioritizes our cases. TNCare partner with placement, getting medical and mental health providers, we have a liaison team that works just with TNCare to ensure timeliness of services and appeals. DMHSA – partner with SBC advisory board, homebuilders in South Central for FFPSA, coordinate with services to add in FFPSA. Partnership with DIDD for shared homes and there is a process in place for young adults for when they turn 18 to receive services through DIDD. HUD coordinates and partners with Independent Living to assist families with FUP vouchers for housing. DOH helps with EPSD&T services in certain counties. We contract with TBI for fingerprinting, background checks for potential placements with relatives and investigation training for Office of Child Safety. AOC on several joint projects including SBC. Strengthening these relationships will also be a focus for DCS over the next five years. All of these efforts continue to show a positive impact on CFSR and supporting Tennessee improving performance.

## ***Foster and Adoptive Parent Licensing, Recruitment, and Retention***

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. Currently, the child welfare system in Tennessee is serving 9,112 children in the department's care and custody. Respectfully, 5,019 of those children are males and 4,093 are females.

<b>Age Range</b>	<b>Total</b>
0-4	2,586
5-12	2,970
13-17	3,472
18 and above	84

The majority of the total population is Caucasian, there are 5,979 of the children in care; with the second highest being African American 2,121. The majority of the children, 73.9%, are served in family settings by traditional, kin, pre-adoptive, trial home visits, and therapeutic foster parents. When needed to meet the unique treatment needs of children, DCS has residential, congregate care, and hospital settings that serve the population. Over the last two years, DCS has experienced a decrease capacity of foster homes available to children and families and DCS continues to assess how to increase more placement and support to relative/kin caregivers. At any given time, DCS has between 10 to 15% of children, statewide, placed in the home with relatives.

Each region is required to establish an annual recruitment and retention plan. Various strategies are implemented to meet regional goals including but not limited to Faith-based, provider, other community partners, social media and marketing, relative/kinship, and retention. Regional staff evaluate demographic data to better target placement needs in their region specifically as it relates to minority groups. Please see the Foster Parent Recruitment and Retention Plan and 12 regional plans for details.

Standards for foster home approval are applied equally with non-safety accommodations provided for relative/kin placements. DCS policy is compliant with 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. Please see Individual Regional Foster Parent Recruitment and Retention Plans.

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. Additional ICPC training has been provided to staff in several regions, as well as private providers and court staff.

Since June 15, 2020, ICPC has been utilizing the Secure Document Portal (SDP) for the National Electronic Interstate Compact Enterprise (NEICE) for any new requests allowing staff to submit and receive documents for 39 states. An additional five (5) states are expected to join NEICE within the next year. Although TN is not “live” on NEICE and cannot follow the progress of the case at this time, utilization of the SDP ensures that all transmissions are secure and received for processing in a timely manner. Targeted go live date for TN is expected by September 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. The Safe and Timely Act asks for the study or a status update within 60 days. Data is available for the actual studies that are completed (the study completion date is entered into TFACTS), but for the ones that send status updates, as the study is not complete, these would not be captured. This is usually received on a Word document and is not captured in our system other than us uploading into TFACTS documents. Once the actual study is received, that date is entered into TFACTS.

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.

<b>Strategy:</b> DCS will meet substantial conformity standards for the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention.	<b>Responsible Party</b>	<b>Update FY 2022</b>	<b>Date</b>
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	6/30/24
DCS and provider agencies will collaboratively conduct an analysis of the types of Foster Homes available in each county that meet the	Executive Director for Permanency/Executive Director of Network Development Contract Provider Network	Please see update in Permanency 1 Outcome Section	6/30/24

demographics and unique needs of the children from those counties in order to obtain a true picture of recruitment needs.			
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	7/1/20
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 current vision of the Children’s Bureau to internal and external stakeholders throughout the APSR cycles 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. Tennessee’s current Mission, Vision, and Values for the agency were developed from input received during numerous focus groups and the 2022 Joint Planning session and is in alignment with the Children’s Bureau’s vision.

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><b>Goal One:</b> 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><b>Rationale:</b> 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><b>Goal Two:</b> 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><b>Rationale:</b> 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</p>

	must be able to reduce the number of children in foster care.
<b>Goal Three:</b> DCS will improve workforce recruitment, onboarding, training, mentoring, coaching, and retention.	<b>Rationale:</b> 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.
<b>Goal Four:</b> 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.	<b>Rationale:</b> 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 recruitment and screening practices for Foster Parents.

## ***Objectives & Measures of Progress & Progress Benchmarks***

### 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.**

<b>Objective One</b>	<b>Action Steps</b>	<b>Completion Date</b>	<b>Measure of Progress</b>
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"> <li>1. Complete assessment of Resource Linkage Coordinator Job Duties.</li> <li>2. Set Resource Linkage Coordinator Job Plan to be consistent across state.</li> <li>3. Educate all Resource Linkage Coordinators on FFPSA.</li> <li>4. Develop any needed</li> </ol>	6/30/24	New Resource Linkage Policies Assessment Results Increase number of responses to families. As of October 2021 – Safe Measures has 166 cases for the state for all RLCs. As of May 2022 Safe Measures has 173 cases for RLCs.



	enhancements or changes in duties.		
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**Update FY 2022 Progress Benchmarks**

The latest policy revision provided clear direction on documentation of RL work, and collaboration with other program areas when providing RL services and support. There is at least one RL in each region, and they are readily accessible to all program staff, as well as to Community Advisory Boards (CABs). Monthly meetings with RL staff regarding their roles and processes remain ongoing and this is a productive place for RL staff to voice their suggestions and experiences. RL staff was required to go through the FFPSA training along with DCS staff. TFACTS and policy updates along with a review of the CAB statute and CAB toolkit have resulted in added clear guidance provided to RL Coordinators. These modifications now allow the RL assignments to be entered into TFACTS by way of a Hotline referral or an opening of an RL episode by the RLC. Formstack remains a tool to capture other activities performed by RL staff that are unable to be entered into TFACTS. An added goal is to assess the functionality and existence of CABs or gatherings that meet the spirit of CABs. Central Office has received schedules of CAB meetings and has attended CABS to assess for the above.

<b>Objective Two</b>	<b>Action Steps</b>	<b>Completion Date</b>	<b>Measure of Progress</b>
Conduct a Needs Assessment in each service region that will focus on available non-custodial services to families.	<ol style="list-style-type: none"> <li>1. Use Executive Order One Format to complete an assessment of available services in each region.</li> <li>2. Consult with Resource Linkage Coordinators, courts, and local chamber of commerce to determine potential gaps.</li> <li>3. Review data from FAST to determine needs of families from each county.</li> <li>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</li> </ol>	6/30/24	<p>Needs Assessment was completed through Evidence Based Programs (EBPs) Maps assessment reported in 2021.</p> <p>Guide to available services produced for each county (Online guide with hard-copy guide provided to each juvenile courtroom).</p> <p>Please see FAST and CANS results for Family needs in the Service Array Section. Overall, Substance Abuse services is the highest need.</p>

**Update FY 2022 Progress Benchmarks**

- 1. -3. Please see Update in Service Array Systemic Factor section.  
DCS continues to partner with Vanderbilt University to review the results of CANS and FAST data in those counties. Special CQI Teams were formed in each of those regions to review the data and determine any service gaps or needs for improvement.
- 4. The statewide implementation of the new practice model has been implemented.

Objective Three	Action Steps	Completion Date	Measure of Progress
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.	<ol style="list-style-type: none"> <li>1. Complete assessment of Court Liaison job duties.</li> <li>2. Set Court Liaison Job Plans to be consistent across the state.</li> <li>3. Provide training for Court Liaisons on FFPSA and available resources in counties served.</li> </ol>	6/30/24	Percentage of Court Liaisons that are trained. In CY2021, 75% of court liaisons were trained. This is still in process and towards the end of completion. Not ready to determine baseline for increase in prevention services referrals from court at this time.

**FY 2022 Progress Benchmarks**

Training and uniform job plans were developed and implemented for all Court Liaisons across the state. Each region now has one Team Leader who has supervision of every Court Liaison in the region. This allows for consistent supervision, training, and uniform expectations across the state.

Objective Four	Action Steps	Completion Date	Measure of Progress																					
CFTM Process. This 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.	See CFSR PIP	6/30/24	<p><b>Placement Stability</b></p> <table border="1"> <tr> <td>64.29%</td> <td>69%</td> <td>79%</td> </tr> <tr> <td>9/30/19</td> <td>9/30/20</td> <td>9/30/21</td> </tr> <tr> <td></td> <td></td> <td>64%</td> </tr> <tr> <td></td> <td></td> <td>March 2022</td> </tr> </table> <p><b>Timely and Appropriate Goals</b></p> <table border="1"> <tr> <td>46.43%</td> <td>48%</td> <td>60%</td> </tr> <tr> <td>9/30/19</td> <td>9/30/20</td> <td>9/30/21</td> </tr> <tr> <td></td> <td></td> <td>61%</td> </tr> </table>	64.29%	69%	79%	9/30/19	9/30/20	9/30/21			64%			March 2022	46.43%	48%	60%	9/30/19	9/30/20	9/30/21			61%
64.29%	69%	79%																						
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		March 2022																						
46.43%	48%	60%																						
9/30/19	9/30/20	9/30/21																						
		61%																						

					March 2022
			<b>Child and Family Involvement in Case Planning</b>		
			30.92% 9/30/19	38% 9/30/20	59% 9/30/21 64% March 2022

**Update FY2022 Progress Benchmarks**

CFTM Training has been completed statewide and is fully implemented as a sustained standardized practice. We continue to meet on an ongoing basis with our CQI Facilitator Team to identify any barriers to practice and provide support. This process has supported improvements in CFSR data trends (OMS state rating summary report) for items 5 (Timely and Appropriate Goals), and 13 (Child and Family Involvement in Case Planning). items 4 (Placement Stability) data was showing improvement and has been more negatively impacted in the 2022 result by the shortage of agency and provider foster homes and the great resignation of staff.

