

**Children's  
Program  
Outcome  
Review  
Team**

***2004 Evaluation Results***





# Children's Program Outcome Review Team 2004 Evaluation Results

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# Tennessee Commission on Children and Youth

## Children's Program Outcome Review Team 2004 Evaluation Results

### Executive Summary

In 1993, the Tennessee Commission on Children and Youth (TCCY) began development of an innovative evaluation process that “tests” service system performance and outcomes by examining relevant aspects of the lives of children and families being served. Implemented in 1994, the ultimate goal of the Children's Program Outcome Review Team (CPORT) is to promote positive change by providing qualitative and quantitative information about the status of the child/family and service system functioning for the cases reviewed.

CPORT reviews are conducted in each of the state's 12 Department of Children's Services (DCS) regions on a random sample of children in state custody sufficient to provide validity at the 95 percent level statewide and the 80 percent level regionally.

The CPORT process includes a review of records and collection of the following items from the records (when available):

- Petition that led to custody;
- Court order for custody;
- Social history;
- Psychological evaluation;
- Other specialized evaluations;
- Permanency Plan;
- School records and Individual Education Plan, if applicable;
- Individual Program Plan.

A protocol consisting of a set of questions is used to collect information through structured interviews with the following:

- Child, if age appropriate;
- Parent(s);
- Caregiver (foster parent or direct care staff in a facility);
- Case manager(s);
- Teacher or other school representative;
- Representative of the court ordering custody;
- Any other relevant service provider (Guardian ad Litem, therapist, etc.);
- Other significant/relevant person (relative, friend, coach, etc.).

The majority of information is collected through the interview process.

Separate measures are used to identify child behaviors. The parent/caregiver and the teacher/school representative are asked to complete an Achenbach Child Behavior Checklist

(CBCL) and a Teacher Report Form (TRF). The children ages 11-18 are asked to complete the Youth Self-Report (YSR). The CPORT reviewer completes a Child and Adolescent Functional Assessment Scale (CAFAS). The reviewers also complete the Child and Adolescent Service Intensity Instrument CASII (formerly known as Child and Adolescent Level of Care Utilization System (CALOCUS)).

Following collection of all information, the reviewer writes a brief narrative summary of the case and completes a “Summative: Assessment of Key Domains.” The “Summative” process has the reviewer answer questions that lead to conclusions regarding the status of the child and the adequacy of the service system functioning on a number of indicators (listed below). Additionally, the reviewer completes a “Case Profile” that is used for basic data entry regarding the case. The indicators marked with an asterisk were deemed essential by the Interdepartmental Design Team that developed the original CPORT protocol. Consequently, all asterisked items have to be positive for an overall positive or adequate rating.

**Status of the Child/Family**

- 1. Safety\*
- 2. Emotional Well-being\*
- 3. Physical Well-being\*
- 4. Caregiver Functioning\*
- 5. Stability
- 6. Permanent Goal
- 7. Appropriateness of Placement
- 8. Educational/Vocational Progress
- 9. Family Unity Support
- 10. Independent Living (ages 13+)
- 11. Child Satisfaction
- 12. Family Satisfaction
- 13. Overall Status

**Service System Functioning**

- 1. Assessment of Needs\*
- 2. Long-term View\*
- 3. Child Participation (ages 12+)\*
- 4. Family Participation\*
- 5. Service Plan Design\*
- 6. Service Plan Implementation\*
- 7. Service Coordination\*
- 8. Monitoring/Change\*
- 9. Advocacy
- 10. Early Child and Family Intervention
- 11. Home and Community Resources
- 12. Placement Resources
- 13. Supportive Interventions to Achieve Goal
- 14. Urgency Response
- 15. Progress Achieved-Child
- 16. Progress Achieved-Family
- 17. Overall Adequacy

The overall goal of the CPORT review is to provide valid information on what is working/not working in practice and why. The CPORT results assist key stakeholders including, DCS case managers, providers, placements, schools and juvenile courts toward improving or maintaining an acceptable model of best practice that provides the most desirable and appropriate services to children in care and their families.

Based on all the information collected in the CPORT process, the results demonstrate the need for the following priority recommendations for enhancements in children’s services to improve both system functioning and outcomes for children and their families.

## **System Recommendations**

- Develop a coordinated system of care network with the Department of Children's Services partnering with Departments of Education, Health, Human Services, and Mental Health and Developmental Disabilities at the state level and with an array of public and private organizations, including courts, schools, child advocates, and community organizations at the local/community level.
- Increase efforts toward prevention and intervention at the earliest opportunity possible to assist children and families with services to meet their needs at the first sign of problems.
- Create community partnerships with schools, courts, families and other child-serving agencies to assist them in recognizing and responding to the needs of children and families.
- Recruit quality resource families to provide regular and therapeutic out-of-home family-type placements for all children, especially children adjudicated delinquent who are appropriate for family-based services and do not present security risks.
- Continue to develop and implement the Child and Family Team approach to serving children and families. Ensure all knowledgeable and relevant team participants are included in the Child and Family Team meetings for optimal decision-making practices.
- Ensure case managers adequately assess and understand all the strengths and needs of children and families, past, present and future, and change strategies and services as needed for children and families to be successful in reaching the desired permanency goals.
- Develop individualized, coherent and consistent Permanency Plans, reflecting a current understanding of child/family circumstances by listing child/family strengths and weaknesses, with measurable outcomes in health/medical, education/vocation, social skills, mental health/behavior, independent living skills/transition services, family objectives, visitation, etc., that are useful in guiding case managers, placements, service providers and child/family in achieving realistic and desired goals in a timely manner.
- Ensure children and their families receive timely evidence-based, best practice, culturally competent quality mental health services with attention to child/family resiliency, recovery and treatment engagement.
- Improve the continuity of care, coordination and accountability in the provision of services to the child and family.
- Increase family intervention and support efforts earlier and at critical junctures in the life of the child and family to assist them in building the capacities necessary to live together safely and to function independently, so the basic needs of all family members are

adequately met in order to avoid custody and remain intact, or to achieve the permanency post custody.

- Improve advocacy for all children, including children needing termination of parental rights and adoption, and reduce the percent of children who have been in custody too long.
- Ensure children are provided the opportunity to acquire and use developmentally appropriate behavior and life skills that demonstrate increasing personal responsibility for independent living and/or transition to adulthood or adult system.
- Ensure adequate and appropriate independent living/transition services are provided to children aging out of foster care, including children adjudicated delinquent.
- Develop a culturally competent system of care that values diversity and recognizes the cultural dynamics that influence children and families in seeking and receiving services.
- Focus on improving system functioning for all children.

The following recommendations are based on the needs expressed by case managers during the interview process and the overall CPORT evaluation results.

### **Training Recommendations**

- Provide training in principles of best practice at the supervisory level to enhance their abilities to mentor and support case managers.
- Develop and implement a training model for new and existing case managers incorporating principles of best practice and basic social work skills needed to implement job responsibilities.
- Train case managers to identify their practice partners, and to establish a network of partners at the case level and in their communities.
- Provide supportive supervision and special expertise to all case managers serving children, especially children with special education needs, developmental disabilities, mental health needs and substance abuse issues.
- Train case managers how to manage a case from start to finish by providing mentoring, coaching and frequent case review staffings.
- Provide local training by experienced staff focusing more on practical application and less on theory.
- Provide ongoing computer/TNKids training.

### **Recommendations for Additional Resources**

- Increase the availability of intervention and prevention services and provide them at the earliest opportunity to reduce the risk of custody.
- Expand the availability of home/community resources required to address the needs of the child/family.

- Recruit quality regular and therapeutic/treatment foster homes, especially within the child's community.
- Provide adequate placement resources for appropriate out-of-home placements in a timely manner as close to home as possible, preferably within the child's home community/county.
- Provide additional equipment and staff resources to DCS to increase productivity.

The following information summarizes findings for the state sample of 342 cases reviewed in the CPORT process in 2004:

### **Demographic Information on Cases Reviewed**

- For the 44 percent of families whose household income is known, 74 percent had incomes of less than \$25,000.
- For the 58 percent of families where parental education levels are known, 49 percent do not have a high school education.
- Thirty-one percent of children were from single-parent, mother head of household families; 26 percent from families with both birth parents; and 17 percent from relatives (not biological parents).
- Sixty percent of the total petitions were filed by the Department of Children's Services (or Department of Human Services prior to consolidation).
- The majority of children were adjudicated Dependent/Neglect (73 percent).
- Children exhibiting behavior problems (32 percent) and neglect by caretaker (24 percent) were the main reasons for children to enter custody.
- A substantial number of children were in family or family-type placements, including regular and therapeutic DCS foster homes, and regular and therapeutic contract foster homes: 48 percent foster; 18 percent with birth/adoptive parents; and 12 percent in kinship care.
- The majority of children in care were ages 13 and older (59 percent).
- The majority of children were Caucasian (58 percent).
- The majority of children in custody were male (53 percent).
- One in two children in custody (50 percent) had a formal mental health diagnosis.
- Of the 96 percent for whom custody appeared appropriate, 24 percent had remained in custody too long due to delays in the adoption process (9 percent), termination of parental rights (7 percent) or missed the window of opportunity to go home or be adopted and current circumstances and/or behaviors now prohibited release (5 percent). In some cases, children were at home and needed to be released from custody.
- The average length of stay for all cases reviewed was a little over two years (711 days).

### **CPORT Findings: Status of the Child and Family**

- Most children in custody were in a positive status (85 percent).
- Child Safety was the highest ever with almost all children safe from harm (96 percent).
- The emotional well-being of most children in custody was adequately addressed (88 percent).

- The physical well-being of the great majority of children was adequately addressed at the time of the review (96 percent).
- Most all children were placed with caregivers who could adequately meet their needs (95 percent).
- Most children were in stable placements not likely to disrupt (90 percent).
- In most cases the system had identified an appropriate permanent goal (94 percent).
- Most children were in the least restrictive, most appropriate placement to meet their needs (93 percent), tied with the best year in CPORT reviews.
- Many children were making progress in education or a vocation (84 percent).
- The lowest indicator was in family satisfaction (65 percent).
- Seventy-eight percent of children ages 13 and over were receiving appropriate independent living services, but in many cases services were only minimally adequate.
- In general, the status of a child and family was more likely to be positive overall when the children were ages 12 and under.
- There were no major differences overall based on race, gender or residence.

### **CPORT Findings: Adequacy of Service System Functions**

- For the cases reviewed, the service system functioned adequately to meet the needs of the child/family 46 percent of the time.
- The system intervened at the earliest opportunity with family support services of sufficient scope and intensity 77 percent of the time.
- In most cases the system adequately identified the long-term view for services (87 percent).
- The system was engaging most children and their families in the planning and implementation of services, if age appropriate (94 percent each), the best ever for both measures.
- There was an adequate assessment of needs in 68 percent of cases reviewed.
- Efforts were made to provide home and community based services for most children and families (93 percent).
- In most cases the system was able to respond to problems of an urgent nature (93 percent).
- Most children were achieving progress (89 percent), especially younger children ages 12 and under, or adjudicated dependent/neglect.
- Advocacy for children was 78 percent adequate.
- The majority of families were achieving progress (53 percent).
- Supportive intervention was provided to achieve the permanent goal in 79 percent of cases reviewed.
- Areas of deficiency in system performance included Assessment of Needs, Permanency Plan Design, Service Coordination, and Progress Achieved-Family.
- There were no major differences based on gender or adjudication.

## Critical Issues

Critical issues are defined as conditions children and families have experienced in their environment that contribute to the risk of children entering or remaining in custody. The top 12 high-risk critical issues are listed below.

- In 93 percent of all cases the child **or** a parent had either a mental health diagnosis **and/or** substance abuse issues.
- 88 percent of the children adjudicated delinquent have mental health diagnoses/issues.
- 68 percent of the children were from large sibling groups of three or more.
- 66 percent of the children reviewed had parents who were or had been incarcerated (87 percent had been incarcerated and 13 percent were currently incarcerated).
- 66 percent of the children had parents with substance abuse issues.
- 61 percent of the children had little or no relationship with their fathers.
- 52 percent of the children had parents who had never married.
- 43 percent of children were from families living below poverty level.
- 42 percent of the children had been allegedly physically or sexually abused (28 percent physically abused, 29 percent sexually abused, 15 percent both sexually and physically abused).
- 33 percent of children had little or no relationship with their mothers.
- 33 percent of children had a parent with whereabouts unknown.
- 32 percent of the children have experienced domestic violence in the home.

## CPORT System Observations

Content analysis of strengths and performance issues across 12 Department of Children's Services regions revealed common strengths and weaknesses.

### Strengths Identified Statewide

- Most children were appropriate for custody at the time of custody.
- Most children were in the least restrictive, most appropriate placement to meet their needs.
- Most children were with either biological family, kinship (relative/friend), or with a resource family in a foster home.
- Most case managers had an adequate knowledge of the child and family.
- In most cases the TNKIDS extract/screens contained accurate information.
- Substantial services had been provided in an effort to prevent custody.
- In almost all cases, when appropriate, siblings were placed together in compliance with Brian A./Best Practices.
- Most children with a goal of reunification were visiting with families in appropriate settings and most siblings were visiting when appropriate.
- Most children were visited by case managers as required in compliance with Brian A./Best Practices.
- Most children were in placements close to home or in the DCS region.

- Many children were in quality foster homes with foster parents very committed to the children, and many willing to adopt.
- Most all children were receiving Early and Periodic Screening, Diagnosis and Treatment services.
- Four in five children needing special education services were receiving them.
- Most social services caseloads were at the level needed to meet Brian A./Best Practice requirements with an average of 15.7; adoption caseloads averaged 10. Juvenile Justice caseloads averaged 25.7.

### **Weaknesses Identified Statewide**

- The assessment of needs identified for children/families was often inadequate.
- Many Permanency Plans were inadequate, not addressing current issues/service needs of the child and family, and lacking strategies to achieve the permanent goal.
- Service coordination and communication between various system components were often inadequate.
- Many children in the Brian A. class experienced more than two out-of-home placements, ranging from 3 to 28 with an average of five and a median of four for those who had two or more placements. The average total number of placements for all children in custody was four.
- Many children had experienced a change in case managers within the past 12 months because many case managers had been reassigned, and other case managers possessed 12 or fewer months experience.
- Many children stayed in custody too long.
- Truancy or other school problems were major factors contributing to custody for a number of school-age children.
- A number of children did not receive adequate independent living/transition services.
- A number of children experienced lengthy stays (30 days or more) in detention/emergency shelter/diagnostic shelter awaiting a placement.
- A number of children (19 percent) experienced multiple custodies: 77 percent, 4 times; 9 percent, 3 times; 8 percent, 6 times; 3 percent, 5 times; 3 percent, 2 times.
- A number of children received in-home services/crisis intervention but still entered custody.
- A number of children did not receive timely subsequent dental screenings every six months as required by EPSDT, and hearing and vision screenings were not always adequately documented.
- TennCare sometimes delayed service implementation or provided inadequate services due to insufficient provider network, especially for mental health services, refusal to pay for specialized services, extended waiting periods at the Health Department, difficulty scheduling appointments, and confusion related to TennCare eligibility.

### **Summary of CAFAS/CBCL/CASII Findings**

The Child and Adolescent Functional Assessment Scale (CAFAS) is a separate measure used to assess the child's psychosocial functioning and has been adopted by several other states for evaluating state-served children.

Among the cases reviewed, the two domains with the most problems in functioning reported were role performance (the effectiveness with which the child fulfills the roles most relevant to his or her place in school, home or community) and behavior towards others (appropriateness of child's daily behavior toward others, including adults and peers). Seventy-eight percent of the children were rated as impaired in at least one of the eight areas, with 62 percent receiving impaired ratings in two or more areas. Fifty-three percent of the children rated a moderate or severe impairment in at least one area. Thirty-three percent of the children met criteria for serious emotional disturbance (SED). Overall, the CAFAS total scores indicated the following treatment needs for the sample population of children in state care.

Percent of Sample	CAFAS Category	Description
27%	Supportive Intervention	Can likely be treated on an outpatient basis, provided that risk behaviors are not present
28%	Short-term treatment (up to 6 months)	May need additional services beyond outpatient care
8%	Periodic treatment (over a 6 to 24 month period)	Needs care that is more intensive than outpatient and/or that includes multiple sources of supportive care
4%	Long-term treatment (1 to 5 years)	Needs intensive treatment, the form of that would be shaped by the presence of risk factors and the resources available within the family and the community

The Child Behavior Checklist (CBCL) is an assessment tool designed to record, in a standardized format, children's competencies and problems as reported by their parents or caregivers for children ages 18 months to 18 years. Pre-school, elementary and secondary teachers complete the Teacher Report Form (TRF) for children ages 18 months to 18 years. Children ages 11-18 years complete the Youth Self-Report (YSR). The CBCL is also designed to identify syndromes of problems that tend to occur together either as externalizing or internalizing behaviors.

Percent of Sample	Age	Category	Classification
16%	18 months to 5 years	Internalizing	Borderline to Clinical
18%	18 months to 5 years	Externalizing	Borderline to Clinical
30%	6 years to 18 years	Internalizing	Borderline to Clinical
47%	6 years to 18 years	Externalizing	Borderline to Clinical

The Child and Adolescent Service Intensity Instrument (CASII, formerly the CALOCUS) is a tool used to determine the service needs of children and adolescents ages 6 through 18 years with the full range of presenting problems, including mental illness, substance use disorders and developmental disorders. The focus is on the level of resource intensity, and the intensity is defined by a combination of service variables: physical facilities

(care environment), clinical services, support services, crisis stabilization, and prevention services.

There are seven levels of care ranging on a scale from Level 0 (zero) to Level 6. They can be compared with the differences between the services available in a single pediatrician's office (the lower levels of care) to a major medical center or secure, 24-hour, inpatient or residential treatment facility (higher levels of care). Overall, 69 percent of the children required a range of basic services from prevention and health maintenance to recovery maintenance and health management to limited outpatient services. Thirty-one percent needed more complex services from intensive outpatient to secure, 24 hour, psychiatric management. The CASII is especially helpful in quantifying the clinical severity and service needs of children, assisting the user in level of care placement decisions.

## **Conclusions**

The Department of Children's Services continues to make changes and improvements in the delivery of services to children and families. Some changes have been precipitated by consent decrees and administrative turnover. The CPORT process provides significant qualitative and quantitative information about the status of children and families and service system performance. The 2004 results indicate the overall status of children decreased from 2003 (87 to 85 percent positive). Most children are in a positive status and are safe, receiving services and supports to address their physical well-being, and with caregivers who are able to provide necessary supports and supervision. The emotional well-being indicator continues to be the primary factor defaulting the overall status of the child to negative. Children rated inadequate in emotional well-being needed services to address issues of physical/sexual abuse, grief/separation/loss/abandonment. Children adjudicated unruly or age 13 and older were least likely to receive the appropriate level of services to address their emotional well-being. There were no major differences in the emotional well-being of children by gender, race, or residence.

The independent living indicator, although not a default item, was 75 percent adequate, with approximately 40 percent of the children receiving only minimally adequate services to address their needs in this area.

Overall in 2004 the system performed adequately 46 percent of the time. Child and family participation were major strengths indicating the system was engaging most children and families in the planning and implementation of services.

Assessment of needs, service plan design and service coordination need the most attention. Service plan design was especially inadequate for children who are African American.

Advocacy was rated as overall adequate in 78 percent of cases, but was only minimally adequate approximately 35 percent of the time. Advocacy was 95 percent positive for children ages birth to five.

The CPORT process has systematically documented the status of children in state custody and the performance of the service delivery system as it continues to evolve in Tennessee. It is an important vehicle for both documenting the current situation and stimulating positive system change. The process serves as both a road map and a compass. It shows us where we are and points us in the direction we need to go for continuous improvement in the delivery of services to children and families.



## **Children's Program Outcome Review Team 2004 Evaluation Results**

In its 11<sup>th</sup> year of evaluating children's services, the Children's Program Outcome Review Team (CPORT), under the direction of the Tennessee Commission on Children and Youth (TCCY), continued to collect and analyze data to improve implementation of service delivery to children and families involved in state custody. The CPORT evaluation collected and organized essential information about the population of children served, needs of the children and families and the system's ability to adequately perform functions to meet the needs of the children and families it serves.

The CPORT evaluation uses the "service testing" method, also referred to as "quality service review," for measuring service delivery outcomes. Service testing is similar to consumer product testing, with the following objectives: 1) to determine how well individual consumers are doing in areas related to the services received, and 2) to determine how well service system functions worked in those cases. Service testing is a form of case study that combines evidence gathered through documentary analysis, interviews and observations to render findings for individuals and for the system as a whole, based on the experience of those individuals. The purposes are to provide a tool that promotes overall quality improvement in providing services to children and families to stimulate change and to instill principles of good practice.

The Tennessee Commission on Children and Youth employs a core group of 12 full-time, trained reviewers whose function is to conduct reviews for the CPORT evaluation. With a combined total of 175 years experience, reviewers possess an average of 15 plus years of individual employment experience related to providing services to children. Their varied backgrounds include social services, community health, mental health and education. All possess experience in children's services and experience with the juvenile court.

The CPORT evaluation process is funded through the Department of Children's Services, and the funding for the evaluation is derived from the following:

- 2.57 percent Title IV-B, Part 1;
- 1.81 percent Title IV-E;
- 6.65 percent Social Services Block Grant (SSBG);
- 30.82 percent TennCare; and
- 58.15 percent state funds.

Reviews for 2004 began February 9 and involved 37 to 46 randomly selected cases in each of the 12 Department of Children’s Services regions. Data for 2004 were reflective of the population of children in the custody of the Department of Children’s Services. Children are assigned a home county case manager responsible for completing an assessment of the child and family and developing the Permanency Plan based on the needs identified in the assessment. In some cases, children in out-of-home agency placements may be assigned a residential case manager who provides face-to-face contact with the child. Many regions established an assessment team component to assist in the assessment of the strengths and needs of the child and family. The assessment team (in some regions), the case manager and other key participants, including the child, if age appropriate, and the family, collaborate in the development of the Permanency Plan during a Permanency Plan staffing to determine the desired permanency goal. Family conferencing and Child and Family Team meetings are increasing and used as a format for planning and decision-making.

At the beginning of 2004, Tennessee had approximately 10,218 children in custody, continuing a steady decrease during the past few years. As the population of children in custody has steadily declined, the percentages of children in custody per region have fluctuated up or down. To evaluate the outcomes for a representative sample of children served by the state, the sample size was predetermined in order that the results of the case review process would be statistically significant at the 80 percent level of confidence with +/- 10 percent accuracy for each regional sample. The table in Appendix A identifies the percent of children in custody per region. The percentages per region are used to calculate the number of sample cases needed to represent the proportion of children in custody from each region.

It is important to note that the reported number of children in custody from Mid-Cumberland has included children served by the Center for Adoption and counted by the Department of Children’s Services in the county of Trousdale. For CPORT purposes the children served by the Center for Adoption are extracted from Mid-Cumberland and identified and counted in their respective county of venue.

The number of cases reviewed statewide is designed to be statistically significant at the 95 percent level of confidence with +/-5 percent accuracy for the state sample. These calculations indicate that a sample size of 462 children for the regional distribution of results and 342 children for the statewide distribution of results would be sufficient in reflecting the target population.

Pertinent information was collected utilizing a special instrument called a protocol. The protocol contained a series of in-depth structured interviews, and each interview contained a set of questions regarding the status of the child and family, the functions of the service delivery system, demographics and TennCare implementation. Interviews were

conducted with the following: child (if age appropriate), parent(s), custodial department worker(s), caregiver(s) (foster parent or direct care staff in a group facility), court representative(s), teacher(s) and other relevant service providers. The case records were reviewed. Permanency Plans, social histories, psychological evaluations and court orders were copied and reviewed. The majority of information was collected through the interview process. Deductive conclusions were made based on the information given by the interview participants within the system providing services and by the consumers receiving the services.

Before summarizing case studies, the reviewers answered questions that led to summative conclusions regarding the status of the child and the functioning of the system on the indicators listed below. The indicators marked with an asterisk were deemed essential by the Interdepartmental Design Team that developed the original CPORT protocol. Consequently, all asterisked items must be positive for an overall rating of positive or adequate.

**Status of Child/Family**

1. Safety\*
2. Emotional Well-being\*
3. Physical Well-being\*
4. Caregiver Functioning\*
5. Stability
6. Permanent Goal
7. Appropriateness of Placement
8. Educational/Vocational Progress
9. Family Unity Support
10. Independent Living (ages 13+)
11. Child Satisfaction
12. Family Satisfaction
13. Overall Status

**Service System Functioning**

1. Assessment of Needs\*
2. Long-term View\*
3. Child Participation (ages 12+)\*
4. Family Participation\*
5. Service Plan Design\*
6. Service Plan Implementation\*
7. Service Coordination\*
8. Monitoring and Change\*
9. Advocacy
10. Early Child and Family Intervention
11. Home and Community Resources
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13. Supportive Interventions to Achieve Goal
14. Urgency Response
15. Progress Achieved-Child
16. Progress Achieved-Family
17. Overall Adequacy

Reviewers must rate each indicator on a 6-point rating scale with scale values of 1-3 being in the inadequate or unacceptable range and scale values of 4-6 being in the adequate or acceptable range. A 1 is defined as the least desirable rating on an indicator, and 6 is defined as the most desirable or optimal rating. Each gradient contains a descriptor. The reviewer chooses a rating that describes the current child and family situation on each indicator. A rating of a 3 is considered minimally inadequate. A rating of a 4 is considered minimally adequate. Indicators falling in these ranges need immediate attention, and if not addressed, there is potential for case deterioration. If addressed they will likely move to a 5 or 6 rating level. Refer to Appendix B for more information.

By December 10, 2004, 462 cases were reviewed. The data was then summarized regionally and compared to the cases randomly selected for statewide analyses (342 cases).

In addition to compiling individual case data, reviewers identified service system strengths, noteworthy accomplishments and emerging system performance issues observed in the cases reviewed in each region. Please refer to Appendix F for the 2004 reports for each region.

The statewide distribution of results for 2004 was compared to the data collected in previous years. The data presented demonstrates changes over time. The following information summarizes the overall findings.

The Department of Children's Services is responsible for the welfare of approximately 10,218 children. Because of the characteristics report for children in custody, families, and especially children, need routine access, rapport and a relationship with a department that assists children and families in succeeding in living, learning and growing successfully in a complex society. All families need assistance to attain the same goals for their children, but children in custody are also the responsibility of the community and need strong involvement of communities at every level.

Beginning with the 1995 reviews, children and family conditions that contributed to the risk of entering or remaining in custody were categorized under "Critical Issues." These are conditions or characteristics that influence the need for services. Twenty-seven percent of the children reviewed experienced six or seven at-risk critical issues, 26 percent eight or nine and 22 percent four or five. This information implies that intervention services need to begin in early childhood and programs and services need to be available timely and often. See Appendix C for more information on Critical Issues by age, race, gender, residence, and adjudication.

One of the major critical issues for children and parents relates to their mental health. One in two children (50 percent) in care in 2004 had a formal mental health diagnosis. An additional 8 percent rated a score of moderate to severe in psychosocial impairment on the Child and Adolescent Functional Assessment Scale, but did not receive a psychological evaluation or other specialized assessments to determine a diagnosis.

Forty-four percent of the children with a mental health diagnosis were identified as having dual diagnoses or co-occurring disorders (mental health diagnosis plus substance abuse). The primary diagnosis for 85 percent of the children with a formal mental health diagnosis was Attention Deficit/Disruptive Disorders (i.e., Attention Deficit/Hyperactivity Disorder, Conduct Disorder, Oppositional Defiant Disorder), followed by mood disorders at 32 percent. Eighty-eight percent of the children adjudicated delinquent had a mental health diagnosis/issue.

Thirty-three percent of children could be classified as seriously emotionally disturbed. In 93 percent of all cases the child or a parent had either a mental health diagnosis/issues and/or substance abuse issues.

TennCare problems were reported in all regions, with the most problems reported in East Tennessee. Of the 342 children reviewed, 15 percent had reported TennCare issues. Recurring TennCare issues across regions included the following:

- There were delays in accessing mental health services because of an inadequate provider network. In some cases there were concerns about the quality of services/providers. Services were not always available timely or as often as needed.
- There were delays in receiving dental services because of an inadequate provider network, delays in scheduling appointments, delays in receiving approval for services, long waiting periods in dental offices, imposed restrictions with limited windows for scheduling appointments by Health Department for dental appointments and, in some cases, children had to travel outside a 30-mile radius to see a dentist for routine/specialized services. In some cases there was concern about the quality of dental services.
- There were some delays in medical services because of an inadequate provider network, delays in scheduling EPSDT appointments at the Health Department, and delays in referral for follow-up.
- In some cases coverage was denied, including prescription medications, special services and special medical supplies.
- A number of children experienced delays in services due to untimely transition to or from TennCare coverage as children entered or exited custody.
- A number of children experienced delays in services due to an inaccurate listing of Primary Care Physicians accepting TennCare, not receiving a TennCare card in a timely manner or lack of DCS assisting children in re-instating TennCare coverage when they returned home.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a federal law mandating a well-child screening for all Medicaid-eligible children under the age of 21 and treatment for any problems identified. All children under TennCare should receive regular EPSDT screenings as required. The EPSDT screening must include seven elements:

1. Comprehensive health and developmental history;
2. Comprehensive unclothed physical exam;
3. Appropriate immunizations (shots);
4. Laboratory tests;
5. Health education;
6. Vision screening; and
7. Hearing screening.

Additional requirements include a semi-annual dental checkup.

A number of children were late for subsequent dental screenings due to the failure of DCS case managers to schedule appointments timely and in some cases the case managers reported they did not know the requirements for the frequency of dental exams.

In order to meet the many needs of the children in state custody and their families, the CPORT results demonstrate the need for a coordinated system of care network with the Department of Children's Services in partnership with departments of Education, Health, Human Services, and Mental Health and Developmental Disabilities, juvenile courts, child advocates, community-based services and faith-based organizations, public and private, for children and families pre- and post-custody.

- **Community partnerships are essential to:**

- Prevent children from entering state custody;
- Access needed mental health or substance abuse services;
- Access health services;
- Prevent children from entering state custody because of truancy or other school behavior problems;
- Link children and families to needed public assistance;
- Access educational/special education services for children in custody and their families;
- Access services for children transitioning to adult service systems;
- Better support relative caregivers; and
- Successfully implement Child and Family Team Meetings.

- **Family partnerships are essential to:**

- Become a system responsive to the strengths and needs of the family;
- Make a positive difference in the lives of children and their families;
- Increase family participation and engagement;
- Exercise timely and diligent searches for relative placement;
- Understand family dynamics and adequately assess the strengths and needs of the child and family;
- Provide appropriate services;
- Keep children and families within their community; and
- Successfully implement Child and Family Team Meetings.

### **System Recommendations**

- **Ensure children have adequate initial and ongoing assessments to identify all the strengths and needs of the child/family and make changes as necessary.**

- Improve the development of social histories to include historical and current information on the child and family.
- Ensure case managers obtain access to Child Protective Services records and/or other previous intervention or prevention efforts.
- Identify the needs for psychological evaluations or specialized assessments for children/parents.

- Train case managers to recognize the need for psychological evaluations and specialized assessments for children and parents and to identify issues for the child during EPSDT.
- **Develop Permanency Plans that adequately reflect the strengths, weaknesses and needs of the child and family as identified in the assessment.**
  - Include families in the design of the Permanency Plan.
  - Consider all the critical needs of the child/family in the permanency plans to achieve the permanency goal.
  - Ensure permanency plans address all educational, health and mental health needs of children and parents.
  - Ensure permanency plans address the need for independent living/transition services for children ages 13 and older, including an independent living plan, when applicable.
  - Ensure that the proposed interventions and supports are individualized and appropriate to the situation and/or person's capabilities.
  - Train case managers in practical casework skills, family dynamics and working relationships as they relate to permanency plans.
  - Keep Permanency Plans current or up-to-date as the needs and services change.
  - Revise Permanency Plans to reflect progress or lack of progress of the child or family in meeting permanency plan goals.
- **Improve service coordination and communication for best practice.**
  - Identify a single point of coordination and accountability for the Permanency Plan and those involved in its implementation.
  - Inform case managers and supervisors of their community partners and resources.
  - Train case managers how to network and build community relationships to keep children as close to home as possible.
  - Train case managers how to access services within the community.
  - Train for improved skills in understanding the special education and mental health needs of children.
  - Improve communication and coordination among all parties involved, especially between case managers, parents, schools, contract agencies, and placements.
  - Ensure adequate communication so all relevant persons involved know the current status of the case.
  - Train case managers on how to advocate on behalf of the child and family.
- **Improve advocacy for all children.**
  - Reduce the number of children in custody too long.
  - Improve access to advocacy for children in custody and their families.
  - Ensure that fundamental due process rights for children and families are met.
  - Ensure timely termination of parental rights and adoption.
  - Fund additional Court Appointed Special Advocate (CASA) programs to provide trained and supervised lay advocates.

- **Improve overall system performance for all children.**
  - Focus on improving system functions for all children.
  - Especially focus on improving assessment of needs, permanency plan development and service coordination.

The following recommendations are based on the CPORT results and the training needs expressed by the case managers interviewed during the CPORT evaluation process.

- **Provide skills-based training to new and existing staff for consistent principles in best practice.**
  - Provide regional and local training.
  - Provide early and on-going supportive supervision and periodic review of cases.
  - Provide training by trainers experienced in actual case work and case management.
  - Focus more on practical application and less theory.
  - Provide ongoing training as policies/procedures change.
  - Provide on the job training and/or shadowing with increased hands-on opportunities, along with a step-by-step guide to casework.
  - Provide clear training on how to complete and use required paperwork/forms.
  - Continue to provide computer skills and TNKids skills training.
- **Enable staff to adequately serve children and families by providing detailed and specialized training for development of skills needed to implement job responsibilities.**
  - Provide training on how to build partnerships with families, foster parents, teachers, nurses, therapists, clinicians and specialists, law enforcement, and juvenile courts.
  - Provide training on engaging families, assessing and understanding their strengths and needs, developing Permanency Plans, and coordinating services.
  - Provide training or experts in specialty areas related to transition services, special education, mental health and substance abuse, and to utilize the Health Units as a means to secure appropriate services.
  - Provide information and training on methamphetamine use/abuse, safety precautions and child removal.
  - Train case managers to recognize the need for psychological evaluations and specialized assessments for children and parents and to identify issues for the child during EPSDT.
  - Train case managers on the screening requirements for dental exams and to document all seven EPSDT screening requirements, including hearing and vision.

## **Recommendations for Additional Resources**

- **Increase early intervention and prevention services to reduce the risk of custody.**
  - Support the development of a child protective services multi-level response system to ensure children and families receive appropriate services or referral at the first report of problems.
  - Improve collaboration efforts between case managers, schools, courts, families, and other child-serving agencies.
  - Exercise timely and diligent searches for relative placements.
  - Provide intervention or prevention services at the level needed to reduce the risk of custody.
  - Provide additional programs and services to address substance abuse issues for children and families.
  - Seek and utilize relatives and provide in-home services as needed.
  - Develop truancy prevention services and programs.
  
- **Expand home/community resources required to address the needs of the child and/or family.**
  - Develop collaborative arrangements with other state, local and private agencies to ensure funding provides infrastructure required to support community resources purchased with wraparound or flexible funds.
  - Increase awareness of the importance of family-type settings for placements when children cannot remain in their homes, and make efforts to maintain children in their communities.
  - Expand the base of mental-health services at the provider level, including psychiatrists, psychological examiners, child psychologists, and other child specialists.
  - Improve access to mental health services at the level of intensity needed, including more frequent counseling sessions, when needed, by qualified providers specializing in children's mental health issues.
  - Provide substance abuse services for children and parents.
  - Enlarge the pool of flexible funds to provide intensive wraparound supports that fit the child and family and provide more flexibility for access.
  - Increase the funding for services for parents who do not have the financial means to comply with the Permanency Plans.
  - Increase respite care services for the child and family.
  - Provide better access to child and family support services, including parenting classes, recreational activities, mentoring, housing assistance, transportation assistance, career planning, tutoring, vocational guidance and testing, after-school programs, day care, etc.
  
- **Provide adequate resources for appropriate out-of-home placements in a timely manner as close to home as possible, preferably within the home county, and at least within the region.**

- Recruit regular and therapeutic foster homes in every county for children of all ages, but especially for adolescents and children adjudicated delinquent.
  - Increase the number of alcohol and drug programs for children and parents statewide.
  - Increase the number of programs/placements statewide for older and younger children, male and female, who need sex-offender treatment.
  - Provide optional placements for children needing gradual reintroduction into family and community settings.
  - Establish additional Independent Living Programs or placements.
  - Increase the placement options for children with dual diagnoses/co-occurring disorders, and for children diagnosed with mental retardation.
  - Adequately prepare children for transition to adult mental health or mental retardation/developmental disabilities systems, when applicable.
- **Provide additional resources to DCS staff to increase productivity, such as:**
    - Clerical support;
    - Working computers, copiers, etc.;
    - Voice mail;
    - Cell phones; and
    - Transportation staff and/or access to state vehicles for transporting children or parents.
  - **Continue the CPORT evaluation to provide an independent external mechanism for systems improvement.**

The Children's Program Outcome Review Team evaluation process provides a mechanism for system improvement by measuring the effectiveness of the service delivery system, its successes and failures.

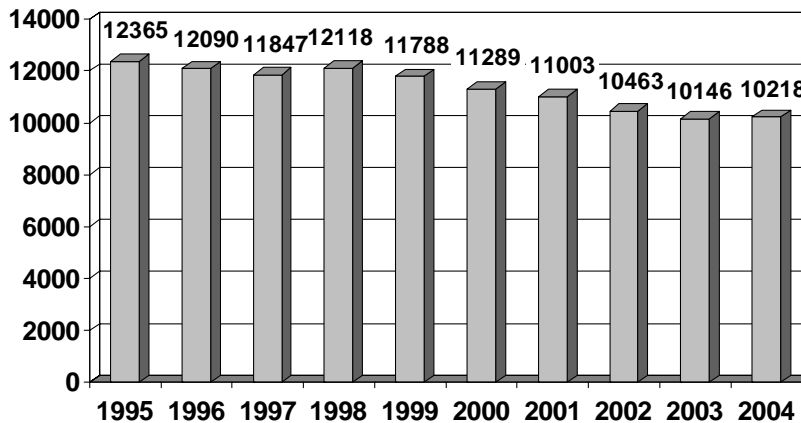
The beneficiaries of the CPORT evaluation process are the children in state custody and their families. CPORT data empowers key stakeholders, policy makers and legislators to make informed decisions for funding allocations, policy changes and program development. The CPORT process provides a mechanism for training best practices and significantly contributes to identifying additional resources that benefit both children and case managers. Key to CPORT effectiveness is its independence, presenting findings directly to state and local government executive, legislative and judicial branches, and to private providers, without any interference or influence over evaluation process, data, results, reporting or recommendations.