**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.**

<b>Objective One:</b>	<b>Action Steps</b>	<b>Completion Date</b>	<b>Measure of Progress</b>
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.	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.	7/1/21	Review Tool Evidence of Reviews Decrease in time to permanency for children in care. <b>ChildStat results - Longevity Percentage -</b> Of the children in care, what percentage have been in care longer than 15 months? June 2021 – <b>43%</b> May 2022 – <b>42%</b>

**Update FY2022 Progress Benchmark**

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. The ChildStat process has allowed regions to improve in performance in Items 5 and 6 of the CFSR. A uniform Utilization Tool was not developed for use across all regions. However, the new processes have greater streamlined these reviews.

Qualified Residential Treatment Programs (QRTP) was implemented July 1, 2021, QRTP is monitored weekly, a protocol was developed and, a Dashboard measure has been added to monitor open beds for placement. In addition to the ChildStat process, DCS developed a protocol and process for Commissioner review for children and youth placed in QRTP facilities. DCS contracts with Chapin Hall to provide quarterly data review through the Accountability Center that also addresses timely services to children and youth and outcomes. Please see Services Section for update details.

Assessment Foster Homes through Harmony have been identified and is in the initial stages of going live. Please see Permanency Outcome 1 for update details.

<b>Objective Two</b>	<b>Action Steps</b>	<b>Completion Date</b>	<b>Measure of Progress</b>
Court Improvement. This goal will provide open lines of communication with Juvenile Courts. Incorporation of this strategy as well as revising the role of the Court Liaison should help prevent youth from entering care for services only.	1. Develop workgroups in Blount and Dickson County 2. Identify service barriers in these rural areas 3. Train Judges and court staff on FAST assessment and needs	6/30/23	Quarterly calls between DCS, the AOC, and the executive committee of the Council of Juvenile and Family Court Judges (TCJFCJ) are ongoing.

**Update FY2022 Progress Benchmark**

All key activities of this strategy have been completed. Blount and Dickson County jurisdictions were selected based on positive relationships between the respective Courts and DCS; some systemic challenges reported by the region; opportunities for engagement with the Courts and the Bar; Dickson county’s Safe Baby Court; and challenges with rural service delivery. Both counties felt the work that was done addressed the identified issues. Quarterly calls between DCS, the AOC, and the executive committee of the Council of Juvenile and Family Court Judges (TCJFCJ) are ongoing.

Objective Three	Action Steps	Completion Date	Measure of Progress
<p>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.</p>	<p>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.</p>	<p>6/30/24</p>	<p>Completed Assessment Baseline goal will be determined for regions or counties determined to have a large percentage of children entering care for services only. <b>Update:</b> Overall, this objective has been completed. Results did not indicate there was a problem. Monitoring using CFSR data will continue. <b>OSRI: (Multi-Item Data Analysis PUR October 2020 and April 2021 As of 6/7/22)</b> <b>94</b> foster care cases were opened due to dependency and neglect <b>88</b> opened due to child's behavior</p>

**Update FY2022 Progress Benchmark**

Reason for custody will continue to be reassessed in each region to determine if there were differences pre and post the COVID-19 pandemic.

**Goal Three: DCS will improve workforce recruitment, onboarding, training, mentoring, coaching, and retention.**

Objective One	Action Steps	Completion Date	Measure of Progress
<p>Quality Contact practice performance. Caseworkers' ability to conduct quality visits with children, as well as birthparents and conduct quality</p>	<p>Monitor item 14 and 15 results through annual CFSR and Quarterly CPR case review results</p>	<p>6/30/23</p>	<p><b>CFSR trends (OMS state rating summary 7/1/2021 - 6/30/2022)</b></p> <ul style="list-style-type: none"> <li><b>Caseworker visits with children</b> 43.14% 9/30/19</li> </ul>

informal assessments during those visits.			<p>50% 9/30/20 75% 9/30/21</p> <ul style="list-style-type: none"> <li>• <b>Caseworker visits with parents</b> 16.55% 9/30/19 19% 9/30/20 47% 9/30/21</li> </ul> <p><b>CPR results 7/1/21-4/21/22</b> <b>Caseworker visits with children</b> JJ custody 91% JJ non-custody – 93% Foster Care – 88% Non-custodial – 89%</p> <p><b>QAR results January – December 2021</b> <b>Effective Engagement with Child &amp; Family</b> 83%</p>
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**Update FY2022 Progress Benchmark**

Trends in CFSR results show caseworker’s quality contacts continue to improve overtime. Questions from the CPR tool include: 1. Were visits held in private? 2. Were visits in the home where the child/ren reside? 3. Did discussions include safety permanency and Well-Being? 4. Was the frequency sufficient based on case circumstances? Questions are being added to the CPR tool to capture this information on caseworker visits with parents and will be available during next APSR cycle.

<b>Objective Two</b>	<b>Action Steps</b>	<b>Completion Date</b>	<b>Measure of Progress</b>
Mentor Certification Program. This strategy will help new hire frontline staff develop knowledge and skills to increase staff retention and develop a well-rounded, sustainable workforce.	<ol style="list-style-type: none"> <li>1. Recruit qualified team leaders to participate</li> <li>2. The Training Department will conduct three 3-hour sessions over a 3-month period, with one session offered each month.</li> </ol>	6/30/24	On March 31st, the first cohort of 63 new mentors graduated from the program

**Update FY2022 Progress Benchmark**

The Mentor Certification program was completely redesigned last year, and the new program was launched in January. The goal of the program is to develop a pool of highly qualified peer mentors to provide support to new hires, assist in development of knowledge, skills, and abilities to be successful DCS employees. The purpose is to increase staff retention, improve work culture, enhance leadership skills, and ensure transfer of vital institutional information for a well-rounded, sustainable work force. Applicants must have their supervisor’s approval, no pending disciplinary action, and must have completed their initial probationary employment period. Two years of child welfare and / or case management experience is preferred, but others are considered on a case-by case basis. The program consists of three 3-hour sessions over a 3-month period, with one session offered each month. The long-term goal of the program is for every team to have a mentor. Current mentors will eventually need to complete the new program but will be able to continue mentoring until time and space in the new program permits completion. On March 31st, the first cohort of 63 new mentors graduated from the program.

<b>Objective Three</b>	<b>Action Steps</b>	<b>Completion Date</b>	<b>Measure of Progress</b>
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 through the existing CQI system.	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 Framework – Category 5. 2. Gaps will be identified, and action steps developed based on assessment completion of Category Five planning sessions.	6/30/24	Increased employee satisfaction rates (Baseline to be determined) Decreased turnover rates (Baseline to be determined from year prior to full initiation of objective) Staff are better trained and prepared for CPS case work. Staff satisfaction and retention will increase.

**Update FY2022 Progress Benchmark**

Employee retention was impacted by the pandemic. DCS had low rates of employee turnover during the pandemic, but turnover rates have increased as the pandemic restrictions are slowly being lifted. 40% of all employees considered leaving their current job in 2021. Thirty to forty-five (30-45) year olds have the highest quit rate which has increased by 20%. Many of the issues relate to COVID because staff feel disconnected and disengaged. They are currently experiencing burnout from working longer hours at home and not taking breaks. The desire for more flexibility caused people to leave their current job for more flexible jobs. Twenty percent (20%) of people who changed jobs took a pay cut. DCS has been exploring additional ways to ensure that workforce voice is heard. Employees at all levels participated in the Annual Joint Planning Sessions. Special

employee appreciation projects have occurred in Davidson, Mid Cumberland, Southwest, and Knox Regions with assistance from the Federal Program Division team, as these regions have seen the most turnover since the pandemic.

Tennessee identified three drivers for the great resignation: 1.) lack of strong relationship, 2.) lack of growth opportunities, 3.) lack of connection to the mission of the organization. Four of the top ten reasons why people are quitting their jobs are related to their supervision and leadership.

Below are Tennessee's strategies to improve employee recruitment and retention:

- Human Resources has been having numerous job fairs at colleges, community centers, hiring fairs, etc. both in and out of state.
- Human Resources has positions listed on numerous media applications and websites outside of our traditional Department of Human Resource (DOHR) site.
- Caseworker raises and starting salaries have been increased twice in the last two years and will be increased once again in July.
- The department has started hiring part time employees to carry caseloads in several regions. Many are employees who left the department to work for other state agencies. Most of these folks are working nights and weekends, or just doing on call.
- The department has started bringing some employees on as part-time while we wait for all of their paperwork to clear (backgrounds have to clear). This allows them to start work a couple of weeks earlier than normal.
- The department has started reaching out to those who recently retired and have brought several back to work on 120 and 180 day contracts to help carry cases.
- Currently awaiting DOHR approval to reclassify several vacant positions to a new Case Services Assistant position. This new position will pay better than the Case Assistant positions we currently have. This will allow the department to hire folks with Associate Degrees to be junior caseworkers. They will sit with children, transport children, supervise visits, file, run errands, run medical appointments, etc. This will then allow Caseworkers to focus on visits and case planning. If approved, the department will be able to tap into community colleges and help those graduates get a taste of social work to see if that is what they want to do with their careers.