# Appendix A

## Demographic Information



## Population of Children in State Custody Comparison By Year



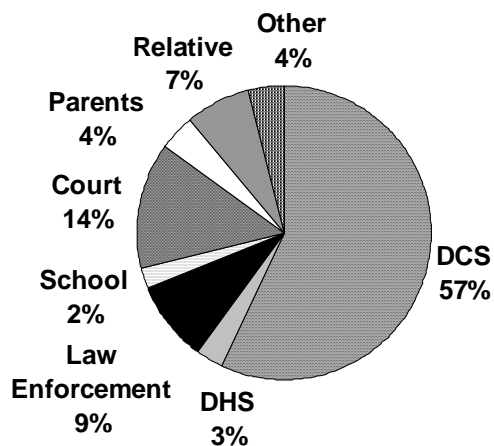
Source: Department of Children's  
Services

### Population by Region of Children in State Custody

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
<b>Davidson</b>	8.27%	8.74%	8.72%	9.63%	12.45%	11.98%	13.06%	10.40%	10.90%	11.35%
<b>East Tennessee</b>	10.43%	10.17%	9.93%	10.97%	10.30%	11.05%	10.86%	12.31%	12.67%	12.47%
<b>Hamilton County</b>	6.83%	6.89%	7.60%	7.52%	6.25%	6.02%	6.18%	6.31%	6.36%	5.44%
<b>Knox County</b>	6.23%	5.95%	6.04%	6.28%	6.17%	5.99%	5.70%	5.75%	6.53%	6.09%
<b>Mid Cumberland</b>	13.81%	13.52%	11.60%	11.54%	12.22%	12.09%	9.40%	13.41%	12.22%	11.02%
<b>Northeast</b>	7.85%	7.92%	8.72%	7.83%	7.73%	7.73%	8.58%	8.86%	8.78%	9.51%
<b>Northwest</b>	3.14%	3.37%	3.19%	3.14%	3.23%	3.42%	2.87%	3.18%	3.48%	3.56%
<b>Shelby County</b>	16.06%	16.28%	16.85%	16.84%	16.68%	16.14%	16.56%	14.75%	13.59%	13.61%
<b>South Central</b>	6.23%	6.00%	6.85%	6.68%	6.62%	7.23%	6.55%	5.96%	6.59%	6.81%
<b>Southeast</b>	6.89%	6.63%	6.41%	6.09%	6.17%	5.82%	6.32%	5.39%	5.15%	5.78%
<b>Southwest</b>	8.60%	9.15%	8.72%	8.66%	7.77%	7.49%	8.07%	7.96%	7.33%	6.42%
<b>Upper Cumberland</b>	5.66%	5.39%	5.39%	4.82%	4.41%	5.04%	5.85%	5.72%	6.38%	7.93%

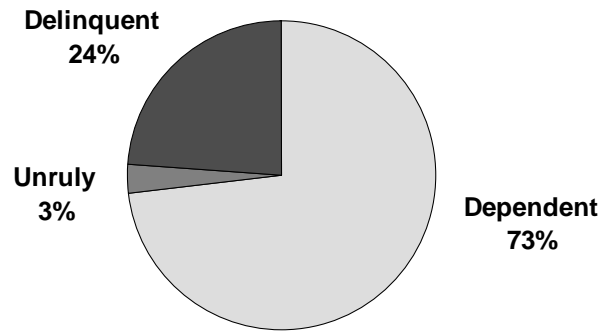
Source: Department of Children's Services

## Who Filed the Petition? Cases for 2004



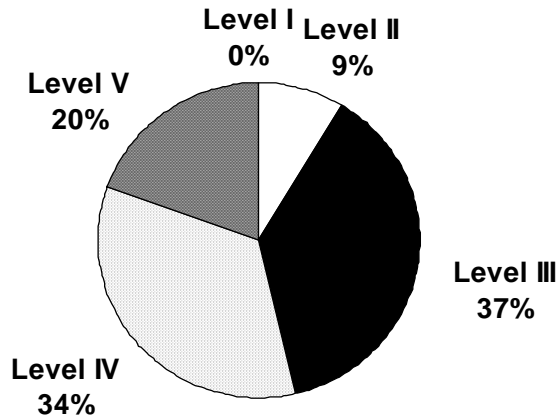
<b>Petitions Filed By</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
DCS/DHS	41%	50%	47%	49%	57%	59%	55%	58%	55%	51%	60%
Parents	21%	15%	11%	11%	8%	8%	8%	8%	8%	7%	4%
Law Enforcement	9%	10%	11%	10%	13%	14%	10%	13%	11%	8%	9%
Courts	7%	8%	10%	10%	9%	9%	14%	11%	14%	13%	14%
Other	22%	17%	21%	20%	13%	10%	13%	10%	12%	21%	13%

# Adjudications



Adjudication	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Dependent/Neglect	57%	68%	68%	65%	68%	72%	68%	72%	68%	73%	73%
Unruly	21%	15%	12%	12%	9%	5%	8%	7%	4%	6%	3%
Delinquent	22%	17%	21%	23%	23%	23%	24%	21%	28%	21%	24%

## Level of Offense\* Delinquent Adjudications

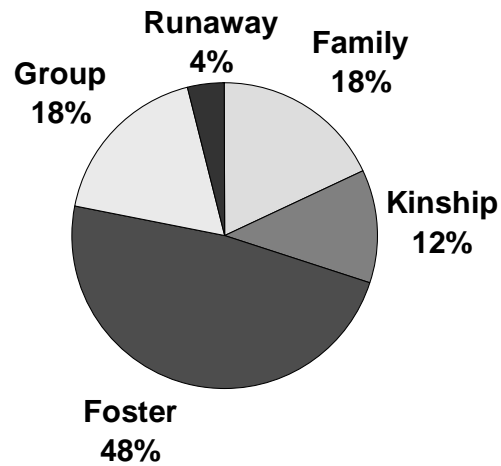


Children who are adjudicated delinquent for more serious offenses tend to stay in custody longer, and are therefore over-represented in the sample of delinquent children reviewed. Variation in the proportion of delinquent children in the sample from Shelby County impacts the percentage of serious offenses since almost all the delinquents in state custody from Shelby have committed more serious offenses.

Level of Offense Delinquent Adjudication	1999	2000	2001	2002	2003	2004
Level 1	0%	5%	3%	0%	18%	0%
Level 2	1%	2%	8%	1%	8%	9%
Level 3	51%	44%	35%	48%	40%	37%
Level 4	32%	38%	49%	36%	26%	34%
Level 5	16%	11%	5%	14%	8%	20%

\* Definitions of different levels of offense are in Appendix I: Terms.

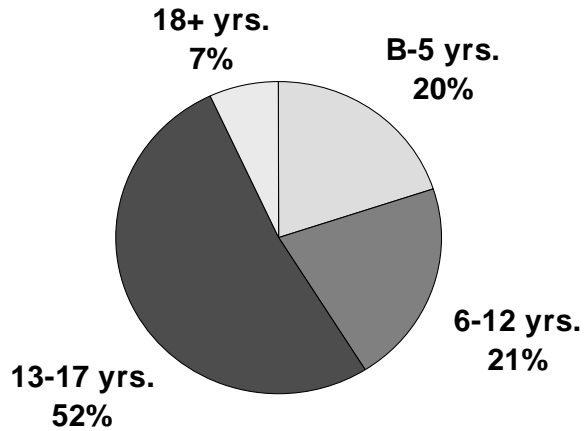
# Placements



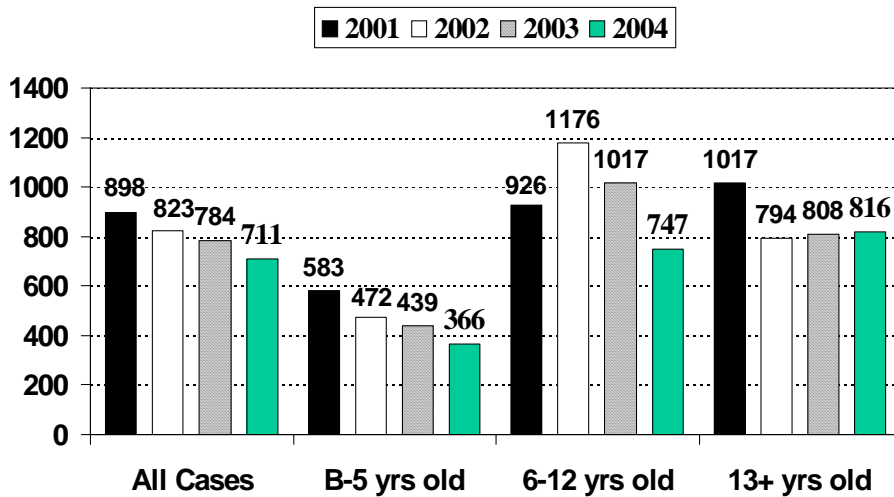
Placements	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Family	20%	19%	26%	22%	22%	25%	26%	21%	20%	18%	18%
Foster*	34%	43%	40%	43%	43%	46%	40%	40%	41%	43%	48%
Kinship*								4%	6%	14%	12%
Group	39%	32%	29%	25%	30%	23%	27%	28%	27%	20%	18%
Runaway	7%	6%	5%	10%	5%	6%	7%	7%	6%	5%	4%

\* Categories were combined until year 2001.

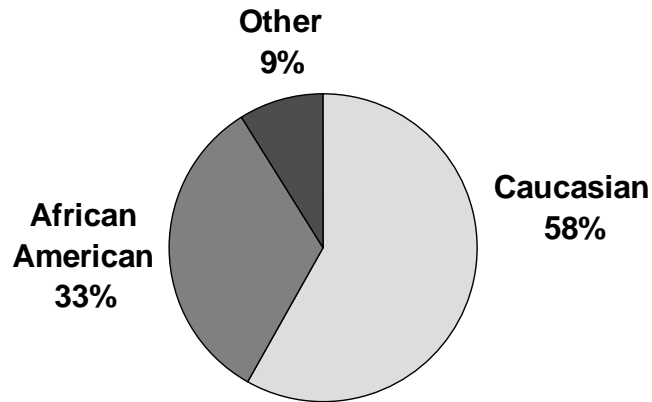
# Age of the Child



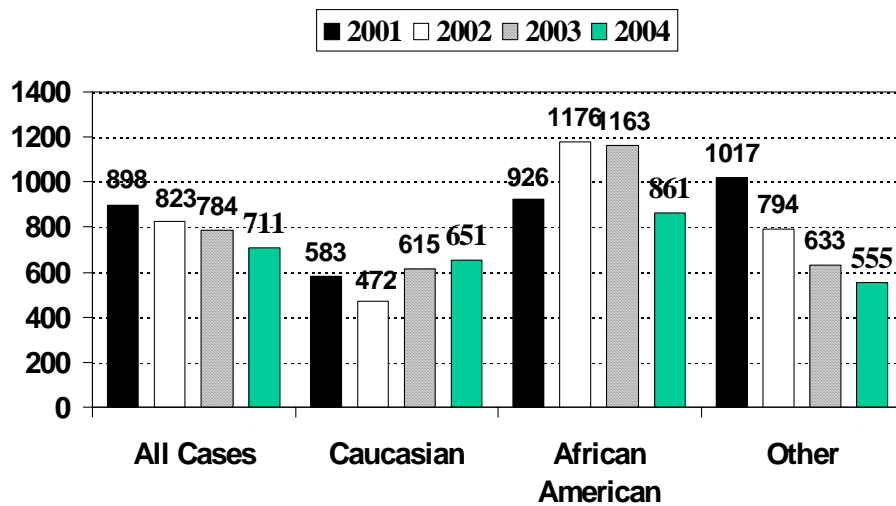
## Average Length of Stay By Age Comparison By Year



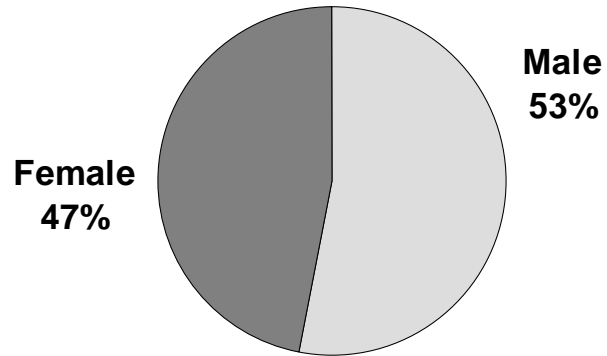
# Race of the Child



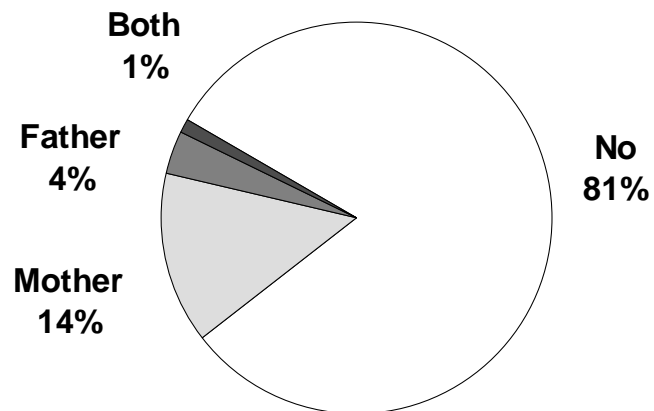
## Average Length of Stay By Race Comparison By Year



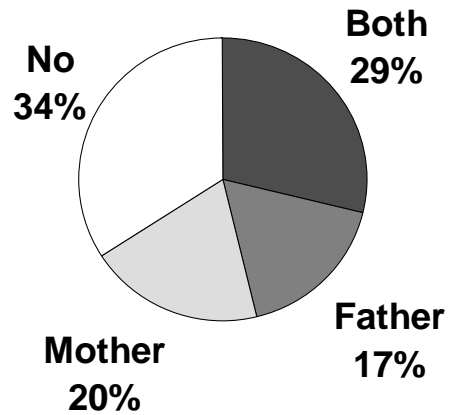
## Gender of the Child



## Was the Parent in State Custody as a Child?

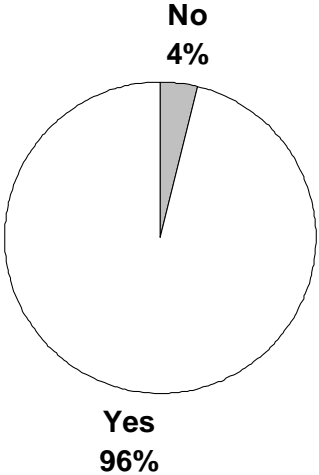


## Has the Parent Been Incarcerated?

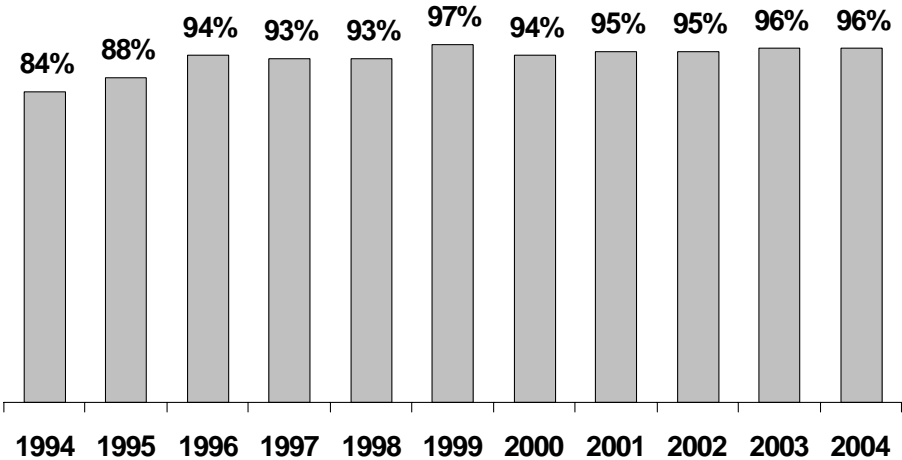


<b>Incarceration of Parents</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
All Cases	28%	40%	47%	51%	57%	55%	59%	61%	61%	66%	66%
Father	NA	20%	23%	21%	25%	24%	25%	22%	23%	27%	17%
Mother	NA	10%	14%	14%	15%	15%	14%	16%	18%	22%	20%
Both Parents	NA	10%	10%	16%	17%	17%	20%	23%	20%	17%	29%

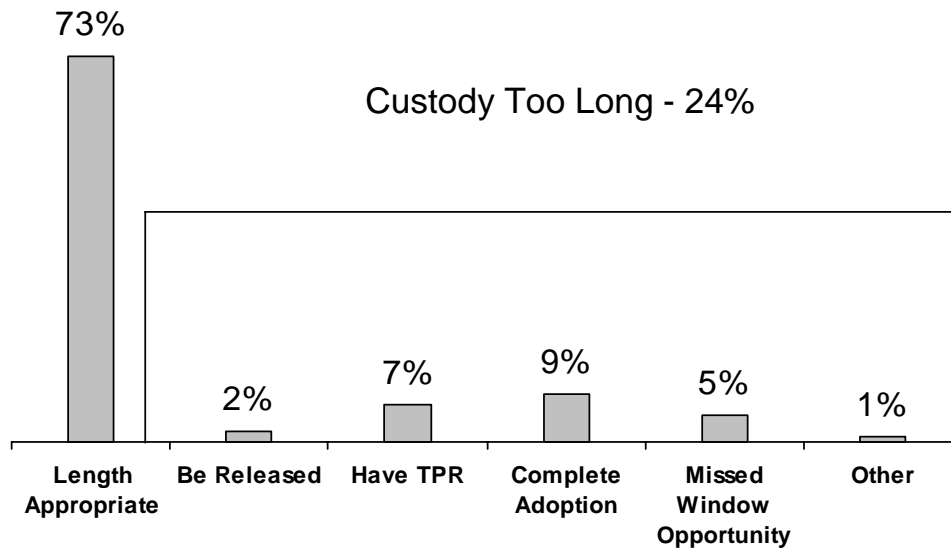
# If Provided Needed Services, Was State Custody Necessary?



# If Provided Needed Services, Was State Custody Necessary?



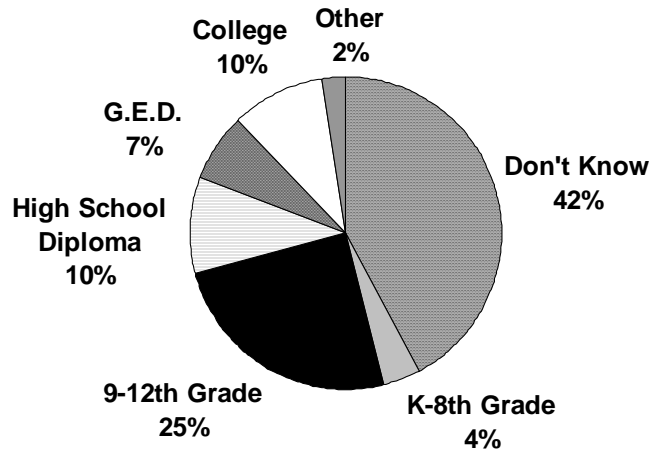
## Was Custody Length Appropriate?



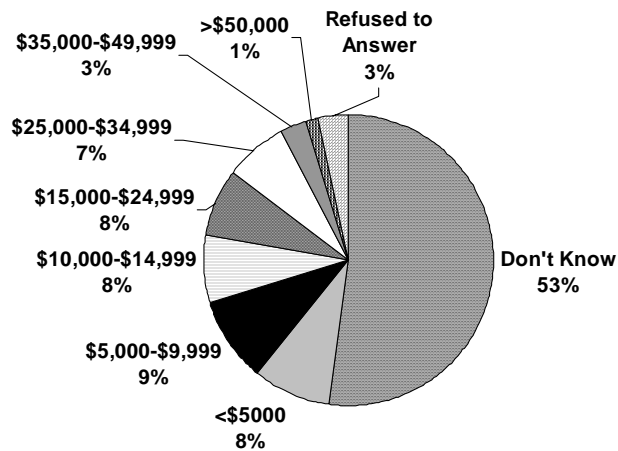
Length of Custody	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Custody Too Long	20%	22%	22%	24%	28%	26%	28%	30%	23%	22%	24%
Those in custody too long:											
Needed to Go Home	NA	14%	4%	4%	2%	2%	2%	4%	2%	3%	0%
Needed Termination of Parental Rights	NA	4%	7%	6%	10%	5%	10%	7%	4%	4%	7%
Needed to Complete Adoption	NA	1%	7%	6%	5%	10%	6%	7%	9%	8%	9%
Needed to Be Released	NA	3%	4%	6%	7%	5%	4%	6%	4%	3%	2%
Needed to Live Independently	NA	0%	0%	1%	1%	0%	0%	1%	0%	0%	0%
Other*	NA	0%	0%	1%	3%	4%	6%	5%	4%	4%	6%

\* includes "Missed Window of Opportunity"

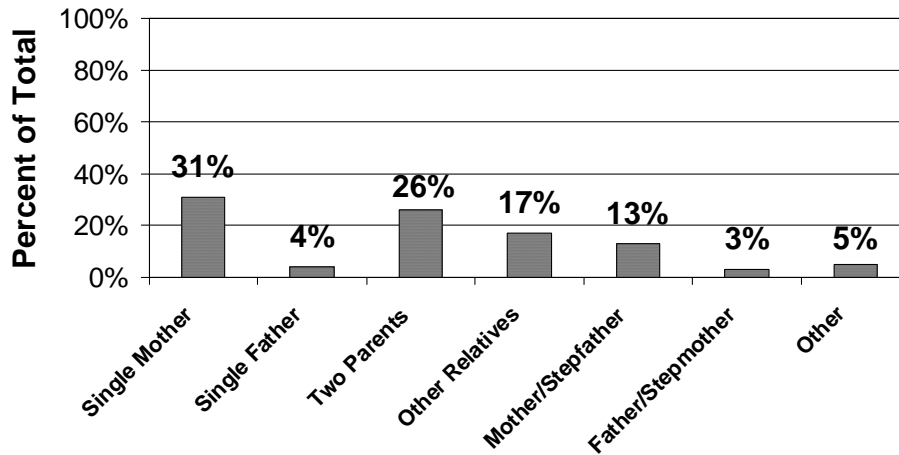
## Parental Educational Attainment Cases for 2004



## Annual Household Income of Parents Cases for 2004

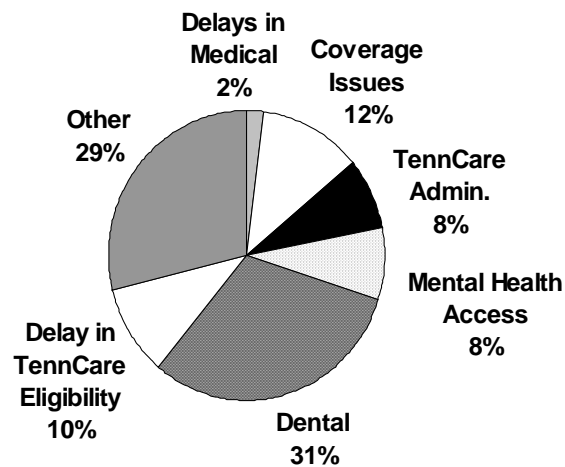


## Child's Living Situation Prior to Custody



## TennCare Issues

Issues Reported in 15% of Cases





## **Appendix B**

### **2004 Evaluation Results**

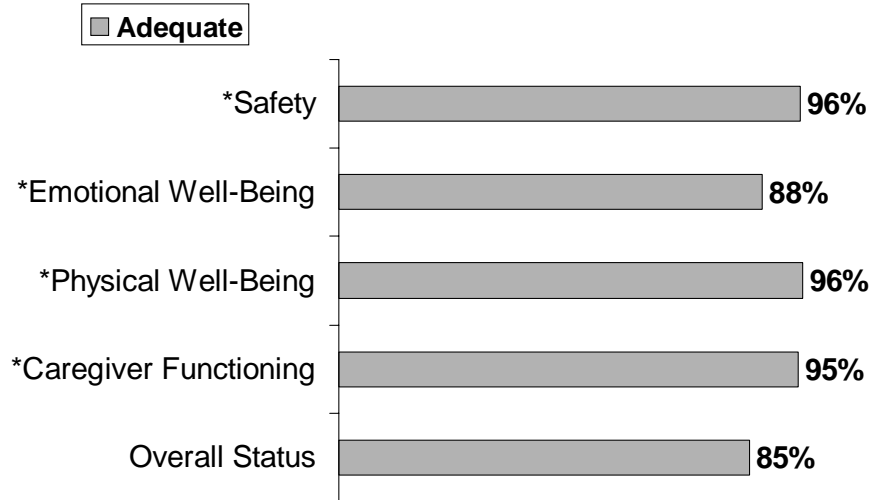
Status of the Child/Family on Key Indicators

Adequacy of Service System Functions on Key Indicators

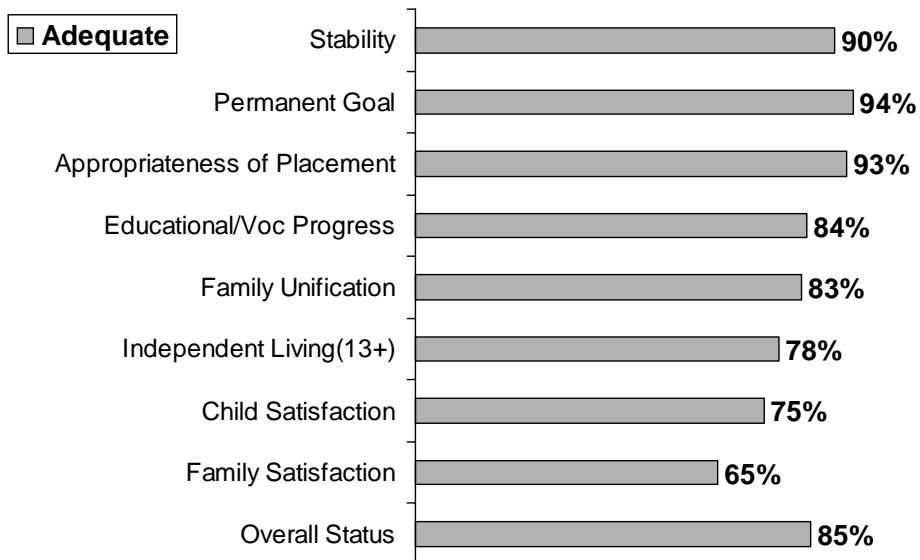
Four-Cell Matrices



## Status of the Child/Family on Key Indicators All Cases



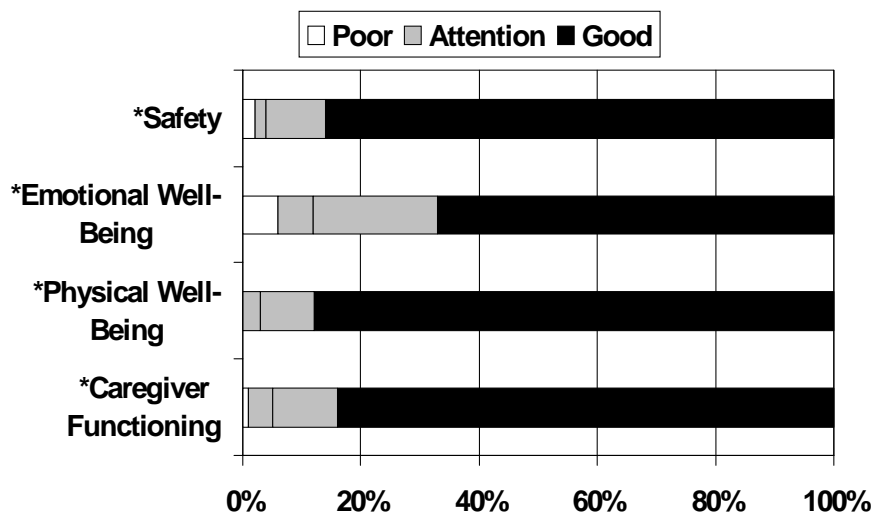
## Status of the Child/Family on Key Indicators All Cases



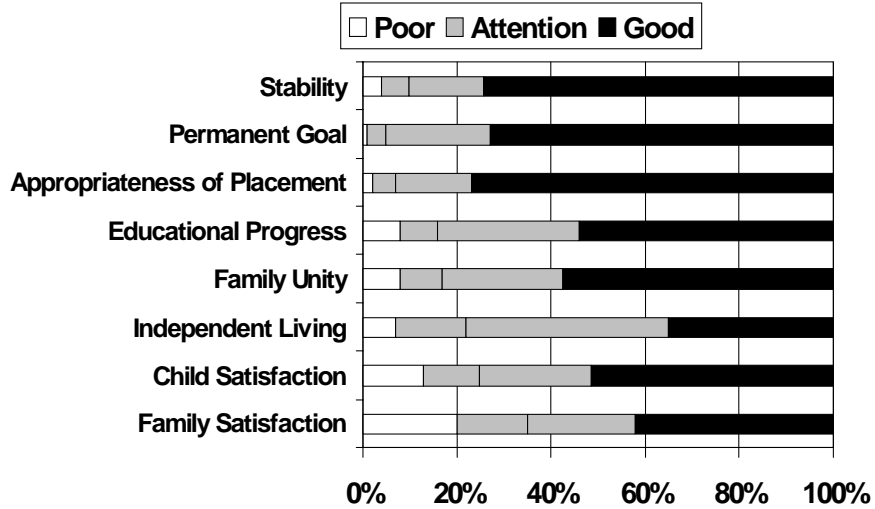
## Rating the Key Indicators

Inadequate			Adequate		
1	2	3	4	5	6
Deficient and getting worse	Disintegrating	Minimally Inadequate	Minimally Adequate	Good and Improving	Optimal
Poor		Attention		Good	

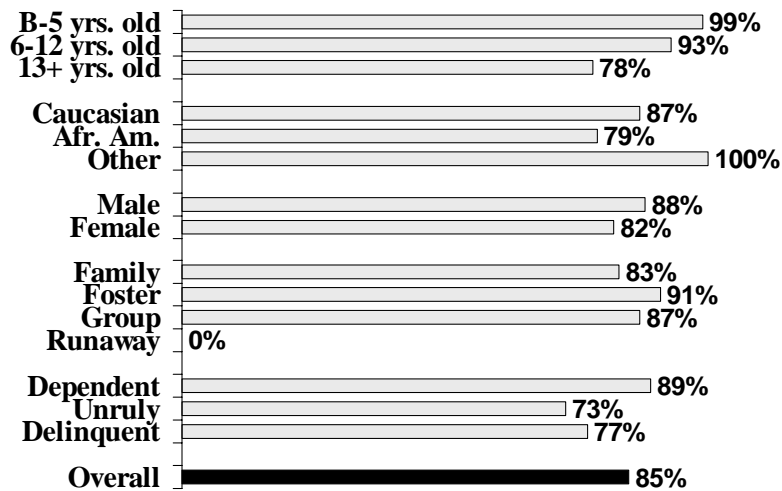
## Status of the Child/Family All Cases



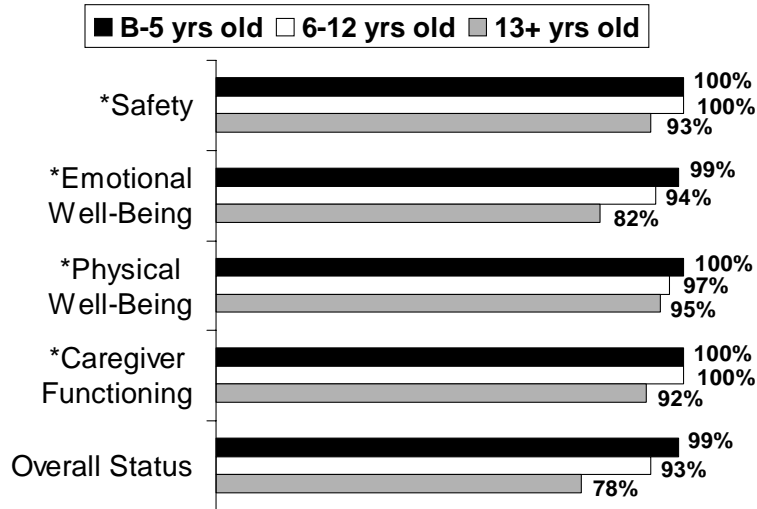
## Status of the Child/Family All Cases



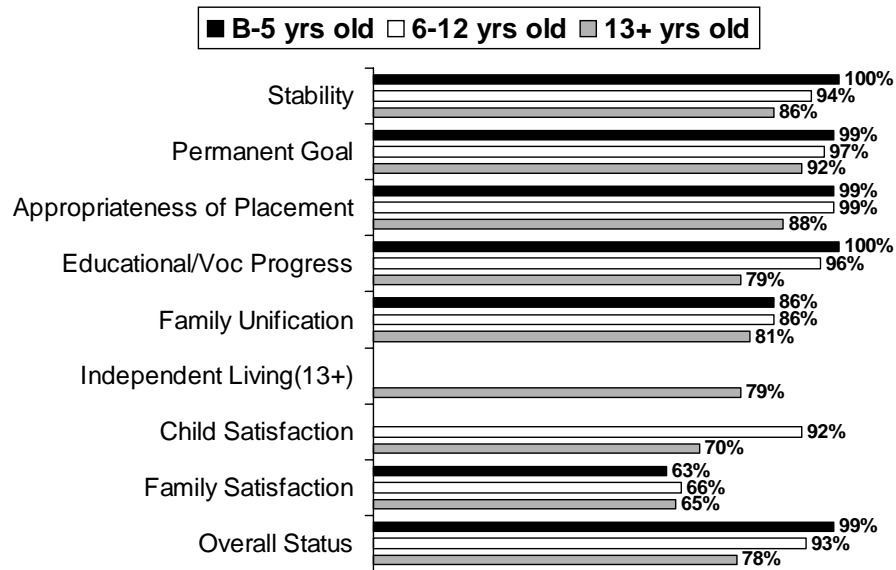
## Overall Status of Child/Family Percent Positive



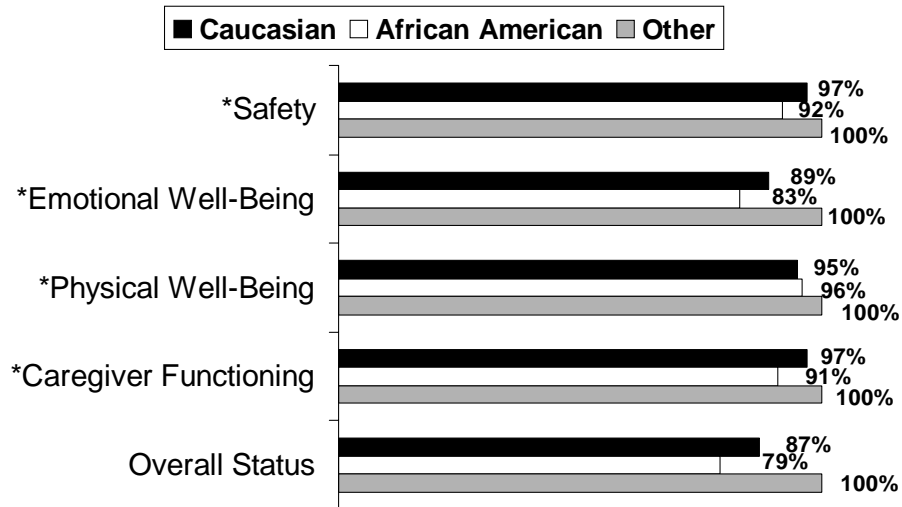
## Status of the Child/Family on Key Indicators Comparison by Age of the Child



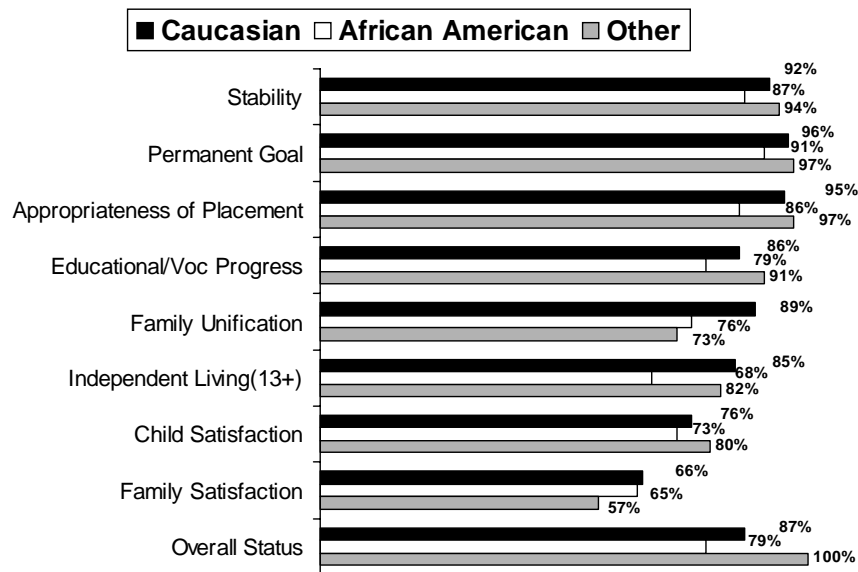
## Status of the Child/Family on Key Indicators Comparison by Age of the Child



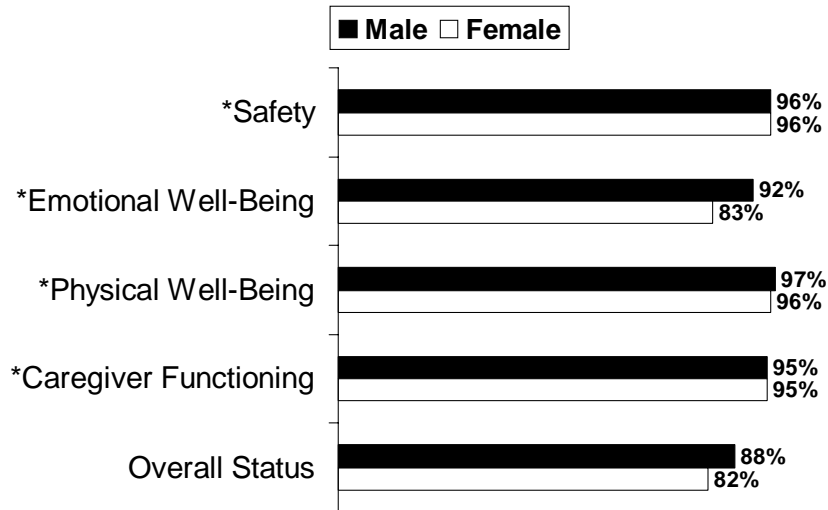
## Status of the Child/Family on Key Indicators Comparison by Race of the Child



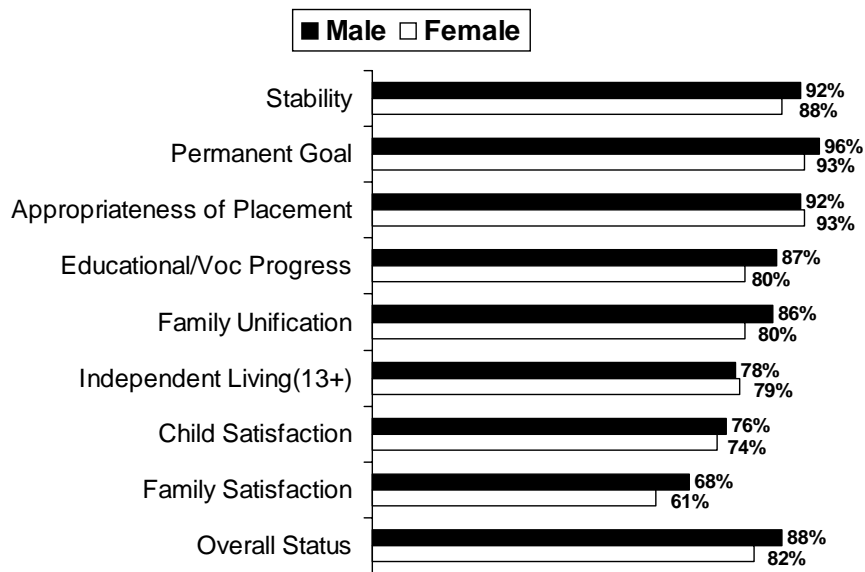
## Status of the Child/Family on Key Indicators Comparison by Race of the Child



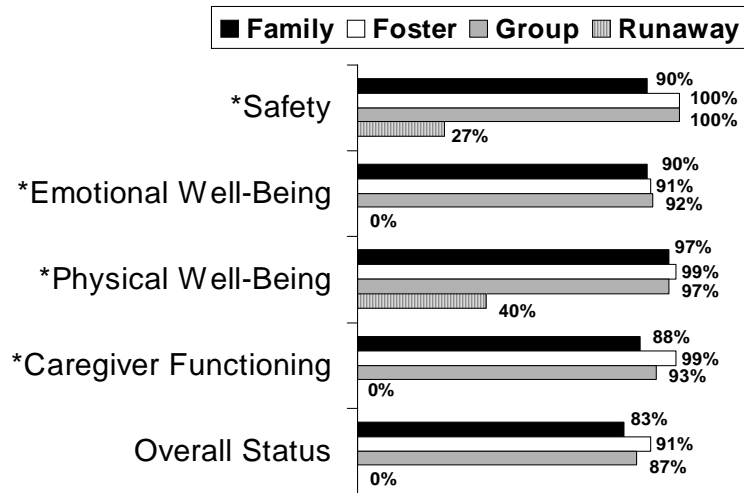
## Status of the Child/Family on Key Indicators Comparison by Gender of the Child



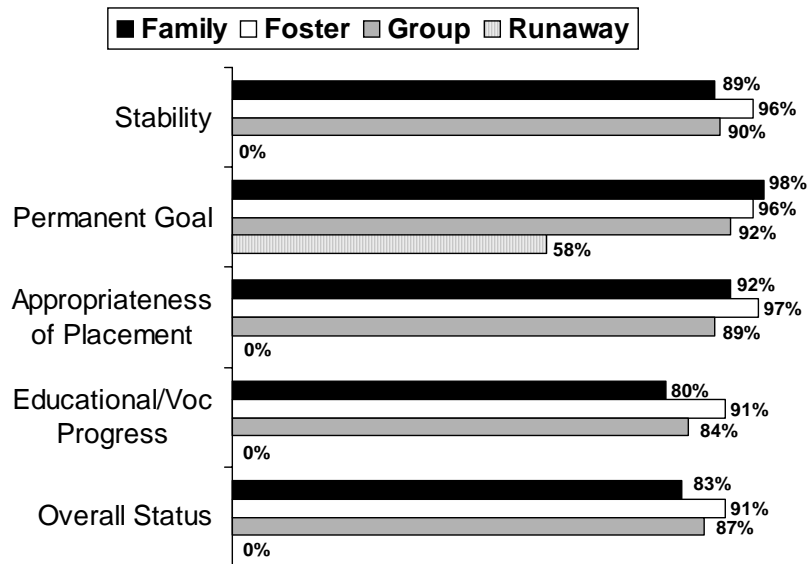
## Status of the Child/Family on Key Indicators Comparison by Gender of the Child