#### DCS Tuition Assistance Programs

- Bachelor of Social Work (BSW) Tuition Assistance Program: The Bachelor of Social Work (BSW) Tuition Assistance Program is currently on hold.
- 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. In an effort to increase interns the University of Tennessee College of Social Work has agreed to allow department employees with a Master's Degree in a similar field supervise MSSW interns starting in the fall 2022 semester.



**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.**

Objective One	Action Steps	Completion Date	Measure of Progress
TN Key training for both DCS and provider agencies will include new curriculum that emphasizes the importance of mentoring birthparents.	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. 2. New training curriculum will be implemented and provided to all new foster parents during initial training. 3. New training will be initiated and required of all current Foster Parents.	6/30/24	Please see curriculum subjects and total numbers trained in the table below.

**Update FY2022 Progress Benchmark**

Please see Training and Development systemic factor section for updates

- 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.
- Existing parents currently have access to a virtual live facilitated Working with Birth Parents and Visitation course. All existing foster parents who have completed Working with Birth Parents and Visitation will be listed as completed or exempt for this new requirement. 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
- OTPD prepared existing Foster Parents and Providers for the new requirement by 10/1/20.
- Marketing for the online course to existing foster parents started on 11/1/20
- The online training began on 12/1/20.
- Required participation is tracked on the monthly training report for DCS foster parents.

**Measure of Progress**

<b>TOTAL OVERALL COMPLETION OF BIRTH PARENT MENTORING TRAINING AS OF APRIL 1, 2022</b>	<b>Total Parents Completed</b>	<b>Total Families Completed</b>
TN KEY Traditional	3266	2012
Condensed Kinship TN KEY	1977	1281
Parent Partnerships – Mentoring Birth Parents	4113	
Working with Birth Parents and Visitation	1452	
Working with Birth Parents	713	

<b>AS OF APRIL 1, 2022</b>	<b>Total Parents</b>	<b>Total Families</b>
Total ACTIVE DCS Compliant with Requirement	3532	2004
Total ACTIVE DCS	3726	2132
<b>Compliance Rate</b>	<b>95%</b>	<b>94%</b>
*Discrepancy between total parents and total families percentage due to not all parents in a home having completed the training yet		

<b>Objective Two</b>	<b>Action Steps</b>	<b>Completion Date</b>	<b>Measure of Progress</b>
DCS will strategically examine the willingness of Foster Parents to serve as mentors during the initial recruitment and training process.	<ol style="list-style-type: none"> <li>1. New questions about serving as a mentor will be added to foster parent inquiry calls.</li> <li>2. Office of Professional Development and Training will develop an assessment tool to rate a foster parent's willingness to mentor</li> </ol>	Curriculum completed 7/1/21. Training and recruitment is ongoing.	<p>New recruitment plan will be developed that addresses how applicants will be screened.</p> <p>As of February 2022, Tennessee has 81 active mentors.</p>

	as they go through TN Key sessions.		
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### **Update FY2022 Benchmark Progress**

1. The mentoring expectation is part of the revised training curriculum and is covered in policy. There are four modules that include:
  - Module 1: Navigating the Child Welfare System
  - Module 2: Exploring the Impact of Trauma
  - Module 3: Roadmap to Resilience
  - Module 4: Rerouting Trauma Behaviors

The goal is to have three mentees to one mentor. Tennessee needs 105 more mentors to reach this goal and regions continue to recruit, however, some challenges include: some mentors only take one to two families to mentor at a time and some mentors are on hold status for personal reasons.

2. The TN KEY assessment is used to measure potential foster parents' ability to mentor birth parents. Applicants must demonstrate knowledge and ability through discussion and participation in class to work with and mentor birth parents and families in the foster care system as expected.

### ***Feedback Loops:***

Tennessee uses several processes to continually consult with children, youth, and families, and internal and external stakeholders. Information about effectiveness of interventions and progress to improve outcomes is gathered through these feedback loops to support progress made to improve outcomes. For example, during CFSR interviews with families who are involved with Safe Baby Court we are able to examine the effectiveness of this intervention from the family's perspective. Through the Youth Advisory Council, we are able to learn from the youth's perspective how to improve accessing services and how we can improve placement stability. The CFSP quarterly advisory council provides an ongoing platform for frontline staff, providers and partners, judges, etc. to learn more about the objectives and interventions outlined in the CFSP and how they can be supported or improved through their feedback and discussions regarding resources available through our providers and partners. Below is a list of examples of processes that integrate feedback loops:

- Interviews with families and children through the statewide CFSR process
- QA/QI Interagency meetings with providers
- CFSP Quarterly Advisory Board meetings
- Youth Advisory Council
- Annual Joint Planning Meetings
- Annual Foster Parent Conference
- Racial Justice Workgroup

### ***Implementation Supports***

The Department partnered with the Capacity Building Center for States to help improve the overall quality of assessments and their impact on placement stability. Several Rapid Response Strategy Planning Sessions occurred, and recommendations were received by the Department in October 2021. The Assessment Foster Home process that was discussed during the 2021 Joint Planning

Session and during some of those Rapid Response Sessions has been implemented at the Department.

The Capacity Building Center has participated in Non-Overlapping Program Improvement Plan calls on a monthly basis. The Capacity Building Center provided technical support and onsite breakout session facilitation for the 2022 Joint Planning Session. This included providing a parent advocate and youth advocate to participate in the process and provide input on further engagement for those with lived experience. The Department plans to engage CBC as we move forward in CFSR round 4 to plan and implement. In addition, The Department plans to use youth and family consultants and will continue to invite CBC to non-Overlapping calls and joint planning.

The Department continues to partner with local law enforcement and District Attorney Offices to co-locate Child Protective Services staff at Family Justice Centers, Family Safety Centers, and Child Advocacy Centers to better serve children and families.

The Department continues to partner with the Vanderbilt University Centers of Excellence. Vanderbilt COE employs the Assessment Consultants in each region that provide training and support for the CANS, FAST, and TINS Assessments. Vanderbilt COE also partners with DCS to conduct intensive assessments on children and youth. These Assessment Consultants also serve as the qualified individual for youth placed in QRTPs. Vanderbilt COE also provides data on family and youth needs that have been used to look at needed services. This data was presented to the larger group at the 2022 Joint Planning Session.

## 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 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 intercountry, 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 which provides the services to families 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. From 2014 through June 2022, Harmony provided ASAP services to over-173 private, domestic, and intercountry families. During this APSR cycle a total of 14 children from countries outside the U.S. were placed for international adoption with Tennessee families in Tennessee. All referrals to Harmony are tracked and The DCS Licensing Division regulates all international adoption agencies operating within the State of Tennessee through regular inspections and licensing evaluations.

## ***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. DCS expanded the existing permanency planning process to incorporate Plans of Safe Care. The TFACTS system allows for the designation of specific family and infant needs as meeting the population definition of the Comprehensive Addiction and Recovery Act (CARA). These needs are then discussed in the Child and Family Team Meetings where the Family Permanency Plan is created. The Family Permanency Plan then becomes the Plan of Safe Care in one streamlined document for families, DCS staff and courts rather than creating a duplicate workflow. This process is followed whether the infant enters foster care or is supported in the community through non-custodial services. More attention has been given in the non-custodial work through the expansion of specialized Drug Teams within Child Protective Services who investigate cases involving drug exposed infants ages 0 to 3 months.

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 (later named Safe Baby Court) was established 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 was developed in Grundy County, an impoverished rural county, that started in 2017. 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. Five new Safe Baby Court sites were identified in 2019: Anderson, Dickson, Henry, Jefferson, and Rutherford counties and are fully established. There are two (2) additional courts identified and will be implemented during FY 2022: Sumner and Maury Counties. Through SBC 248 (67%) children participated in 566 services. Of these services that were provided, 431 (76%) were successfully completed, 26 (5%) failed to be completed successfully, and 109 (19%) are in progress.

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 continues to be 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 116 death and near-death case reviews in CY 2021. 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 2022 is posted for public view <https://www.tn.gov/dcs/program-areas/child-safety/cdnd-pn/current-year.html>

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.

### ***Supplemental funding to prevent, prepare for, or respond to, Coronavirus Disease 2019 (COVID-19)***

Tennessee Department of Children's Services received \$1,009,709 in supplemental funding to prevent, prepare for or respond to Coronavirus disease on 03-27-2020. The Child Welfare Services CARES Act funds were used to provide support to children and families in need of emergency assistance such as rent and utility financial assistance and other COVID related financial difficulty. The existing Relative Care Giver contract was increased to expand supportive services such as information and referral, access to support groups, respite care, and family advocacy assistance. This support is geared toward self-sufficiency and stability to ensure the child is able to stay within the family instead of entering foster care. The relative Caregiver Program is an option available for relatives to care for non-custodial children who require out-of-home care. The family does not receive a monthly stipend through the program, but rather has access to several other opportunities to support them.