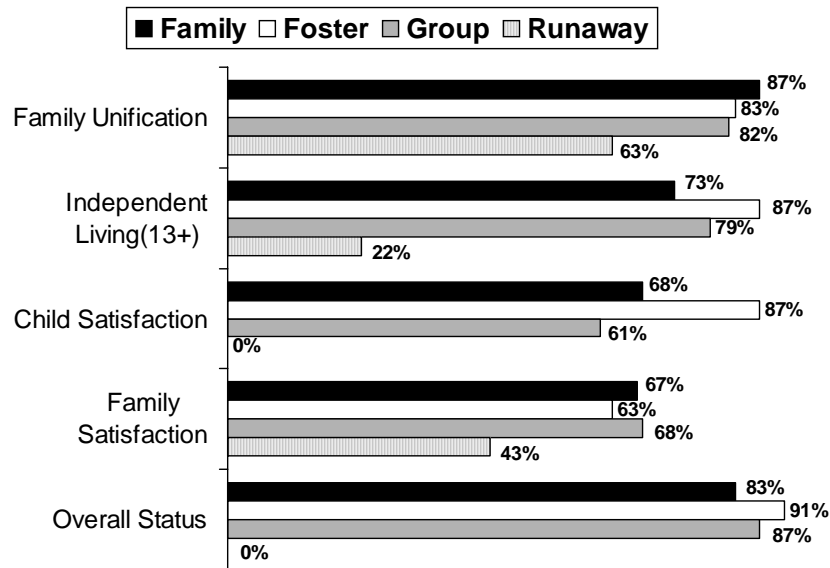
## Status of the Child/Family on Key Indicators Comparison by Residence of the Child



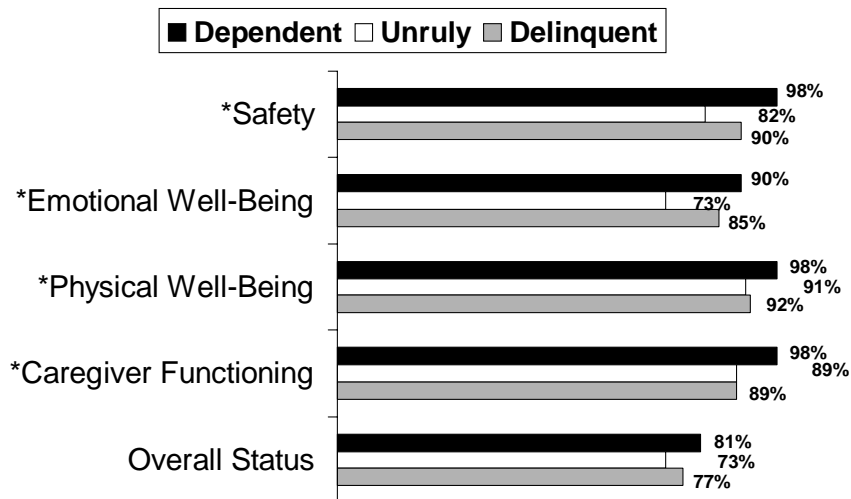
## Status of the Child/Family on Key Indicators Comparison by Residence of the Child



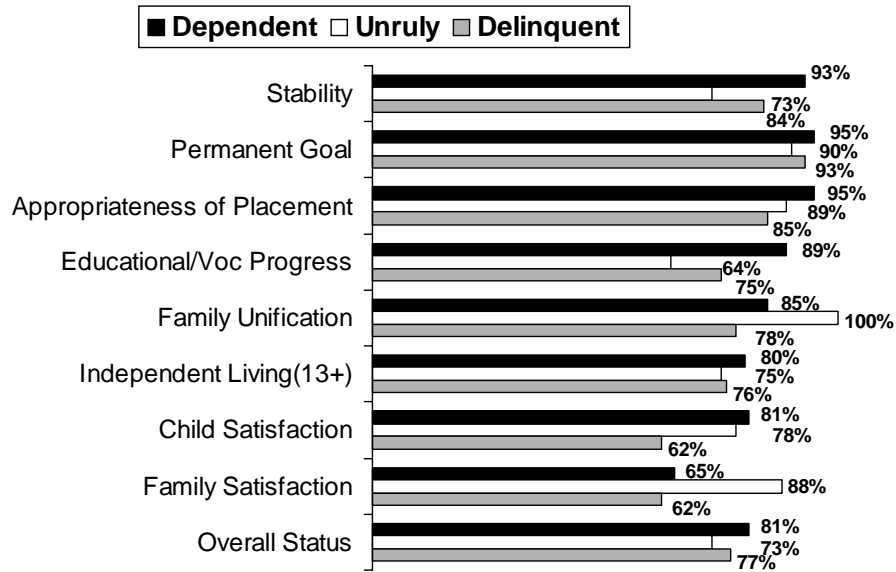
## Status of the Child/Family on Key Indicators Comparison by Residence of the Child



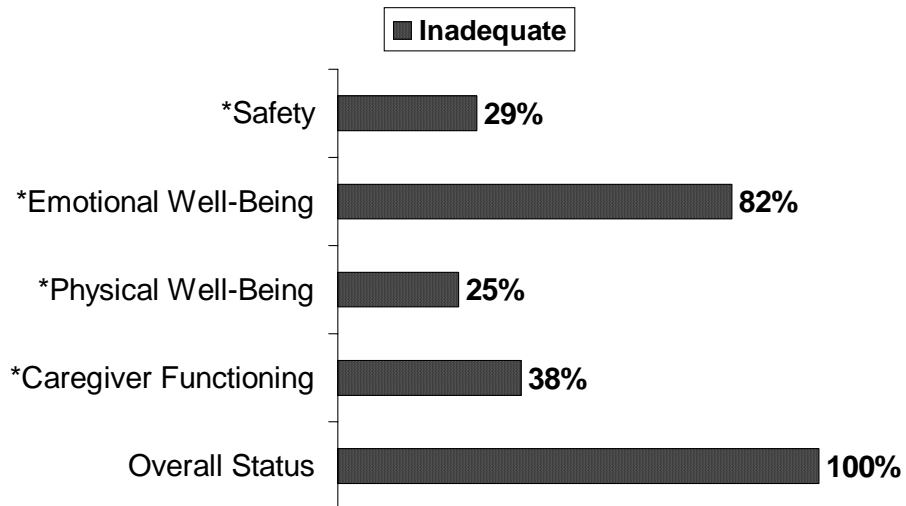
## Status of the Child/Family on Key Indicators Comparison by Adjudication of the Child



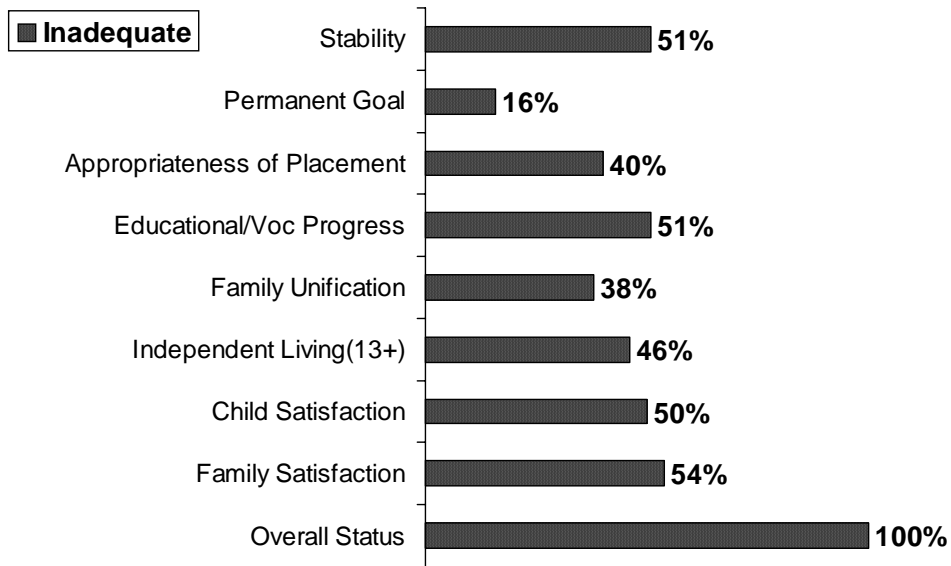
## Status of the Child/Family on Key Indicators Comparison by Adjudication of the Child



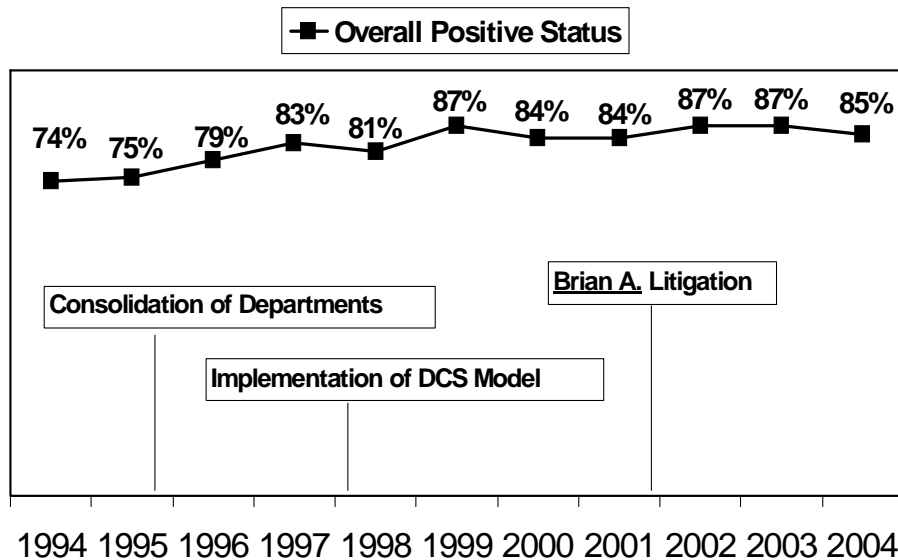
## Status of the Child/Family on Key Indicators Of 15% Negative Status for Child/Family



## Status of the Child/Family on Key Indicators Of 13% Negative Status for Child/Family



## Status of the Child/Family Comparison of Years

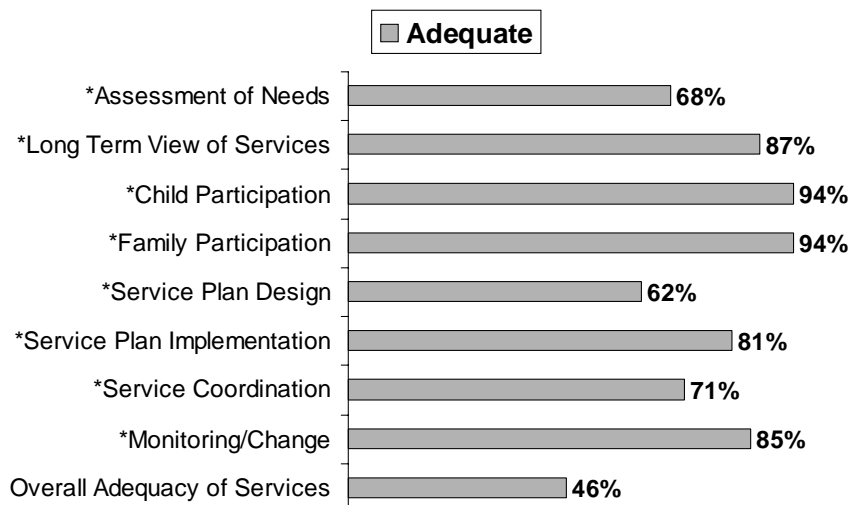


<b>Indicators</b>	<b>1994 State wide</b>	<b>1995 State wide</b>	<b>1996 State wide</b>	<b>1997 State wide</b>	<b>1998 State wide</b>	<b>1999 State wide</b>	<b>2000 State wide</b>	<b>2001 State wide</b>	<b>2002 State wide</b>	<b>2003 State wide</b>	<b>2004 State wide</b>
Total cases reviewed	368	674	654	585	587	583	580	580	573	558	462
Total statewide cases	368	353	352	347	350	348	348	349	342	343	342
*Safety	91	93	92	93	95	95	93	93	94	94	96
*Emotional Well-being	78	78	82	84	85	90	88	87	88	88	88
*Physical Well-being	95	94	96	95	99	98	97	95	97	97	96
*Caregiver Functioning	90	92	91	94	94	96	93	94	95	96	95
Stability	83	83	85	89	89	93	90	88	91	90	90
Permanent Goal	80	83	87	84	82	89	88	91	94	92	94
Appropriateness of Placement	82	85	86	88	89	93	90	90	90	90	93
Educational/Vocational Progress	81	80	82	87	84	88	80	86	84	86	84
Family Unification	58	62	66	68	60	74	80	80	83	80	83
Independent Living (13+)	64	71	70	80	81	86	87	83	85	79	78
Child Satisfaction	58**	76	83	82	82	83	80	76	84	84	75
Family Satisfaction		59	67	69	65	70	68	57	72	69	65
<b>Overall Status</b>	<b>74</b>	<b>75</b>	<b>79</b>	<b>83</b>	<b>81</b>	<b>87</b>	<b>84</b>	<b>84</b>	<b>87</b>	<b>87</b>	<b>85</b>

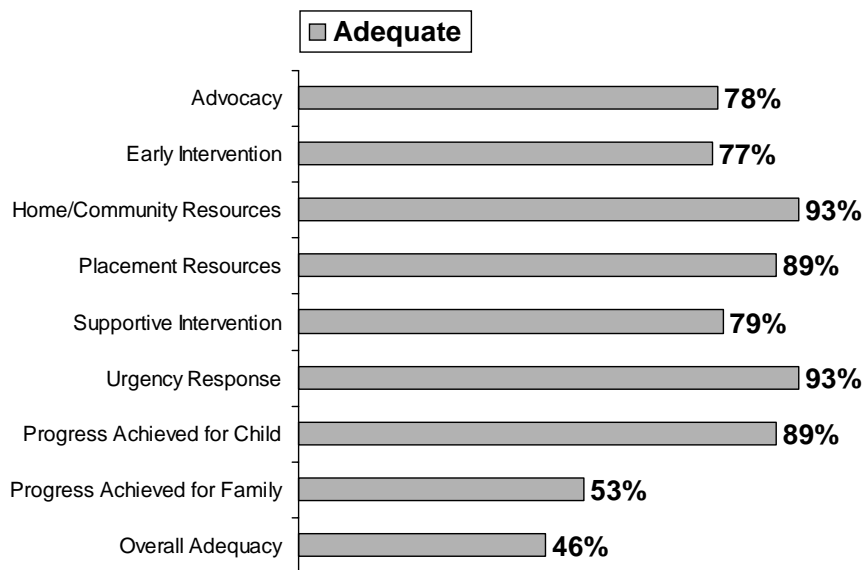
\* Applicable starred items must be positive for overall adequate finding.

\*\* Child and Family Satisfaction were rated as a single indicator.

## Adequacy Service System Functions on Key Indicators All Cases



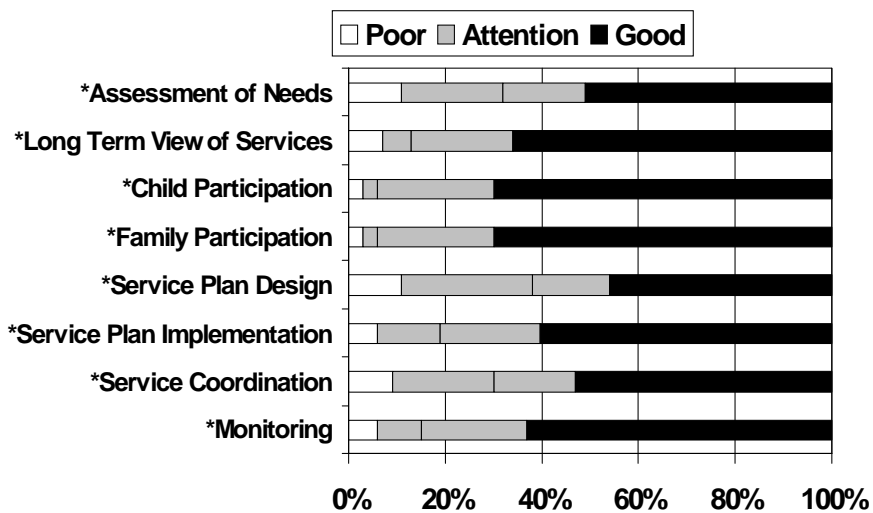
## Adequacy Service System Functions on Key Indicators All Cases



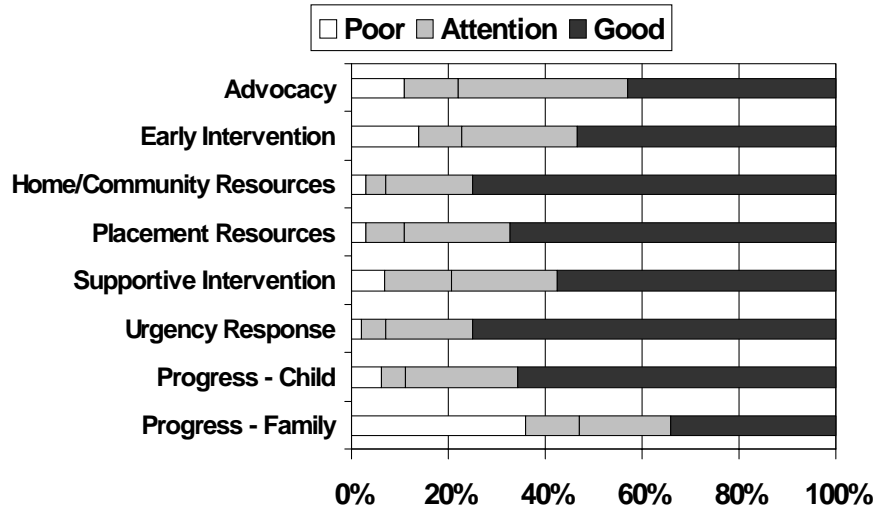
## Rating the Key Indicators

Inadequate			Adequate		
1	2	3	4	5	6
Deficient and getting worse	Disintegrating	Minimally Inadequate	Minimally Adequate	Good and Improving	Optimal
Poor		Attention		Good	

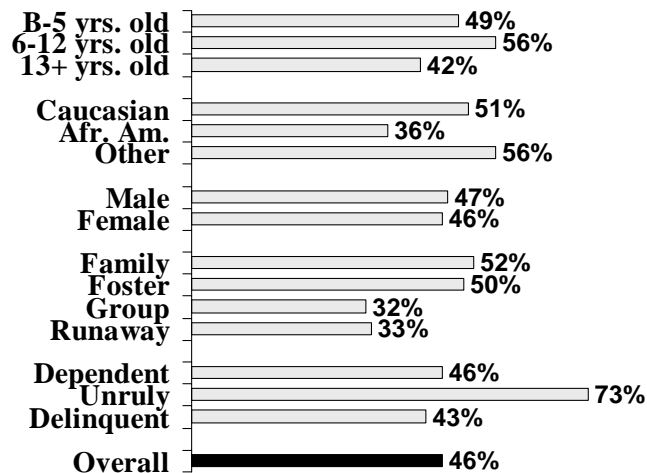
## Service System Performance All Cases



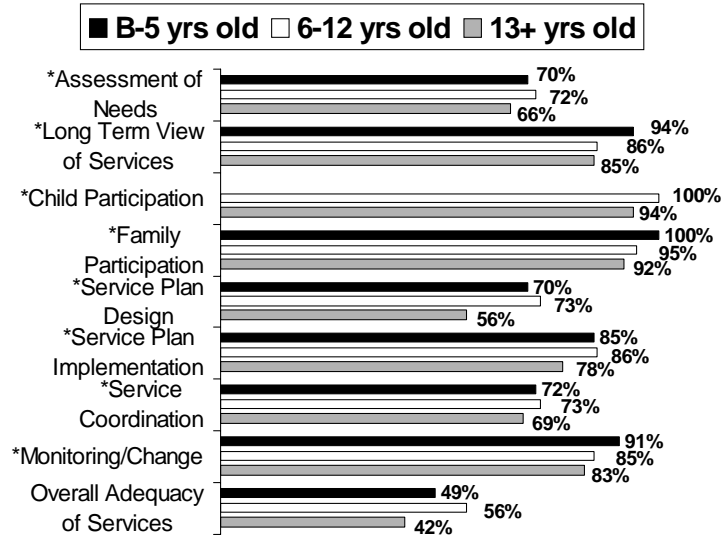
# Service System Performance All Cases



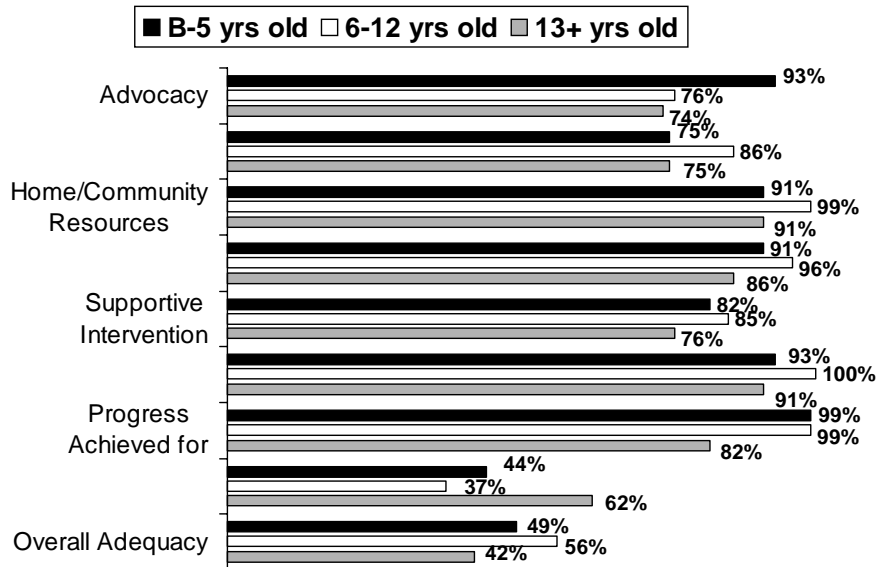
# Overall Service System Performance Percent Adequate



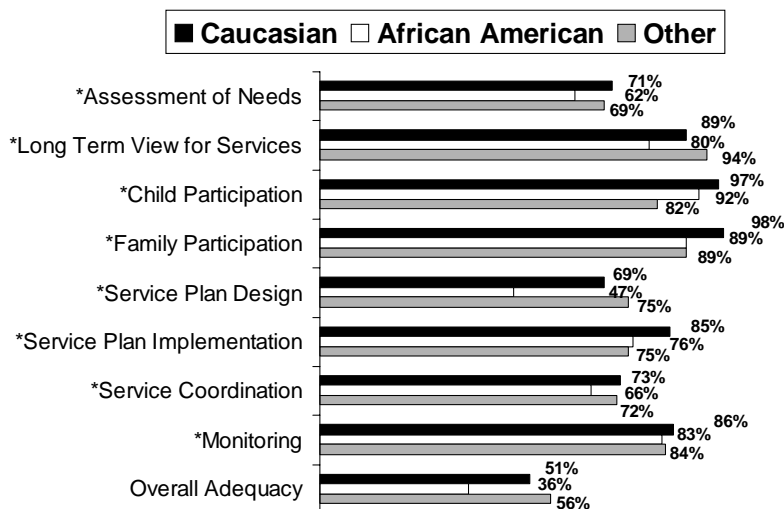
## Adequacy Service System Functions on Key Indicators Comparison by Age of the Child



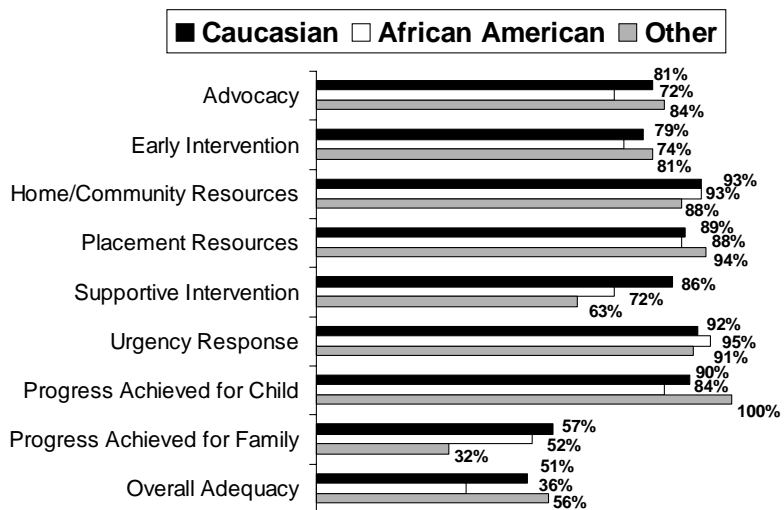
## Adequacy Service System Functions on Key Indicators Comparison by Age of the Child



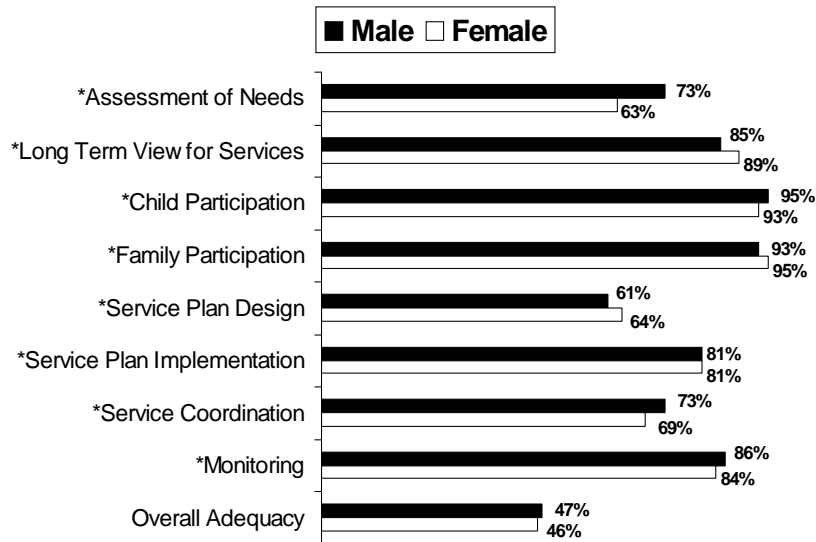
## Adequacy Service System Functions on Key Indicators Comparison by Race of the Child



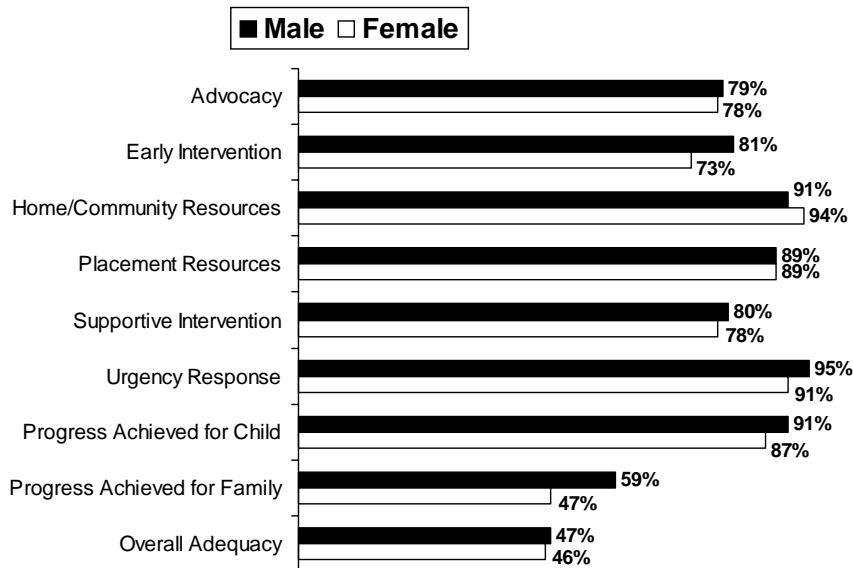
## Adequacy Service System Functions on Key Indicators Comparison by Race of the Child



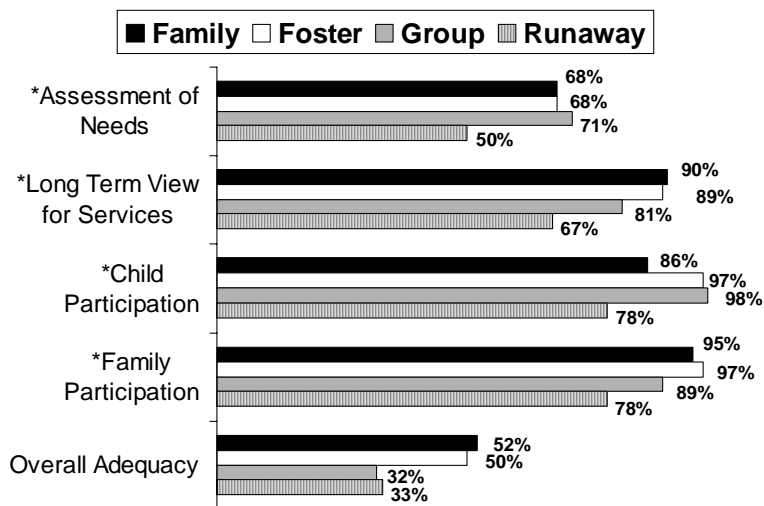
## Adequacy Service System Functions on Key Indicators Comparison by Gender of the Child



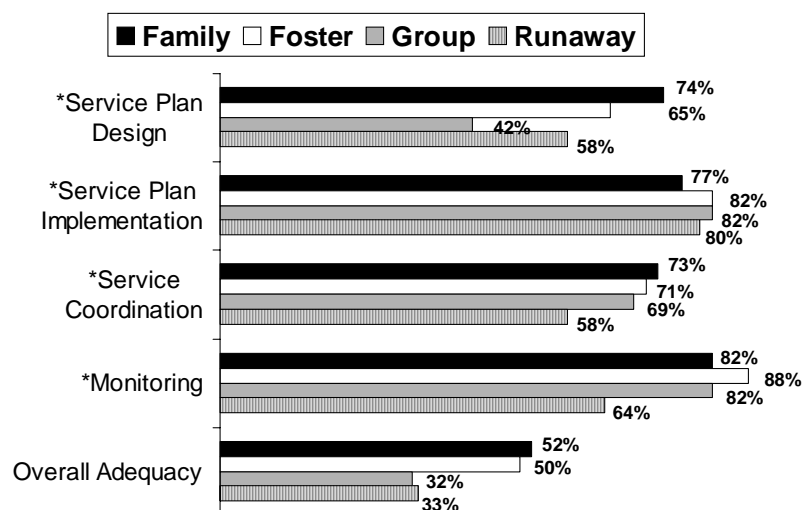
## Adequacy Service System Functions on Key Indicators Comparison by Gender of the Child



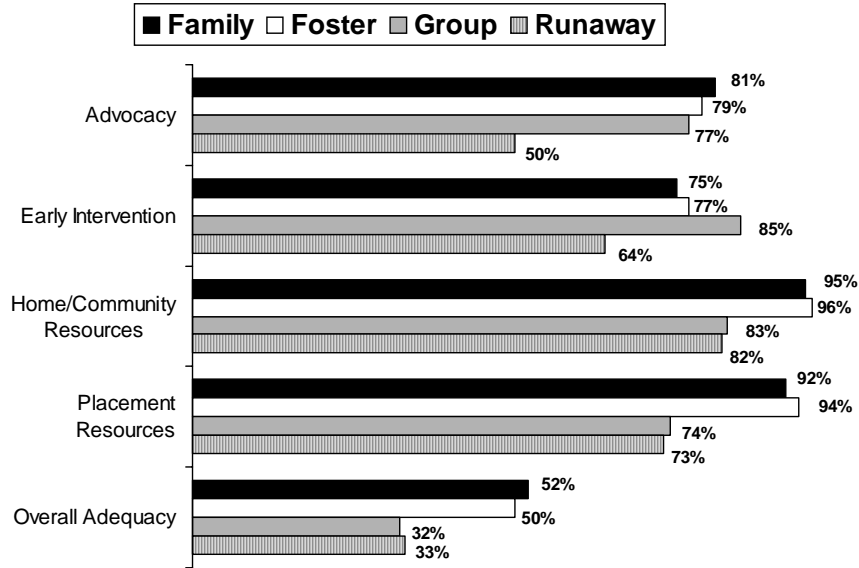
## Adequacy Service System Functions on Key Indicators Comparison by Residence of the Child



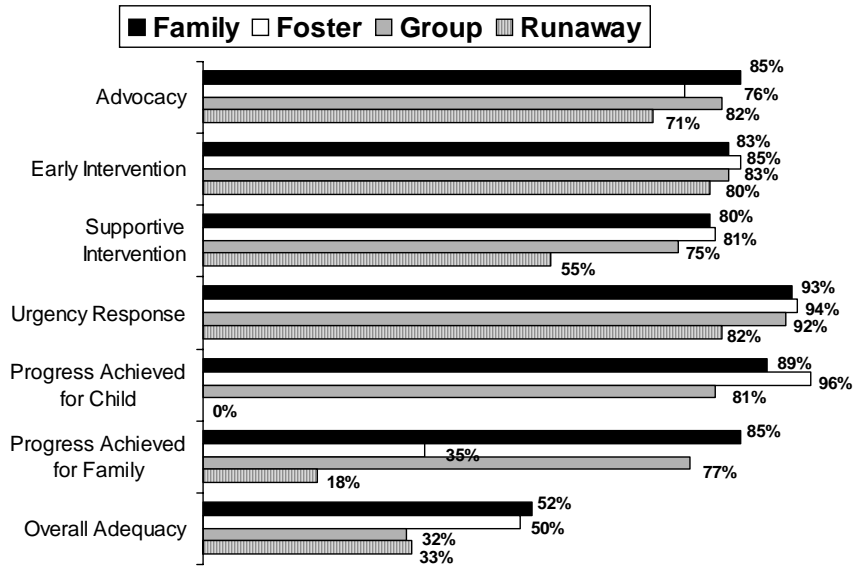
## Adequacy Service System Functions on Key Indicators Comparison by Residence of the Child



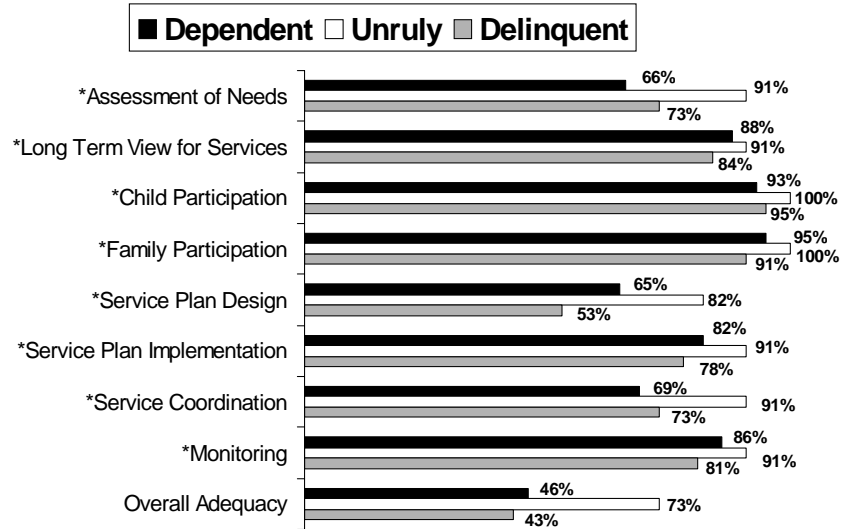
## Adequacy Service System Functions on Key Indicators Comparison by Residence of the Child



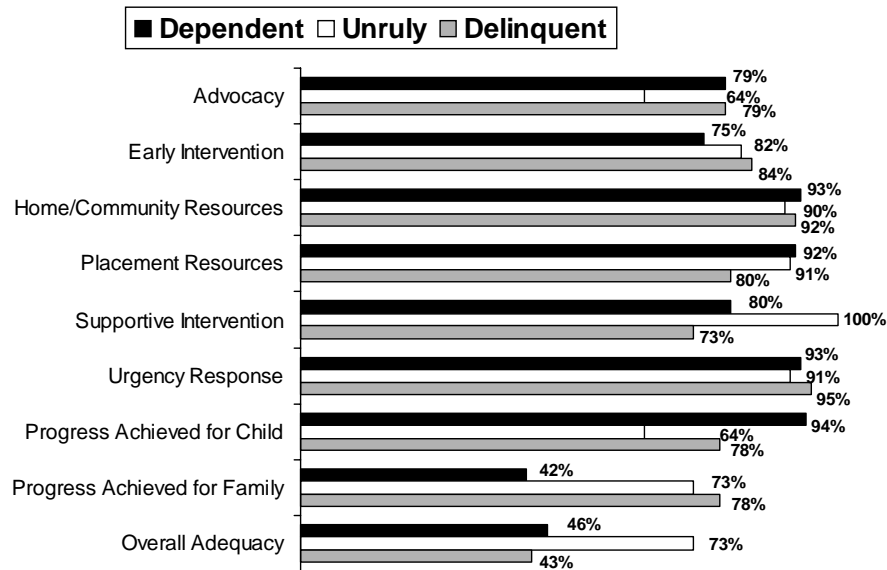
## Adequacy Service System Functions on Key Indicators Comparison by Residence of the Child



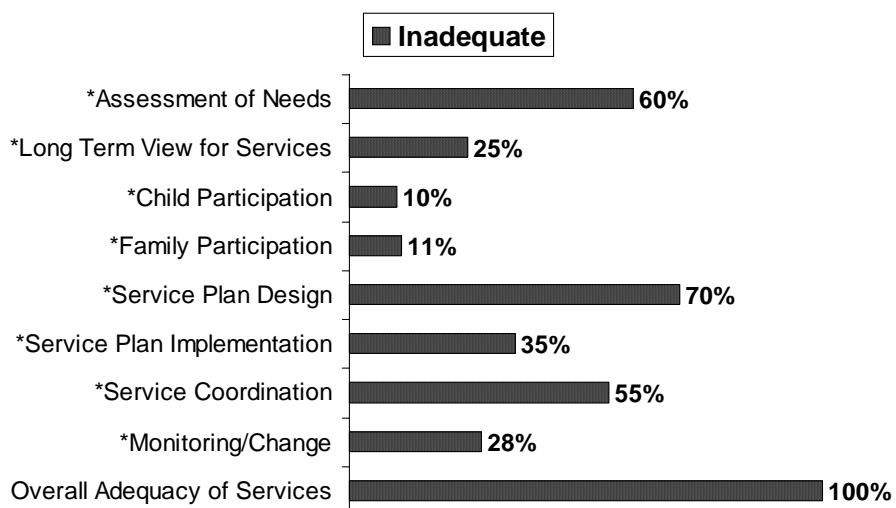
## Adequacy Service System Functions on Key Indicators Comparison by Adjudication of the Child



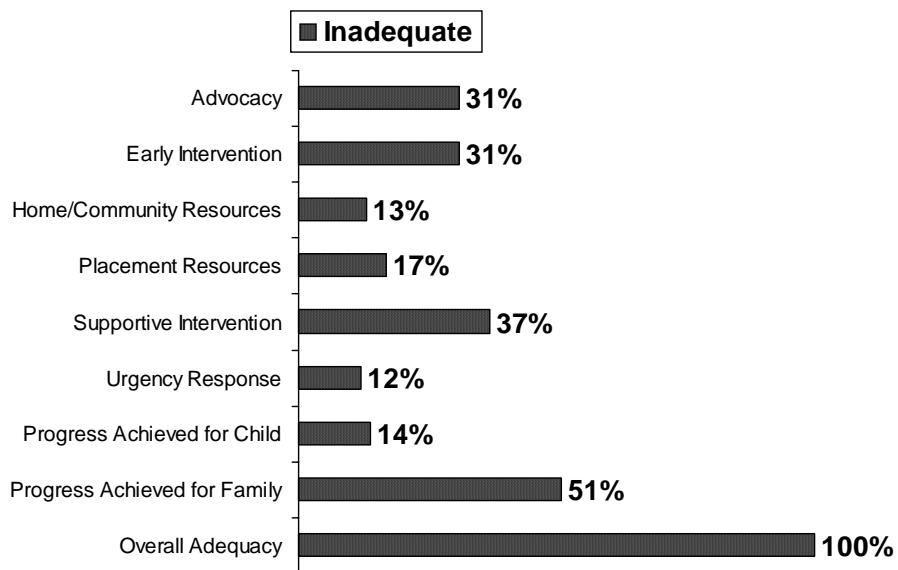
## Adequacy Service System Functions on Key Indicators Comparison by Adjudication of the Child