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

**Promoting Safe and Stable Families** - Please see TN FY2021 CFS 101 for the demographics and number of families served for FY 2020-2021.

- **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**

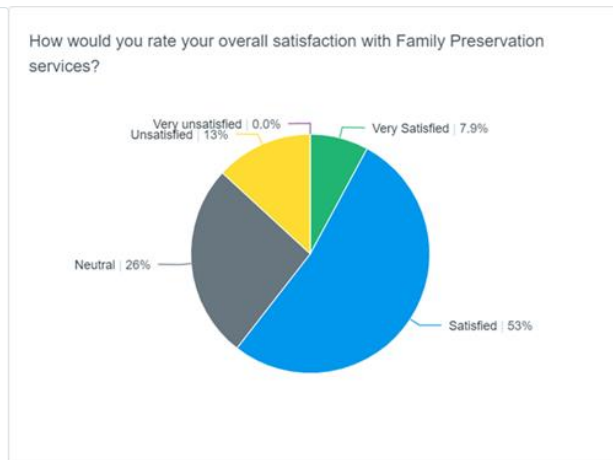
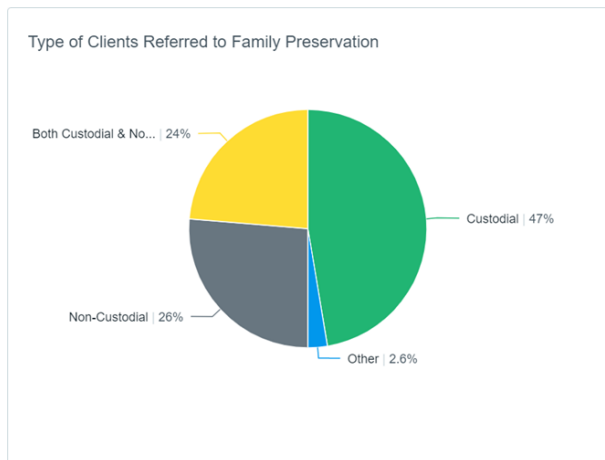
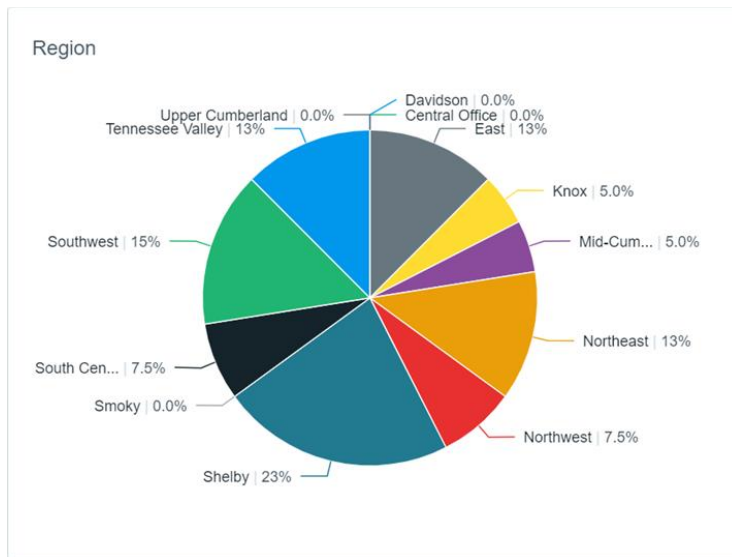
Under the family preservation umbrella, the provision of funding continued for the Annie E. Casey model of Teen Connect which was piloted in Davidson County. The model engages parents of teens in an 8 to 10 week program that focuses on preventing their at-risk teens from entering care. Referrals have been down for Davidson and for July 1, 2021 through current, 25 parents graduate from the program. There were four (4) classes conducted (per the contract). Three (3) classes had seven (7) parents graduate and the last class (ending on June 23), had four (4) graduates. DCS is expanding Teen Connect to include East, Northeast, Smoky, Knox Regions, and Robertson County in Mid Cumberland Region during the next fiscal year. This expansion should increase more referrals from these other regions. 12 classes will be conducted during the next fiscal year.

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. Results during this APSR for Family Preservation Services are below:



## Referrals by Region:



Family Support Services encompass a wide range of flexible and responsive services 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 services not covered by TennCare.

### Time Limited Reunification Services

Under the PSSF objective to address time limited family reunification in instances where children have been removed and placed in foster care, the Department will utilize funding to expand a contract with a current service provider whereby a small group of DCS and provider foster homes will convert to assessment homes during a nine-month pilot/exploration period. The purpose would be twofold- to quickly assess and be responsive to trauma or behavioral related needs of the child in a manner that enhances placement stability in the external placement setting and upon reunification. The DCS training division, in partnership with the service provider (Harmony Family Services) will provide an enhanced trauma focused module to foster homes participating in the

project. Harmony will provide the comprehensive clinical assessment through the Child & Adolescent Needs Assessment tool (CANS) in tandem with Dr. Bruce Perry's Neuro-sequential Model of Therapeutics Assessment (NMT). Harmony will follow the child/youth for an intensive six-month period with evaluation, services, and in time response to issues in the placement setting or reunification setting along with the provision of a documented summary that can follow the child/youth. Tennessee currently has five (5) homes who serve as Assessment Homes.

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. Number of Caregivers who attended AGPT:

- FY2019-2020 - 1,108
- FY202-2021 -1092
- FY2021-2022(excludes June)- 822

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. Number of Caregivers and Children who attended FUSE:  
FY2019-2020 - 1120  
FY2020-2021 - 295  
FY2021-2022(excludes June) - 55

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 2019-2020, the ASAP | GSAP program provided in-home services to 476 children and their families, with an average length of seven months in treatment. For pre-adoptive children, there was a disruption rate of 5% among families served and for post-adoptive families, a <1% disruption rate.

In FY2020-2021, the ASAP | GSAP program provided in-home services to 489 children and their families, with an average length of almost 8 months in treatment. For pre-adoptive children, there was a disruption rate of 6% among families served and for post-adoptive families, a 0.02% disruption rate.

In FY2021-2022 (excludes June), the ASAP | GSAP program provided in-home services to 468 children and their families, with an average length of eight months in treatment. For pre-adoptive children, there was a disruption rate of 0% among families served and for post-adoptive families, a 1.02% disruption rate.

### ***Service Decision-Making process for Family Support Services***

The Resource Linkage program (RL) area provides resources and material items to families in all 95 counties of TN in conjunction with the other DCS program areas and through community referrals and walk-ins. The most frequently provided material items include children and teen clothing, infant supplies, crib / pack n plays, as well as holiday and event drives for gifts, food boxes, and school supplies. Bags of love are also donated from partner agencies to provide valuable items to children entering custody. Other vital items provided to families include lock boxes for medication and weapons, smoke and carbon monoxide detectors, mattresses and bed frames, and hygiene supplies. There are times when RL can obtain gas cards to help families to attend important meetings, medical and counseling appointments, and child/parent visits. Many items are provided through the collaboration of the Community Advisory Board (CAB). Resource Linkage may also make referrals for other services such as counseling, Youth Villages non-custody programs, and help parents to complete applications for school, insurance, housing and, legal assistance. DCS staff identify the need for some of these items using a both formal and informal assessment of the family, while in other instances, the family has an awareness of their needs, and reach out to DCS or the community for assistance. The partnership between RL, staff of other DCS programs, CABs, and the family is significant when identifying the appropriate resources and items to help with the alleviation of risk of harm or custody.

### **Community-Based Child Abuse Prevention (CBCAP)**

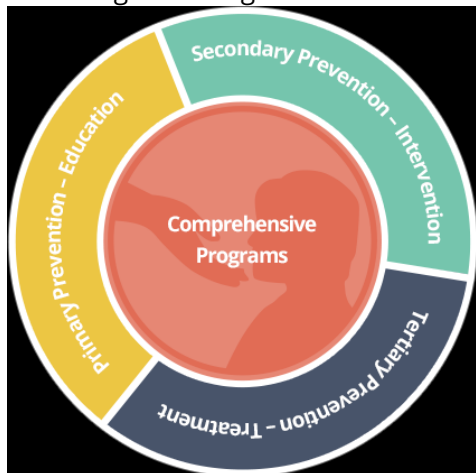
Tennessee's CBCAP program receives consistent funding from federal and state-matched dollars which are distributed through publicly available child abuse prevention grants. The grants are specific to delivering primary and secondary prevention services. Community-based agencies are free to develop a program specific to the needs of their community. Forty-one (41) contracts for Stewards of Children, Nurturing Parenting and Parent Leadership were funded through CBCAP from July 1, 2021 to current. Below are the number of individuals who received public awareness and/or public education activities (including Darkness to Light's Stewards of Children) aimed at preventing child abuse and neglect funded by a Community-Based Child Abuse Prevention Program (CBCAP) Grant during the reporting period:

Quarter 1	641,335
Quarter 2	474,398
Quarter 3	729,680

- **Darkness to Light's Stewards of Children** is an evidence-informed sexual abuse prevention training program designed to educate adults to recognize, prevent, and react responsibly to child sexual abuse. This 3-hour, discussion-based training is administered by trained facilitators. Currently the training is offered through 18 sites across all 12 regions of the state.
- **Parent Leadership Services** are designed to increase and enhance parent leadership involvement and activities across the state with an emphasis on preventing occurrences of child abuse and neglect before it starts. At the core of this contract is a team of parent leaders located across Tennessee who focus on building a strong network of statewide and national collaborations to advocate parental involvement throughout various activities. During this APSR cycle 31 parents were nominated or referred to the Tennessee Parent Leadership Team.
- **The Nurturing Parenting Programs** target all families at risk for abuse and neglect with children birth to 18 years. The programs feature activities to foster positive parenting skills with nurturing behaviors, promote healthy physical and emotional development, and teach appropriate role and developmental expectations. Lessons can be delivered in a home-based setting, group-based setting, or combination of home and group settings. Results for three quarters during this APSR cycle are in the table below:

Questions	Quarter 1	Quarter 2	Quarter 3
Total number of families who began receiving preventative direct services through a CBCAP funded Nurturing Parenting Program during the identified quarter	550	530	564
Total number of parents/caregivers who began receiving preventative direct services through a CBCAP funded Nurturing Parenting Program during the identified quarter	639	551	652
Total number of children who began receiving preventative direct services through a CBCAP funded Nurturing Parenting Program during the identified quarter	928	902	1,010
Number of Adult Participants who saw an improvement in ALL five Constructs (A, B, C, D, or E) from their Pre-Test (Form A) to their Post Test (Form B)	64	90	82

Nurturing Parenting Model:



As a part of Tennessee's Children's Trust Fund, Tennessee continues looking for opportunities to expand prevention-related activities and services through publicly available grants and increase funding for CBCAP programs. The Department is still exploring opportunities to utilize the supplemental CBCAP funds provided by the American Rescue Plan. One consideration is to expand the existing programs of Stewards of Children and Nurturing Parenting into areas of Tennessee where there is not currently a funded program or to increase the funding for existing contracts where these programs are being implemented. In addition to Stewards of Children and Nurturing Parenting, the Department is researching school-based prevention programs, domestic violence prevention, and expansion of universal home visiting programs.

## ***Populations at Greatest Risk of Maltreatment***

- **Drug Exposed Children**

The specialization of drug teams has been implemented in 49 counties representing 6 regions across the state. 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 an additional provider resource has been engaged to provide services in the middle and western portion of the state specifically related to long term oversight for families impacted by substance abuse. 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. There are currently twelve (12) established Safe Baby Court sites in Tennessee, with 2 new sites beginning implementation this year. Zero to Three continues to be a key partner in supporting the existing sites and onboarding the new sites to assist in strengthening the capacity to serve children ages birth through three years. 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 was completed during this APSR cycle. 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 also joined with TBI on the development of a Best Practice Guide for Law Enforcement Agencies and sat on an OCJP Grant Review Committee reviewing proposals for service delivery projects within the state. 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.

Reduction in time to permanency for SBC cases versus traditional D&N cases:

Traditional D&N (Average days youth in custody in cases closed each calendar year):

CY20: 522.8

CY21: 550.4

SBC (Average days that case remains in the SBC intervention):

Custodial:

CY20: 385.8

CY21: 420.1

Non-Custodial:

CY20: 330.4

CY21: 291.4

Combined:

CY20: 357.6

CY21: 355.0

Reduction in repeat instances of maltreatment compared to traditional D&N cases:

CY20:

Traditional D&N (Percentage of children that re-enter custody within 6 months of release): 3.1%

SBC (Percentage of children that re-enter custody within 6 months of SBC case closure): 0%

### ***FY 2021 Kinship Navigator Funding (title IV-B, subpart 2)***

Tennessee continues its focus on enhancing and evaluating the kinship navigator program referred to as the Relative Caregiver Program (RCP). Central Office RCP program staff has been working closely with the RCP providers, DCS fiscal and legislative staff, along with Tennessee legislature to establish a path for qualifying RCP families to receive a monthly stipend to help meet the needs of children in their care. Senate Bill 2398 and House Bill 2145 were signed and fully enacted in the spring of 2022. The Bills amend Tennessee Code Annotated to include criteria for families to receive payments. There is a sustained collaboration with internal and external partners to ensure the implementation of the amended RCP practice by January 2023.

Central office maintains regular correspondence with RCP providers via monthly conference calls where program updates and challenges are discussed. One of the updates shared is the partnership with Vanderbilt to launch RedCap for the RCP. The goal is to have a more streamlined process of entering information and retrieving outcomes. The testing phase is near complete, and the providers are expected to officially utilize RedCap by July 1, 2022. This system will also allow a less intensive development of the annual RCP report that is to be submitted to the legislature yearly.

The Relative Caregiver Program (RCP) is an option offered in all 95 counties to relatives who care for noncustodial children who require out-of-home care. Children and relative caregivers receive supportive services geared toward self-sufficiency and stability to ensure the child can stay within the family instead of entering foster care. The family must be related to the child through blood, marriage, or adoption, and meet financial guidelines to be eligible for the RCP program. Typically, the family does not receive a monthly stipend or grant, but rather has access to several other opportunities for support. For the fiscal year ending in June 2022 RCP Served 2,356 Eligible Children and 1,756 Caregivers.

Tennessee DCS was again awarded Kinship Navigator Funds which were used to assist families who were directly affected by COVID-19. It was determined that although COVID-19 cases began to decrease, families continued to experience the effects of the pandemic. Kinship navigator funding (KNG) was used to help families who had lost their jobs, gotten shorter hours, lost one caregiver in the home due to COVID-19, or caregivers who took in children because they lost their parents due to COVID-19. KNG funds helped families to maintain residential stability, stock their home with food for the family, and obtain educational materials for families who had to utilize at-home learning alternatives. Many families avoided disconnection of their utilities, maintained their health with hygiene items and needed household supplies, and limited the children's exposure to risk and safety concerns that could result in a placement disruption. The current Relative Caregiver Provider information follows:




Further information can be found at <https://www.tn.gov/dcs/program-areas/foster-care-and-adoption/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. In November 2021 the policy was updated, and a Visitation Guide was added to the policy. The Visitation Guide provides an outline of different circumstances (visit type), time frame and location requirement. To provide clear and concise instructions for case worker visits, the guide describes the people responsible for the visit, and the purpose of the visit including discussion points to be covered. In addition, Face to Face observation checklists is provided for different circumstances. For example, requirements for face- to-face visits with children/youth in congregate care vs. face-to-face visits with children/youth in a provider foster home. 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 policy and guide 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 guide 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. Tennessee has seen continued improvements in quality caseworker visits which is attributed to Quality Contacts and Team Leader CFSR Mentor initiatives implemented during the CFSR PIP as well as updates to the policy. Tennessee continues to monitor monthly caseworker visits through ongoing CFSR reviews (please see well-being outcome 1 for results and trends). 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.

## Monthly Caseworker Visit Data

	<b>Tennessee Federal Caseworker Face to Face Visits Federal Fiscal Year 2021</b>
<b>12591</b>	<b>The aggregate number of children in the data reporting population</b>
<b>91884</b>	<b>The total number of monthly visits made to children in the reporting population</b>
<b>94359</b>	<b>The total number of complete calendar months children in the reporting population spent in care</b>
<b>82117</b>	<b>The total number of monthly visits made to children in the reporting population that occurred in the child's residence</b>
<b>97.38</b>	<b>Percentage of visits made on a monthly basis by caseworkers to children in foster care</b>
<b>89.37</b>	<b>Percentage of visits that occurred in the residence of the child</b>
	* Population logic is exactly the same logic used in the AFCARS submission 21A & 21B
	** Data as of 12/10/2021 Database Instance eidwprd

## Additional Services Information

### ***Adoption and Legal Guardianship Incentive Payments***

The state will spend Adoption Incentive and Legal Guardianship Incentive funds to provide services that are provided under Part B or E of the Title IV of the Social Security Act. During FY2022, DCS spent Adoption Incentive and Legal Guardianship Incentive Payments for supporting adoptive families with Pre and Post Adoption Services. The state does not expect any challenges in expending adoption incentive funds in a timely manner in FY 2023.

### ***Adoption Savings***

The state provided children and families with pre- and post-adoption services that promote permanency and also help communities nurture adoptive families. These services were provided to Tennessee families who have either made their intent to adopt known or who have already finalized adoptions through Tennessee Department of Children's Services. The state provided Family Support Services and Family Crisis intervention services to children and their families with the purpose of minimizing risk to children by addressing identified needs within the family, thereby enhancing well-being and permanency and delivering continuous support and guidance designed to stabilize crises that impact children and their families. The state provided various support

services for custodial and non-custodial children. The state will provide children and families with pre- and post-adoption services that promote permanency and also help communities nurture adoptive families. These services were provided to Tennessee families who have either made their intent to adopt known or who have already finalized adoptions through the Tennessee's Department of Children's Services. The department is extending funding for pre- and post-adoption services for FY2023. The state will provide Family Support Services and Family Crisis intervention services to children and their families with the purpose of minimizing risk to children by addressing identified needs within the family, thereby enhancing well-being and permanency and delivering continuous support and guidance designed to stabilize crises that impact children and their families. This will be provided through various support services for custodial and non-custodial children and Guardianship Assistance Program. The state will spend the Savings accumulated from the previous year in the current year. Our strategy has been to keep the balance of current year. For example, we plan to use the accumulated balance for fy22 in fy23. There are no challenges by the department in accessing and spending adoption savings funds.