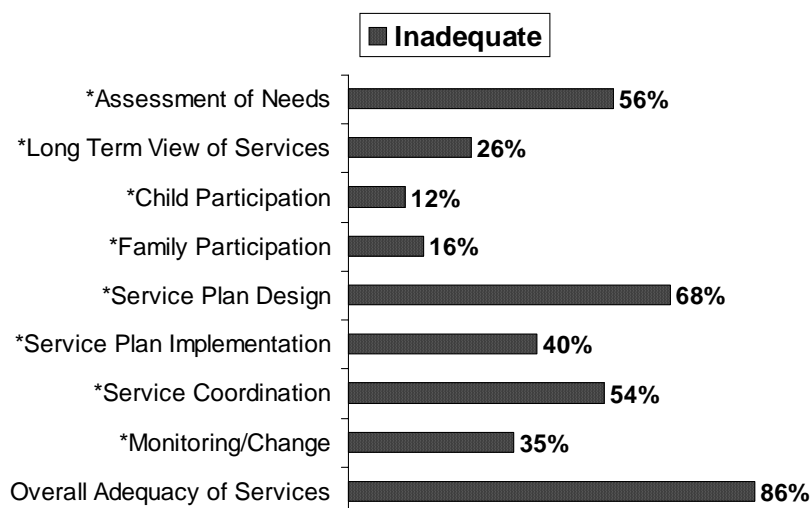
## Adequacy Service System Functions on Key Indicators Of 54% Inadequate System



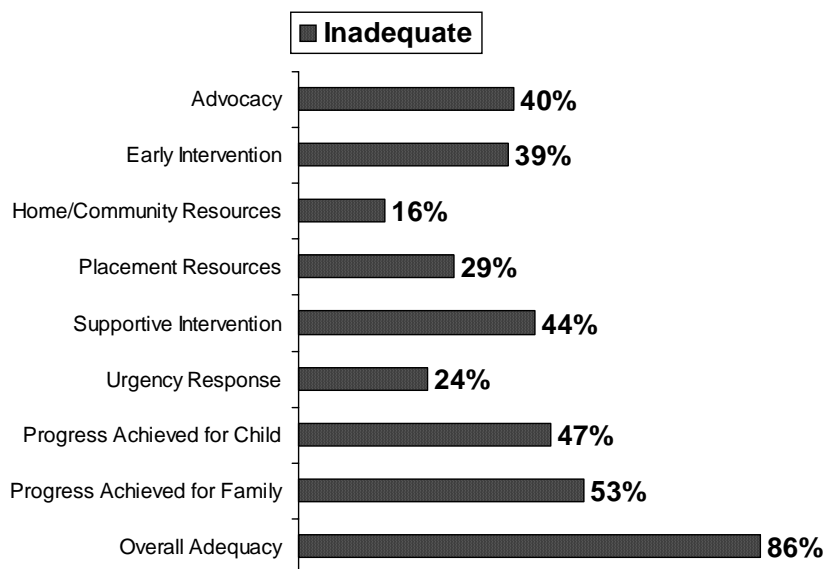
## Adequacy Service System Functions on Key Indicators Of 54% Inadequate System



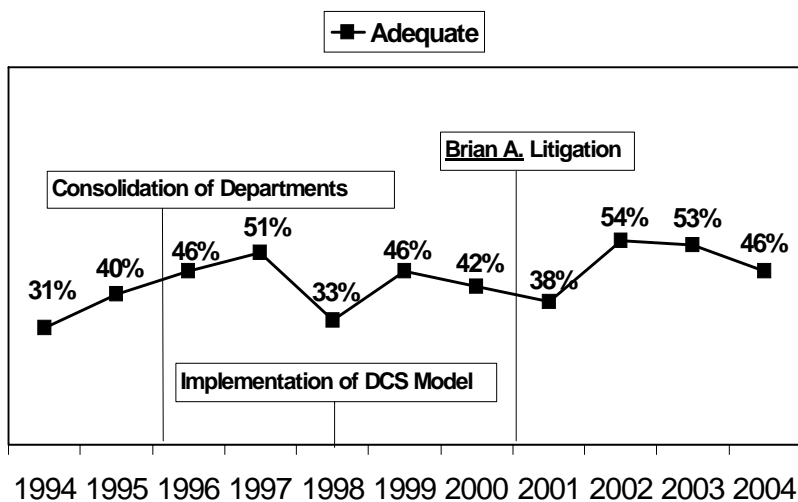
## Adequacy Service System Functions on Key Indicators Of 15% Negative Status of Child/Family



## Adequacy Service System Functions on Key Indicators Of 15% Negative Status for Child/Family



## Overall Adequacy of Service System



Indicators	1994 State wide	1995 State wide	1996 State wide	1997 State wide	1998 State wide	1999 State wide	2000 State wide	2001 State wide	2002 State wide	2003 State wide	2004 State wide
Total cases reviewed	368	674	654	585	587	583	580	580	573	558	462
Total statewide cases	368	353	352	347	350	348	348	349	342	343	342
*Assessment of Needs	31	80	86	86	73	70	68	65	74	76	68
*Long Term View For Services	32	75	77	83	75	82	85	85	89	87	87
*Child Participation	75**	84	87	92	85	90	90	90	92	93	94
*Family Participation	75**	77	82	81	74	83	89	89	93	93	94
*Service Plan Design	64	63	71	72	48	63	63	58	70	67	62
*Service Plan Implementation	63	66	67	73	69	79	78	79	85	84	81
*Service Coordination	52	61	65	70	59	67	71	69	77	79	71
*Monitoring Change	52	61	66	72	60	74	80	84	87	86	85
Advocacy	63	69	70	69	71	77	72	78	81	79	78
Early Child and Family Intervention	61	64	71	75	74	80	84	86	87	84	77
Home/Community Resources	62	72	74	76	81	88	91	95	93	97	93
Placement Resources	77	83	83	85	88	92	89	88	89	89	89
Support. Intervention Toward Permanent Goal	55	64	65	72	64	76	76	81	82	79	79
Urgency Response	77	81	85	88	84	93	92	93	94	96	93
Progress Achieved - Child	80**	83	85	88	86	88	88	88	88	90	89
Progress Achieved - Family	80**	50	56	56	52	55	59	55	57	55	53
<b>Overall Adequacy of Services</b>	<b>31</b>	<b>40</b>	<b>46</b>	<b>51</b>	<b>33</b>	<b>46</b>	<b>42</b>	<b>38</b>	<b>54</b>	<b>53</b>	<b>46</b>

\* Applicable starred items must be positive for overall adequate finding.

\*\* Child and Family for both Participation and Progress Achieve were rated as a single indicator.

# Status and System Performance Comparison By Year

## 2004

Status of Child and Family

		Positive	Negative	
Adq Service System	Adq	44%	2%	<b>46%</b>
	Inadq	41%	13%	<b>54%</b>
		<b>85%</b>	<b>15%</b>	

## 2003

Status of Child and Family

		Positive	Negative	
Adq Service System	Adq	51%	2%	<b>53%</b>
	Inadq	36%	11%	<b>47%</b>
		<b>87%</b>	<b>13%</b>	

## 2002

Status of Child and Family

		Positive	Negative	
Adq Service System	Adq	50%	4%	<b>54%</b>
	Inadq	37%	9%	<b>46%</b>
		<b>87%</b>	<b>13%</b>	

## 2001

Status of Child and Family

	Positive	Negative	
Adq Service System	35%	4%	<b>39%</b>
Inadq	49%	12%	<b>61%</b>
	<b>84%</b>	<b>16%</b>	

## 2000

Status of Child and Family

	Positive	Negative	
Adq Service System	38%	4%	<b>42%</b>
Inadq	46%	12%	<b>58%</b>
	<b>84%</b>	<b>16%</b>	

## 1999

Status of Child and Family

	Positive	Negative	
Adq Service System	43%	3%	<b>46%</b>
Inadq	44%	10%	<b>54%</b>
	<b>87%</b>	<b>13%</b>	

## 1998

Status of Child and Family

	Positive	Negative	
Adq Service System	32%	1%	<b>33%</b>
Inadq	49%	18%	<b>67%</b>
	<b>81%</b>	<b>19%</b>	

## 1997

Status of Child and Family

	Positive	Negative	
Adq Service System	48%	3%	<b>51%</b>
Inadq	35%	14%	<b>49%</b>
	<b>83%</b>	<b>17%</b>	

## 1996

Status of Child and Family

	Positive	Negative	
Adq Service System	43%	3%	<b>46%</b>
Inadq	36%	18%	<b>54%</b>
	<b>79%</b>	<b>21%</b>	

## 1995

Status of Child and Family

	Positive	Negative	
Adq Service System	37%	3%	<b>40%</b>
Inadq	38%	22%	<b>60%</b>
	<b>75%</b>	<b>25%</b>	

## 1994

Status of Child and Family

	Positive	Negative	
Adq Service System	29%	2%	<b>31%</b>
Inadq	45%	24%	<b>69%</b>
	<b>74%</b>	<b>26%</b>	

## **Appendix C**

### **Critical Issues**

Critical Issues – All Cases

Critical Issues – By Age

Critical Issues – By Race

Critical Issues – By Gender

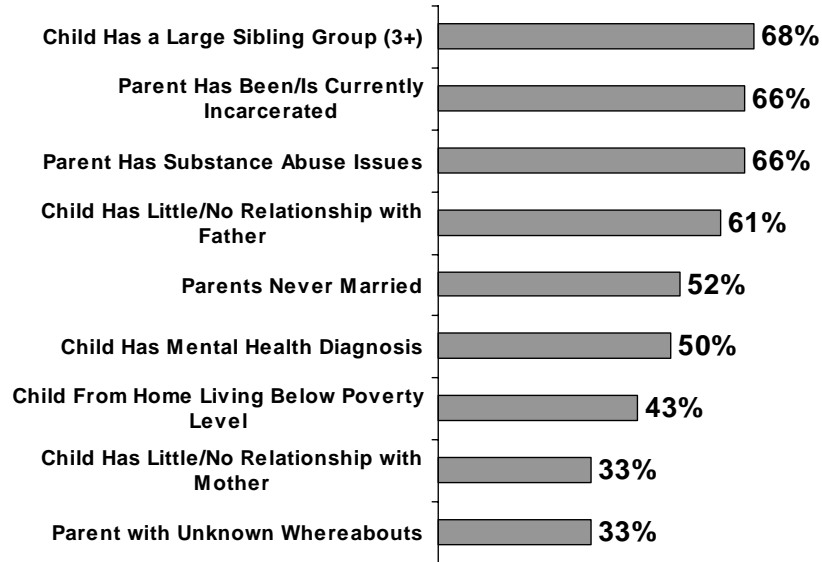
Critical Issues – By Residence

Critical Issues – By Adjudication



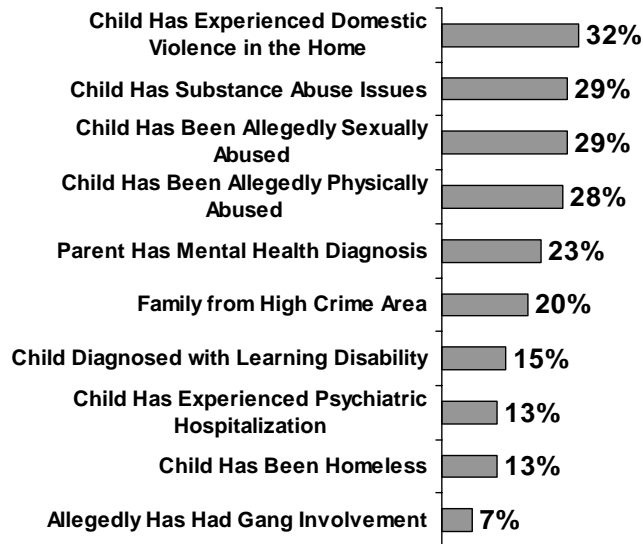
# High-Risk Critical Issues

## All Cases



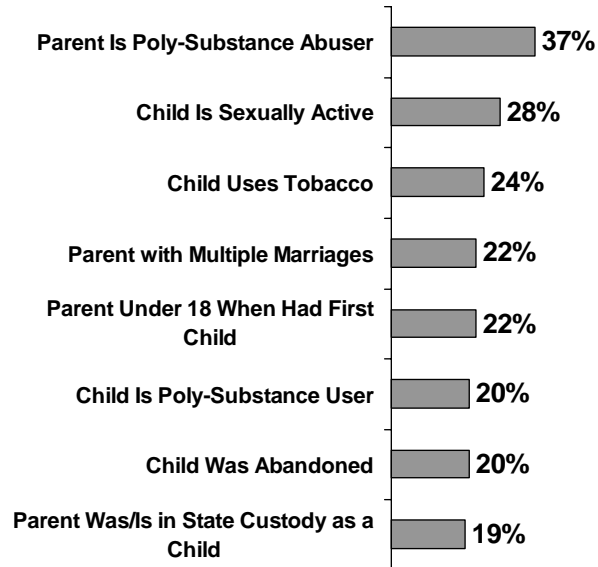
# High-Risk Critical Issues

## All Cases



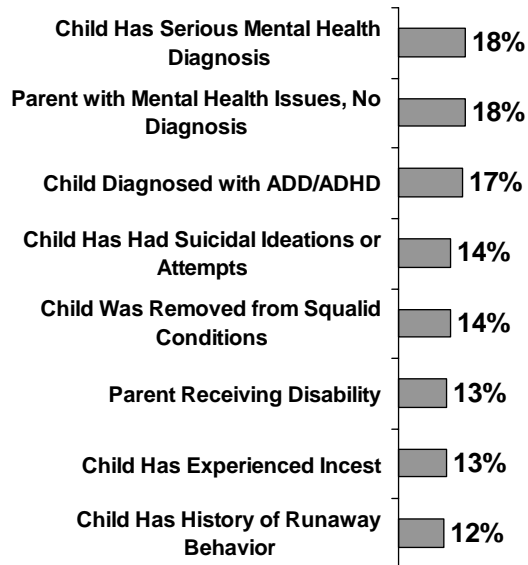
# Other Critical Issues

## All Cases

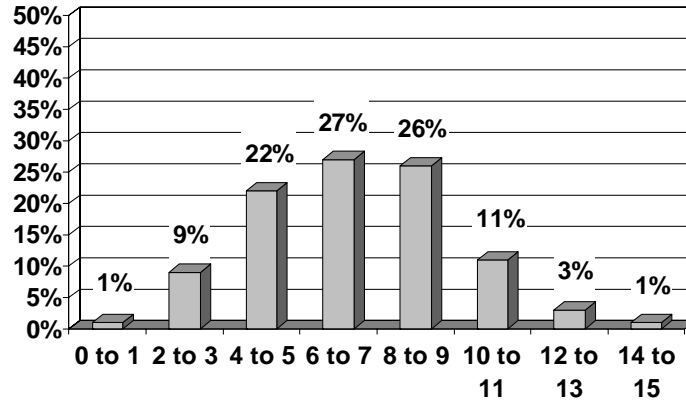


# Other Critical Issues

## All Cases



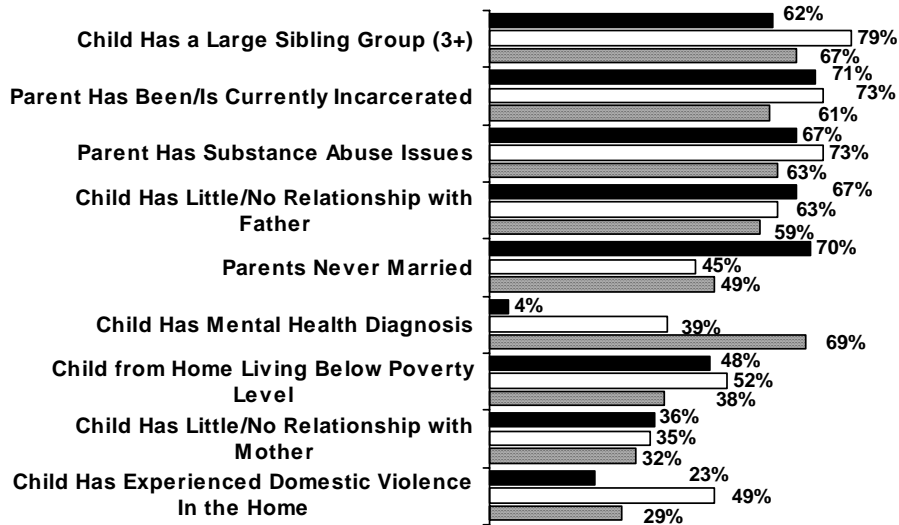
## Frequency of 19 At-Risk Critical Issues by Child



# High-Risk Critical Issues

By Age

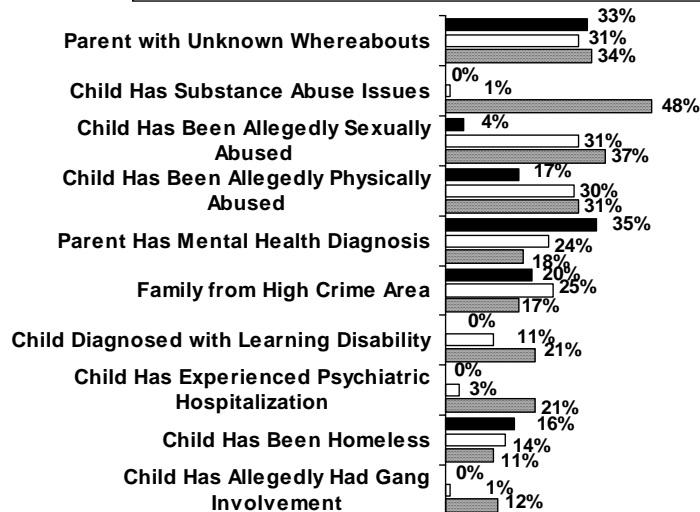
■ B - 5 yrs. old □ 6 - 12 yrs. old ▒ 13+ yrs. old