### ***Family First Prevention Services Act Transition Grants***

Tennessee Department of Children's Services implemented the Family First Prevention Services Act on July 1, 2021. The Department will use the major portion of these funds for prevention model implementation to include providing financial support for equipment, electronic programs, and materials for providers who move to the selected evidence-based programs listed below:

- 1.) Multi-Systemic Therapy (MST)
- 2.) Home Builders
- 3.) Parent/Child Interaction Therapy (PCIT)
- 4.) Intercept
- 5.) Parents As Teachers (PAT)
6. Brief Strategic Family Therapy (BSFT)
7. Nurse Family Partnership (NFP)

The Department will also use funding to provide training for provider agency staff who move to these new models through September 30, 2025. Currently all of the evidence-based services in Tennessee's Plan are rated well-supported in the Clearinghouse. However, the state is exploring with a partner state agency the possibility of funding a rigorous evaluation for an evidence-based prevention program they support. Additional Transition Act Funding may be used to supplement stipends for parents who participate in planning activities; providing stipends for MSSW Internships that will help implement the programs listed above; completing an additional needs assessment; and expanding a contract with Vanderbilt University Centers of Excellence for Assessment Consultants who serve as the QRTP qualified individuals.

## ***Family First Transition Act Funding Certainty Grants***

Tennessee's planned use of Certainty Grant funds will be for:

### **1.) IV-B allowable activities such as:**

Family Support Services will be provided to children and their families with the purpose of minimizing risk to children by addressing identified needs within the family, thereby enhancing well-being and permanency. This grant will assist in funding services and resources specific to the needs of each family allowing DCS to work with and support the family until family support service involvement is no longer warranted. Providing family support services is not only an immediate intervention to prevent a custodial episode, but it also provides a long-term intervention by helping families reach a level of self-efficacy and stability.

Family Crisis Intervention Services - This grant will assist DCS in delivering continuous support and guidance designed to stabilize crises that impact children and their families. DCS ensure that all appropriate community services have been exhausted prior to any dependent, neglected, or unruly child is placed into state custody. A DCS caseworker works with the child, family, family supports, and identified community agencies to develop a plan with the family, that may include linking the family with resources in the community.

### **2.) Activities previously funded with demonstration project:**

Non-custodial prevention services such as Family Support Services and Family Crisis Intervention services to reduce admission of children to foster care, reduce lengths of stay in foster care, and improve well-being outcomes for children in foster care.

### **Family First Prevention Services Act – Qualified Residential Treatment Placements (QRTP)**

Tennessee Department of Children's Services implemented Family First Prevention Services Act (FFPSA) on July 1, 2021. In addition to implementing prevention services, the Department opted to pursue reimbursement of title IV-E foster care maintenance payments for children/youth in the Department's custody being placed in settings other than family foster homes. Prior to the implementation of FFPSA in July 2021, the Department developed a Protocol for Placing Children/Youth in a Qualified Residential Program. To help implementation go smoothly and to familiarize staff with the protocol, each of the 12 regions spent time practicing following the protocol in the months leading up to the July implementation. Since the July 2021 implementation, when the Child and Family Team are considering placing a child in a QRTP, this protocol is followed. 30 day assessment by a qualified individual. The Department utilizes the Child Adolescent Needs and Strengths (CANS) as the assessment tool to meet this requirement. Since 2007, the Department has utilized the CANS assessment and has partnered with the Vanderbilt Medical Center of Excellence to have Assessment Consultants in each of the state's 12 regions as the final approver of the CANS assessment. For purposes of QRTP placements, the Assessment Consultants serve as the required qualified individual approving the CANS and participate in the Child and Family Team Meetings (CFTMs) to approve placements in QRTP settings. Each CANS is initiated by the assigned FSW, routed to the supervisor for review, then to the assigned Assessment Consultant for consultation and approval. Once the CANS is approved, the CFTM, in which the Assessment Consultant is involved, is held to discuss the child/youth's placement in the QRTP. The actionable Needs on the CANS are discussed. Based on those needs, the Assessment Consultant either agrees or disagrees with the placement in a QRTP. After the CFTM, the FSW is responsible to provide the

CFTM minutes and CANS assessment to regional legal staff for the information to be presented to the court for the QRTP review hearing.

The department has developed a QRTP CFTM and Court Hearing Report in order to track each region's compliance with the FFPSA QRTP placing requirements. This report can be accessed on the Department's shared drive at any time. Each week, the Federal Programs Division reviews the report, indicates steps that are needed for placements to be complaint for IV-E reimbursement, and sends the report to staff in each region for review and follow up.

The department has also developed a report to track QRTP long-term placements. This report is utilized by the Federal Programs Division. As children/youth are approaching the required review periods specified by FFPSA, the Federal Division notifies the assigned case manager and regional leadership of the upcoming review. The case manager is asked to complete the Commissioner's Long-Term Review of QRTP Placements form. The case manager returns the completed form along with required assessment and CFTM documentation to the Federal Team contact person. Once it is determined all necessary information has been included, the Federal Team contact submits the information for the Commissioner to review. Once the Commissioner reviews the placement, she returns the signed form to the Federal Team contact who then forwards it to the case manager for upload to the child/youth's electronic case file. To date, there have been two placements reviewed by the Commissioner. Both were children under the age of 12 who had been in a QRTP for six months.

### **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 the 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 FY22 Chattanooga, TN was awarded funding for the Youth Homelessness Demonstration Project "YHDP". Wayne's Halfway House opened a Supervised Independent Living Program in Waynesboro, TN. This is the first SIL program in West TN in years. During FY21 partnerships were developed with the cities of Memphis, Knoxville, Nashville, Oak Ridge, Johnson City, and Morristown to begin utilizing HUD's Foster Youth to Independence housing vouchers. Meetings with additional housing authorities are in the process of being scheduled. The Supervised Independent Living programs at Chambliss Center for Children, Partnership for Children, Families, and Adults, Monroe Harding, and TN Children's Home had expansions to their capacity for EFC young adults. 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. A youth voice video promoting Extension of Foster Care was developed to be shown during meetings with youth to better help them understand the service from other youth's perspectives.

- 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.

Update: During FY22 legislation was passed to support adding the employment and removing barriers to employment criteria for Extension of Foster Care eligibility. Additional state funding was allocated for this purpose for implementation in January 2023. The Office of Independent Living utilized the EFC flexibilities under the Supporting Foster Youth and Families through the Pandemic Act as a small test of change project towards full expansion. Data was collected on the population of young adults receiving the service that met the two additional criteria that normally isn't recognized. 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. Classes are offered through a combination of in-person and virtual classes. The resource centers offer financial literacy, pregnancy prevention, and life skills classes. 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.

### **Engaging Youth and Young Adults**

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 worked with young leaders who serve on advisory boards to implement youth voice in areas of advocacy, policy improvement, as well as organizational change. The YAAC was instrumental in organizing and leading Youth COVID-19 Townhall meetings. They assisted with the development of a Youth and Young Adult COVID-19 survey which asked specific questions about how youth were faring during the pandemic. Survey responses with an immediate need were sent to local DCS and provider agency partners for follow up and assistance. The YAAC assisted with a review of the new Life Skills 2.0 questions that were developed into the TFACTS Assessment Integration project. The YAAC was instrumental in identifying the needs of youth and young adults during the pandemic and determining the plans to spend the additional Chafee funding from the Supporting Foster Youth and Families through the Pandemic Act. They identified the main needs of this population is direct cash assistance, assistance with paying rent, and assistance with car insurance. These plans began in late June 2021 and the YAAC were involved in spreading the word to other eligible young adults. DCS has Youth Boards across the state in Nashville, Chattanooga, Memphis, and Knoxville. However, the pandemic has affected some of the group's active participation. It is expected that participation will increase into the Fall of 2021. 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. Members of the YAAC were involved in the recent Joint Planning meet and provided great insight into the experiences of older youth in foster care. As a result of that meeting, the YAAC members will explore opportunities to mentor teens currently in foster care. The YAAC members will also be involved in the expansion of Extension of Foster Services as legislation was passed during FY22 to expand to the offering the employment and removing barriers to employment criteria. 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.

### **Division X Supporting Foster Youth and Families Through the Pandemic Act**

In collaboration with the Young Adult Advisory Council during FY21 it was determined that direct financial assistance to young adults during the pandemic was the best use of the additional funding and served it's intended purpose. Therefore, planning and implementation for young adults between the ages of 18 through 26 that were in foster care at the age of 14 or older were eligible for a direct stimulus payment of \$1,200. Young adults in the Extension of Foster Care program are eligible for a direct stimulus payment of \$1,000. In addition to the direct stimulus payment, a

contract was developed with Youth Villages to provide direct vendor payments up to \$1,500 on behalf of the young adult. The direct vendor payments are used to address immediate financial needs of young adults that apply for the DCS pandemic support. Immediate financial needs being addressed include preventing evictions, vehicle repossessions, utility services, phone services, etc. An application process was developed, and each applicant was reviewed for eligibility. Eligible applicants that indicated attending a post-secondary school were offered the Education and Training Voucher.