# High-Risk Critical Issues

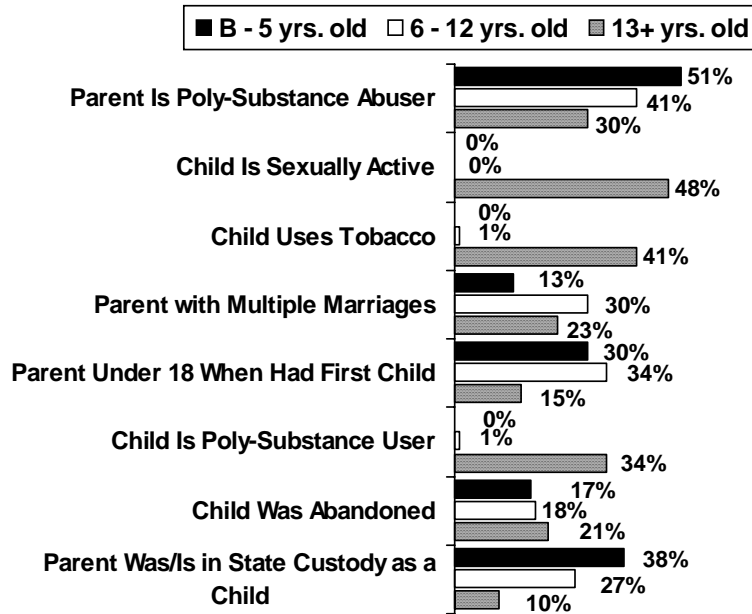
By Age

■ B - 5 yrs. old □ 6 - 12 yrs. old ▒ 13+ yrs. old



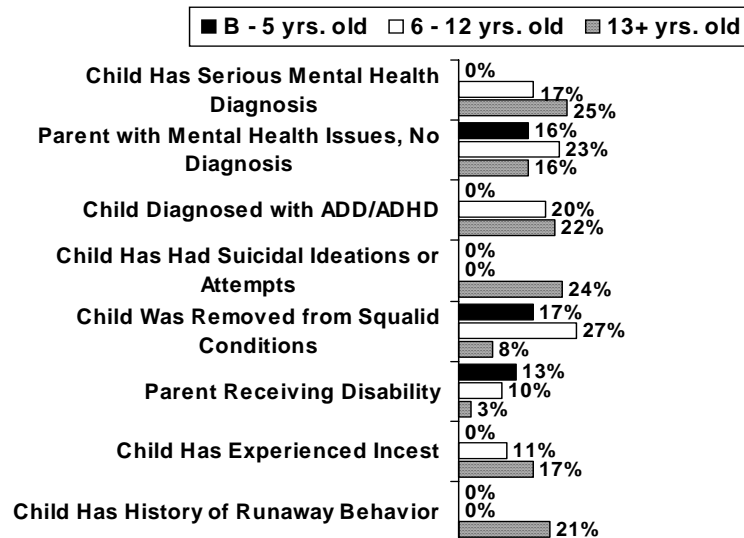
# Other Critical Issues

By Age



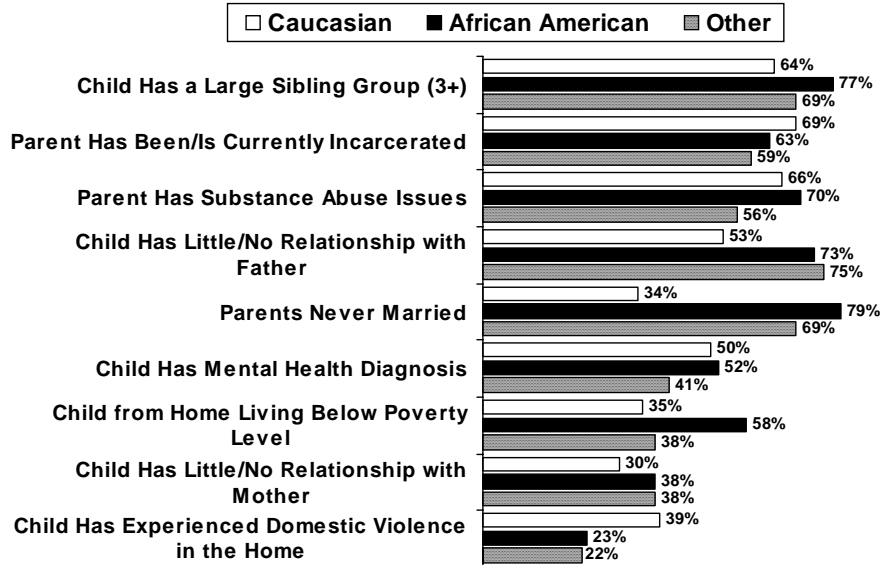
# Other Critical Issues

By Age



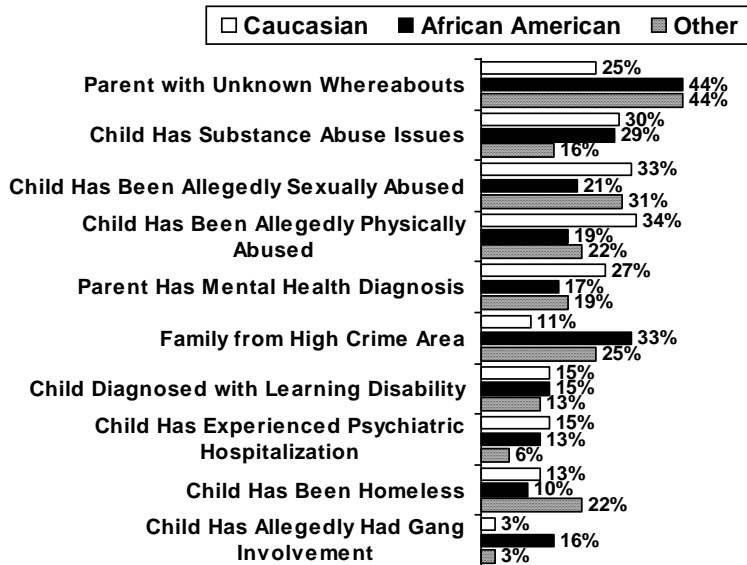
# High-Risk Critical Issues

## By Race



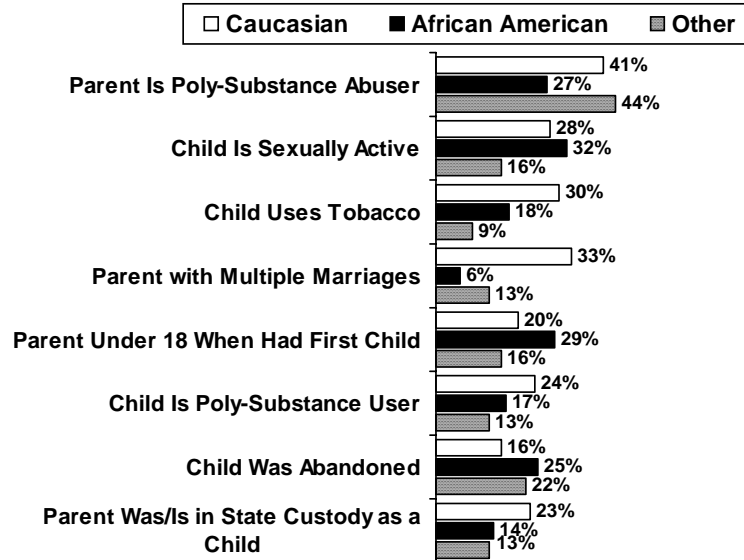
# High-Risk Critical Issues

## By Race



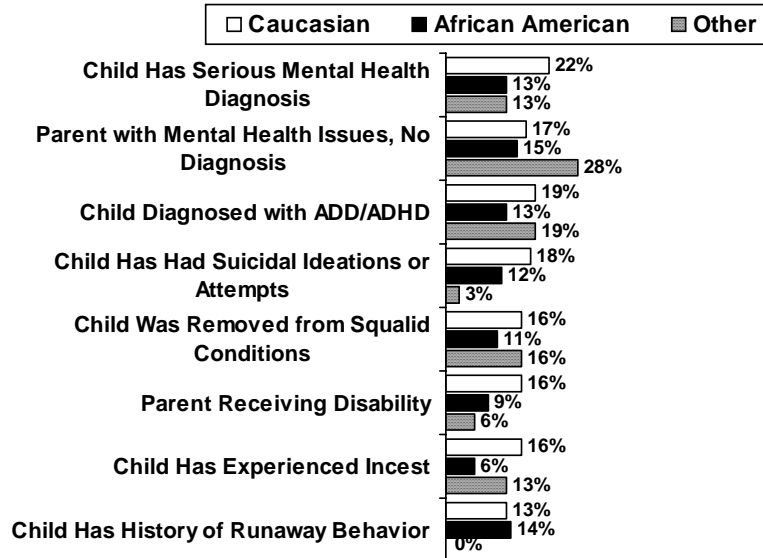
# Other Critical Issues

By Race



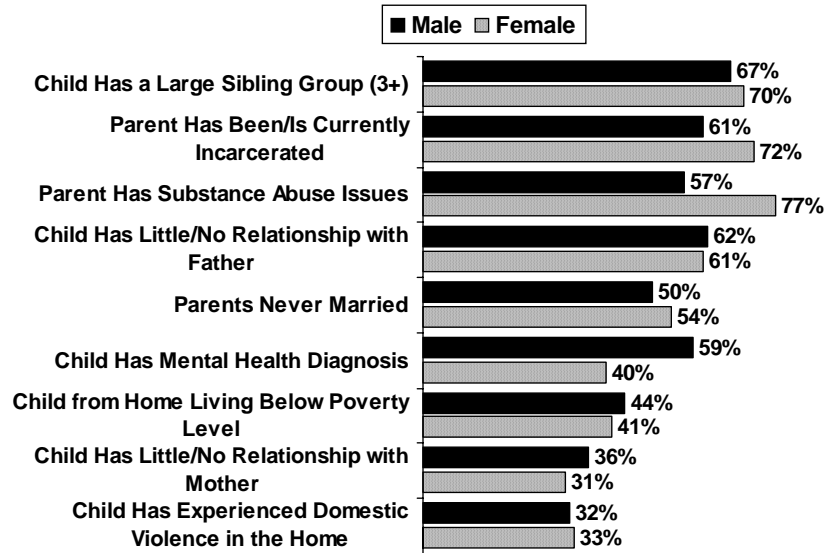
# Other Critical Issues

By Race



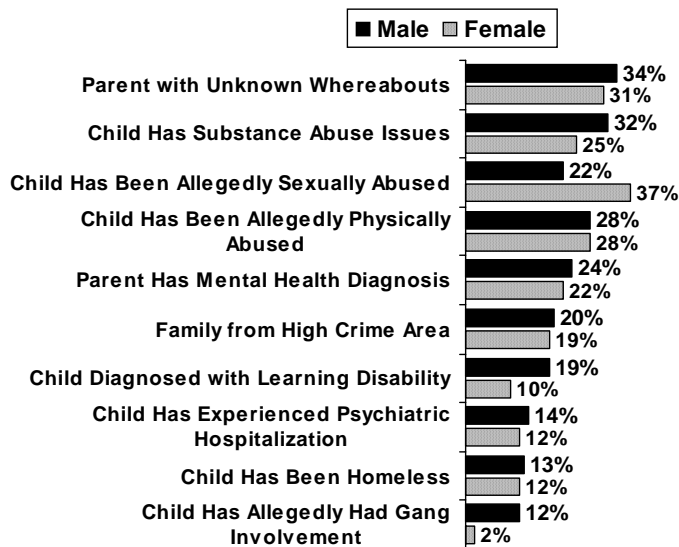
# High-Risk Critical Issues

By Gender



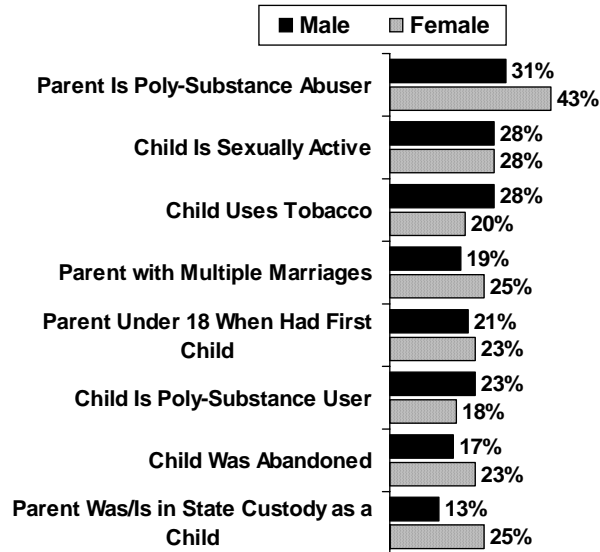
# High-Risk Critical Issues

By Gender



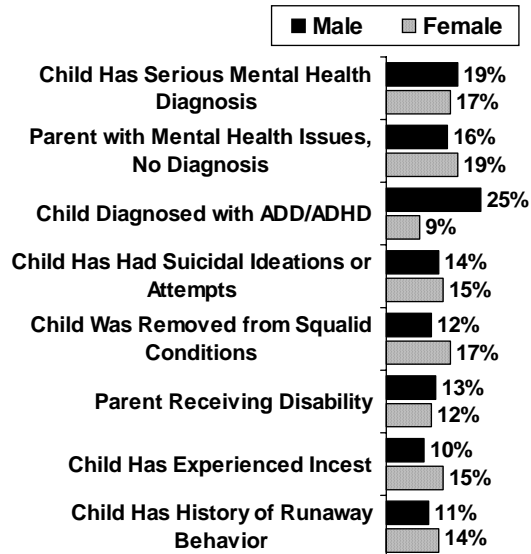
# Other Critical Issues

By Gender



# Other Critical Issues

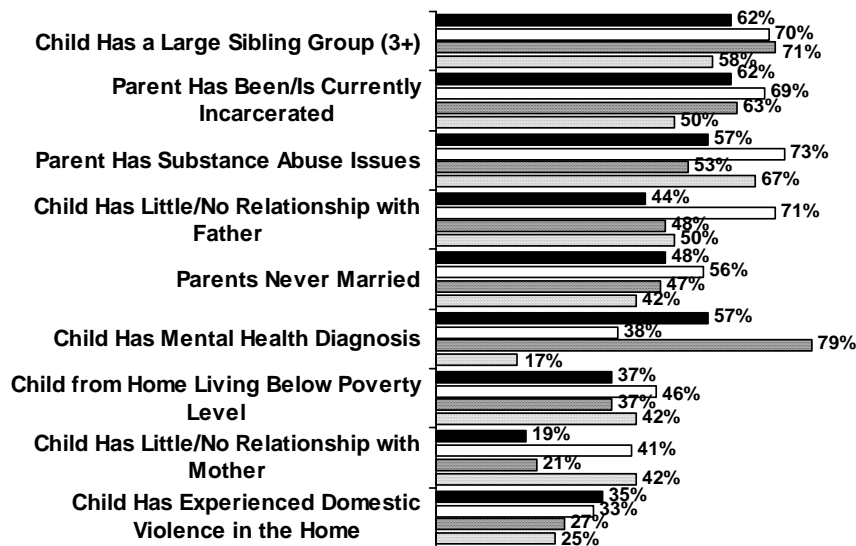
By Gender



# High-Risk Critical Issues

By Residence

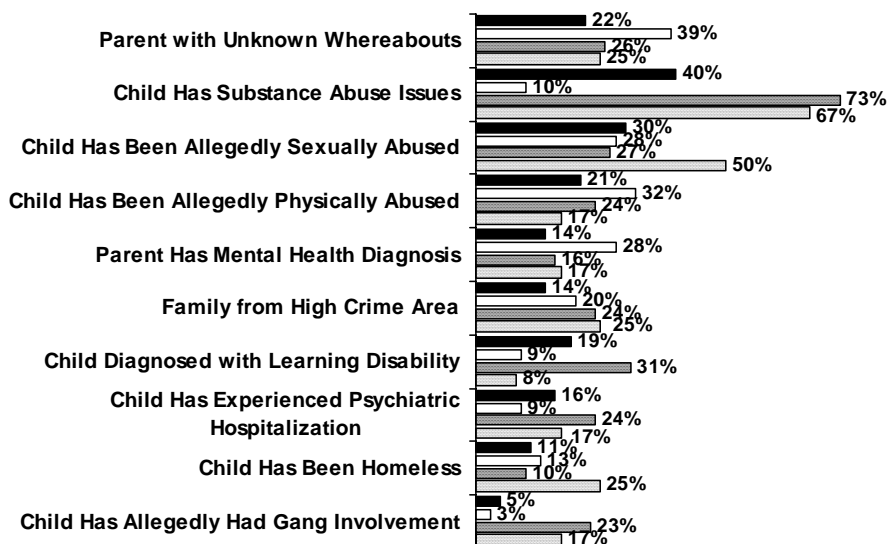
■ Family □ Foster ■ Group □ Runaway



# High-Risk Critical Issues

By Residence

■ Family □ Foster ■ Group □ Runaway



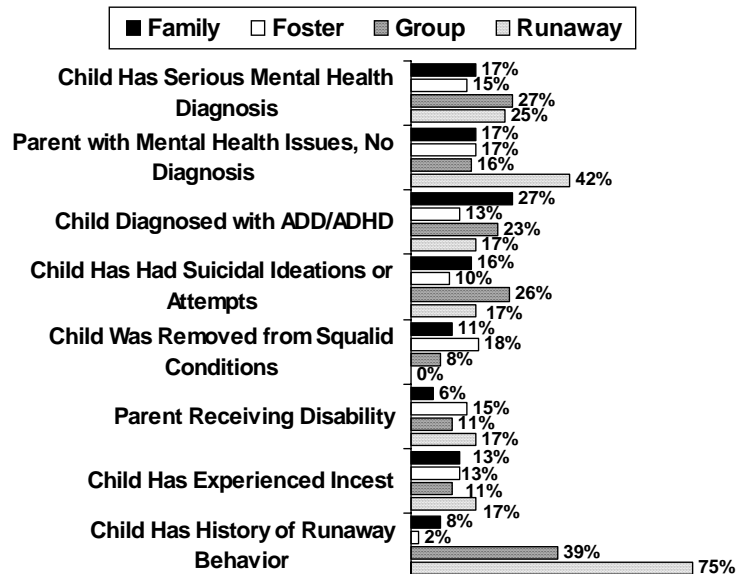
# Other Critical Issues

## By Residence



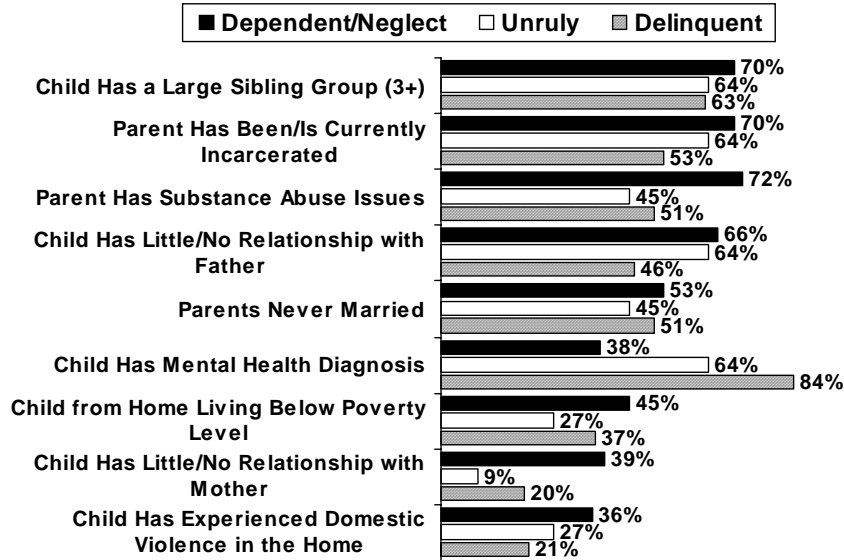
# Other Critical Issues

## By Residence



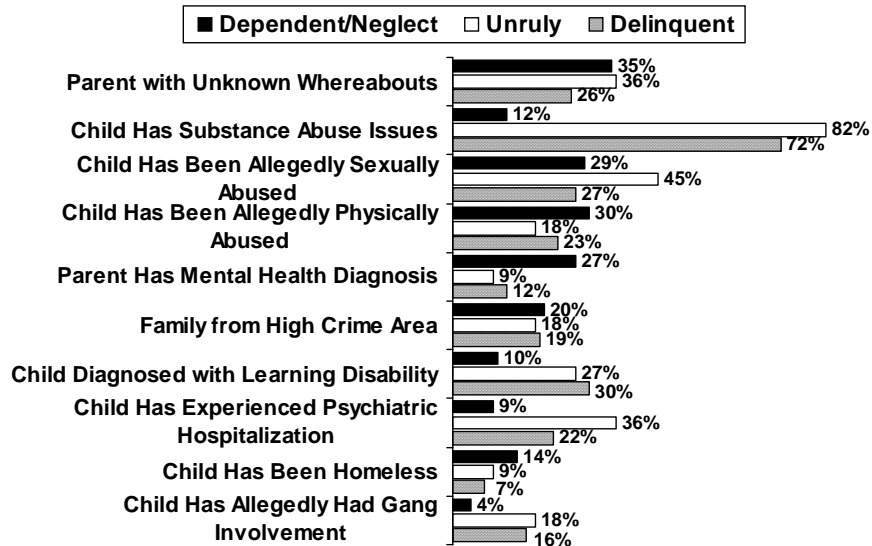
# High-Risk Critical Issues

## By Adjudication



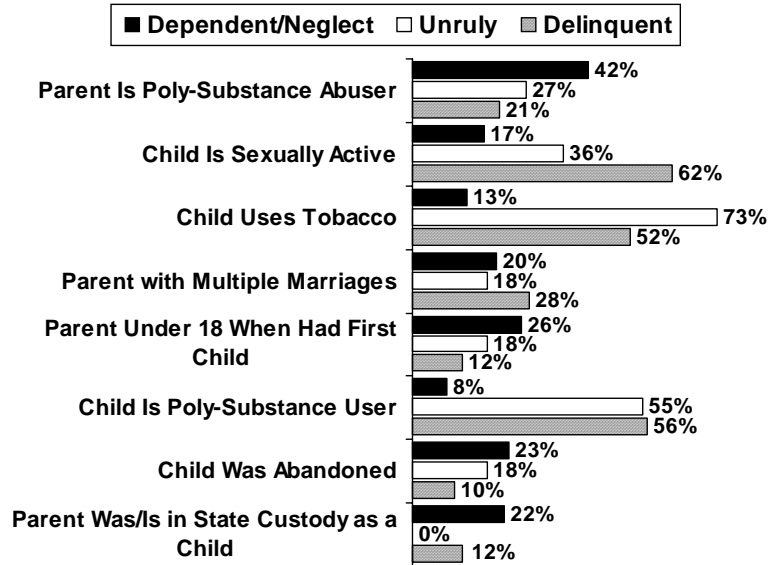
# High-Risk Critical Issues

## By Adjudication



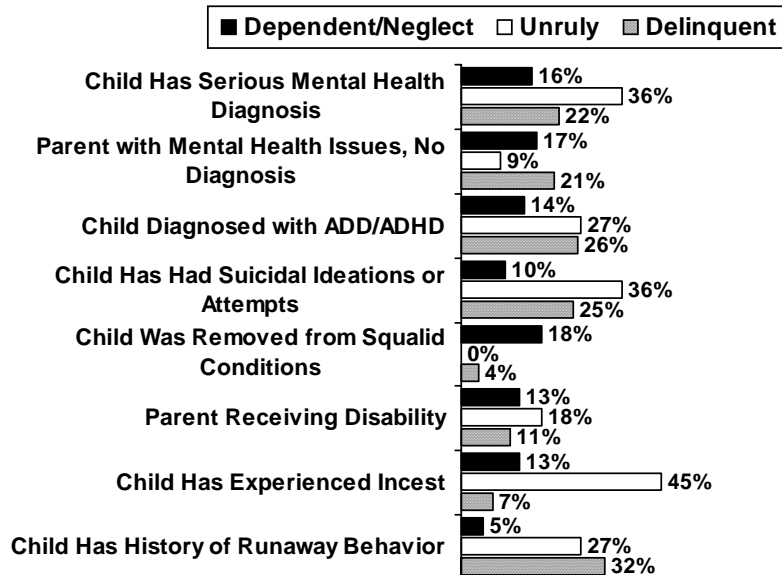
# Other Critical Issues

By Adjudication



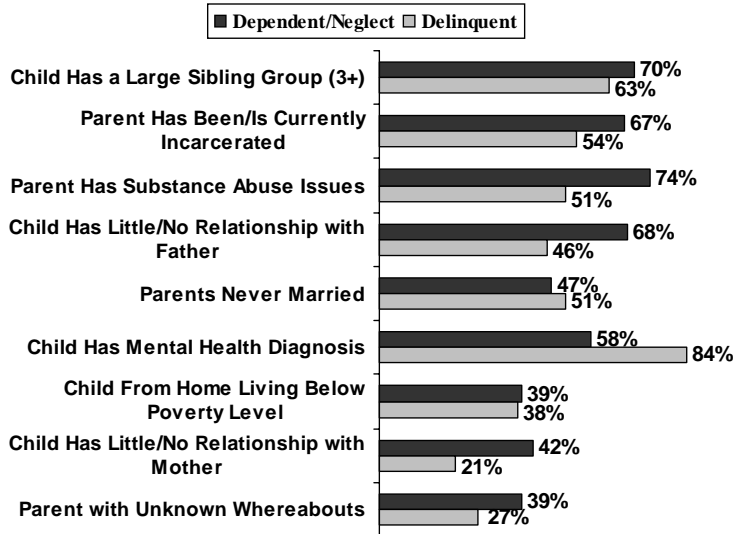
# Other Critical Issues

By Adjudication



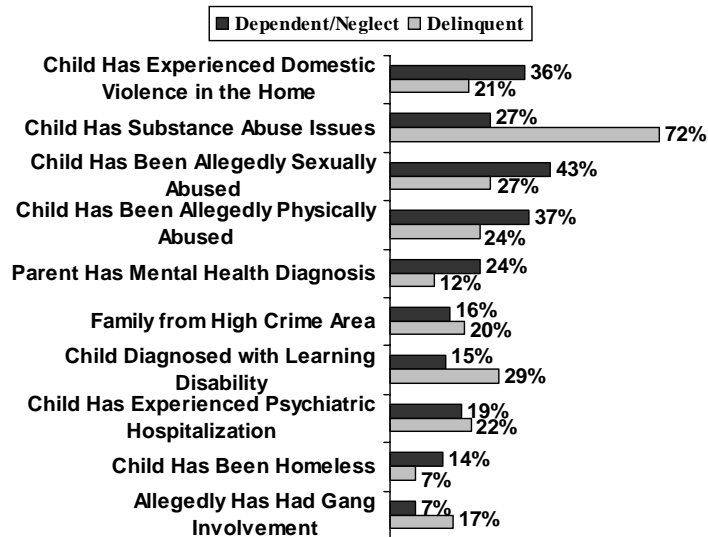
# High-Risk Critical Issues

Age 13 and Older



# High-Risk Critical Issues

Age 13 and Older



## Appendix D

### Mental Health Needs of Children

Mental Health Diagnoses

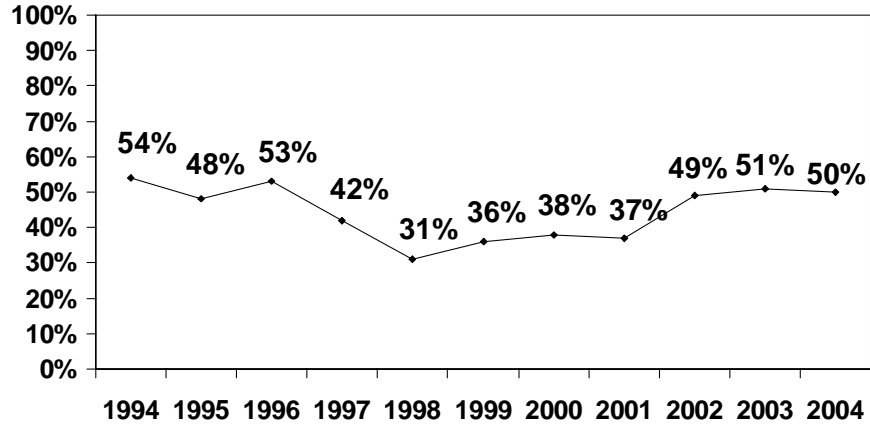
CAFAS

CBCL

CASII

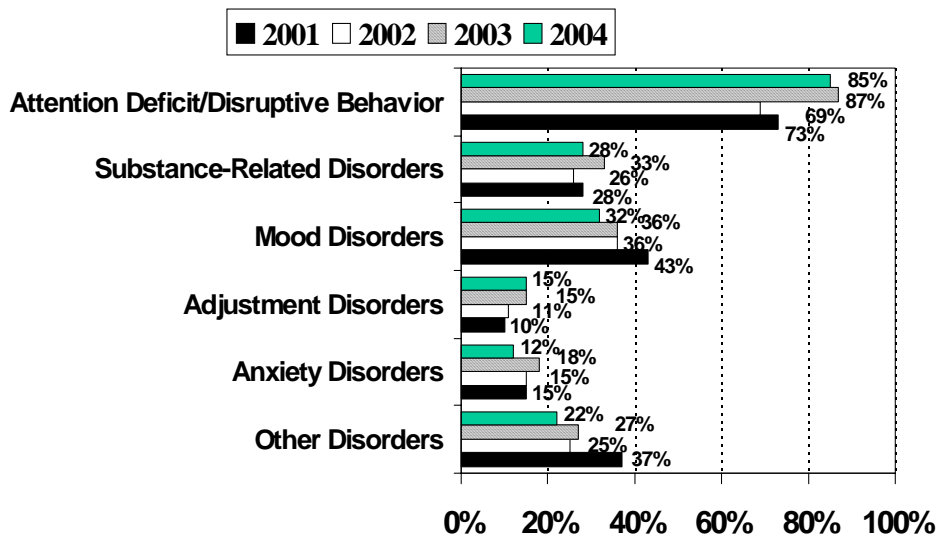


## Reported Formal Mental Health Diagnoses Comparison By Year

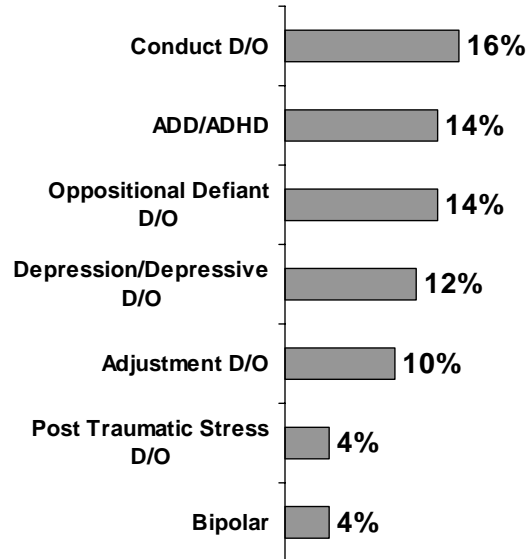


## DSM Diagnosis

Percent of Children with Particular Diagnosis



## Most Common Primary Diagnosis as percent of children with diagnoses



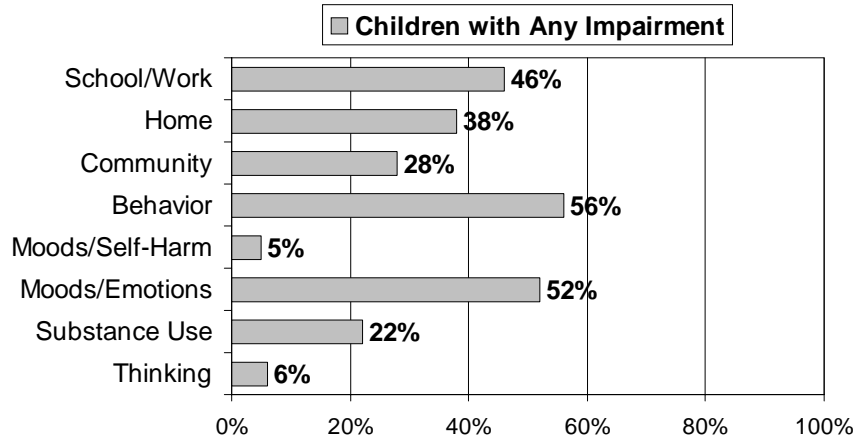
### Multiple Diagnoses, Axis I

- **Sixty-eight percent of those with a diagnosis have Multiple Diagnoses**
  - 39% have 2 diagnoses
  - 14% have 3 diagnoses
  - 9% have 4 diagnoses
  - 7% have 5+ diagnoses
- **Secondary Diagnoses**

Primary Category	Most Common Secondary Diagnosis Category
Attention Deficit/Disruptive Behavior	Mood D/O
Substance-Related D/O	Attention Deficit/Disruptive Behavior
Mood Disorders	Attention Deficit/Disruptive Behavior
Adjustment Disorders	Attention Deficit/Disruptive Behavior
Anxiety Disorders	Mood D/O
Other	Other

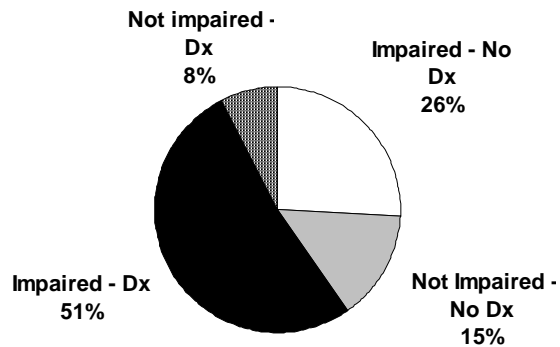
## Level of Impairment on 8 CAFAS Subscales

2004 CAFAS (n=279)



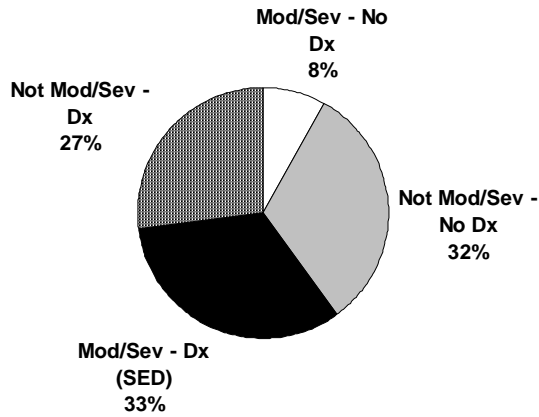
## Impairment in Any Subscale Compared with Diagnosis

2004 CAFAS (n=279)



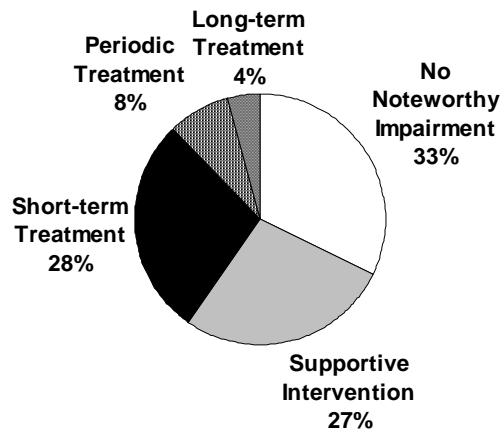
## Moderate to Severe Impairment in Role Performance Compared with Diagnosis

2004 CAFAS (n=279)



## Overall Level of Service Needed

2004 CAFAS (n=273)



## Summary of 2004 CBCL Information

<b>Youth Self Report (YSR) 11-18 yrs old [n=170]</b>	Borderline	Percent Borderline	Clinical	Percent Clinical
Withdrawn	9	5.29%	5	2.94%
Somatic	10	5.88%	5	2.94%
Anxious/Depressed	10	5.88%	9	5.29%
Social	14	8.24%	5	2.94%
Thought	14	8.24%	1	0.59%
Attention	17	10.00%	12	7.06%
Delinquent	22	12.94%	6	3.53%
Aggressive	10	5.88%	6	3.53%
Self Destruction	7	4.12%	8	4.71%
Internal	17	10.00%	25	14.71%
External	17	10.00%	28	16.47%
Total	7	4.12%	18	10.59%

<b>Child Behavior Checklist (CBC) 6-18 yrs old [n=220]</b>	Borderline	Percent Borderline	Clinical	Percent Clinical
Withdrawn	12	5.45%	19	8.64%
Somatic	9	4.09%	13	5.91%
Anxious/Depressed	13	5.91%	14	6.36%
Social	12	5.45%	20	9.09%
Thought	40	18.18%	11	5.00%
Attention	18	8.18%	29	13.18%
Delinquent	30	13.64%	35	15.91%
Aggressive	16	7.27%	26	11.82%
Sex Problems	8	15.38%	2	3.85%
Internal	20	9.09%	45	20.45%
External	32	14.55%	72	32.73%
Total	23	10.45%	74	33.64%

<b>Child Behavior Checklist (C15) 1.5-5 yrs old [n=44]</b>	Borderline	Percent Borderline	Clinical	Percent Clinical
Emotional	3	6.82%	2	4.55%
Anxious Depressed	1	2.27%	1	2.27%
Somatic	0	0.00%	1	2.27%
Withdrawn	2	4.55%	4	9.09%
Sleep Problems	1	2.27%	0	0.00%
Attention Problems	4	9.09%	0	0.00%
Aggressive	0	0.00%	2	4.55%
Internal	2	4.55%	5	11.36%
External	6	13.64%	2	4.55%
Total	1	2.27%	6	13.64%

<b>Teacher Report Form (TRF) 6-18 yrs old [n=117]</b>	Borderline	Percent Borderline	Clinical	Percent Clinical
Withdrawn	7	5.98%	2	1.71%
Somatic	6	5.13%	2	1.71%
Anxious/Depressed	4	3.42%	4	3.42%
Social	6	5.13%	2	1.71%
Thought	9	7.69%	5	4.27%
Attention	10	8.55%	3	2.56%
Delinquent	16	13.68%	6	5.13%
Aggressive	11	9.40%	8	6.84%
Internal	15	12.82%	15	12.82%
External	19	16.24%	34	29.06%
Total	21	17.95%	30	25.64%

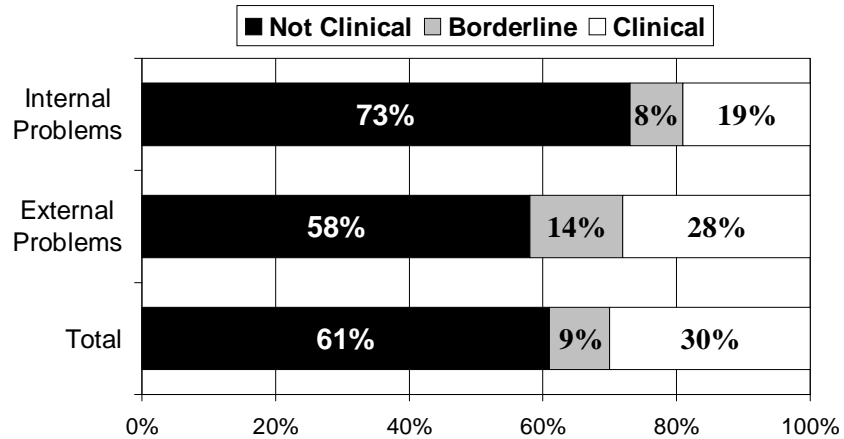
<b>Teacher's Report Form (T15) 1.5-5 yrs old [n=12]</b>	Borderline	Percent Borderline	Clinical	Percent Clinical
Emotional	1	8.33%	0	0.00%
Anxious Depressed	2	16.67%	0	0.00%
Somatic	0	0.00%	0	0.00%
Withdrawn	0	0.00%	0	0.00%
Attention Problems	0	0.00%	0	0.00%
Aggressive	1	8.33%	0	0.00%
Internal	2	16.67%	0	0.00%
External	1	8.33%	1	8.33%
Total	1	8.33%	1	8.33%

<b>Child Behavior Checklist CBC + C15 [n=264]</b>	Borderline	Percent Borderline	Clinical	Percent Clinical
Internal	22	8.33%	50	18.94%
External	38	14.39%	74	28.03%
Total	24	9.09%	80	30.30%

<b>Teacher's Report Form TRF + T15 [n=129]</b>	Borderline	Percent Borderline	Clinical	Percent Clinical
Internal	17	13.18%	15	11.63%
External	20	15.50%	35	27.13%
Total	22	17.05%	31	24.03%

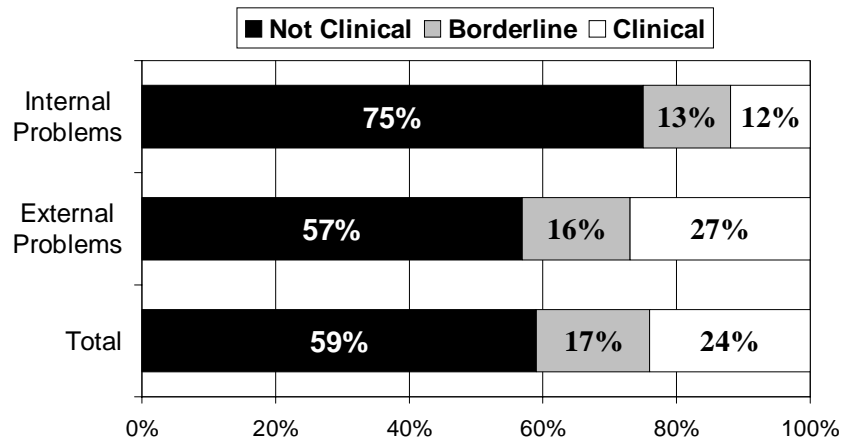
## Child Behavior Checklist

1.5 – 18 years old

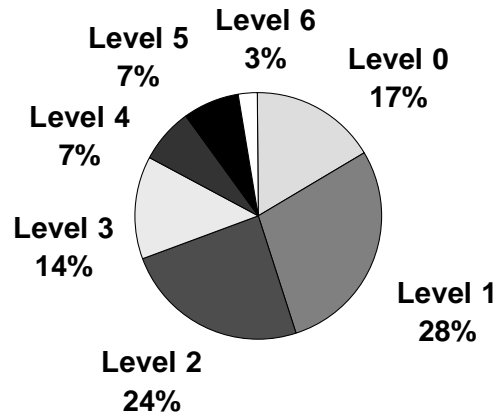


## Teacher's Report Form

1.5 – 18 years old



# CASII Level of Care Recommendation



CASII Level of Care	Description
<b>Level 0</b>	Basic services of prevention and health maintenance
<b>Level 1</b>	Recovery maintenance and health management
<b>Level 2</b>	Traditional outpatient services and limited use of community-based services
<b>Level 3</b>	Intensive outpatient services including case management and informal community supports
<b>Level 4</b>	Intensive integrated services without 24-hour psychiatric monitoring
<b>Level 5</b>	Non-secure, 24-hour services with psychiatric monitoring but may be provided in foster care or in family homes with a complex array of services in place and a high level of care coordination
<b>Level 6</b>	Secure, 24-hour services with psychiatric management

# Appendix E

## **System Component Performance**

System Component Performance – Response Options

System Component Performance – Department of Children’s Services

System Component Performance – Placement

System Component Performance – Parents

System Component Performance – Child

System Component Performance – Court

System Component Performance – School



## System Component Performance

Reviewers responded to questions regarding responsibilities of the following system components:

Custodial Department	Court
Placement	School System
Parent	Child

Response options and corresponding points given were:

Yes	-	100
Somewhat	-	50
No	-	0
N/A	-	Not included in average

***Points were averaged for the scores presented.***

**\* It should be noted that the scores are NOT percentages.**

2004 Results

## Did Department of Children's Services...

	<u>'03</u>	<u>'04</u>
<i>Know the child and family and their needs?</i>	83	83
<i>Work to keep/get the child out of custody if appropriate?</i>	82	83
<i>If custody was necessary, work to get a family or friend placement, if appropriate?</i>	88	93
<i>Collect all necessary information to assess the child in a timely manner?</i>	76	69
<i>Develop a most recent Permanency Plan that sufficiently addressed the child's &amp; family's needs?</i>	69	69
<i>Develop a Permanency Plan that contained clear objectives?</i>	76	70

2004 Results

## Did Department of Children's Services...

	<u>'03</u>	<u>'04</u>
<i>Work with the placement to avoid disruption?</i>	88	86
<i>Work with the child (and family, if applicable) to achieve permanent goal in a timely fashion?</i>	79	77
<i>Monitor change, progress, problems and keep the family, child, and court apprised?</i>	82	79
<i>Cooperate with all involved parties to accomplish goals in a timely manner?</i>	81	74
<i>Provide appropriate legal and other assistance necessary to move the child out of state custody in a timely manner?</i>	74	74
<b>Total Average</b>	<b>80</b>	<b>77</b>
2004 Results		

## Did the Placement...

	<u>'03</u>	<u>'04</u>
<i>Meet the child's physical needs?</i>	98	98
<i>Meet the child's emotional needs?</i>	93	91
<i>Provide the services that are identified in the Permanency Plan for implementation by the placement agency, or provide written notification that they are not capable of providing identified services?</i>	95	93
<i>Work with the child toward obtaining the Perm. Goal or stepping down in a timely manner?</i>	88	91
<i>Work with the parents/Permanent Goal if appr.?</i>	95	95
<i>Cooperate with all involved parties to accomplish goals in a timely manner?</i>	95	96
<b>Total Average</b>	<b>94</b>	<b>94</b>
2004 Results		

## Did the Parent(s)...

	<u>'03</u>	<u>'04</u>
<i>Provide reasonable financial support for the child based on available resources if ordered to do so?</i>	38	46
<i>Provide informal support (money, clothing, etc.), based on available resources, even if no support ordered?</i>	45	49
<i>Visit with the child?</i>	65	64
<i>Assist the child in returning/remaining home or in obtaining the permanent goal?</i>	51	49
<i>Make efforts to achieve the outcomes identified in the Permanency Plan in a timely manner?</i>	49	47
<i>Cooperate with all involved parties to accomplish goals in a timely manner?</i>	51	49
<b>Total Average</b>	<b>51</b>	<b>51</b>
2004 Results		

## Did the Child...

	<u>'03</u>	<u>'04</u>
<i>Cooperate with the placement in order to avoid a disruption?</i>	81	81
<i>Work toward the Permanent Goal?</i>	81	81
<i>Make efforts to achieve the outcomes identified in the Permanency Plan in a timely manner?</i>	80	81
<i>Achieve progress in treatment?</i>	79	78
<i>Achieve progress (based on ability) in school or a vocation?</i>	79	74
<b>Total Average</b>	<b>80</b>	<b>79</b>
2004 Results		

## Did the Court...

	<u>'03</u>	<u>'04</u>
<i>Make efforts to keep the child out of state custody if reasonable to do so?</i>	90	90
<i>Order a non-custodial assessment, if appropriate or make a referral for other prevention services other than a non-custodial?</i>	53	56
<i>Act in a timely manner?</i>	92	94
<i>Order reasonable financial support for the child based on available resources?</i>	51	59
<i>Review the child in foster care review board every 6 months, if applicable?</i>	93	92
<i>Keep records or track this child while in custody?</i>	89	88
<i>Facilitate release of the child from state custody, when appropriate, in a timely manner?</i>	77	76
<b>Total Average</b>	<b>80</b>	<b>82</b>

2004 Results

## Did the School...

	<u>'03</u>	<u>'04</u>
<i>Intervene at earliest indication of problems?</i>	84	81
<i>If appropriate, identify problem behaviors and set up behavior modification plans to address them?</i>	83	84
<i>Obtain special evaluations when indicated?</i>	85	83
<i>Convene IEP meeting for child if indicated?</i>	93	88
<i>Reevaluate every 3 years for recertification, if applicable?</i>	86	91
<i>Include parent(s) in planning?</i>	78	73
<i>Provide special services when indicated?</i>	90	83
<i>Make efforts to keep the child actively involved in and attending school?</i>	89	89
<b>Total Average</b>	<b>86</b>	<b>84</b>

2004 Results

# APPENDIX F

## System Observations by Region\*

**DA - Davidson County, 1/18/2005**

**ET - East Tennessee, 5/18/2004**

**HM - Hamilton County, 3/26/2004**

**KN - Knox County, 11/29/2004**

**MC - Mid Cumberland, 6/10/2004**

**NE - Northeast, 7/9/2004**

**NW - Northwest, 8/24/2004**

**SC - South Central, 12/7/2004**

**SH - Shelby County, 11/1/2004**

**SE - Southeast, 9/20/2004**

**SW - Southwest, 3/5/2004**

**UC - Upper Cumberland, 4/21/2004**

\* Dates are when 2004 CPORT Review Exit Conferences were held.





STATE OF TENNESSEE  
**TENNESSEE COMMISSION ON CHILDREN AND YOUTH**  
Davidson County System Observations - January 18, 2005

**Service System Strengths**

All children were appropriate for custody at the time of custody.

All children except 6 (85%) were in the least restrictive, most appropriate placements; 4 needed less restrictive; 1 needed more restrictive; 1 needed a more appropriate placement at the same level of restrictiveness.

All children had completed EPSDT screenings, except 1 had not received a dental screening; 4 were late for subsequent 6 months dental screenings; 1 was late for subsequent medical screening; 2 did not receive recommended EPSDT follow-up services.

7 cases (18%) were emergency removals; the other 32 children (82%) had services provided in an effort to prevent custody, including 12 court probation; 11 relative placement utilized; 10 CPS/safety plan; 9 Flexible Funding; 6 public service work; 6 child counseling; 5 in home case management; 5 relative placement sought; 5 family counseling; 4 alternative school; 3 each: non-custodial assessment; child A&D assessment; child A&D outpatient; parent A&D treatment; homemaker; and a variety of other services; 3 children did not receive prevention services at the appropriate level of intensity to avoid escalation of problems leading to custody.

20 children were from sibling groups; in 14 of these cases (70%) all siblings were placed together; in 2 cases with separated siblings, some were placed together; in all 6 cases with siblings separated it was appropriate due to behavior issues, and 1 also including a large sibling group and relative placements. All separated sibling groups were visiting except 2 who were not visiting due to behavior issues, but 1 is scheduled to resume visiting. In 15 of 20 cases (75%) where parents are willing to visit, children and families are visiting appropriately; 5 (25%) need assistance with visits; 3 parents have chosen not to visit.

All Brian A. class children had been visited by the DCS case manager in compliance with policy except 2 who were only visiting once a month, and 1 of them not consistently visiting in the placement; in 2 cases, visits were not substantive; all juvenile justice children were receiving monthly visits except 4, 1 did not visit in the home; 1 for 36 days; 1 quarterly; 1 for 64 days, but HCCM has been out.

14 of the 17 children (82%) who needed special education services were receiving services at the appropriate level; 4 of the 7 children (57%) who needed tutoring assistance were receiving tutoring.

12 children (31%) were in foster homes; 4 were exceptional (33%); the other 8 (67%) were adequate; 5 of the 12 children in foster homes (42%) were in foster homes interested in adopting them.

All 3 CASAs were effective; all 11 children adjudicated delinquent had legal representation, but only 2 were effective, 4 ineffective, 5 unable to determine. 27 of 28 D/N children had a GAL, however, only 13 (48%) were active and effective; 7 were ineffective (26%); 7 unable to determine (26%).

Reported case manager caseloads were Social Services ranged from 11 to 30 with an average of 17 and median of 16; Juvenile Justice ranged from 26 to 54 with an average of 30; Adoption caseloads averaged 12.

6 of the 9 children who received prevention or reunification services from/through the CSA received services appropriate to address the needs in the case; in 1 case insufficient information was available to determine; in 2 cases services should have been discontinued and children removed much earlier.

4 of 6 children (67%) in continuums were receiving needed services; treatment or service issues were not adequately recognized and addressed for 2.

9 case managers had a thorough knowledge of the case (23%); 23 had an adequate working knowledge (59%); 7 did not adequately know the case (18%); 30 children (77%) did not have a change in case managers within the last 12 months; 9 children (23%) had a change: 7 with 2, 1 with 3, 1 with 4.

Extracts had accurate, critical information in all except 2 cases (95%) with inaccurate race; TNKIDS screens had accurate, critical information in all except 7 cases (82%); inaccurate information included: 4 placement history, 2 race, 1 EPSDT date.

Between the time cases were selected for review and the review was conducted, 7 cases (18%) experienced substantial increased activity, including: 2 social history completed; 2 social history updated; and 1 each: released from custody; meeting with school counselor; progress notes completed; new case manager visited child; TPR referral; discharge summary.

**Noteworthy Accomplishment**

- DCS HCCM has provided involvement and services above and beyond requirements to facilitate and supervise family visitation.

**Emerging System Performance Issues**

In 11 cases (28%) there was evidence of a lack of supportive, knowledgeable supervision, often resulting in lack of case oversight and assistance to case managers to facilitate successful service provision and outcomes for children.

For 9 children (23%), case managers exhibited or expressed indifference regarding outcomes for children and/or families. Case managers for 9 children (23%) exhibited low morale and/or a sense of hopelessness.

15 children (38%) had inadequate assessments; inadequacies/needs included: 7 inadequate social history; 5 parenting assessment; 3 parent A&D assessment; 2 child psychological evaluation; 2 parent psychological evaluation; 2 vocational assessment; 2 behavioral assessment; and several others; 17 social histories were inadequate (44%), 13 due to inadequate child/family historical information, 5 inadequate current detailed information, 2 no/inadequate court history; 1 had no social history; 17 were adequate (44%); only 4 social histories were exceptional (10%).

Permanency plans were inadequate for 21 children (54%); 1 no plan; 4 no strategies to obtain goal; 2 inappropriate permanency goal; 2 incorrect information; for the children: 9 independent living/vocational/transition; 8 mental health/special counseling; 6 special education; 4 med management; 3 medical; 3 visitation; 3 mentor; 2 each: A&D; grief, separation & loss; psychological evaluation; and a variety of individualized needs; for the parents:

4 mental health/counseling/conflict resolution; 2 each: parenting skills; parenting assessment; hard services; A&D; and a variety of individualized needs.

Coordination was inadequate for 12 children (31%); when coordination was inadequate, it was between: 4 HCCM & everyone else; 4 HCCM & parents; 3 HCCM & child; 2 HCCM & placement; 1 each: HCCM & relative placement; HCCM & continuum; HCCM & RCM; HCCM & school; RCM & YDC supervisor; HCCM & CASA.

Of the 23 children not in family/kinship placements: only 11 were in home county (48%); 3 in the Mid-Cumberland region (13%); 7 in grand region (30%); 2 were out of grand region (9%). All children except 1 JJ child were placed within 75 miles from home. 3 of the 6 children in continuum placements (50%) were placed out of Davidson County and 1 was previously placed outside Davidson/Mid-Cumberland.

Since Brian A./Best Practices, 16 children (41%) experienced more than two placements excluding short-term runaway/hospitalization/home placement; during this custody, 17 children (44%) have experienced more than two placements; ranging from 3 to 25, the average total number of placements being 8.64 and the median 5. 1 child (3%) spent more than 30 days in emergency placements.

12 children (31%) had been in custody too long: 4 (10%) needed TPR; 4 (10%) needed to complete adoption; 3 (8%) missed window of opportunity; 1 (3%) needed to be released; 8 had at least 6 months delays in TPR, with 2 of these 3 years delay. 6 had delays in identification of an adoptive placement.

11 children (28%) were 1 or more grades behind in school: 7 – 1 year; 3 – 2 years; 1 – 3 years.

10 of the 19 families that needed services and were not refusing services were receiving needed services (53%); 9 were not receiving them (47%).

10 children needed independent living services, but only 5 (50%) were receiving at the appropriate level; 3 (30%) not receiving at the level needed; 2 (20%) not receiving at all; 1 child needed and was not receiving services to assist with transition to adulthood.

10 children (26%) were taking psychotropic medications; 5 children ages 13+ (23%) and 1 under age 13 were refusing to participate in needed therapy; 5 children were prescribed but refusing to take psychotropic medications and 2 were not taking prescribed medications consistently.

8 children ages 13+ (36%) appear to have virtually a total lack of appreciation for the seriousness of their problems and service needs.

9 children (23%) had multiple custodies: 7 two times; 2 of these in Tennessee and also in another state; 3 of the 11 delinquent children (27%) have had multiple custodies.

7 children were sentenced to serve time in detention with no apparent benefit.

Truancy and/or school behavior problems were factors in custody for 12 of the school age children (36%).

2 children were allegedly abused in custody: 1 child was sexually abused by a sibling while in a foster home, separated and appropriate services provided; 1 child was physically abused by a foster parent, removed, and charges filed.

1 child was seen by the COE, appropriate recommendations provided but not implemented timely. 2 other children should have been referred to the COE.

#### **TennCare/TennCare Partners/MCO/BHO/EPST/DCS issues included the following:**

- 1 child has had a delay in receiving TennCare eligibility due to problems with the court order that DCS did not address timely.
- 1 child adjudicated delinquent lost TennCare due to placement; now released from custody without DCS assistance to resume TennCare.
- 1 child placed out of the area has had difficulty identifying a dental provider so follow-up dental is late.
- 2 children did not receive needed EPST follow-up services.
- 1 child was late for annual EPST medical screening and 6 months dental and neither was planned or scheduled.
- 1 foster parent expressed concern regarding why the PCP could not do EPST.

#### **Critical Issues**

- 38 children (97%) had either a mental health diagnosis/issue and/or a substance abuse issue and/or had a parent with a mental health diagnosis/issue and/or a substance abuse issue. 23 children (59%) have parents with a mental health diagnosis/issues. 11 parents have serious mental health diagnoses: 5 bipolar; 2 severe depression; 2 PTSD; 1 anxiety; 2 major depression with psychotic features.
- 27 children (69%) have parent(s) with substance abuse issues; 15 (38%) were poly-substance abusers.
- 26 children (67%) have/have had one or both parents incarcerated.
- 25 children (64%) were from homes/families below the poverty level; 7 children (18%) were removed from homes with squalid conditions.
- 25 children (64%) were from sibling groups of three or more, larger than the typical family in Tennessee.
- 25 children (64%) have parents who never married each other; 23 children (59%) have little or no relationship with father; 11 children (28%) have little or no relationship with mother; 13 children (33%) have parents with unknown whereabouts; 11 children (28%) had been abandoned.
- 20 children (51%) were from high crime areas.
- 18 children (46%) had experienced domestic violence.
- 18 children ages 13+ (82%) and 7 under age 13 (41%) have a mental health diagnosis/issues; 15 children (38%) also have a parent(s) with mental health diagnosis/issues; 9 children (23%) had serious mental health diagnoses: 3 SED; 2 each: PTSD; Bipolar; depression/major depression; anxiety disorder. 4 children ages 13+ (18%) had experienced psychiatric hospitalizations; 3 children ages 13+ (14%) have experienced suicidal ideations/attempts.
- 17 children have parents (44%) with both mental health and substance abuse diagnoses/issues. 9 children ages 13+ (41%) have both mental health and substance abuse diagnoses/issues; 10 children ages 13+ (45%) have/had substance abuse issues, 7 (32%) were poly substance abusers; 5 children ages 13+ (23%) were involved in selling drugs.
- 10 children (26%) were allegedly sexually abused; 6 children (15%) had experienced incest; 2 children (5%) had siblings involved in incest.
- 10 children ages 13+ (45%) were sexually active; 4 children (10%) were parents.
- 9 children (23%) were diagnosed with a learning disability: 4 ages 13+ (18%) and 5 under age 13 (29%); 4 children ages 13+ (18%) were diagnosed mentally retarded.
- 8 children (21%) were allegedly physically abused.
- 5 children ages 13+ (23%) had a history of runaway behavior.
- 5 children (13%) have speech problems.
- 4 children ages 13+ (18%) were allegedly involved in gang activity; 2 children age 13+ (9%) had committed an offense against a person.
- 4 children (10%) had a parent involved in prostitution.
- 4 children (10%) have deceased parents; 3 children (8%) have parents with terminal illnesses (2 HIV).



STATE OF TENNESSEE  
**TENNESSEE COMMISSION ON CHILDREN AND YOUTH**  
East Tennessee Region System Observations - May 18, 2004

**Service System Strengths**

All children placed in state and not on runaway except 1 appear to have been visited by the case manager in accordance with Brian A./Best Practices. All children except 2 (95%) have received EPSDT medical screening and in 1 of those cases multiple informants gave different dates for a screening but there was no documentation anywhere; 2 had no documentation of vision and hearing screening; 4 children were late for follow-up dental screening; in another case there were 4 different reported dates for the initial dental screening.

All children except 2 (95%) were appropriate for custody at the time of custody.

All children who were not on runaway were in the least restrictive, most appropriate placements.

Coordination was adequate for 30 children (71%); when coordination was inadequate, it was between: 3 HCCM & everyone; 3 HCCM & foster parents; 2 HCCM & parents; 1 each: HCCM & child; HCCM & GAL; HCCM & placement; HCCM & school; HCCM & therapist; HCCM & CPS.

12 of the 13 children and families (92%) being served by continuum contracts were being provided appropriate, thorough services.

11 of 15 children (73%) who needed special education services were receiving them.

Families of 32 children needed services: 20 of the 25 who were available for services (80%) were receiving them, 1 only minimally; 5 were not receiving services (20%); and 7 were refusing or not available.

14 children's case managers (33%) had a thorough working knowledge of the case; 18 (43%) had an adequate knowledge; 10 children's case managers did not have an adequate knowledge (24%), but 2 had had the case for less than a month.

9 of the 23 children in foster homes (39%) were in very nurturing and supportive placements that were making extensive efforts to meet the child's needs, and were providing substantial individualized activities; the other 14 foster homes were adequate; 13 children were in foster homes interested in adopting them; 3 children were in kinship/family placements interested in adopting.

Services were provided in an attempt to prevent custody, often multiple services, for 18 children (43%), including: 7 FSS; 7 CIT; 4 each: intensive case management; CPS safety plan; parenting classes; 3 each: child A&D inpatient; child counseling; CPS; relative placement used; 2 each: family counseling; court probation; intensive probation; child care; and a variety of others. 22 children were emergency removals (52%).

In all appropriate cases siblings were placed together; siblings appropriately placed apart were visiting each other in all except 1 case where a sibling was at a YDC, and in 1 case they were not visiting as frequently as desired. In all appropriate cases except 3, children and parents were visiting; in 2 of those cases transportation was the problem, and in the other case parents had not passed a drug screen required for visitation. 2 children were not permitted to visit appropriately because the juvenile court judges would not approve passes.

6 children had CASA workers, with 3 exceptional and 3 effective.