Pandemic aid applications for direct financial assistance and direct vendor payments have continued during FY22. However, the age of eligibility was reduced to the normal Chafee age limit of up to 21. DCS leadership approved and completed the Chafee Certification through Families First to increase the age of eligibility up to 23 in late May 2022 as an effort to spenddown the funding and serve more young adults. Other planning efforts to spend the remainder of the funding include providing laptops for Chafee eligible youth in foster care and those receiving Extension of Foster Care. Purchasing NYTD survey incentive gift cards and increasing the amount for upcoming cohorts is being explored. Finally, developing an Independent Living app is being explored using the remaining funds. An app for Independent Living purposes will provide an opportunity to increase engagement with older youth in foster care and those that have transitioned out of care. It would aid in keeping transition aged youth informed of programs and services in their area and keep them connected to the Office of Independent Living for important updates and deadlines.

The overall challenge with spending the additional Chafee funding has been the narrow timeframe that was given to appropriately plan and the narrow timeframe given to serve young adults up to age 27. Additionally, there were initial delays in proceeding with spending the additional funding to the process of obtaining approval through the state legislature. Extremely large volumes of applications received and having staffing shortages also created barriers. Ultimately, the state has been able to reach and meet the needs of a large number of young adults through Division X which was the intended purpose of the additional funding. A total of 2018 youth have benefitted from the direct stimulus payments and 939 youth have benefitted from vendor payments through Youth Villages to support housing, utility, transportation, technology, and phone services.

<b>NYTD Data Quality Improvement Plan</b>
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:
<ol style="list-style-type: none"> <li><b><i>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.</i></b></li> </ol>

A challenge continues to be provider agencies having their own systems, as most of the documentation of “soft” services such as non-paid, life skills related activity is documented in narrative form and not as data sets. A CCWIS financial enhancement implemented in November 2021 has focused attention on issues related to paid service delivery, and so non-paid services have not taken center stage. This will continue to be considered an opportunity for improvement once the paid services issues improve. Youth Villages is entering services paid out of their LifeSet contract in 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.**

Youth Villages, a private provider agency, continues to be contracted to administer the NYTD survey in Tennessee. DCS case workers do not administer NYTD surveys. Independent Living Program Specialists do help obtain surveys on occasion and are provided targeted assistance as needed. Tennessee DCS requests that this finding be considered remediated.

**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 Office of Independent Living leadership met with the Youth Villages statewide LifeSet coordinator and the Youth Villages National Scholar Coordinator to discuss concrete strategies to establish a youth presence in Tennessee’s NYTD work. Action steps include:
  - Youth Villages identifying a point person for this work
  - Engaging youth and young adults with lived experience in foster care who participate in their Lived Experience Advisory Council and YV Scholars programs (also identifying those with crossover with the Tennessee DCS ... Council) who are interested in developing strategies to improve engagement with our NYTD population
  - Identifying the scope of work requested of youth, and resources to support them
  - Develop and provide training to youth involved in this work on NYTD, the NYTD QIP, and ways to organize and implement identified strategies to support ongoing engagement of NYTD youth between survey periods.

**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 still 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.

Please see the Quality Assurance section for information about efforts to include NYTD in the DCS review process.

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

Tribal membership historically represents a very small percentage of the applicable population in Tennessee. There are CCWIS enhancements anticipated related to new reporting requirements for ICWA that have made it necessary to make some changes to how AFCARS data is captured (TFACTS AFCARS 2.0 project), which will also impact NYTD.

**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).**

Educational records are manually entered in TFACTS, which is cumbersome, time consuming and prone to human error. No automated interface with the state's Department of Education is currently possible, and any kind of data transfer from post-secondary programs is not currently feasible either. There was 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 was re-scheduled to begin later this year (2021, with an expected completion date of 2022). 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 but has never received any more information about this. Tennessee DCS will continue to monitor, and partner with, the state's information technology division regarding any opportunities for 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 using 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 using such reports. 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 still needed. Tennessee DCS will reach out to the federal NYTD team to request a current review of Tennessee's NYTD QIP status, and to discuss the aforementioned options for capturing data in ways that are allowable but also provide flexibilities for the state as well as provider agencies.

**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, Partnership for Families, Children and Adults, and South Memphis Alliance, 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. DCS contracts with four Resource Centers across the state to serve as a one-stop shop for service coordination and life skills class delivery to youth and young adults. The centers include South Memphis Alliance-Dream Seekers in Memphis, TN, Monroe Harding-Youth Connections in Nashville, TN, Partnership for Families, Children and Adults-River City Youth Collaborative in Chattanooga, TN, and the McNabb Center-Project Now in Knoxville, TN. Each center offers the Jim Casey Opportunity Passport financial literacy classes which includes an asset match component. Historically, these centers have explored options to reach a broader population of youth but continued to face barriers related to transportation. During the Covid-19 pandemic each center was able to shift to allow virtual options for class delivery which ultimately resulted in creating space and opportunities to reach broader populations and those with transportation barriers.

#### ***Services to support LGBTQI+ youth and young adults***

DCS has developed policy 20.20 which address support and service delivery to LGBTQI youth. The policy states, All children/youth in DCS custody have a right to receive quality medical and mental health care. LGBTI children/youth must receive medical and mental health services that meet their unique needs that include services that address self-acceptance and validation, concerns about disclosure of sexual orientation or gender identity, family relationships, healthy intimate relationships, and sexual decision-making. In addition to the policy development, DCS has formed a Policy 20.20 workgroup. The workgroup reviews cases presented by case managers of youth who identify as being LGBTQI and is seeking assistance to support the youth. DCS has partnerships with Oasis Center, Monroe Harding, South Memphis Alliance, Helen Ross McNabb, River City Youth Collaborative, and Youth Villages to provide support to LGBTQI+ youth. DCS continues to partner with the Jim Casey Initiative to engage in networking opportunities to support this population. The DCS 20.20 workgroup consists of staff from Health, Permanency, Quality, Independent Living, Placement and Legal to include the youth's Family Service Worker and Team Leader.

#### ***Coordinating Services with other federal and state programs for youth***

The U.S. Department of Housing and Urban Development Family Unification Program is currently administered through partnerships with the local housing authorities in Nashville, Memphis, Knoxville, and Chattanooga. The Nashville housing authority was awarded an additional 55 FUP vouchers. 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. Partnerships have been obtained with the Memphis, Knoxville, Nashville, Morristown, and Oak Ridge housing authorities for HUD's Foster Youth to Independence voucher program. Eligible young adults are currently being referred to obtain these vouchers. 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 schools. This program in TN is designed to target Juvenile Justice and Delinquent youth. 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 for Families, Children and Adults, and 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. Additional activities during the camps include ropes courses, wall climbing, equestrian therapy, swimming, hiking, preparing meals, and campfires and s'mores. DCS has current contracts with partner agencies Omni Visions, Monroe Harding, Chambliss Center for Children, Holston, Partnership for Families, Children, and Adults, Freewill Baptist, Tennessee Children's Home, and Smoky Mountain Children's Home to provide Supervised Independent Living Programs through a combination of Title IV-E and state funding. There are current plans towards expanding to implement Supervised Independent Living Programs in West Tennessee. Under Division X DCS has partnered with Youth Village to provide housing assistance payments on behalf of Chafee eligible youth in need. DCS also utilizes Chafee funds to assist with housing start up costs to include deposit payments, emergency rental payments, utilities, internet, and household furnishing items. DCS also contracts with Youth Villages for the LifeSet program with includes a housing component to assist youth with locating and maintaining housing stability.

### ***Access to Medicaid for Former Foster Youth***

DCS is coordinating with the Tenn Care Bureau who is the Tennessee Medicaid agency to review the requirements and develop implementation strategies. DCS has developed a strong partnership with the Tenn Care Bureau to ensure youth aging out of foster care continue to receive Medicaid.

### ***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. It must be noted that a financial enhancement to TFACTS in November 2022 introduced a number of challenges utilizing the system related to entering services and processing payments. The data in the following section conveys a significant drop in youth served and service provisions. While all of the factors are not known as to why this occurred, there is anecdotal information indicating staff had difficulty adjusting to the new



service entry procedures. There are also approximately 30 services in the reporting date range as of this entry that have not been completed to the point where they can generate a payment status sufficient to be included, and any number of other issues that may be impeding that.

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

**July 1, 2021 to April 30, 2022:**

<b>Total IL Wrap Services Provided July 1, 2021-April 30, 2022</b>	<b>Total Youth July 1, 2021-April 30, 2022</b>	<b>Total Expenditure July 1, 2021-April 30, 2022</b>
<b>73</b>	<b>39</b>	<b>\$13,872.28</b>

**Table 1: Independent Living Wraparound Services Custodial Population**

**July 1, 2021 to April 30, 2022:**

<b>Total IL Wrap Services Provided July 1, 2021-April 30, 2022</b>	<b>Total Youth July 1, 2021-April 30, 2022</b>	<b>Total Expenditure July 1, 2021-April 30, 2022</b>
<b>78</b>	<b>64</b>	<b>\$22,447.54</b>

**Table 3: Adoption/SPG: Education and Training Voucher, Bright Futures Scholarship, IL Wrap-Around Services: Participation, Instance of Services, and Expenditures 7/1/21 to 4/30/22:**

<b>Number of youth and young adults who received Education and Training Voucher Funding:</b>	<b>16</b>
<b>Instances of Service:</b>	<b>21</b>
<b>Total Expenditures:</b>	<b>\$48,966.35</b>

<b>Number of youth and young adults who received Bright Futures Scholarship Funding:</b>	<b>1</b>
<b>Instances of Service:</b>	<b>1</b>
<b>Total Expenditures:</b>	<b>\$5,000.00</b>
<b>Number of youth and young adults who received Independent Living Wraparound Services:</b>	<b>1</b>
<b>Instances of Service:</b>	<b>1</b>
<b>Total Expenditures:</b>	<b>\$515.00</b>

**Citation A: Youth Villages LifeSet Services 7/1/21 to 4/30/22:**

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 12,831 youth in the LifeSet program in Tennessee. Of those youth, 8,011 were served under the DCS grant for the LifeSet program, excluding youth who also received the Extension of Foster Care Services. From July 1, 2021 to April 30, 2022, 704 youth were served in LifeSet funded by the DCS grant, with 328 of those youth still enrolled at the end of April. An additional 438 privately funded youth participated in the program in FY22 (through April 30). Across all funding sources, 1,061 youth have participated in LifeSet in Tennessee in FY22 (through April 30) (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 youth served). An average of 316 youth were served daily on the DCS grant in FY22 (through April 30).