Extracts had accurate critical information in all except 4 cases (90%). Inaccuracies included: 2 county of placement; 1 each: birth date; custody date; race; adjudication. TNKids had accurate critical information in all except 5 cases (88%). Inaccuracies included: 3 placement history; 1 each: race; EPSDT follow-up date.

Between the time cases were selected for review and the review was actually conducted, there was substantial increased activity in 3 cases (7%): 1 each: social history completed; dental appointment; updated permanency plan; released from custody; ICPC; Foster Care Review Board.

**Noteworthy Accomplishments**

- DCS was extensively involved in service provision and support for 3 children and families; 2 of the children have substantial treatment needs.
- TPR is likely to withstand appeal because the juvenile court judge took an interest and wrote an extra detailed brief supporting the termination.
- A therapist is continuing to work with a pre-adoptive family and a child with substantial mental health treatment needs, even though not being paid.
- 2 foster parents are exceptional, 2 supporting child in visits/contacts with parents, 1 preparing a great life book for the child and birth parents.
- 1 foster parent who has not received reimbursement for 4 months continues to transport a child a great distance to dental appointments.

**Emerging System Performance Issues**

6 children (14%) had inadequate CPS investigations and follow-up, sometimes including inadequate investigation of relative placement options. 7 children (17%) were removed from homes where squalid conditions were a substantial factor in the removals.

Assessments were inadequate in 15 cases (36%); needs not addressed included: 7 child psychological; 4 inadequate social history; 3 psycho-educational assessment; 3 parenting assessment; 2 each: parent A&D assessment; independent living skills assessment; child psycho-sexual; vocational assessment; and 1 each: child A&D assessment; parent psycho-sexual; psychiatric assessment for medication; mental health assessment; access to special education records; access to previous custody records. 3 children had exceptional, thorough social histories (7%); 30 children had adequate social histories (71%); 9 social histories were inadequate (21%): 7 had insufficient family information; 4 inadequate child history; 4 needed updating.

Permanency Plans were inadequate in 13 cases (31%); issues/needs for children not addressed: 4 no strategies to achieve goals; 3 each: educational; medical; inappropriate permanency goal; no/inappropriate timelines; 2 each: behavioral; vocational; speech therapy; parenting classes; independent living skills; visitation strategies; parenting assessment; and 1 each: grief/loss issues; psycho-sexual; psycho-educational; physical therapy; child anger issues; parent anger management; reunification; parental independent living/transition to adulthood; no goal. 1 plan had wrong information about another child.

Of the 31 children who were in foster or group placements, only 5 (16%) were placed in their home county; 23 (74%) were placed within the region or Knox County; 3 (10%) were placed in RRMG placements. 7 children (17%) were placed 75 miles or more from home (3 JJ, 4 SS).

18 children (43%) have experienced more than two placements excluding short-term runaway/hospitalization/home placement; during this custody, 24 children (57%) have experienced more than two placements, with their average total number of placements being 6 and the median 4.

Truancy and/or other school behavior problems were factors in custody for 13 of the 22 school-age children (59%).

Reported social services caseloads ranged from 11 to 29, with the average 17 and the median 16; juvenile justice caseloads ranged from 15 to 30 with the average 25 and the median 27; adoption caseloads ranged from 4 to 21.

23 children (55%) had experienced 2 or more case managers within the last 12 months: 16 with 2; 4 with 3; 3 with 4. 10 children (24%) have case managers with less than 12 months experience. 11 children (26%) had relatively new case managers who have either too many cases (5) or cases that were too difficult for their level of experience (3), or both (3).

8 children (19%) had been in custody too long: 3 needed adoption (7%); 2 need to be released (5%); 2 needed termination of parental rights (5%); 1 other (2%). 5 children (12%) experienced unnecessary delays in TPR, 2 involving publication issues. 3 children have experienced unnecessary delays in adoption, 2 involving ICPC cases.

4 children experienced delays in enrolling in schools, 2 of them special ed, due to delays receiving records from other schools or not letting FP sign in. 9 children (21%) had been in DCS custody multiple times: 1 JJ three times, 6 SS twice; 2 had been in custody in other states, 1 of them twice.

7 children need services for transition to adulthood, but 3 (43%) were not receiving services at the appropriate level for successful transition.

2 cases involving mothers and babies in custody are not receiving appropriate services to keep mother and baby together.

2 children (5%) experienced excessive stays (>30 days) in detention/diagnostic shelter/emergency shelter.

While in custody, 1 child was allegedly physically abused in a relative placement, with no investigation but the child moved; 1 child experienced emotional abuse, lack of medical attention, no counseling, inappropriate punishment, denied eyeglasses in foster home and judge ordered child removed and CPS is now investigating; after moving from a foster home following an altercation between the child and foster parent, 1 child reported the foster parent was practicing witchcraft and tried to engage the child, but child was afraid to report; 1 child's sibling was allegedly physically and emotionally abused in a foster home and both children were moved.

#### **TennCare/TennCare Partners/EPST/MCO/BHO issues included the following:**

- 2 children did not receive appropriate assistance continuing TennCare eligibility when they left custody.
- 1 child's foster parent has waited as long as 5 hours to see a psychiatrist for medication management when there is an appointment.
- 1 child's foster parent has not been able to get the child's TennCare card, has reported it to the case manager and supervisor, and still not received it since August 2003 (8 months).
- 2 children had to wait 2-3 hours at a dental appointment. 1 child had to wait 3 hours to be seen for EPST at the Health Department.
- 1 child's foster parent reported difficulty getting prescriptions filled due to the TennCare computer system being down.
- 1 child was denied needed psychological evaluation, apparently not appealed, subsequently approved when the child moved to pre-adoption status.
- TennCare wants a child with serious emotional treatment needs to change therapists, case appealed, and appeal continued; therapist is continuing to see child without payment.

#### **Critical Issues**

- 34 children (81%) have a mental health diagnosis or substance abuse issues or have parent(s) with mental health diagnosis/issues or substance abuse issues. 24 children (57%) have parents with substance abuse issues; 12 of them (29%) poly-substance users; 2 using meth; 2 making meth.
- 29 children (69%) were from sibling groups of 3 or more children, larger than the typical family in Tennessee.
- 23 children (55%) had parents who are or have been incarcerated.
- 19 children (45%) had little or no relationship with their fathers; 15 children (36%) had little or no relationship with their mothers; 13 children (31%) have parents who were never married to each other.
- 16 children of the 28 children whose parents' educational level was known (57%) had parent(s) with no high school diploma or GED.
- 15 children (36%) came from homes with incomes below the poverty level; 8 children (19%) had experienced environmental/cultural deprivation; 11 children (26%) were removed from deplorable/squalid living conditions.
- 14 children (33%) were from families that were transient, moving frequently; 8 children (19%) had experienced homelessness.
- 14 children (33%) had experienced domestic violence in the home.
- 14 children (33%) have/had parents with serious chronic illnesses or disabilities; 9 children (21%) have parents with physical disabilities.
- 13 children ages 13+ (57%), and 7 under age 13 had a mental health diagnosis; 5 children with a diagnosis (25%) also have a parent with a mental health diagnosis. 8 children ages 13+ (35%) and 3 under age 13 had a serious mental health diagnosis including: 6 major depression/depressive disorder; 3 PTSD; 2 bipolar; and 1 each: panic disorder; Tourette's disorder; RAD; and agoraphobia. 4 children ages 13+ (17%) had experienced psychiatric hospitalizations, one twice. 5 children (12%) reportedly have had self mutilating behavior; 9 children ages 13+ (39%) had experienced suicidal ideations/attempted suicide: 2 twice, 1 three times, 1 four times. 1 child had a parent and sibling commit suicide.
- 13 children ages 13+ (57%) have/had substance abuse issues; 10 (43%) were poly-substance users; 5 involving substances more serious than alcohol or marijuana.
- 13 children ages 13+ (57%) were reportedly sexually active; 2 children ages 13+ (9%) were teen parents.
- 12 children (29%) were allegedly sexually abused, 4 involving incest; 4 (10%) had siblings who experienced incest.
- 12 children (29%) were allegedly physically abused.
- 11 school-age children (34%) were reading below grade level.
- 10 children (24%) have a parent with a mental health diagnosis; 9 additional children (21%) have a parent with mental health issues.
- 7 children (17%) had a mother who was under 18 when she had her first child.
- 7 children ages 13+ (30%) were currently or had a history of runaway.
- 5 teen girls (36% of girls ages 13+) were involved in relationships with adult men; 2 teen girls had been involved in prostitution.
- 4 children ages 13+ (17%) were battering parents or other relatives prior to and during custody.
- 4 children (10%) have a deceased parent; 3 children (7%) have a deceased sibling.
- 3 children ages 13+ (13%) were allegedly involved in gang activity; 1 child (2%) was allegedly a sexual perpetrator.



STATE OF TENNESSEE  
**TENNESSEE COMMISSION ON CHILDREN AND YOUTH**  
Hamilton County System Observations - March 26, 2004

**System Strengths**

All children were appropriate for custody at the time of custody.

All children except 2 (95%) had a GAL/attorney assigned to their cases, and in all but 2 cases they were doing a good job; in those cases the GAL has been counterproductive.

All social services children in the Brian A. class and 1 juvenile justice child appeared to be receiving visits from case managers in accordance with Brian A. requirements; 1 child with a delinquent adjudication has not been visited by the case manager in 5 months. Visits with parents appeared to be taking place in accordance with Brian A. in all appropriate cases.

11 children (30%) had a case manager with less than 12 months experience. 13 children (35%) had a DCS case manager who had a thorough working knowledge of the case; 21 had an adequate knowledge (57%); only 3 did not have an adequate knowledge of the case (8%).

All children had current EPSDT medical screenings completed, but 1 had been a month late each year for several years; 7 children were late for 6 months dental screening; all children received needed EPSDT follow-up.

All siblings were placed together when appropriate, and when they were not it was due to sibling group size, behavior, or coming into custody at different times. All children were visiting at appropriate levels, except 1 child wanted to visit a sibling more often.

Excluding the child on runaway, all except 3 children (92%) were in the least restrictive, most appropriate placement; 2 needed more restrictive; 1 needed less restrictive; 2 children were in inappropriate placements prior to being sent home.

Assessments were adequate for 30 children (81%); issues in the 7 inadequate assessments were: 5 child psychologicals; 3 inadequate social histories; 3 parenting assessments; 3 parent psychologicals; and 1 each: no social history; independent living assessment; vocational assessment; parent psychosexual; personality assessment. 25 social histories were adequate (68%) and 3 were exceptional (8%). 9 social histories were inadequate (24%) with inadequacies: 5 current situation; 4 family information; 3 parent situation; 2 educational issues; 2 undated; 1 previous custody; 1 TPR; 1 developmental delays; 1 no social history.

Services, often multiple services, were offered/provided in an effort to prevent custody for 20 children (54%), including: 5 each: parent/family counseling; court probation; 4 residential placement; 3 each: CIT/FCIP; CPS safety plan; child counseling; intensive case management; relative placement used; 2 each: child care; homemaker; HomeTies; intensive probation; community service work; non-custodial assessment; and a variety of other services.

28 children had adequate coordination (76%); when coordination was inadequate, it was between the following: 4 HCCM & parent; 3 each: HCCM & child; HCCM & service providers; 2 HCCM & placement; 1 each: HCCM & relative placement; HCCM & extended family; foster home & school; HCCM & siblings' HCCM.

6 of the 7 children (86%) who needed special education services were receiving them at the appropriate level, but 1 was seriously misdiagnosed pre-custody and received totally inappropriate services until recently.

9 of the 11 families (82%) currently needing services and willing to participate with services were receiving them; 2 families that needed services were not receiving them (18%); 8 families refused services.

For the 24 children not in family placements (5), kinship care (7), or on runaway (1), 18 were placed within Hamilton County (75%); 3 in the Southeast Region (13%); 2 in group placements in the grand region (8%); 1 in a foster home in Knox County (4%).

4 of the 20 children in foster homes (20%) were in exceptional foster homes that were going above and beyond to meet their needs; the other 16 children were in adequate foster homes (80%). 6 foster homes were definitely interested (30%) and 4 were possibly interested (20%) in adoption.

Social Service caseloads ranged from 9 to 22 with an average and median of 14; juvenile justice caseloads ranged from 31 to 35 with an average and median of 34; adoptions caseloads ranged from 5 to 9 and averaged 7.

Extracts had accurate critical information in all cases. 4 TNKids screens were inaccurate with inaccuracies including: 3 name and 1 birth date.

Between the time cases were selected and review was actually conducted, there was substantial increased activity in 10 cases (27%), including: 3 permanency plans; 3 placement changes; 1 each: speech/hearing evaluation; dental screen; social history update; released from custody.

**Noteworthy Accomplishments:**

- A father who had no contact with the child previous to custody has developed a bond with the child and is working toward placement.
- A former HCCM provided exemplary communication with a parent to facilitate a tricky reunification.

**Emerging System Performance Issues**

19 children (51%) have experienced more than two placements excluding short-term runaway/hospitalization/home placement (average and median of 4); during this custody, 23 children (62%) have experienced more than two total placements with their average total number of placements being 7 and the median 5; for all children the average number of placements was 5 and the median was 3.

19 children (51%) had a change in case managers within the past 12 months: 13 with 2, 4 with 3, 1 with 4, and 1 with 5.

9 of the 16 children (56%) who needed mental health services were not receiving them at the level of intensity needed.

7 of the 14 children in a continuum (50%) were not receiving all appropriate services at the appropriate level of intensity or did not receive them timely to address their needs.

13 children (35%) had inadequate Permanency Plans due to inadequately addressed needs: 6 medical; 6 independent living skills; 3 each: education; special education; transition to post custody; 2 each: behavioral; vocational; dental; inappropriate permanency goal; and 1 each: substance abuse

services; speech/hearing; dental; anger management; parent substance abuse; parent housing; no staffing to develop the plan; no strategies to achieve the goal; child psychological evaluation; psychotropic medications.

Truancy/other school problems were factors leading to custody for 7 of the school age children (23%).

8 children (22%) needed services to transition from custody, but only 2 were receiving them at the level needed; 3 were not receiving services at the level needed, and 3 were not receiving needed services at all.

9 children (24%) had been in custody too long; 4 needed to complete adoption (11%); 4 had missed the window of opportunity (11%); and 1 other (3%). 7 children experienced substantial delays in TPR, ranging from months to years; 7 children experienced delays in adoption, causing several of them to miss the window of opportunity.

9 children (24%) have been in custody multiple times: 5 two times and 4 three times.

2 children (5%) experienced excessive stays (more than 30 days) in temporary placements twice.

Excluding children in special education or on runaway, 11 children (38%) were behind in school, 1 at least in part because DCS failed to complete paperwork for summer school.

1 child reported being bullied in a group placement, but it was not clear he reported it while in placement and he is no longer there; 1 child was physically and sexually abused in a foster home and ultimately removed from the foster home; 1 child was sexually abused in a contract foster home by another child, and it took 5 weeks for CPS to respond, with the child ultimately moved; 1 child was physically abused in a foster home, initially denied being abused, and moved several months later; 1 child was abused in an adoptive home and returned to custody.

#### **TennCare/TennCare Partners/EPSTD Issues:**

- 7 children (19%) have not received 6 months dental follow-up; 1 reportedly received, but no documentation; 1 received a 6 months follow-up only because the foster parent took the child and paid for the service.
- There were 6 reports that the wait for a scheduled EPSTD check-up at the Health Department exceeds an hour and 1 walk-in took 5 hours, resulting in concerns about over medication of this child who did not sit still for a brief physical examination following such a lengthy wait.
- 1 child has had problems with accurate recording of PCP in the TennCare system causing unnecessary paperwork with each visit.
- 1 child reportedly had teeth cleaned and a check up in less time than the foster mother could park the car and get in the building. The child said nothing was done and the foster parent could not see that cleaning had been done. The foster parent took child to another dentist.
- 1 child does not have an assigned PCP; after an extensive amount of time in a PCP office, no results were provided; when transferred to a second PCP, paperwork was not received and assignment not changed until the second PCP was no longer taking new TennCare patients.
- PCP triple books appointments due to concerns about “no shows,” so there is always a delay of at least an hour or more to see the PCP.
- 1 child needs more intensive therapist time than is currently being provided due to reported inadequate therapeutic resources.
- 1 child was denied a needed “jogging stroller” because it did not come from a medical supply house, but TennCare was willing to pay 3 times as much for an inappropriate, less serviceable type of stroller from a medical supply house.
- 1 child was prescribed braces in EPSTD, but TennCare denied and no one has appealed.

#### **Other Critical Issues:**

- 37 children (100%) have a mental health diagnosis or substance abuse issues OR have parent(s) with mental health diagnosis/issues or substance abuse issues.
- 31 children (84%) had little or no relationship with their fathers; 17 children (46%) had little or no relationship with their mothers.
- 31 children (84%) were from sibling groups of more than 3 children, larger than the average family in Tennessee.
- 26 children (70%) have parent(s) with substance abuse issues, 10 of them both parents (27%); for 17 children (46%), the mother’s drug of choice was crack/cocaine; for 1 child (3%), the parent’s drug of choice was meth; 13 children (35%) had parents who were poly-substance abusers.
- 25 children (68%) were born to biological parents who were not married.
- 20 children (54%) were from homes/families living below the poverty level. 7 children (19%) were removed from squalid living conditions.
- 16 children ages 13+ (70%) and 1 under 13 have a mental health diagnosis; 1 additional child has mental health issues but no diagnosis; 8 children (22%) have parents with a mental health diagnosis, and 5 additional children (14%) have a parent with mental health issues; in 1 case (3%) both child and parent had a diagnosis. 7 children ages 13+ (30%) have both a mental health diagnosis and substance abuse issues.
- 16 children (43%) had multiple, often chaotic, living arrangements prior to custody.
- 12 children (32%) had experienced domestic violence.
- 12 children ages 13+ are sexually active (52%); 1 additional child (3%) was a sexual perpetrator.
- 12 children (32%) had parents who had not completed high school.
- 12 children were essentially dumped into DCS placement by parents/families (32%). 10 children (27%) had experienced abandonment.
- 11 children (30%) were from families that lived in high crime areas.
- 10 children (27%) were allegedly physically abused; 7 children (19%) were allegedly sexually abused; 3 children (8%) were allegedly involved in incest and 2 other children (5%) had siblings involved in incest.
- 9 of the 15 girls (60%) exhibited aggressive behavior. 4 of the 14 school age girls (29%) were exhibiting bullying behavior in school.
- 9 children (24%) had a serious mental health diagnosis: 2 bipolar and 2 major depression/depressive disorder.
- 8 children ages 13+ (35%) had substance abuse issues; 5 of these children (22%) with substance abuse issues have parents with substance abuse issues. 4 of these children (17%) were substance exposed prenatally.
- 8 children (22%) have asthma or a history of asthma; 5 of the 8 were African American.
- 7 children ages 13+ (30%) have experienced psychiatric hospitalizations, with 2 hospitalized before age 13; 5 children ages 13+ (22%) have experienced suicidal ideations/attempted suicide.
- 7 children (19%) were environmentally/culturally deprived.
- 7 children (19%) were removed from relatives at the time of custody.
- 5 children (14%) are diagnosed with/have a history of ADHD/ADD.
- 3 children (8%) are diagnosed as mentally retarded and 1 child has a parent diagnosed as mentally retarded.
- 3 children’s mothers (8%) are or were prostitutes.



STATE OF TENNESSEE  
**TENNESSEE COMMISSION ON CHILDREN AND YOUTH**  
Knox County System Observations - November 29, 2004

**Service System Strengths**

All children except 1 (97%) were appropriate for custody at the time of custody.

All children who were not on runaway except 1 were in the least restrictive, most appropriate placement, and that child needed a more appropriate placement at the same level of restrictiveness.

All children had received an EPSDT medical screening, and all except 1 received recommended follow-up, and that 1 did not receive recommended vision services; 4 children were late for subsequent dental screening.

All children in continuum placements except 1 were receiving extensive needed services.

25 of the 33 D/N children (1 case NA due to placement out of state) (78%) were reportedly visited by a DCS case manager in compliance with Brian A.; 1 move requirements violation; 4 not visiting in the placement; 2 move and in placement; 10 children's (30%) visits were not substantive.

Assessments were adequate for 28 children (76%); issues with inadequate assessments included: 5 child psychological; 3 parent psychological; 3 inadequate social history; 2 parent psychiatric assessment for medication; 1 each: parenting assessment; developmental assessment; parent mental health evaluation; parent vocational assessment; 3 social histories were exceptional; 20 were adequate, and 14 were inadequate due to insufficient detailed information, including family history, and/or lacking current information.

Permanency Plans were adequate for 26 children (70%); inadequate issues included: 4 inappropriate permanency goals; 2 no strategies to achieve goals; for children: 3 transition services to adulthood; 2 each: educational; adoption needs; independent living; 1 each: behavioral; special education; step down; sexual abuse treatment; Al-Anon; speech therapy; physical therapy; occupational therapy; vocational; for parents: 4 mental health needs; 2 parenting classes; 1 each: vocational assessment; parenting assessment; family counseling; safety for child; training to meet child treatment needs.

Coordination for continuity of services was adequate for 30 children (81%); when coordination was inadequate, it was between: 4 HCCM & foster parents; 2 each: HCCM & placement; HCCM & RCM; HCCM & service providers; 1 HCCM & parents.

All reported caseloads except 4 were Brian A. compliant, but the majority were at the maximum and workers were reportedly feeling extremely stressed. Social Service caseloads ranged from 15 to 21 with an average of 19 and a median of 20. Juvenile Justice caseloads ranged from 25 to 40 with an average of 30. Adoptions caseloads ranged from 4 to 15.

12 children (32%) had emergency removal. 21 children (57%) received services/interventions in an effort to prevent custody, including: 9 CPS; 6 in-home case management; 5 CPS safety plan; 4 targeted case management; 3 each: residential treatment; non-custodial assessment; relative/friend placement; GAL; child counseling; sexual abuse intervention; 2 each: child A&D assessment; child A&D inpatient; day treatment; intensive probation; court probation; HomeTies; FSS; anger management; and a variety of other services. In 5 cases CPS intervention was inadequate.

24 of the 32 children (75%) who had a GAL were effectively represented; 5 were ineffective (15%); 3 were unable to determine (9%).

7 children (19%) had a DCS case manager with a thorough working knowledge of the case; 26 children (70%) had a case manager with a working knowledge of the case; 4 children (11%) had case managers who did not have a working knowledge of the case.

11 of the 23 sibling groups were placed together; in the other 12 cases, they were appropriately separated; 5 due to behavior; 2 size; 1 special needs of child; 1 came into custody at different times; 1 adoption; 1 placed with different dads; 1 custody at different times and adoption.

14 of the 22 children in foster homes (64%) were in foster homes that were very committed, extremely nurturing and supportive, making substantial efforts to meet their needs, sometimes taking sibling groups; 7 children (32%) were in foster homes that were adequate; 1 was in an inappropriate foster home; 15 children (68%) were in foster homes that were interested in adopting them.

11 of the 13 children (85%) who needed special education services were receiving them at the appropriate level; 2 young children were not receiving needed services from TEIS, but 1 of these was receiving special therapeutic services through TennCare. 8 of 10 young children (80%) who needed early intervention services were receiving them.

11 of the 23 families (48%) that needed services were receiving them; 11 (48%) refused or were not cooperating in services; 1 (4%) was not receiving needed services.

Extracts had accurate critical information in all but 8 cases (78%); inaccurate or missing information included: 7 race; 1 adjudication. TNKids had accurate critical information in all except 9 cases (76%); inaccurate or missing information included: 8 race; 1 adjudication. In 8 cases multi-racial children are not appropriately acknowledged on extracts and/or TNKids screens, with the error sometimes carrying over to other documents like permanency plans.

Between the time cases were selected for review and the review was actually conducted, 11 cases (30%) experienced substantial increased activity, including: 4 social history updates; 2 permanency plans updated; 2 released from custody; 1 each: placed home; placement change; child advocacy center services accessed; child psychological completed; foster parents received long promised payments.

**Noteworthy Accomplishments**

- HCCM and foster parents have provided exceptional advocacy, service and support to ensure a sibling group receives all needed services.
- A foster home for a medically fragile child has gone above and beyond in meeting the needs of the child, including giving up employment to care for the child, and receiving no compensation for the placement.
- 1 RCM has provided exceptional advocacy to enable a child to get needed services, including a driving learner's permit and how to get insurance.
- 3 foster parents who are adopting children are permitting appropriate continuing involvement with extended family.

### **Emerging System Performance Issues**

13 children (35%) had multiple case managers; in 2 cases new case managers had a positive impact on activity in the case; in 2 it resulted in case managers not knowing the case. 8 children (22%) had case managers with less than 12 months experience.

In 4 cases, Resource Unit inappropriately placed children in low levels of care/payment based on their behavioral or medical needs, often with insufficient input from case managers, apparently to keep payments down and/or to avoid review by the TennCare Consumer Advocacy Program, and 3 additional reviewers were told this was a problem in the region. 6 foster/kinship homes reported delays receiving either board or clothing/supplies payments.

In 2 cases, foster parents reported indirect threats/intimidation related to removal of children from their care by DCS staff if they did not comply with unrealistic time demands or accept inappropriately low payment levels. In 14 cases (38%), case managers reported feeling lack of supervisory support and/or intimidation from management. Part of the problem appears to be local policy interpretation/imposition of unrealistic timelines that exceed state policies, and requirements for excessive documentation.

For the 24 children who were not on runaway, in family placement or kinship care, 14 (58%) were placed within the home county and 7 (29%) were placed within the surrounding CSA region; 3 were placed out of Knox/East Region.

14 children (38%) have experienced more than two placements excluding short-term runaway/hospitalization/home placement; during this custody, 18 children (49%) have experienced more than two placements, ranging from 3 to 19; the average total number of placements with more than 2 placements being 8 and the median 5; 7 children (19%) have had more than 6 placements; 2 children birth to 5 have had 4 placements.

12 children (32%) had been in custody too long: 7 (19%) needed adoption; 3 (8%) needed TPR; 2 (5%) needed to be released; 6 children (16%) experienced delays in pursuing TPR, several of them young children who should have had more timely pursuit of permanency.

2 children (5%) spent too much time (more than 30 days) in emergency placements awaiting placement.

Truancy or other school behavior problems were a factor contributing to custody for 7 of the 20 school-age children (35%); 10 of 20 school-age children (50%) were a grade or more behind in school (7, 1 grade; 2, 2 grades; 1, 3 grades).

4 of the 7 children (57%) who needed services for transition to adult independence were receiving them; 2 were not and 1 was on runaway.

11 children's parents (30%) were in state custody as children; 4 additional children's parents had child welfare/juvenile justice system involvement; 2 more children's parents suffered abuse as children but had no intervention services; 5 children were abused by a parent who had been abused as a child; Parent issues: 8 of the 11 (73%) had A&D issues, 2 (18%) had a mental health diagnosis; 2 (18%) reportedly had mental health issues; 4 (36%) were suspected to have mental health issues.

2 case managers referred to children as "gifts of the court." 1 TennCare eligible child came into custody to access residential services.

4 children (11%) had been in custody multiple times: 4 twice, 1 of them juvenile justice.

4 children were reportedly abused in placement: 1 child was raped and 1 child was prostituting while on runaway; 1 child was reportedly bruised in a foster home, unfounded, but later moved due to domestic violence in the foster home; 1 child was allegedly emotionally and physically abused in a contract foster home, and ultimately moved, and it appeared the contract agency did not do an adequate background check on the foster family.

There was a serious confidentiality breach in providing a father against whom there is a restraining order with a copy of the permanency plan that included the mother's contact information.

TennCare/TennCare Partners/EPSTDT/MCO/BHO issues included the following:

- 1 case reported a delay in getting a pediatric appointment for high lead screening follow-up to EPSTDT, so was referred to the emergency room by physician's staff, following complaint by case manager, child was seen timely by physician.
- 3 cases reported an inadequate PCP medical provider network, 1 involving a medically fragile baby
- 3 cases reported office wait of more than an hour plus to see a doctor or dentist, 1 waited over an hour, and the doctor would not see the child.
- 1 child needs a pediatric neurosurgeon who will take TennCare.
- In 1 case there were concerns a child with multiple medical needs was receiving more medications than necessary, but physicians were not responding to the foster parent's concerns.
- 1 child was released from custody without assistance in transitioning to TennCare.

### **Critical Issues**

- 35 children (95%) have a mental health diagnosis/issues and/or substance abuse issues and/or have parent(s) with mental health diagnosis/issues and/or substance abuse issues.
- 30 children (81%) had little or no relationship with their father; 13 (35%) had little or no relationship with their mother.
- 26 children (70%) had parents with substance abuse issues, 15 children's parents (41%) were using crack/cocaine. 19 children (51%) had parents who were poly-substance users.
- 22 children (59%) were from large sibling groups of 3 or more; 23 children (62%) had parents who were never married.
- 18 children (49%) were from homes living below poverty level.
- 16 children (43%) had parent(s) with unknown whereabouts; 12 children (32%) experienced homelessness; 8 children (22%) had been abandoned; 3 children (8%) had parents receiving disability.
- 16 children (43%) were allegedly sexually and/or physically abused. 3 children experienced incest; 3 children had siblings involved in incest.
- 13 children (35%) experienced domestic violence in the home. 12 children (32%) were from high crime areas.
- 10 children (27%) with mental health diagnosis/issues also have a parent with mental health diagnosis/issues.
- 9 children 13+ (82%) have a mental health diagnosis. 7 children ages 13+ (64%) and 2 children under 13 (8%) have a serious mental health diagnosis: 3 each: bipolar; depression; 2 obsessive-compulsive; and 1 each: intermittent explosive, post-traumatic stress disorder; paraphilia. 7 children (19%) were diagnosed with ADD/ADHD; 2 children were classified SED; 6 children (16%) have experienced psychiatric hospitalization; 5 children (14%) experienced suicidal ideations/attempted suicide; 5 children had enuresis or encopresis.
- 10 children (27%) have parents with a mental health diagnosis; 8 of these have a serious mental health diagnosis: 6 bi-polar; 1 major depression; 1 anxiety; 1 child is the 3<sup>rd</sup> generation who is diagnosed bi-polar. 13 additional children (35%) have parents with undiagnosed mental health issues.
- 7 children ages 13+ (64%) had substance abuse issues. 5 of these children were poly-substance users.
- 7 children under age 13 (27%) were substance exposed prenatally; 4 substance-exposed babies were premature and have extensive medical needs.



STATE OF TENNESSEE  
**TENNESSEE COMMISSION ON CHILDREN AND YOUTH**  
Mid-Cumberland Region Preliminary System Observations - June 10, 2004

**Service System Strengths**

All children were appropriate for custody at the time of custody.

All children received initial EPSDT, but 1 who is on runaway was late for re-screening prior to running; all except 1 received recommended follow-up and that one was dental follow-up; 2 received dental follow-up not documented in TNKids; 1 case had no vision and hearing screening documentation; 2 children had not received a subsequent 6 months dental screening.

11 children (29%) had not been visited by a DCS case manager in compliance with Brian A./Best Practices, 4 of them juvenile justice adjudications; 8, including 4 child welfare/social services were not in compliance because case manager did not visit in the placement.

All except 3 children (92%) were in the least restrictive, most appropriate placements; 1 needed less restrictive; 1 needed more restrictive; 1 needed a more therapeutic placement at the same level of restrictiveness. In the 13 cases involving siblings in custody, all except 1 were either placed together (4 cases) or placed apart for appropriate reasons: 3 in family placements; 5 for behavior reasons. In 9 cases of siblings not placed together, only 4 were visiting appropriately.

Assessments were adequate for 29 children (76%); in the 9 cases that were inadequate, deficiencies included: 4 parenting assessment; 4 child psychological; 3 vocational assessment; 2 each: independent living skills assessment; parent psychological; inadequate social history; parent psychiatric; 1 each: parent A&D assessment; child psychiatric evaluation; parental home study; no social history. 5 cases (13%) had psychological evaluations that were not thorough or complete. Social histories were: 3 exceptional (8%); 25 adequate (66%); 10 inadequate (26%); 1 with no social history (3%); 9 had insufficient detail, especially family; 2 had inaccurate information.

27 children (71%) had substantial services provided in an effort to prevent custody, including: 9 court probation; 9 state probation; 8 community service work; 6 child counseling; 6 CPS; 5 house arrest; 4 A&D outpatient assessment/screens; 4 restitution; 4 intensive case management; 3 relative placement used; 3 FCIP; 3 child A&D outpatient; 2 anger management; 2 CPS safety plan; 2 FSS; 2 psychiatric hospitalization; 2 CASA; 2 alternative learning center; and a variety of others. However, in 11 of the 27 cases (41%), services and interventions provided pre-custody were not at a sufficient level of intensity, comprehensiveness, or length of time to effectively address underlying issues.

Of the 31 children whose families needed services, 19 were receiving them (61%); 7 refused services (23%); 2 were unavailable (6%) and 3 were not receiving them (10%). In all appropriate cases children were visiting with parents and visiting in appropriate places; in 4 cases visits with parents are not taking place due to parental substance abuse; in 1 case parent/child visits are not as frequent as desired because of the distance of placement.

11 children (29%) had case managers with a thorough working knowledge of the case; 23 had an adequate working knowledge (61%); 4 case managers did not have an adequate working knowledge of the case (11%).

6 of the 9 children in continuums (67%) were receiving quality, comprehensive services focused on the child/family's individual needs; 1 child was receiving quality, comprehensive services, but the family was not; 2 children are in a new continuum, 1 receiving appropriate services, but there is concern about turnover and adequate confidentiality, and the other case involved inadequate services for the family.

3 of the 12 children who were in foster homes (25%) were in very loving, nurturing, supportive foster homes focused on meeting the children's needs; the other 9 children were in adequate foster homes; 6 children (50%) were in foster homes that were interested/willing to adopt them; 2 children were in foster homes that were willing to serve as planned permanent living arrangements. 1 child was in a kinship foster home that was interested in adopting, and 1 was in a kinship foster home willing to serve as a planned permanent living arrangement.

All reported social service caseloads were in compliance with Brian A./Best Practices with caseloads that ranged from 9 to 20 with an average of 14 and median of 13; reported juvenile justice caseloads ranged from 7 to 50 with the average 26 and the median 24.

All except 4 children (89%) had either a GAL or an attorney at the time of custody. There were more effective GALs (16, 47%) than ineffective (5, 15%); for 13 GALs level of effectiveness was unknown (38%). 13 parents had legal representation with 6 effective (46%), and 2 not effective (15%); level of effectiveness unknown for 5 (38%).

For the 20 children who were not in family or kinship placements or on runaway: 5 children (25%) were placed within their home county; 11 children (55%) were placed within the Mid-Cumberland CSA or Davidson County; 1 child (5%) was in RRMG placement; 3 were placed out of the area (15%). 3 were placed more than 75 miles from home, 2 of these served by a continuum.

**TennCare/TennCare Partners/EPST/MCO/BHO issues were minimal in this region, but those identified included the following:**

- There is only a half hour window each day to call for an appointment with a PCP, and if missed you must wait until the next day.
- A foster mother reported a usual waiting period of 4-6 hours to see a pediatrician for a check-up even with an appointment.

Extracts had accurate information in all but 5 cases (87%); inaccuracies related to race (4) and placement county (1). TNKids screens had accurate information in all but 3 cases (92%); inaccuracies included: race (2) and placement history (1).

Between the time cases were selected for review and the review was actually conducted, 10 cases (26%) experienced substantial increased activity, including: 2 released from custody; 2 social histories updated; 1 each: placement changed; permanency plan updated; A&D counseling began; dental screening; referred for needed services; attempts to contact parents; unsupervised visits began.

## **Noteworthy Accomplishments**

- 8 children's fathers were actively involved and willing to be a placement resource for the children.
- A psychiatrist who does not take TennCare has provided services for a child for two years without compensation.
- A foster parent has provided exceptional care for a difficult child who is succeeding beyond expectations.

## **Emerging System Performance Issues**

Permanency Plans were inadequate for 14 children (37%); deficiencies in inadequate plans included: 4 independent living skills; 3 each: inappropriate permanency goal; no strategies to achieve goals; child mental health needs; parent evaluation; sexual abuse; 2 each: educational needs; grief and loss issues; psychological evaluations; parent substance abuse; family counseling; housing; 1 each: medical; behavioral; special education; vocational services; anger issues; parenting skills; family visitation; family involvement in child's treatment; inappropriate activities for goal; incorrect information.

Coordination was inadequate for 13 children (34%); when inadequate, it was between: 4 HCCM & parents/family; 3 HCCM & child; 3 HCCM & RCM; 3 HCCM & foster parents; 2 HCCM & school; 2 HCCM & court; 2 school & relative; 1 each: HCCM & GAL; placement & HCCM; placement & family; HCCM & relative; placement & relative; 2 DCS offices; no coordination.

12 children (32%) have a case manager who has been with DCS for 12 months or less; 14 children (37%) have had a change in case managers within the past 12 months: 10 with 2; 3 with 3; 1 with 4. 3 children's case files had information pertaining to other children in them.

Since 9/1/01, 19 children (50%) have experienced more than two placements excluding short-term runaway/hospitalization/home placement; during this custody, 23 children (61%) have experienced more than two total placements; the average total number of placements was 6 and the median 4. Truancy or other school problems were a major factor in custody for 15 school-age children (44%), 14 of the children ages 13+ (50%). 4 children were behind in school when they entered custody and had been home schooled prior to or during custody. 8 school-age children were behind in reading (24%), 4 of them (12%) two or more grade levels behind.

Only 12 of the 16 children (75%) who needed special education services were receiving those services.

On a previous custody, 1 child was adjudicated delinquent for violation of a valid court order for status offenses, but had no delinquent charges.

8 children (21%) have been in custody too long: 4 (11%) needed TPR; 3 (8%) missed the window of opportunity; and 1 (2%) needed adoption; 6 children (16%) experienced extensive delays in TPR and/or adoption.

8 children (21%) (4 social services, 2 JJ, 2 mixed) had been in custody multiple times: 6 twice; 2 three times; 3 of the children with repeat custodies came back fairly soon due to failure to follow-through with appropriate aftercare.

Only 3 children had a CASA volunteer.

4 of the 10 children (40%) who needed assistance transitioning to adulthood were not receiving needed services.

1 child was allegedly sexually abused in a foster home, moved and the foster home closed but no prosecution; 1 child received corporal punishment in a foster home with a belt, moved, eventually all other children moved and home closed; 1 child was injured when riding a staff person's motorcycle while in a placement and sent home when there was a threat of contacting the media; 1 child has not yet disclosed, but was probably sexually abused while in a previous placement.

## **Critical Issues**

- 34 children (89%) or their parent(s) or both children and parents have either a mental health diagnosis or substance abuse issues or both.
- 25 children (66%) were from sibling groups of three or more, larger than the typical family in Tennessee.
- 23 children (61%) have parents with substance abuse issues; 13 (34%) were poly-substance users.
- 22 children (58%) had little or no relationship with their fathers; 14 children (37%) had little or no relationship with their mothers.
- 21 children (55%) have parents who never married each other; 6 children (16%) have parents who have been married multiple times.
- 20 children ages 13+ (71%) and 1 child under age 13 have/had substance abuse issues; 6 of these involved drugs other than alcohol or marijuana. 1 involved meth. 17 children ages 13+ (61%) have parents with substance abuse issues. 14 children ages 13+ (50%) are poly substance users.
- 19 children ages 13+ (68%) and 1 under age 13 have a mental health diagnosis; 5 children have serious mental health diagnoses: 3 major depression/depressive disorder; 2 bipolar disorder; 1 post traumatic stress disorder; 6 children ages 13+ (21%) and 1 under 13 with mental health diagnoses/needs also have parents with mental health diagnoses/needs. 10 children (26%) have parents with a mental health diagnosis.
- 12 children ages 13+ (43%) have both mental health diagnosis and substance abuse issues.
- 12 children ages 13+ (43%) have been diagnosed with ADD/ADHD.
- 6 children ages 13+ (21%) have experienced suicidal ideations/attempts.
- 3 children ages 13+ (11%) had experienced psychiatric hospitalization; 1 had been hospitalized three times, 1 four times.
- 18 children (47%) have parents who are currently or have been incarcerated.
- 15 children ages 13+ (54%) were sexually active. 3 females ages 13+ got pregnant while in custody (11%) and 2 other children had a sibling get pregnant while in custody.
- 14 children (37%) had experienced domestic violence.
- 12 children (32%) were allegedly physically abused.
- 10 children (26%) were allegedly sexually abused. 3 children (8%) had experienced incest.
- 9 children (24%) were from homes/families living below the poverty level. 1 child (3%) had experienced environmental deprivation.
- 5 children ages 13+ (18%) were allegedly involved in gang activity.
- 3 children were sexual perpetrators, 1 of them female.
- 2 children (5%) were exposed prenatally to drugs or alcohol.



STATE OF TENNESSEE  
**TENNESSEE COMMISSION ON CHILDREN AND YOUTH**  
Northeast Tennessee Region System Observations - July 9, 2004

### Service System Strengths

All children who were not on runaway were in the least restrictive, most appropriate placement.

All children who were in continuum placements were receiving extensive needed services, but 1 child had previously been in an inappropriate continuum foster home.

All children except 4 (89%) were appropriate for custody at the time of custody.

All children had received an EPSDT medical screening, 1 did not receive dental screening upon return to custody and there is no documentation of a dental screen for 1 child who reportedly needed it. All children except 2 received prescribed EPSDT follow-up: there is no documentation whether 1 received dental follow-up or 1 received follow-up for an eye exam. 9 children (24%) did not receive 6 months dental screening.

Assessments were adequate for 27 children/parents (71%); issues with inadequate assessments included: 8 parenting assessments; 6 parent psychological; 5 parent A&D assessment; 2 parent A&D screens; 1 parent psycho-sexual assessment; 3 child psychological; 2 inadequate social history; 1 each: child A&D assessment; independent living assessment; vocational assessment; psychiatric assessment for medication; prior custody records; access to psycho-educational evaluation. 3 social histories were very thorough; 31 were adequate; 4 were inadequate because 2 lacked family information; 2 historical information; 1 current information.

Permanency Plans were adequate for 27 children (73%); with inadequate issues including: 1 no plan; 2 wrong information; 1 inappropriate permanency goal; for the children: 2 special education; 2 medications; 1 each: behavioral; educational; independent living skills; mental health; visitation; child psychological; psychiatric exam; A&D assessment; vocational; for the parents: 2 A&D; 2 parenting skills; 1 each: parenting classes; unstable lifestyle issues; behavior; parent psychological.

Coordination for continuity of services was adequate for 28 children (74%); when coordination was inadequate, it was between: 5 HCCM & foster parents; 4 HCCM & Parents; 3 HCCM & service providers; 1 each: HCCM & continuum; HCCM & placement; 1 HCCM & school; 2 no coordination.

All except 3 social services children reportedly were visited in compliance with Brian A./Best Practices, and 2 of those were visiting but not in placement. 1 juvenile justice child in a contract placement had not been visited in 68 days.

8 of the 17 children in foster homes (47%) were in foster homes that were very committed to them, extremely nurturing and supportive, making substantial efforts to meet their needs, sometimes taking sibling groups; 9 (53%) were in foster homes that were adequate; 14 of the 17 children in foster homes (82%), including 6 ages 13+, were in foster homes that were interested in adopting them.

10 children (26%) had a DCS case manager with a thorough working knowledge of the case, and 27 children (71%) had a case manager with an adequate knowledge of the case; 1 child's case manager did not have adequate knowledge of the case.

Social Service HCCM caseloads ranged from 10 to 20 with an average of 14 and a median of 13. Juvenile Justice HCCM caseloads ranged from 19 to 30 with an average of 23 and a median of 22. Adoptions caseloads ranged from 8 to 16 with an average of 13 and a median of 14.

11 of the 18 sibling groups (61%) are placed together; in the other 7 cases there are valid reasons for placing siblings apart: 5 due to behavior/treatment needs; 1 because of size; 1 group came into custody at different times. Siblings were visiting appropriately except in one case where a child is placed a long distance away.

9 of the 12 families that needed services and were available/not refusing services received them (75%). Families were visiting and visiting in appropriate places in all except 1 case where a child is placed a long distance away and the family is not receiving assistance with visits.

15 of the 16 children (94%) who needed special education services were receiving them, but 2 were not receiving services at the appropriate level; 3 of the children receiving special education services were preschoolers appropriately receiving TEIS services. 15 of the 27 school age children (56%) were doing better in school since they came into custody, and none were doing worse.

For the 22 children who were not on runaway, in family placement or kinship care: 8 (36%) were placed within the home county; 11 (50%) were placed within the CSA region; 1 (5%) was in an RRMG placement; 2 (9%) were placed out of region/RRMG. 4 (18%) were placed more than 75 miles from home.

24 children (63%) received services/interventions in an effort to prevent custody, including: 10 FCIP; 6 court probation; 5 intensive case management; 5 child counseling; 4 relative/friend placement used; 4 FSS; 3 state probation; 3 O&A center; 2 each: respite; child outpatient A&D treatment; anger management classes; child psychological; order of reference; and a variety of others. 12 children (32%) had an emergency removal. However, in 4 cases, the services were not at an appropriate level of intensity or scope.

4 of the 5 children (80%) needing transition services for aging out of foster care were receiving them.

Extracts had accurate critical information in all but 4 cases (89%); inaccurate or missing information included: 3 race, 1 placement county. TNKids had accurate critical information in all but 7 cases (82%); inaccurate or missing information included: 3 race, 2 EPSDT date, 2 placement history.

Between the time cases were selected for review and the review was actually conducted, 6 cases (16%) experienced substantial increased activity, including: 2 EPSDT; and 1 each: dental screening; trial home visit; released from custody; plan updated; social history updated.

### Noteworthy Accomplishments

- For a child who had substantial adverse experiences DCS brought in a reactive attachment disorder specialist to train foster parents, therapists, and work with the child, and the case now has an extremely positive outcome.
- A case manager has provided aggressive advocacy to keep a child's case to provide critically needed continuity for the child.
- 2 foster parents who have already adopted other foster children are interested in adopting children with substantial disabilities.

### **Emerging System Performance Issues**

There were general concerns about low morale in several counties due to inadequate supportive supervision, especially concerns about a threatening atmosphere and fear of retribution, also concern about a lack of input in the way cases are transferred, and inadequate communication. There is a need for a more nurturing, supportive and team work approach involving supervisors and peers. There also appeared to be a need for better collaboration across CPS, foster care, juvenile justice, and specialized staff, primarily the placement unit.

There were reports of substantial concerns about mental health/substance abuse services: 3 children's therapists appeared too inexperienced; 2 parents could not get appointments for psychological evaluations or parenting assessments; 1 child needed specialized sexual abuse therapy; 1 needed more frequent and more intense, thorough services; 1 family reported substance abuse services were inadequate; 1 parent was not able to get needed therapy for childhood sexual abuse.

14 children (37%) have had at least 2 case managers within the past 12 months, 10 with 2, 3 with 3 and 2 with 4; only 4 children have a case manager who has been with DCS twelve months or less.

18 children (47%) have experienced more than two placements excluding short-term runaway/hospitalization/home placement; during this custody, 20 children (53%) have experienced more than two placements; the average total number of placements for those with more than 2 being 9 and the median 6.

9 children (24%) had been in custody too long: 3 missed the window of opportunity (8%); 3 needed TPR (8%); 1 (3%) needed to be adopted; 1 needed to be released (3%); 1 other; (3%). 6 children experienced delays in TPR, 1 a 10 year and 2 a 7 year delay; 1 child experienced a delay in adoption.

Truancy or other school behavior problems were a factor contributing to custody for 10 of the 30 school-age children (33%).

11 children (29%) had been in custody multiple times: 10 twice; 1 for the third time; 5 of the 11 were juvenile justice.

### **TennCare/TennCare Partners/EPST/MCO/BHO issues included the following:**

- 1 child has to travel more than 30 miles to see a dentist.
- 9 children (24%) did not receive 6 months dental screening; in 5 cases it was reported dentists recommend rescheduling at 12 month intervals if there are not cavities or other dental problems.
- 1 child has had a 4 month delay in getting a needed retainer because of TennCare delays in providing an approval to the dentist.
- 1 child who has returned home does not have a TennCare card.

7 children or their parent(s) (18%) did not receive effective legal representation: 2 D/N; 2 unruly; 3 JJ.

4 children (11%) experienced inadequate/inappropriate CPS interventions to adequately protect the children.

1 child was physically and sexually abused by a sibling and physically abused by an adoptive parent, returned to custody and placed with the sibling and then sexually abused by the sibling in a foster home and the sibling moved; when the child was subsequently moved, allegations of physical abuse by foster parents surfaced but they are no longer fostering. 1 child has been physically abused in at least 2 foster homes and 1 adoptive home, but is no longer in any of them.

1 child had to come into custody in order to access needed substance abuse services because provider agencies would not accept the child unless in state custody even though the child had private insurance.

### **Critical Issues**

- 37 children (97%) and/or their parents have a mental health diagnosis and/or substance abuse issues.
- 26 children (68%) have parent(s) with substance abuse issues; 3 were using crack/cocaine (8%). 13 were poly-substance abusers (34%).
- 24 children (63%) have/have had one or both parents incarcerated.
- 24 children (63%) were from sibling groups of three or more, larger than the typical family in Tennessee; sibling groups ranged for 3 to 12, averaging 6.
- 19 children (50%) have little or no relationship with father; 14 children (37%) have little or no relationship with mother; 15 children (39%) have parents who never married each other; 13 children (34%) had been abandoned.
- 18 children (47%) were from homes/families below the poverty level.
- 17 children ages 13+ (71%) and 2 under age 13 have a mental health diagnosis. 13 children (34%) have parents with a mental health diagnosis or undiagnosed mental health issues. 3 parents were diagnosed with bipolar disorder; 1 with panic disorder/generalized anxiety disorder; 1 dissociative disorder. 5 children and their parent(s) have mental health diagnoses/issues; 8 children had a serious mental health diagnosis: 4 depressive disorder, 1 each: bipolar, PTSD, reactive attachment disorder, delusional disorder. 1 child was classified SED.
- 12 children (32%) were allegedly sexually abused, 5 when they were preschoolers. 8 children (21%) had experienced incest. 6 children (16%) had a sibling who experienced incest. 5 (13%) children were from families that experienced multi-generational incest.
- 11 children (29%) had experienced domestic violence.
- 10 children ages 13+ (42%) have/had substance abuse issues, all but 2 were poly substance abusers; 3 of the 10 also had a parent with substance abuse issues. 9 of the 10 also have a mental health diagnosis.
- 9 children (24%) were allegedly physically abused.
- 8 children ages 13+ (33%) were diagnosed with a learning disability.
- 7 children ages 13+ (29%) have experienced suicide ideations/attempts; 5 children ages 13+ (21%) had experienced psychiatric hospitalization, 2 twice.
- 6 children ages birth to 5 (75%) came into custody as infants, 3 of them drug exposed at birth with 2 having ongoing serious physical disabilities as a result of the drug exposure, 1 additional child under age 5 was drug exposed prenatally.
- 5 children (13%) had experienced environmental/cultural deprivation.
- 5 children (13%) have a parent who is physically disabled.
- 2 children ages 13+ (8%) and 1 under age 13 were diagnosed mentally retarded.



STATE OF TENNESSEE  
**TENNESSEE COMMISSION ON CHILDREN AND YOUTH**  
Northwest Tennessee Region System Observations - August 24, 2004

**Service System Strengths**

All social services children were visited in compliance with Brian A. and 10 children's case managers were visiting more frequently than required.

All children had received EPSDT medical screening (but 1 child had a 3 months delay in receiving EPSDT because of paperwork problems); all children received follow-up, if needed, except 1 who did not receive recommended eye exam, audio test, and dental follow-up; 1 child had not received subsequent dental screening.

All children except 3 (92%) were appropriate for custody at the time of custody.

In all except 3 cases, children were visiting with families appropriately; 1 was not visiting at all; 1 was not visiting at the appropriate frequency; 1 was not visiting appropriately due to distance; in 3 cases, families were non-compliant with visiting.

31 children (86%) have case managers who have been with DCS for 12 months or more, with only 5 (14%) having a case manager with less than 12 months experience. 15 children's case managers (42%) had a thorough working knowledge of the case; the other 21 had an adequate working knowledge. DCS service ranged from 11 to 456 months, and averaged 86 months with a median of 31 months.

Social Services caseloads were Brian A. compliant, ranging from 10 to 20 with an average and median of 14 cases; juvenile justice caseloads ranged from 9 to 44 (with the 44 temporary) with an average of 24 cases and a median of 17 cases.

8 of the 9 children/families (89%) being served by a continuum were receiving services at the level of intensity needed; 2 children in continuums needed more specialized assessments that were not provided or not provided timely.

30 children (83%) received services in an attempt to prevent custody, including: 10 child counseling; 9 CPS; 7 county probation; 7 FCIP; 6 Family Support Services; 5 basic needs (food, clothing, etc.); 5 state probation; 4 each: house arrest; non-custodial assessment; utilized relative/friend placement; JCCO; 3 each: intensive case management; parenting classes; residential treatment; 2 each: homemaker services; family counseling; psychiatric hospitalization; and a variety of other services. 2 cases were emergency removals (6%) and 2 were removed without preventive services (6%).

Coordination was adequate for 29 children (81%), with inadequacies in the other 7 cases between: 4 HCCM & parents; 3 HCCM & child; 3 HCCM & service providers; 1 HCCM & GAL; 1 HCCM & school.

17 children were doing better in school since custody than prior to custody. 12 of the 14 children (86%) who needed special education services were receiving needed services at the appropriate level; 2 needed more intense special education services; 2 children needed evaluation for eligibility for special education.

14 children had siblings in custody; 9 were placed together; 4 were appropriately placed apart, 1 due to size and 3 due to behavior/treatment/adjudication differences; in 1 case some of the siblings were separated when a placement together should have been identified. 4 children were not appropriately visiting with siblings, generally due to distance/transportation issues.

10 of the 20 children (50%) in foster homes were in foster homes that were very loving and very committed to them; the other 10 children were in adequate foster homes. 11 children (55%) were in foster homes that were interested in adopting them.

7 children were in foster homes that were specifically recruited for the child.

Therapeutic visitation services provided for all 7 children referred to the program were high quality, including provision of extensive case notes.

All TNKids screens had accurate critical information. Extracts had accurate critical information in all except 5 cases (86%); inaccurate information included: 3 race, 1 Social Security Number and 1 county of placement.

Between the time cases were selected for review and the review was actually conducted, 5 cases (14%) experienced substantial increased activity, including: 1 placed home; 1 released from custody; 1 placement changed; 1 HCCM visited child; 1 individual counseling for child begun.

**Noteworthy Accomplishments**

- A child who was born substance exposed has had extensive advocacy by GAL, HCCM, foster parents, and pediatrician to ensure the child receives needed services, including documenting potential needs for adoption assistance.
- A foster parent is extremely committed to a child who is very difficult to manage and willing to continue providing services even after severe problems.
- Family friend actively pursued the court and DCS to place a sibling group in their home to minimize disruption from their family home.

**Emerging System Performance Issues**

A high level of frustration was expressed by 12 children's case managers regarding barriers to providing needed services for children, primarily related to newly trained requirements for permanency plans to be intentionally vague regarding assessment needs (mental health intake as essentially the only option), living arrangements, etc.

5 children's case managers indicated feeling concern about negative consequences for performance issues when they had not been adequately trained or policies had changed without adequate training regarding changes.

All reviewers except one heard concerns about the availability, quality, and/or timeliness of mental health services.

Assessments were inadequate for 9 children (25%); needed assessments included: 7 child psychologicals; 5 parenting assessments; 3 parent

psychologicals; 2 parent A&D assessment; 1 each: child A&D assessment; updated psycho-educational; 1 social history was inadequate. 29 social histories were adequate, 1 was exceptional, and 3 were inadequate.

11 children (31%) had inadequate Permanency Plans due to the following needs not addressed for child: 4 independent living skills; 4 mental health; 3 transition services; 2 A&D issues; 2 reasons for custody; 2 medical; 1 each: educational; special education; parenting; social skills; for the parents: 2 each: substance abuse; parenting assessment; unstable lifestyle issues; 1 drug screens; 1 intensive in-home reunification; and 1 no strategies to obtain goal.

For the 29 children not in family placements: only 6 were placed in home county (21%); 11 within the Northwest Region (38%); 7 in RRMG placements in Southwest or Memphis (24%); 5 in placements outside West Tennessee (17%); 1 social service child and 6 Juvenile Justice children were placed more than 75 miles from home.

9 children (25%) have experienced more than two placements excluding short-term runaway/hospitalization/home placement; during this custody, 15 children (42%) have experienced more than two placements, with an average of 5 and a median of 4 total placements.

26 children's families needed services for reunification; 7 were unavailable or refusing services; 13 of the remaining 19 families were receiving needed services (68%), but 6 were not receiving services (32%).

21 children had a GAL (58%), but there was evidence they were effective in only 8 cases (38%). 7 of the 9 delinquent children had an attorney, with evidence they were effective in 4 cases (57%).

Truancy or other school behavior problems were issues contributing to custody for 11 of the 31 school-age children (35%).

9 children (25%) had been in custody multiple times: 6 dependent/neglect and 3 delinquent; 7 twice: 5 dependent/neglect and 2 delinquent; 1 dependent/neglect was in custody for a third time, and 1 delinquent was in custody for the fourth time.

7 children (19%) have had a change in case managers within last 12 months, each with 2 workers.

Only 5 of the 9 children (56%) who needed transition services to prepare them for independent living were receiving them.

4 children (11%) were not in the least restrictive, most appropriate placement; 2 needed less restrictive placements; 1 needed more restrictive placement; 1 child needed a more appropriate placement at the same level of restrictiveness. 1 child needed more supportive services in the current placement.

4 children (11%) had been in custody too long: 2 needed to be released; 1 needed to go home; 1 needed TPR; only 1 child experienced delays in TPR. 2 children had been served by the COE; in 1 case DCS failed to follow the recommendations; in the other the recommendations have been somewhat beneficial.

1 child alleged inappropriate touching in a placement, but the investigation ruled the abuse was unfounded; 1 child alleged abuse in a placement by a staff member, no conclusive determination but the child was moved; 1 child alleged staff choked him, investigated and unfounded; 1 child was moved from a foster home due to emotional abuse in the foster home and the home closed.

### **TennCare Partners/EPSTD/MCO/BHO issues identified for the children in this sample:**

- 1 child has had difficulty receiving needed specialty dental services. 1 child reported having to wait 1 to 3 hours to see a dentist even with an appointment. 1 child is late for subsequent dental screening.
- TennCare transportation provider and mental health center are refusing to provide services for 1 child because he is on home placement and legal custody remains with DCS.
- 1 child had to appeal in order to receive needed braces.
- Due to delay in scheduling EPSTD at Health Department, 1 child had to see a PCP, and then have the EPSTD repeated at the Health Department.
- In 1 case there was unnecessarily duplication of services for a child who needed close monitoring by a pediatrician when the child had to be seen by the Health Department too.

### **Critical Issues**

- 35 children (97%) have a mental health diagnosis or substance abuse issues or have parent(s) with mental health diagnosis/issues or substance abuse issues.
- 28 children (78%) have parents with substance abuse issues; 14 (39%) of these were poly-substance users.
- 27 children (75%) were from sibling groups of 3 or more children, larger than the typical family in Tennessee.
- 25 children (69%) had parents who are or have been incarcerated.
- 14 children (39%) have parents who were never married to each other. 10 children (28%) had parents who had been married multiple times.
- 23 children (64%) had little or no relationship with their fathers; 9 children (25%) had little or no relationship with their mothers.
- 4 children (11%) had been abandoned.
- 17 children (47%) came from homes with incomes below the poverty level; 15 children (42%) experienced domestic violence in the home.
- 16 children ages 13+ (67%) and 1 under age 13 (8%) had a mental health diagnosis; 8 children ages 13+ (33%) had a serious mental health diagnosis including: 6 major depression/depressive disorder; 1 posttraumatic stress disorder; 1 psychotic disorder.
- 11 children ages 13+ (46%) and 1 under age 13 have experienced psychiatric hospitalization.
- 6 children ages 13+ (25%) had experienced suicidal ideations/attempts.
- 14 children (39%) have a parent with mental health diagnoses/issues.
- 6 of the 17 children (35%) with a mental health diagnosis also have a parent with mental health diagnosis/issues.
- 13 children (36%) were allegedly physically abused. 12 children (33%) were allegedly sexually abused, 5 involving incest (16%); 4 children had siblings who experienced incest (13%).
- 12 children ages 13+ (50%) were reportedly sexually active.
- 10 children (28%) were reported to have ADD/ADHD diagnosis or issues.
- 9 children ages 13+ (38%) have/have had substance abuse issues; 8 children (33%) were poly-substance users.
- 9 children (25%) have parents receiving disability.
- 3 children ages 13+ (13%) have a history of runaway.



STATE OF TENNESSEE  
**TENNESSEE COMMISSION ON CHILDREN AND YOUTH**  
South Central Region System Observations - December 7, 2004

### Service System Strengths

All children were appropriate for custody at the time of custody.

All children except 2 (95%) were in the least restrictive, most appropriate placements; 1 needed less restrictive and 1 needed same level with more appropriate services.

All children had been provided all EPSDT screenings and follow-up, if needed, but 3 refused an unclothed exam, 2 for religious reasons and 1 due to history of sexual abuse; and 1 child refused to maintain orthodontic follow-up. 5 children are late for subsequent six month dental exams. 1 child had no EPSDT documentation in the file but multiple parties reported it had been completed.

Assessments were adequate for 28 children (76%); issues with inadequate assessments included: 6 inadequate social histories; 4 child psychological; 3 parent psychological; 2 each: child A&D assessment; parenting assessment; and 1 each: parent A&D assessment; psychiatric assessment; psycho-sexual; psychological re-evaluation/follow-up; speech assessment; CPS risk assessment; medical; paternity; independent living; education; inappropriate home study. 6 social histories were exceptional (16%); 22 (59%) were adequate; 3 minimally adequate due to minimal historical data on family; 6 were inadequate due to: 3 lacking accurate/current information; 2 insufficient historical information on child/family; 1 court history.

Permanency plans were exceptional for 6 (16%) and adequate for 22 children (59%); for the 9 inadequate plans, issues not addressed included: 4 strategies to achieve the goal; 2 each: TPR; inappropriate permanency/concurrent goal; 1 each: education; special education; behavioral; grief and loss issues; mental health/emotional; speech evaluation; psycho-sexual; parent A & D assessment; target dates/timelines.

9 children (24%) were removed in an emergency, 25 children (68%) had services provided in an effort to prevent custody, including: 10 FSS; 9 court probation; 8 CPS; 7 FCIP; 7 state probation; 6 family counseling; 5 each: child counseling; homemaker services; parenting classes; intensive probation; 4 each: cash assistance; HomeTies; relative/friend placement utilized; public service; 3 anger management; 3 child psychological; 2 each: relative/friend placement sought; Child Development Center; psycho-educational; A & D treatment parent; house arrest; and a variety of other services. In 11 cases (30%) the prevention services were ineffective and/or not of adequate intensity.

11 children (30%) had case managers who had a thorough working knowledge of the case, 21 had an adequate knowledge (57%). 5 children (14%) had a case manager with less than 12 months experience.

In all appropriate cases children/families were visiting; in 3 cases parent choice resulted in visiting too infrequently.

10 of the 11 children (91%) who needed special education services were receiving services; 1 was not receiving at the level needed.

10 of the 20 families that needed services were receiving them; 7 refused or were unavailable; 3 were not receiving needed services.

19 of the 22 children (86%) needing mental health services were receiving them, 3 not at the intensity needed. 8 of 10 children (80%) needing A & D services were receiving them.

6 of the 16 children in foster homes (38%) were in very committed and supportive foster homes; 10 children (63%) were in adequate foster homes; 8 children (50%) were in foster homes interested in adopting them; 3 children were in kinship foster homes interested in adopting them.

Of the 25 children not in family/kinship placements or on runaway: 9 were placed within the home county (36%), 8 in the CSA region (32%), 7 in the grand region (28%); 1 out of CSA/grand region (4%). 5 children were placed over 75 miles from home.

All 8 children (100%) needing transition services were receiving them.

All reported caseloads except 4 were Brian A. compliant; Social Service caseloads ranged from 5 to 35 with an average of 16 and median of 14.

Juvenile Justice caseloads ranged from 2 to 40 with an average of 27 and a median of 40. Adoption caseloads ranged from 2 to 11 with an average and median of 6.5.

Extracts had accurate, critical information in all except 3 cases (92%); inaccurate information included 3 race. TNKIDS screens had accurate, critical information in all except 3 cases (8%); inaccurate information included 3 race.

Between the time cases were selected for review and the review was actually conducted, 7 cases (19%) experienced substantial increased activity, including: 2 social histories updated; 2 TNKIDS entered/corrected; and 1 each: placement changed; released from custody; scheduled staffing; and sibling visit.

### Noteworthy Accomplishment

- Foster parent explored and secured specialized treatment for a child at no cost to DCS or the foster parent.
- Foster parents decided to adopt a sibling group with special treatment needs.
- DCS case manager frequently provides opportunities to children in group home to experience special sporting activities and accompanies children to these events.
- DCS case manager provides support to 1 child by transporting child long distance and participating in weekly therapeutic visitation.

### Emerging System Performance Issues

Coordination was inadequate for 12 children (32%); when coordination was inadequate, it was between: 6 HCCM & foster parents; 5 HCCM & child; 4 HCCM & placement; 3 each: HCCM & parents; HCCM & service providers; HCCM & school; 2 HCCM & foster care review board & court; 1 each: HCCM & GAL; HCCM & continuum; HCCM & out-of-state case worker.

21 children (57%) experienced more than two placements excluding short-term runaway/hospitalization/home placement; during this custody, for these 21 children the average total number of placements was 6 and the median 4.

10 of 20 sibling groups were placed together (50%); 9 were separated for valid reasons such as behavior/treatment needs/sibling group size; 1 was separated for no acceptable reason. Only 5 of the 10 separated groups were visiting (50%), and 4 (40%) were not visiting at an appropriate frequency. 4 children experienced educational neglect or were ineffectively home-schooled: 1 child was out of school 6 years; 2 were home-schooled and in and out of custody; 1 child had not been in school since 2000 and is being home-schooled again by taking an unaccredited course on-line with the knowledge of the case manager.

11 children (30%) had multiple custodies: 7 two times, 2 three times, 1 four times and 3 had custodies in another state; 4 of the 11 delinquent children (36%) have had multiple custodies: 3 two times and 1 in another state.

Truancy and/or school behavior problems were factors in custody for 8 of the 27 school age children (30%).

9 children (24%) had been in custody too long: 5 (14%) needed TPR; 1 (3%) needed to complete adoption; 1 (3%) needed to go home; and 2 (5%) missed the window of opportunity. 1 child was not in custody long enough before being sent home without needed services. 7 children (19%) had delays in TPR ranging from 1 to 5 years.

Case managers reported problems with the amount of time spent traveling to visits, court, or transporting for visitation or services, and in some cases travel reimbursement has been as late as 8 months.

6 school-age children (22%) were performing 1 grade or more behind in school.

3 children were seen by the Center of Excellence, but recommendations were implemented in only 1.

In 2 cases there were delays in payment, 1 to a respite provider and 1 to a kinship foster home.

All 24 D/N children had a GAL; 9 were effective; 2 ineffective; 13 unable to determine. 8 of 11 JJ children (73%) had legal representation, 1 ineffective and 7 unable to determine.

### **TennCare/TennCare Partners/MCO/BHO/EPST issues included the following:**

- 1 child was late for subsequent EPST, moved to another state so TennCare was discontinued, and child is still in custody and needs dental services and therapy/treatment; a therapist has been located who will provide services for free until insurance is reinstated.
- 1 child had 30 days delay in receiving counseling services until the provider was approved by TennCare.

5 children were allegedly abused in custody: 1 child sexually abused in a foster home, subsequently closed and investigation is ongoing; 1 child experienced inappropriate sexual advances from the foster parent's child and home was closed; 1 child was bullied and physically abused in a group home, reported to the case manager by parent with little response until child was eventually moved after parent appealed the placement; 1 child bullied and physically abused by a peer in a group placement and child was moved to another location within the facility, perpetrator eventually ran; 1 child was allegedly sexually abused in a foster home by foster father, child moved, perpetrator died and foster home discontinued.

### **Critical Issues**

- 34 children (92%) had either a mental health diagnosis/issue or a substance abuse issue, and/or had a parent with a mental health diagnosis/issue or a substance abuse issue.
- 29 children (78%) have/have had one or both parents incarcerated.
- 24 children (65%) have parent(s) with substance abuse issues; 17 (46%) poly-substance abusers.
- 19 children (51%) were from sibling groups of three or more, larger than the typical family in Tennessee.
- 18 children (49%) have little or no relationship with father; 9 children (24%) have little or no relationship with mother; 7 children (19%) have parents with unknown whereabouts; 2 children (5%) had been abandoned.
- 17 children (46%) have parents who never married each other.
- 16 children (43%) were from homes/families below the poverty level; 5 children (14%) were removed from homes with squalid conditions.
- 15 children ages 13+ (75%) and 5 under age 13 (29%) have a mental health diagnosis/issues; 11 of the 20 children (55%) also have a parent(s) with mental health diagnosis/issues; 12 children (32%) have serious mental health diagnoses: 5 PTSD; 3 major depression/depressive disorder; 4 bipolar; 1 intermittent explosive disorder.
- 14 children (38%) were allegedly sexually abused; 8 children (22%) had experienced incest; 7 children (19%) had siblings involved in incest; in 6 cases sibling groups engaged in incest; in 5 cases the mother was the perpetrator of incest; 3 children experienced intergenerational incest; 1 child was a product of incest; in 2 cases all family members experienced incest.
- 13 children (35%) have parents with a mental health diagnosis or with undiagnosed mental health issues.
- 12 of 26 children (46%) with information reported have one or both parents who do not have a high school diploma or a GED.
- 12 children (32%) were allegedly physically abused, 2 while in custody.
- 11 children ages 13+ (55%) have/had substance abuse issues; 10 (50%) were poly substance abusers; 6 of these 11 children (55%) have parent(s) with substance abuse issues.
- 11 children ages 13+ (55%) were sexually active.
- 10 children (27%) had experienced domestic violence. 5 children age 13+ (25%) had committed an offense against a person.
- 9 children have parents (24%) with both mental health and substance abuse diagnoses/issues; 8 children (22%) have both mental health and substance abuse diagnoses/issues; 3 under age 12.
- 4 children ages 13+ (20%) were diagnosed with a learning disability.
- 4 children ages 13+ (20%) have experienced suicidal ideations/attempts; 3 children ages 13+ (15%) had experienced psychiatric hospitalizations: 1 twice, 1 three times, and 1 five times.
- 4 children ages 13+ (20%) have physically/verbally threatened their parents.
- 3 children (8%) experienced extreme physical or sexual abuse.



STATE OF TENNESSEE  
**TENNESSEE COMMISSION ON CHILDREN AND YOUTH**  
Memphis/Shelby County System Observations - November 1, 2004

**System Strengths**

All children except 1 (98%) were appropriate for custody at the time of custody.

All children who were not on runaway except 5 (88%) were in the least restrictive, most appropriate placements; 1 needed less, 3 needed more restrictive placements, and 1 needed a more appropriate placement at the same level of restrictiveness.

11 of the 14 children (79%) who needed special education services were receiving them; 3 were not receiving needed services or services at the level needed; 1 experienced a delay receiving services.

Excluding runaways, case managers visited all Brian A. class children in compliance with Brian A./Best Practices. 1 juvenile justice child has not been visited appropriately.

All children not on runaway received EPSDT medical screening and follow-up as needed, except 2 did not receive follow-up for further medical testing; 6 cases had no documentation available for hearing and vision screenings. All children not on runaway except 1 received dental screening, but 7 were late for subsequent dental screening.

Of the 30 children not in family or kinship placements and not on runaway, 20 children (67%) were placed in Shelby County; 5 (17%) in rural West Tennessee; 3 in out-of-state foster homes planning to adopt (10%); 1 in a YDC out of region and 1 in a contract foster home out of region. Only the child in the out of region YDC was placed over 75 miles from home.

6 of the 22 children (27%) in foster homes were in exceptional foster homes that were going above and beyond to ensure needs were met; the other 16 children were in adequate foster homes (73%); 9 children were in foster homes that were interested in adopting them. 10 children were in kinship foster homes, with 7 adequate and 3 exceptional, 6 interested in adoption. 6 children came into custody in order for the family to receive kinship payments. 9 children (20%) had a case manager with a thorough working knowledge of the case; 29 (63%) an adequate knowledge; 8 (17%) had inadequate knowledge.

Social Service caseloads ranged from 1 to 20 with an average of 15 and a median of 16; adoption caseloads ranged from 1 to 12 with an average of 8 and a median of 9; JJ caseloads ranged from 14 to 26 with an average of 20 and a median of 20.

17 of the 22 children who needed independent living services were receiving at the level needed (77%); 1 who needs transition services is not receiving them.

Siblings were placed together in 14 of the 28 cases (50%) with siblings in custody; all others are appropriately separated: 6 due to behavior; 2 size of the sibling group with some placed together; 2 came into custody at different times; 2 awaiting adoption; 1 no contact order; 1 with different relatives. 10 of the 14 not placed together were visiting appropriately (71%).

7 children had been served by the Center of Excellence, with all evaluations and recommendations adequate, and most recommendations followed.

11 of the 15 children in continuum placements were receiving an appropriate level of services (73%); 2 needed more intensive counseling; 1 independent living/vocational; 1 a more intensive placement.

13 children (28%) had a change in case managers in the last 12 months, both with 2 case managers.

Extracts had accurate critical information in all except 6 cases (87%), with inaccuracies including: 2 each: race and custody date and 1 each: adjudication, and birth date; TNKids screens were inaccurate in 12 cases with inaccuracies including: 5 current placement, 4 placement history, 3 race, 1 each: custody date, birth date, EPSDT dates and adjudication.

Between the time cases were selected for review and the review was actually conducted, 16 cases (35%) had substantial increased activity, including: 5 social history updated; 3 HCCM visited child; and 1 each: permanency plan completed; permanency plan updated; social history update; TPR filed; goal changed; TNKids updated; out-of-state case manager visited child; CASA assigned; selection of adoptive home; child visited with possible relative placement; case manager got information from contract agency records; parent agreed for child to live with relative; attempted contact with family.

**Noteworthy:**

- 1 child is in a foster home that was specially approved for the child and is making substantial efforts to meet needs.
- 3 relative placements have made extensive efforts to keep a sibling group together.
- 2 children were receiving exceptional intensive services through the violent offender reentry program.

**Emerging System Performance Issues**

There was a substantial lack of/virtually no evidence of effective legal advocacy for children or families, even if there were a record of a GAL or public defender appointed, and there was essentially no effective ongoing legal advocacy; only 1 child currently had a recently assigned CASA volunteer.

The foster care review process should be more effective and meaningful by involving all participants in the case, including timely notice and encouragement to attend for children, parents, foster parents, etc.

Assessments were inadequate for 21 children (46%); deficiencies/needed assessments included: 17 inadequate social histories; 7 child psychological; 6 independent living assessment; 5 parenting assessment; 3 parent psychological; 3 vocational assessment; 2 school records obtained; 2 mental health intake; 2 family assessment; 1 each: parent A&D assessment; psycho-educational; risk assessment; drug screen. 27 social histories were inadequate; inadequacies: 21 family information; 18 child historical information; 13 no date when written; 5 current needs; 2 inaccurate information; and 2 no social history.

23 children (50%) had inadequate Permanency Plans, with deficiencies including: 6 no strategies to achieve goals; 3 responsible parties not identified; 3 inappropriate permanency goal; 1 no target dates/timelines; 1 inconsistent strategies. Needs inadequately addressed for child: 9 independent living skills; 7 educational; 5 behavioral; 3 medication; 4 A&D services; 3 psychological evaluation; 2 placement; 2 sex abuse counseling; and 1 each: medical; perpetration issues; sibling visits; psycho-educational; mental health intake; psychiatric services. Needs inadequately addressed for family: 6

visitation; 3 family counseling; 3 parenting classes; 2 each: A&D services; mental health services; parent psychological; 1 each: parenting assessment; housing; inappropriate requirements for parent.

Coordination was inadequate for 17 children (37%) with it inadequate between: 8 each: HCCM & child; HCCM & family; HCCM & foster parents; 6 HCCM & RCM; 4 HCCM & placement; 3 HCCM & service providers; 1 each: GAL & the rest; HCCM & court; HCCM & DCS central office adoptions; multiple service providers.

25 children's families needed services; 13 refused services (52%); 7 were receiving needed services (28%); 4 were not receiving services (16%) and 1 was not receiving at the needed level. In 14 of 22 cases (64%) where family visitation was appropriate, visits were occurring at an appropriate level; 1 was visiting but not at an appropriate level; 5 were refusing/unavailable; 1 was not visiting because DCS was not facilitating.

14 children (30%) had been in custody too long: 8 (17%) needed adoption; 3 (7%) needed TPR; 2 (4%) missed the window of opportunity; 1 (2%) needed to be released from custody. 16 children (35%) have been in custody more than 4 years, with 6 of them in custody more than 8 years.

Truancy or other school behavior problems were factors in custody for 12 school-age children (28%). 1 child's interview assessment had a handwritten note on it referring to the child as a "gift of the court."

10 children (22%) came into custody from relative/friend placements that could no longer deal with them because of behavior or other issues.

4 children had experienced adoption disruptions: 1 extended family adoption disrupted considerably after TPR; 1 due to abuse by an adoptive parent in an adoption left pending for 3 years without finalization; 1 had 2 disruptions apparently due to inadequate screening/preparation of adoptive parents; 1 adopted as an infant entered JJ custody as a teen and the adoption disrupted.

23 children (50%) have experienced more than two placements excluding short-term runaway/hospitalization/home placement; during this custody, 27 children (59%) have experienced more than two placements; the average and median total number of placements for all children reviewed was 3.

10 children (22%) were in custody more than once: 8 for the 2<sup>nd</sup> time; 1 three times; 1 in this state and another state.

2 children (4%) experienced excessive stays (more than 30 days) in temporary placements, with placements lasting 51 and 356 days. 1 additional child experienced exactly 30 days in a temporary placement.

7 children (15%) were allegedly abused in placement: 1 child on trial home placement was reportedly abused and returned to foster care; 1 child reported being physically abused in a foster home and removed; 1 child was reportedly sexually abused by a foster sibling but is now in a different placement; 1 child was abused by foster parents, moved and foster home closed; 1 child was allegedly sexually abused by a group placement staff and moved to another group placement, with staff still on the job and investigation apparently still pending; 1 child was physically abused in a pending adoptive placement that then disrupted; 1 child was allegedly sexually abused in a contract foster home, disclosed after moving and foster home closed.

#### **TennCare/TennCare Partners/EPSTD Issues (in addition to those listed on the first page):**

- 1 child did not have assistance receiving TennCare when returned home from a secure placement.
- 1 child had a delay receiving Medicaid when placed in another state because DCS did not facilitate eligibility determination there.
- 1 child has to change PCP disrupting continuity of services because of being moved into an adoptive placement.
- 1 child was denied dental coverage for unknown reasons, so foster parent took the child 4 times without getting services, but medical was accepted.
- 1 medically fragile child has to travel to Vanderbilt to receive essential specialized medical services.
- 1 child had a six months delay receiving orthodontist services due to the waiting list.

#### **Other Critical Issues**

- 42 children (91%) have a mental health diagnosis/issues and/or substance abuse issues and/or have parent(s) with mental health diagnosis/issues and/or substance abuse issues.
- 37 children (80%) were from sibling groups of 3 or more children, larger than the average family in Tennessee; 11 children were part of sibling groups that came into custody at different times.
- 33 children (72%) had little or no relationship with their fathers; 21 children (46%) had little or no relationship with their mothers.
- 32 children (70%) have parent(s) with substance abuse issues, 13 of these children (41%) both parents; 11 of the 32 children (34%) had parents who were poly-substance abusers. 5 parents (16%) with substance abuse issues used crack/cocaine; 6 children 13+ (18%) used tobacco.
- 31 children (67%) have parents who are or have been incarcerated; for 14 of these children (45%) both parents are or have been incarcerated.
- 31 children (67%) were born to biological parents who were never married to each other.
- 24 children (52%) have a mental health diagnosis; 19 children ages 13+ (56%) have a mental health diagnosis; 6 additional children (13%) have mental health issues but no diagnosis. 5 children ages 13+ (15%) who had a mental health diagnosis also had substance abuse issues.
- 20 children (43%) were from homes/families living below the poverty level.
- 15 children ages 13+ (44%) are sexually active; 5 children's parent(s) (11%) were involved in prostitution.
- 15 children (33%) were allegedly physically abused. 13 children (28%) were allegedly sexually abused; 4 children (9%) were allegedly involved in incest; 3 children (7%) had a sibling involved in incest; 2 children were allegedly involved in incest and had a sibling involved in incest.
- 12 children (26%) were from families that lived in high crime areas.
- 11 children (24%) had experienced abandonment. 9 children (20%) have a deceased parent.
- 9 children 13+ (26%) had substance abuse issues; 8 children (17%) were substance exposed prenatally.
- 8 children (17%) are diagnosed as mentally retarded or with borderline intellectual functioning; 1 child (2%) has a parent diagnosed as mentally retarded and 1 additional child (2%) has a parent with borderline intellectual functioning.
- 8 children (17%) have parents with diagnosed mental illness, and 4 additional children (9%) have a parent with mental health issues; in 5 cases (11%) both child and parent had a mental health diagnosis.
- 8 children (17%) were environmentally/culturally deprived; 5 children (11%) were removed from squalid living conditions.
- 7 children ages 13+ (21%) were allegedly involved in gang activity.
- 7 children (15%) had experienced domestic violence.
- 7 school-age children (16%) have a diagnosis of ADHD/ADD.
- 7 children ages 13+ (21%) experienced suicidal ideations or attempts. 5 children (11%) had serious mental health diagnosis of depressive disorder. 4 children ages 13+ (12%) have experienced psychiatric hospitalizations: 3 before age 13.
- 4 children had parents who were HIV positive.