Upon discharge from the LifeSet program, on any funding source (data for 7/1/2021-4/30/2022):

- 84.5% of youth live with family or independently
- 91.3% of youth are satisfied with the Youth Villages LifeSet program

At two years post-discharge, on any funding source (data for 7/1/2021-4/30/2022):

- 36 of 38 (94.7%) are living successfully with family or independently
- 31 of 35 (88.6%) report no trouble with the law
- 31 of 35 (88.6%) are in school, have graduated high school, and/or are employed

***Chafee Training***

Training for the new Life Skills 2.0 assessment was developed during this reporting period for all staff in the case manager series of DCS. The development of this assessment was coordinated with the Office of Independent Living training workgroup and members of the Young Adult Advisory

Council. 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.

Since the enactment of the Supporting Foster Youth and Families through the Pandemic Act, the Office of Independent Living and Youth Villages staff have made efforts to re-engage youth that are

disconnected from services. Eligible youth began receiving the additional ETV funding towards their post-secondary education in July 2021 as a result of completing the pandemic aid application. The additional Education and Training Voucher funding under Division X is used to provide scholarship support to young adults up to age 27 and funding is being applied towards the total cost of attendance as well as paying educational debt to allow young adults to enroll or remain in school. Policy revision was approved to raise the maximum award to \$12,000 per year until September 30, 2022 to be in compliance with the law. Funding is being applied towards the total cost of attendance as well as paying educational debt to allow young adults to enroll or remain in school. Since October 1, 2021, DCS has continued to provide additional ETV funding for eligible young adults up to age 23 utilizing both the regular and additional ETV allocation, but with greater focus on spending the regular allocation first. Spenddown of the remainder of the additional ETV allocation will proceed for the Fall 2022 semester until September 30, 2022.

The following shows the number of awards per itemized category and encumbered (not all paid yet) cost for school year 2021-22, and includes a breakout of itemized awards and encumbered cost for the additional pandemic allocation of ETV:

<b>ALL ETV (Includes Additional Pandemic Allocation)</b>	<b>Tuition Awards</b>	<b>Books &amp; Supplies Awards</b>	<b>Meal Plan Awards</b>	<b>Housing Awards</b>	<b>Student Debt</b>	<b>Total Awards</b>	<b>Number of Students Awarded</b>
<b>ITEMIZED AWARD CATEGORIES</b>	460	315	4	9	2	790	313
<b>COST ENCUMBERED</b>	\$1,298,659.24	\$173,166.13	\$4,792.00	\$7,759.00	\$5,924.00	\$1,490,300.37	
<b>ADDITIONAL PANDEMIC ETV</b>	<b>Tuition Awards</b>	<b>Books &amp; Supplies Awards</b>	<b>Meal Plan Awards</b>	<b>Housing Awards</b>	<b>Student Debt</b>	<b>Total Awards</b>	<b>Number of Students Awarded</b>
<b>ITEMIZED AWARD CATEGORIES</b>	41	18	0	2	2	63	41
<b>COST ENCUMBERED</b>	\$152,322.39	\$9,250.00	\$0.00	\$1,400.00	\$5,924.00	\$168,896.39	

***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. Reports continue to show that less than 1% of the AFCARS reporting population were documented with this Race value.

# 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 Choctaw 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 retail and hotel site. The tribe intends to also use this land for economic diversification.

DCS continues to engage the Eastern Band of Cherokee by January 1, 2020, however, the Department re-established the engagement deadline as September 1, 2020 and has made the through the following:

- Relationship was established with two points of contact from the Eastern Band of Cherokee Indians through the University of Tennessee's College of Social Work. However, they are now in different positions and a new point of contact was provided in 2021.
- The new contact was invited to the CFSP Quarterly Advisory Board in February 2022
- The new contact was invited to attend the 2022 Joint Planning Annual Meeting on May 18, 2022.
- DCS continues to work with the tribe on ICWA cases located within the state currently being serviced by the tribe.
- Continued 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 in 2019, 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.

## Statistical and Supporting Information

### **CAPTA Annual State Data Report Items:**

#### **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 2022

Gender	Number
Male	101
Female	760
Total	861

Ethnic Group	Number
American Indian or Alaska Native (Not Hispanic or Latino)	1
Asian (Not Hispanic or Latino)	4
Black or African American (Not Hispanic or Latino)	296
Hispanic or Latino	14
Unknown and other	8
White (Not Hispanic or Latino)	534
Native Hawaiian or Other Pacific Islander	0
Two or More Races	4
Total	861

## 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 May 2022.

Region	Total CM	CM 1	CM 2	CM 3	CM 4	Bachelo	Master	% with Master	MSV	Othe	% with MSV
Davidson	29	8	4	9	8	25	4	0.14	2	2	0.50
East	50	6	10	27	7	48	2	0.04	0	2	0.00
Northeast	84	8	8	50	18	66	18	0.21	8	10	0.44
TN Valley	78	17	8	35	18	51	27	0.35	11	16	0.41
Knox	58	17	9	25	7	44	14	0.24	4	10	0.29
Smoky	58	5	11	30	12	49	9	0.16	3	6	0.33
Upper Cumberland	57	4	9	32	12	53	4	0.07	2	2	0.50
MidCumberland	79	10	14	37	18	65	14	0.18	4	10	0.29
Southwest	54	9	6	29	10	46	8	0.15	5	3	0.63
Northwest	52	6	3	33	10	43	9	0.17	3	6	0.33
South Central	54	14	4	24	12	51	3	0.06	2	1	0.67
Shelby	109	8	30	48	23	83	26	0.24	13	13	0.50
Hotline	62	6	34	14	8	52	10	0.16	4	6	0.40
SIU	37	0	0	30	7	31	6	0.16	1	5	0.17

## Juvenile Justice Transfers

51 children under the care of the state child protection system transferred into the custody of the state juvenile justice system (for the period 7/1/21-4/30/22). Data source is TFACTS, Tennessee's CCWIS that includes both child welfare and juvenile justice clients. Count includes youth who entered the custody of state as a child welfare client and were re-adjudicated delinquent with a finding of juvenile justice custody prior to the end of the same custody episode both.

### ***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 2022 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.

### ***Supplemental Appropriations for Disaster Relief Act***

- 1. Specify whether the state was affected by a natural disaster since submission of the 2022 APSR, and if so, describe how the Disaster Plan was used and assess its effectiveness.**

The State of Tennessee, as a whole, was not affected by any natural disaster since the submission of the 2022 APSR that caused the agency's essential function to be impacted and the implementation of the Disaster Plan.

- 2. Describe whether and how the Disaster Plan has been used during the COVID-19 pandemic and national public health emergency.**

At the onset of the COVID-19 pandemic, the agency with the recommendations of the Center for Disease Control, the Governor's office and Department of Health, implemented a mitigation plan that provided guidance to agency-wide staff on efforts to reduce the spread of the virus. This secondary plan identified steps to be taken around visitation, face to face contact, travel, working in offices and meetings. As the pandemic continued and various restrictions were implemented or removed, the guidance included in this plan was updated and disseminated to all staff and providers across the state. In addition, the agency team with the state emergency management agency in securing personal protective equipment (PPE) for staff and providers initially on a weekly basis. This process was altered due to the supply and demand and currently requests for supplies are completed on a monthly basis. Agency offices across the state are beginning to receive supply requests through local vendors and reducing requests through TEMA. Supplies through TEMA ended on 9/30/2021.

- 3. Indicate in the 2023 APSR, if there are any changes or additions needed to the plan included any needed updates to maintain contact with families and ensure uninterrupted essential agency operations during a public health emergency.**

The state's disaster plan current updates include adding information to include a public health emergency such as COVID-19 and what steps the state implemented over the last year. The continuity personnel listed in the plan are being updated to reflect any changes over the last year. There are no other changes noted at this time.

### ***Financial Information:***

Payment Limitations

DCS does not currently use title IV-B, subpart1 funds for child care, foster care maintenance or adoption assistance payments.

DCS did use IV-B subpart 1 funds of \$1,245,174.68 in FY 2005 for Foster Care Maintenance payments as part of the state match. The State will not exceed this amount for FY 2022 as part of state match.

DCS will not spend more than (10%) ten percent of title IV-B, subpart1 funds for administrative costs.



The state and local spending figure for the Title IV-B subpart 2 programs in FY 2021 was \$3,626,000 compared against the 1992 base year subpart 2 figure of \$2,063,054.

The state does not expect any challenges in expending Title IV-B, Subpart 2 funds in a timely manner in FY 2022.