STATE OF TENNESSEE  
**TENNESSEE COMMISSION ON CHILDREN AND YOUTH**  
Southeast Tennessee Region System Observations - September 20, 2004

### Service System Strengths

All children were appropriate for custody at the time of custody. All children except 1 (97%) were in the least restrictive, most appropriate placement and that 1 needed a more restrictive placement.

All children had initial EPSDT completed and all except 1 received follow-up if needed, and that one needed vision services; 1 child has an EPSDT exam incorrect medical diagnosis included in his record; 7 children (19%) were overdue for subsequent dental exams. These late dental and lack of vision follow-up were the only TennCare/TennCare Partners/EPSDT/MCO/BHO issues.

Case managers had visited 23 of the 26 children (88%) in the Brian A. class who were not on runaway or released from custody at the time of review in compliance with Brian A./Best Practices.

30 children (81%) had a case manager with a working knowledge of the case: 20 had an adequate working knowledge (54%) and 10 had a thorough working knowledge of the case (27%).

Assessments were adequate in 29 cases (78%); inadequacies/needed assessments for 9 cases included: 5 parent psychological; 3 parenting assessment; 2 parent psychosexual; 2 no social history; 1 each: child A&D assessment; parent A&D assessment; psycho-educational; child psychological; inadequate social history. 2 social histories (5%) were exceptional, thorough and detailed; 30 (81%) were adequate; 3 (8%) were inadequate; 2 (5%) had no social history.

20 children needed family visitation and were visiting in 17 cases (85%); 2 children were not visiting appropriately with families due to distance and transportation issues; 1 was not receiving appropriate visitation.

19 of 21 sibling groups (90%) were placed together; 2 (10%) were separated due to different behavioral issues, and 1 of the 2 was visiting appropriately. 2 sibling groups were in relative placements identified by parents to avoid sibling groups being separated.

Foster homes provided exceptional care for 5 of the 17 children (29%) in foster homes, providing loving, nurturing stable placements and making substantial efforts to ensure children received needed services; the other 12 foster homes (71%) were adequate. Foster parents were interested in adopting 5 of the children in foster homes (29%).

9 of the 12 children (75%) who needed special education services were receiving them; 4 of the 8 children reading well below grade level were receiving services to address this (50%). 11 of the 25 school age children (44%) are doing better in school since custody; 2 are doing worse.

24 families needed reunification services; 16 (67%) were receiving appropriate services; 3 were receiving services but not at the appropriate level (13%); 2 were not receiving services (8%); 3 refused services (13%).

14 cases (38%) involved emergency removals; in 19 cases (51%), substantial intervention services were provided to prevent custody, including: 8 CPS; 7 FSS; 7 court probation; 4 relative/friend placement; 3 FCIP; 3 CPS safety plan; 3 child counseling; 2 each: child A&D outpatient; parent A&D outpatient; family counseling; state probation; intensive probation; hard services; and a variety of other services.

28 children (76%) had a GAL, with 11 effective (39%), 6 ineffective (21%), and 11 unable to determine (39%); 3 had a public defender, with all 3 effective; 2 had a court appointed attorney, with 1 effective and 1 unable to determine.

In 36 cases (97%), extracts had accurate critical information; missing or inaccurate critical information included 1 placement county; 35 TNKids screens (95%) had accurate critical information; missing or inaccurate critical information included 2 placement history.

Between the time cases were selected for review and the review was actually conducted, 8 cases (22%) experienced substantial increased activity, including: 3 released from custody; 3 social histories updated; 2 placed with relatives; and 1 each: HCCM visit with child; new social history; permanency plan updated; TPR finalized; DCS assessment completed; dental services.

### Noteworthy Accomplishment

- 1 GAL serving 3 children provided exceptional advocacy for needed services, knew the cases better than anyone else, and contributed to timely reunification for 2 children and had committed to ongoing support for the children and parent.
- 1 foster parent took the child in her home and child's 3 siblings (placed in other foster homes) on vacation and actively supports sibling visits.
- 1 child's foster parents are providing substantial support and mentoring services for the child's mother and are committed to ongoing support.

### Emerging System Performance Issues

17 children (46%) experienced a change in case managers within the last 12 months or since custody, 14 had two, 2 had three and 1 had four; 9 children (24%) had a case manager with 12 months or less experience.

11 of 30 Social Services caseloads (37%) reportedly were higher than 20 as required by Brian A., ranging from 10 to 24 and an average of 19; Juvenile Justice caseloads ranged from 14 to 25 with an average of 17. Adoption caseloads ranged from 6 to 16 with an average of 11.

In 11 cases (30%), there were indications case managers did not show proper respect for children, families, or family concerns, resulting in a lack of investment in working on positive outcomes for the children and families.

Permanency Plans were inadequate in 15 cases (41%). Issues not adequately addressed included: 2 no/outdated target dates; 2 inappropriate permanency goal; for the children: 6 behavior; 5 transition; 3 mental health; 3 independent living skills; 3 special education; 2 educational; 2 psycho-educational; 1 health; 1 various steps for adoption; for the parents: 3 visitation; 3 family counseling; 2 A&D issues; 2 mental health; 2 lifestyle issues; 1 ICPC; 1 father not included. 2 children had printed permanency plans different from the hand written plans developed in the staffing. In several cases

there were concerns about the printed permanency plans including and distributing everyone's address, when sometimes this is very undesirable due to conflict.

Coordination was inadequate in 14 cases (38%). When coordination was inadequate, it was between: 7 HCCM & parents; 4 HCCM & child; 4 HCCM & service providers; 4 no coordination; 2 HCCM & facility; 1 each: HCCM & caregiver; HCCM & relative placement; 1 HCCM & continuum; 1 HCCM & school; 1 therapist and foster parent; GAL & foster parent & placement; HCCM & ICPC.

For the 22 children who were not on runaway or in family or kinship placements, only 8 were placed in home county (36%); 7 in the Southeast Region (32%); 4 were in Hamilton County (18%); 2 in grand region (9%); 1 out of grand region (5%).

18 children (49%) have experienced more than two placements excluding short-term runaway/hospitalization/home placement; during this custody, 20 children (54%) have experienced more than two placements; the average total number of placements being 4 and the median 3.

Truancy and/or other school behaviors were factors in custody for 8 school age children (32%).

Only 1 of the 5 children (20%) needing transition services was receiving them; 3 were not receiving needed services (60%); 1 refused services (20%).

6 children (16%) have been in custody too long: 3 (8%) needed to be released; 2 (5%) missed the window of opportunity; 1 (3%) needed adoption. The length of custody for 1 child (3%) was too short.

5 children (14%) have been in custody multiple times, all 5 twice; 3 additional children were in custody 2 times: once in TN and once in another state.

There were concerns about inappropriate visitation issues at youth development centers: in 1 case private conversations between the HCCM and the child were not allowed; in another case YDC staff would allow only a 30 minute visit for a family that drove 5 hours and had been promised a 1½ hour visit.

1 child was substantially neglected in squalid conditions in a foster home, and even after DCS and RCM visited the home, the child was left in placement until moved to relatives; 1 child reportedly experienced neglect in a foster home, later placed with relatives and the foster home is now closed; 1 child was allegedly slapped by a foster parent, moved and foster home closed; 1 biological parent made 2 complaints about a foster home, special investigations unit investigated but no finding, children subsequently went home and then returned to care and were placed in another foster home and 1<sup>st</sup> foster parents are no longer in state; 1 child is being substantially neglected during visits with a parent with insufficient follow-up or concern by DCS; 1 child was abused by parent on trial home visit and returned to foster home; 1 child reported inappropriate touching by a parent during visitation and this is being investigated; 1 child was reportedly sexually abused by another child in a group home, unfounded, and also another attempt by another child in a group placement with no indication of results.

#### **TennCare/TennCare Partners/EPST/MCO/BHO issues included the following:**

- 7 children (19%) were overdue for subsequent dental exams.
- 1 child did not receive follow-up vision services.

#### **Other Critical Issues**

- 36 children (97%) have a mental health diagnosis/issues or substance abuse issues or have parent(s) with mental health diagnosis/issues or substance abuse issues.
- 29 children (78%) are from sibling groups of 3 or more children.
- 25 children (68%) have parents who have/have had substance abuse issues; 13 children's parents (35%) were poly-substance users; 16 children (43%) had parents who were using methamphetamines; 6 children had parents who were making meth; 9 children were exposed to meth labs.
- 20 children (54%) have parents who are or have been incarcerated.
- 17 children (46%) have little or no relationship with their fathers; 8 children (22%) have little or no relationship with their mothers.
- 12 children ages 13+ (71%) and 3 children under age 13 (15%) have a mental health diagnosis; 6 of the 12 children ages 13+ (50%) who have a mental health diagnosis also have substance abuse issues; 13 children (35%) have a parent diagnosed with a mental illness; 4 children age 13+ and 1 child under age 13 who have a mental health diagnosis also have a parent with mental health diagnosis/issues; 9 parents had serious mental health diagnoses, including: 4 bipolar disorder; 3 major depression/depressive disorder, 2 PTSD; 1 with psychotic features; 1 psychosis with borderline personality disorder; 1 schizoid personality disorder; 1 paranoid personality disorder; 1 anxiety disorder; 1 obsessive compulsive disorder.
- 15 children (41%) are from homes below the poverty level.
- 13 children (35%) were diagnosed or reported to have ADD/ADHD; 6 school-age children (24%) were diagnosed with a learning disability.
- 12 children (32%) experienced domestic violence in the home.
- 11 children (30%) were allegedly sexually abused; 2 children (5%) experienced incest; 1 of them also had a sibling experience incest. 3 additional children's siblings (8%) experienced incest.
- 10 children (27%) were allegedly physically abused.
- 10 children (27%) were born to mothers who had their first child before they were age 18. 8 children (22%) were born to parents who were never married to each other. 3 children (8%) have deceased parents.
- 8 children ages 13+ (47%) have/have had substance abuse issues; all 8 were poly-substance users, 1 child (3%) had used methamphetamines. 4 of these 8 children (50%) with substance issues also have a parent with substance abuse issues.
- 7 children ages 13+ (41%) are reportedly sexually active.
- 7 children ages 13+ (41%) have experienced psychiatric hospitalization; 4 had multiple hospitalizations: 2 with 2, 1 with 3, and 1 with 4. 5 children ages 13+ (29%) had experienced suicidal ideations/attempted suicide; 1 child's family has 4 generations of suicide attempts/ideation; 5 children (14%) have a parent who has attempted suicide.
- 6 children (16%) had experienced abandonment. 3 children (8%) had experienced homelessness.
- 5 children ages 13+ (29%) and 1 under 13 had a serious mental health diagnosis, including: 3 PTSD, 3 depressive disorder, 2 bipolar and 1 intermittent explosive disorder. 1 child was classified as SED.
- 4 children (11%) were removed from squalid conditions. 2 children (5%) were environmentally and culturally deprived.



STATE OF TENNESSEE  
**TENNESSEE COMMISSION ON CHILDREN AND YOUTH**  
Southwest Region System Observations - March 5, 2004

### **Service System Strengths**

All children were appropriate for custody at the time of custody.

All children had current EPSDT screening, but 1 had no documentation; 7 were late for subsequent 6 months dental screens, with 1 of them due to the child's behavior problems; 1 did not receive a recommended follow-up service.

All except 3 children (92%) have a case manager who has been with DCS for more than 12 months.

All children except 4 (89%) were in the least restrictive, most appropriate placement; 3 needed more restrictive placements; 1 needed a different placement at the same level. All children in continuum placements were receiving quality services to meet their needs.

33 children's case managers (92%) had a working knowledge of the case, with 10 of them a thorough knowledge, 3 inadequate.

8 of the 9 children (89%) receiving Quinco ReUnion services received adequate services, with 6 of them receiving very high quality services.

11 of 15 children (73%) needing special education services were receiving them at the appropriate level, with 2 of them receiving supplemental assistance; 2 were receiving special education services, but not of sufficient intensity; 2 were/did not receive appropriate services; 1 needed an evaluation to see if special education is needed; 5 of the 6 children (83%) who did not qualify for special education but needed supplemental educational services were receiving them.

26 social histories (72%) were adequate; 1 was exceptional (3%); 9 were inadequate (25%) with inadequacies including: 8 family history; 2 child history; 1 placement changes; 1 current services.

25 children (69%) received substantial services in an attempt to prevent custody, including: 7 each: FCIP/CFIS; CPS; non-custodial assessment; 6 each: counseling for parents; parenting classes; JCCO; 5 child counseling; 4 each: state probation; juvenile court monitoring; targeted case management; alternative school; 3 each: court probation; relative placement used; restitution; housing assistance; 2 each: child A&D inpatient; parent A&D services; child anger management; parent anger management; community service; CPS safety plan; homemaker; HomeTies; intensive probation; drug screens; Families First; tutoring; legal advocacy; boot camp; and a variety of other services.

4 of the 11 children with siblings in custody were placed together; the other 7 were appropriately separated with 5 because of different behavior issues, 2 size of the sibling group, with 1 placed in different relative placements. 4 of the 7 not placed together were visiting, but 1 wants more frequent visits; 1 was visiting some siblings but not all due to TPR; 1 not visiting due to TPR; 1 just moved but plans for visitation are in place.

Social services case managers had an average of 12 cases and a median of 13 cases; juvenile justice case managers had an average of 37 and a median of 41 cases; adoption case managers had an average and a median of 8 cases.

Of the 10 children in foster homes, 4 children (40%) were in exceptional, loving committed foster homes; the other 6 (60%) were in adequate foster homes; 5 (50%) were in foster homes interested in adopting them; all 4 paid kinship foster homes were willing to adopt, if needed.

Within the past 3 months, reports indicated all except 2 of the 19 children in the Brian A. class who were still in custody (89%) received visits from the HCCM in compliance with requirements, but in 3 cases the visits were for compliance only and not meaningful; 3 juvenile justice case managers were visiting children in compliance with Brian A.

Extracts had accurate critical information in all except 2 cases (94%); inaccurate information included: age, name, date of birth. TNKids screens were accurate for all except 2 children (94%); inaccurate information included: date of birth, legal history.

Between the time cases were selected for review and the review was actually conducted, 5 cases (14%) experienced substantial increased activity, including: 2 released from custody; 1 each: more appropriate placement; permanency plan approved; social history completed; TNKids corrected/updated; placed for adoption; court review.

### **Noteworthy Accomplishments**

- A Quinco worker has continued contact with a child/family released from custody and provided some services without pay.
- A HCCM made special efforts to facilitate Christmas visits and gifts among siblings.
- A HCCM found a special service provider to address serious trauma experienced by a young child.
- A foster parent provides exceptional care for a child with major disabilities and has assisted the child in making progress.

### **Emerging System Performance Issues**

Assessments were inadequate for 14 children (39%); inadequacies/additional assessments needed included: 7 child psychological; 6 inadequate social history; 5 parenting assessment, 4 for both parents; 3 vocational; 3 parent psychological; 2 independent living skills; 2 medical; and 1 each: child A&D assessment; parent A&D assessment; child psychiatric evaluation; psycho-educational; educational; parent psychiatric; neurological.

Permanency Plans were inadequate for 14 children (39%); issues inadequately addressed: 5 transition home; 4 independent living; 4 medical; 3 each: mental health; vocational; family counseling; no strategies to obtain goals; 2 each: education; special education; current situation; parent mental health; 1 each: substance abuse; sexual abuse; transition to adulthood; parenting skills; inappropriate permanency goal; no staffing to develop plan.

Coordination was inadequate for 13 children (36%), with inadequacies between: 7 HCCM & parents; 3 HCCM & child; 3 HCCM & foster parents; 3 HCCM & service providers; 2 each: internal DCS transfers; HCCM & GAL; HCCM & placement; HCCM & RCM; HCCM & school; 1 each: HCCM & caregiver; HCCM & parent's attorney; court & DCS; parent & placement; placement with all others.

Since 9/1/01, 13 children (36%) have experienced more than two placements excluding short-term runaway/hospitalization/home placement; during this custody, 20 children (56%) have experienced more than two total placements; for all children, the average total number of placements was 4 and the median 3.

For 18 children who were not in family or kinship placements: only 3 (17%) were placed in home county, 5 (28%) within the Southwest Region; 2 (11%) in Shelby County; 3 (17%) in South Central; 3 (17%) in Mid-Cumberland; 1 in Upper Cumberland; 1 in Southeast.

Of 23 families needing services, 5 refused; of the remaining 18 families, 12 (67%) were receiving needed services, and 6 (33%) were not.

9 of the 14 children adjudicated delinquent (64%) are or have been placed more than 100 miles from home.

9 adolescents needed services to assist in transitioning to adulthood: 4 did not receive needed services; 4 were receiving services, but 2 did not receive them in placement, but were receiving them from contract case managers while on aftercare; 1 child was not cooperating.

10 children (28%) had been in custody too long: 4 needed adoption (10%); 2 missed the window of opportunity (6%); 2 needed TPR (6%); 1 needed to be released (3%); 1 child (3%) could have been released earlier if had received timely services. 7 children experienced substantial delays in TPR.

8 children (22%) had been in custody more than one time, including 3 of the 13 children adjudicated delinquent (23%).

Truancy/other school problems were factors leading to custody for 7 of the 29 children ages 6+ (24%).

In 7 cases, families were not visiting at an appropriate level due to: 4 transportation issues/distance of placement; and 1 each: inadequate frequency of visits with a young child; inappropriate level of visitation to facilitate reunification; failure to transport to visit an incarcerated parent.

5 of the 13 children adjudicated delinquent had no legal representation (38%); 19 children had a GAL with 9 effective (47%), 4 ineffective (21%), and 6 no evidence of effectiveness or too soon to tell (32%).

3 children were seen by the COE; in 2 cases all recommendations were followed; in 1 case there were concerns about the appropriateness of recommendations, due to failure to properly include the family in the assessment process.

1 child was sexually abused in custody by a sibling years ago, undisclosed for years and no action taken because the children were already separated by the time of disclosure; 1 child was exposed to pornography by a foster father, moved and home closed; 1 child was sexually abused in a kinship placement by a caregiver, unsubstantiated, but moved; 1 child was reportedly emotionally abused in a placement, with inadequate intervention, but the child is no longer in the placement; during a previous custody a child was injured during restraint and had to be taken to the hospital, but returned to the placement.

In 2 cases, parents were pressured to place children in custody to access services.

#### **TennCare/TennCare Partners/EPST issues included the following:**

- 1 child reportedly needed emergency surgery at a hospital in Memphis, but upon realizing the child was on TennCare, physicians decided they would not do the surgery; follow-up at a hospital in Nashville 6 weeks later recommended no surgery, just monitoring.
- 1 child needs special vision therapy recommended by the Center for Excellence, but TennCare has denied the service and DCS has not appealed.

#### **Critical Issues**

- 31 children (86%) have a mental health diagnosis or substance abuse issues or have parent(s) with mental health diagnosis/issues or substance abuse issues.
- 26 children (72%) were from sibling groups of 3 or more children, larger than the typical family in Tennessee.
- 23 children (64%) have little or no relationship with their fathers; 7 children (19%) have little or no relationship with their mothers.
- 22 children (61%) have parents who have been incarcerated; for 5 (14%), both parents have been incarcerated.
- 19 children ages 13+ (73%) and 2 under 13 have a mental health diagnosis. 5 children ages 13+ (19%) had serious mental health diagnoses: 3 depressive disorders; 2 bipolar, 1 each: PTSD, Reactive Attachment Disorder; 4 children ages 13+ (15%) and 1 under 13 were certified emotionally disturbed.
- 19 children (53%) have parents with substance abuse issues. 9 were poly-substance users (25%).
- 17 children (47%) were from homes living below the poverty level.
- 14 children (39%) had experienced domestic violence.
- 13 children (36%) have a parent with a mental health diagnosis (6) or mental health issues (7), 8 of the 13 children with a parent with mental health diagnosis/issues also have a mental health diagnosis.
- 12 children ages 13+ (46%) have/have had substance abuse issues; 7 of these were poly-substance users (27%); 1 used meth; 7 children ages 13+ (27%) began experimenting with/using alcohol or marijuana at age 13 or younger.
- 10 children (28%) allegedly had been sexually abused, 2 of those in custody; 6 of those 10 children (60%) were allegedly a victim of incest, and 4 other children (11%) had siblings who allegedly were the victims of incest. 6 children (17%) allegedly had been physically abused.
- 10 children (28%) were born to a mother who had her first child as a teenager.
- 10 children (28%) have parent(s) who did not graduate from high school.
- 10 children ages 13+ (38%) and 1 under 13 had experienced psychiatric hospitalizations; 6 had multiple hospitalizations: 2 twice; 4 three times.
- 8 children (22%) experienced serious physical or sexual abuse or other substantial trauma, sometimes multiple, as young children.
- 7 children ages 13+ (27%) reportedly were sexually active.
- 6 children ages 13+ (23%) experienced suicidal ideations; 3 (12%) had made suicide attempts: 2 attempted twice; 1 attempted three times.
- 6 children (17%) were removed from squalid living conditions.
- 4 of the 13 children adjudicated delinquent (31%) and 1 adjudicated dependent/neglect had committed offenses against persons.
- 3 children ages 13+ (12%) were allegedly involved in gang activity.



STATE OF TENNESSEE  
**TENNESSEE COMMISSION ON CHILDREN AND YOUTH**  
Upper Cumberland Region System Observations - April 21, 2004

### Service System Strengths

All except 1 child (97%) had case managers with a working knowledge of the case, and 14 children (37%) had a case manager with a thorough working knowledge.

All parents except 1 who were willing to follow-through were visiting appropriately, and in that case the child was refusing to visit.

All children except 2 (95%) were in the least restrictive, most appropriate placements; 1 needed less restrictive and 1 needed a more appropriate placement at the same level of restrictiveness.

All case managers except 2 (95%) have been employed as case manager one year or longer. 32 of the 33 children (97%) for whom Brian A. requirements are applicable appeared to have been visited according to those requirements, and the 1 not in compliance had not visited at placement.

All children except 4 (89%) were appropriate for custody at the time of custody.

27 children's parents needed services; 22 of the 23 children's parents (96%) who needed services and were not refusing or unavailable were receiving them, but 1 was not receiving at the level needed.

24 cases involved sibling groups; 18 (75%) were placed together; 6 were appropriately placed apart due to: 2 sexual behavior; 2 other behavior; 2 placed with different fathers/relatives. 3 of the 6 children with siblings in placement were visiting appropriately (50%); 2 were visiting, but not at the needed frequency; 1 was appropriately not visiting.

In all cases children had completed initial EPSDT medical screenings; 1 was late for subsequent screening that has been scheduled; all except 3 children have had an EPSDT dental screening, however 1 is scheduled; 11 children (29%) were late for six months follow-up dental screening; 4 (11%) needed follow-up dental services; EPSDT recently recommended exploring counseling for 1 child but there has been no follow-up.

8 of the 10 children who needed special education services (80%) were receiving services, but 1 needed more intensive services; 4 needed testing for special education; 7 children need tutoring or other special assistance, or assistance at a more intensive level than currently receiving. 13 children (34%) are behind in school or are reading below grade level.

Coordination was adequate for 30 children (79%); when coordination was inadequate, it was between: 5 HCCM & service providers; 4 HCCM & school; 3 HCCM & child; 2 each: HCCM & parents; HCCM & foster parents; HCCM & placement; and 1 each: HCCM & RCM; HCCM & court; HCCM & FCRB; placement & child; placement & family; GAL & child; provider & foster parent; GAL & court & HCCM.

23 children (61%) had substantial services provided in an effort to prevent custody, including: 8 FSS; 7 safety plan; 6 each: CIT/FCIP; court probation; intensive probation; relative placement used; 5 each: CPS; child A&D outpatient treatment; parent A&D outpatient treatment; intensive case management; 4 each: child counseling; state probation; parent A&D assessment; 3 each: parenting assessment; parenting classes; mentoring; 2 each: family counseling; non-custodial assessment; and a variety of others. 5 of the 7 court ordered safety plans were thorough and detailed (71%), 1 was adequate, and 1 was unknown because a copy was not available.

It appeared that all parents of D/N children had legal counsel unless they declined or surrendered; all except 3 children had a GAL or attorney, but only 22 of the 35 were effective (63%); 3 were ineffective (9%); 10 unable to determine (28%).

Diligent efforts were made to identify and utilize appropriate family and kinship placements, with 32% of the children in these placements, 4 family (11%) and 8 kinship (21%); 33 children (87%) were in family-based placements (family, kinship or foster).

5 of the 21 children in foster homes (24%) were in warm, nurturing placements that were taking the initiative to ensure that needed services were provided, caring for extremely difficult children, advocating strongly for child, and/or supporting child in extra activities; the other 14 (67%) were in adequate foster homes; 11 of the children (52%) in foster homes were in homes that were interested in adopting them; for the 8 children in kinship foster homes, 4 (50%) were in homes interested in adopting them; 4 (50%) were in exceptional placements, 3 (38%) kinship placements were adequate; and 1 was inadequate.

Of the 26 children not in family/kinship placements: 5 were in home county (19%), 17 in the region (66%), 4 in RRMG placements (15%).

6 of the 7 children (86%) in continuum placements are receiving services at an appropriate level; 1 needs more attention to substantial behavioral and educational needs.

8 of the 10 children (80%) needing transition services were receiving them; 1 was not receiving at the appropriate level, and 1 was not receiving at all.

Extracts had accurate, critical information in all except 5 cases (87%); inaccurate information included: 2 race; 1 each: venue county, assignment county, name, current placement. TnKids screens had accurate, critical information in all except 5 cases (87%); inaccurate information included: 2 race, 1 each: date of dental update; placement history; medical appointment history.

Between the time cases were selected for review and the review was actually conducted, 11 cases (29%) experienced substantial increased activity, including: 4 updated social history; 3 updated permanency plan; 3 EPSDT screening; and 1 each: overdue EPSDT scheduled; vision screening; dental screening; corrected TNKids; restarted counseling; progress report; Life Book started; meeting with parents; increased tutoring.

### Noteworthy Accomplishments

- A child has worked diligently for independence and has a job, car and insurance, and is working toward college.
- A child, now in custody for the second time, has had the same case manager through both custodies resulting in good collaboration with the child and family and finally provision of appropriate services to meet the child's needs.
- An exceptional foster family is adopting a large sibling group.

- DCS has been very creative in securing funds for needed services that have substantially contributed to successful reunification.
- HCCM & contract agency staff worked together diligently to find an adoptive home for an older adolescent.

### **Emerging System Performance Issues**

Social Services case manager caseloads were high, ranging from 10 to 27 with an average of 21 and median of 20. Juvenile Justice caseloads ranged from 27 to 41 with an average and median of 34. Adoptions caseloads had an average and median of 14. There were 2 mixed caseloads of 16 and 83. 17 children (45%) have had at least two case managers within the past 12 months, 14 had 2, 2 had 3, and 1 had 5.

14 children (37%) had inadequate assessments; inadequacies/needs included: 6 child psychological; 5 psycho-educational; 4 parent psychological; 4 inadequate social history; 3 no social history; and 1 each: independent living skills assessment; vocational assessment; parent psychiatric; child psychiatric for medication management; historic custodial information. Social histories were: 5 (12%) exceptional; 26 (68%) adequate; and 4 (11%) inadequate due to: 3 incomplete/lacking historical or custody information; and 1 wrong information; 1 missing current information; 3 (8%) had no social history.

Permanency plans were inadequate for 13 children (34%); issues not addressed for the child included: 4 educational; 4 mental health; 3 each: medical; inappropriate permanency goal; no strategies to obtain goal; 2 each: transition services; dental; vocational; sex education; anger management; sibling visitation; parent mental health; parenting skills; and 1 each: special education; grief and loss issues; A&D treatment; sexual abuse; family conflict; parent A&D assessment; no target dates.

11 children (29%) experienced more than two placements excluding short-term runaway/hospitalization/home placement; during this custody;

14 children (37%) have experienced more than two placements with their average and median total number of placements 5.

11 children (29%) had experienced multiple custodies: 9 two times, 2 three times; 2 of the 7 delinquent children (29%) have had multiple custodies.

Truancy and/or school behavior problems were factors in custody for 9 of the 30 school age children (30%).

8 children (21%) had been in custody too long: 2 (5%) needed to be released; and 2 (5%) needed to complete adoption; 1 (3%) needed to go home; and 1 (3%) needed TPR; 2 (5%) other. 3 children experienced substantial delays in TPR.

5 children who do not want to visit parents because of the seriousness of things they experienced from parents are generally being required to visit.

### **TennCare/TennCare Partners/MCO/BHO/EPSTDT issues included the following:**

- Dental issues include: 11 children were late for follow-up dental screening; 1 child waited four hours for a scheduled dental appointment, and then had to leave without receiving service; 1 child with a severe tooth ache is having to wait 5 weeks to be seen by a dentist; 1 child has to travel over 45 miles to see a dentist; 1 child did not receive a dental screening during 4 months in custody and there is a further delay because DCS has not assisted in transitioning the child to non-custody TennCare coverage; 1 foster parent and HCCM reported that calls for dental appointments with the health department can be made only during a very restricted time period each week.

- Foster Parent had to pay a co-payment for a prescription for 1 child, but the problem was resolved by a TennCare representative.

3 children were allegedly sexually abused in custody: 1 in a kinship foster home and moved; 1 at a residential placement, CPS ruled unfounded, and child sent home; 1 by staff at an alternative school, unfounded, but the child is no longer at the alternative school and also by a relative while on home visit, unfounded CPS.

### **Critical Issues**

- 34 children (89%) have a mental health diagnosis or substance abuse issues or have parent(s) with mental health diagnosis/issues or substance abuse issues.
- 33 children (87%) have parent(s) who are or have been incarcerated; 12 children (32%) have parent(s) who are or have been in custody.
- 29 children (76%) have parent(s) with substance abuse issues; 23 of the 29 (79%) were poly-substance abusers.
- 21 children (55%) have parents who were using meth and 12 (32%) were making meth; for 8 (21%) both parents were using meth and for 5 (13%) both were making meth; 7 parents were using crack/cocaine.
- 23 children (61%) were from sibling groups of three or more, larger than the typical family in Tennessee.
- 19 children (50%) have little or no relationship with father. 9 children (24%) have little or no relationship with mother.
- 17 children (45%) were from sibling groups with multiple fathers. 12 children (32%) have parents who never married each other.
- 17 children (45%) had experienced domestic violence.
- 15 children (39%) have parents with a mental health diagnosis/issues; 7 parents were diagnosed with bipolar disorder.
- 13 children ages 13+ (72%) have/had substance abuse issues, 12 poly substance abusers, including 1 cocaine and 7 prescriptions drugs; 4 children were using meth.
- 13 children (34%) were from homes/families below the poverty level. 5 children (13%) were removed from homes with squalid conditions.
- 12 children ages 13+ (67%) and 2 under age 13 have a mental health diagnosis/issues; 4 of these with mental health diagnosis/issues also have a parent(s) with mental health diagnosis/issues; 5 children had a serious mental health diagnosis: 1 bipolar; 4 depressive disorder.
- 11 children (29%) were allegedly sexually abused. 6 children (16%) had experienced incest and 6 (16%) had siblings who experienced incest.
- 10 children (26%) were allegedly physically abused.
- 11 children (29%) had parents with suspended or revoked driver licenses.
- 10 children (26%) have one or both parents who do not have a high school diploma or a GED.
- 6 children ages 13+ (33%) and 1 under age 13 were diagnosed with a learning disability.
- 5 children have a deceased mother; 1 child has a deceased dad.
- 4 children (11%) had a history of runaway behavior.
- 3 children ages 13+ (17%) have experienced suicidal ideations/attempts; 2 of these had experienced psychiatric hospitalizations.

# **Appendix G**

## **Data by Region**

Statewide Demographics – 11-Year Comparison

Indicators by Demographics

Demographics by Region

Indicators on Child/Family by Region

Indicators on Service System by Region

Statewide Critical Issues – 11-Year Comparison

Critical Issues by Region



## Statewide Demographics 11-Year Comparison

	1994 State wide	1995 State wide	1996 State wide	1997 State wide	1998 State wide	1999 State wide	2000 State wide	2001 State wide	2002 State wide	2003 State wide	2004 State wide
Total cases reviewed	368	674	654	587	587	583	580	580	573	558	462
State Cases	368	353	352	347	350	348	348	349	343	343	342
<b>AGE</b>											
Age B-5 yrs.	17%	16%	23%	21%	18%	21%	13%	23%	19%	19%	20%
Age 6-12 yrs.	18%	24%	21%	22%	24%	24%	27%	20%	23%	22%	21%
Age 13-17 yrs.*	65%	60%	56%	50%	50%	46%	52%	49%	51%	52%	52%
Age 18+ yrs.*				7%	8%	9%	8%	8%	7%	7%	7%
<b>Race</b>											
Caucasian	72%	58%	60%	57%	52%	58%	59%	55%	57%	60%	58%
African American	25%	34%	35%	38%	41%	35%	34%	36%	35%	31%	33%
Other	3%	8%	5%	5%	7%	7%	7%	9%	8%	9%	9%
<b>Gender</b>											
Male	58%	54%	57%	59%	58%	53%	60%	55%	65%	61%	53%
Female	42%	46%	43%	41%	42%	47%	40%	45%	35%	39%	47%
<b>PLACEMENT</b>											
Family	20%	19%	26%	22%	22%	25%	26%	21%	20%	18%	18%
Foster*	34%	43%	40%	43%	43%	46%	40%	40%	41%	43%	48%
Kinship*								4%	6%	14%	12%
Group	39%	32%	29%	25%	30%	23%	27%	28%	27%	20%	18%
Runaway	7%	6%	5%	10%	5%	6%	7%	7%	6%	5%	4%
<b>ADJUDICATION</b>											
Dependent/Neglect	57%	68%	68%	65%	68%	72%	68%	72%	68%	73%	73%
Unruly	21%	15%	12%	12%	9%	5%	8%	7%	4%	6%	3%
Delinquent	22%	17%	21%	23%	23%	23%	24%	21%	28%	21%	24%

\* Categories were not collected separately.

## Indicators by Demographics

<b>Status Indicators by Demographics</b>	<b>Age: B-5</b>	<b>Age: 6-12</b>	<b>Age: 13+</b>	<b>Race: Cauc.</b>	<b>Race: Afr. Am.</b>	<b>Race: Other</b>	<b>Gender: Male</b>	<b>Gender: Female</b>
Percent of Sample	20%	21%	59%	58%	33%	9%	53%	47%
*Safety	100%	100%	93%	97%	92%	100%	96%	95%
*Emotional Well-being	99%	94%	82%	89%	83%	100%	92%	83%
*Physical Well-being	100%	97%	95%	96%	96%	100%	97%	96%
*Caregiver Functioning	100%	100%	92%	97%	91%	100%	95%	95%
<b>Stability</b>	<b>100%</b>	<b>94%</b>	<b>86%</b>	<b>92%</b>	<b>87%</b>	<b>94%</b>	<b>92%</b>	<b>88%</b>
Permanent Goal	99%	97%	92%	96%	91%	97%	96%	93%
Appropriate Placement	99%	99%	88%	95%	86%	97%	92%	93%
Ed/Voc. Progress	100%	96%	79%	86%	79%	91%	87%	80%
Family Unification	86%	86%	81%	89%	76%	73%	86%	80%
Independent Living (13+)	-	-	79%	85%	68%	82%	78%	79%
Child Satisfaction	-	92%	70%	76%	73%	80%	76%	74%
Family Satisfaction	63%	66%	65%	66%	65%	57%	68%	61%
<b>Overall Status</b>	<b>99%</b>	<b>93%</b>	<b>78%</b>	<b>87%</b>	<b>79%</b>	<b>100%</b>	<b>88%</b>	<b>82%</b>
<b>System Indicators by Demographics</b>	<b>Age: B-5</b>	<b>Age: 6-12</b>	<b>Age: 13+</b>	<b>Race: Cauc.</b>	<b>Race: Afr. Am.</b>	<b>Race: Other</b>	<b>Gender: Male</b>	<b>Gender: Female</b>
Percent of Sample	20%	21%	59%	58%	33%	9%	53%	47%
*Assessment of Needs	70%	72%	66%	71%	62%	69%	73%	63%
*Long Term View For Services	94%	86%	85%	89%	80%	94%	85%	89%
*Child Participation	-	100%	94%	97%	92%	82%	95%	93%
*Family Participation	100%	95%	92%	98%	89%	89%	93%	95%
*Service Plan Design	70%	73%	56%	69%	47%	75%	61%	64%
*Service Plan Implementation	85%	86%	78%	85%	76%	75%	81%	81%
*Service Coordination	72%	73%	69%	73%	66%	72%	73%	69%
*Monitoring Change	91%	85%	83%	86%	83%	84%	86%	84%
<b>Advocacy</b>	<b>93%</b>	<b>76%</b>	<b>74%</b>	<b>81%</b>	<b>72%</b>	<b>84%</b>	<b>79%</b>	<b>78%</b>
Early Child and Family Intervention	75%	86%	75%	79%	74%	81%	81%	73%
Hom/Comm. Resources	91%	99%	91%	93%	93%	88%	91%	94%
Placement Resources	91%	96%	86%	89%	88%	94%	89%	89%
Supportive Intervention toward Permanent Goal	82%	85%	76%	86%	72%	63%	80%	78%
Urgency Response	93%	100%	91%	92%	95%	91%	95%	91%
Progress Child	99%	99%	82%	90%	84%	100%	91%	87%
Progress Family	44%	37%	62%	57%	52%	32%	59%	47%
<b>Overall Adequacy of Services</b>	<b>49%</b>	<b>56%</b>	<b>42%</b>	<b>51%</b>	<b>36%</b>	<b>56%</b>	<b>47%</b>	<b>46%</b>

\* Applicable starred items must be positive for overall adequate finding.

## Indicators by Demographics

<b>Status Indicators by Demographics</b>	<b>Residence: Family</b>	<b>Residence: Foster</b>	<b>Residence: Group</b>	<b>Residence: Runaway</b>	<b>Adjudication: Dependent</b>	<b>Adjudication: Unruly</b>	<b>Adjudication: Delinquent</b>
Percent of Sample	18%	60%	18%	4%	73%	3%	24%
*Safety	90%	100%	100%	27%	98%	82%	90%
*Emotional Well-being	90%	91%	92%	0%	90%	73%	85%
*Physical Well-being	97%	99%	97%	40%	98%	91%	92%
*Caregiver Functioning	88%	99%	93%	0%	98%	89%	89%
Stability	89%	96%	90%	0%	93%	73%	84%
Permanent Goal	98%	96%	92%	58%	95%	90%	93%
Appropriate Placement	92%	97%	89%	0%	95%	89%	85%
Ed/Voc. Progress	80%	91%	84%	0%	89%	64%	75%
Family Unification	87%	83%	82%	63%	85%	100%	78%
Independent Living (13+)	73%	87%	79%	22%	80%	75%	76%
Child Satisfaction	68%	87%	61%	-	81%	78%	62%
Family Satisfaction	67%	63%	68%	43%	65%	88%	62%
<b>Overall Status</b>	<b>83%</b>	<b>91%</b>	<b>87%</b>	<b>0%</b>	<b>89%</b>	<b>73%</b>	<b>77%</b>
<b>System Indicators by Demographics</b>	<b>Residence: Family</b>	<b>Residence: Foster</b>	<b>Residence: Group</b>	<b>Residence: Runaway</b>	<b>Adjudication: Dependent</b>	<b>Adjudication: Unruly</b>	<b>Adjudication: Delinquent</b>
Percent of Sample	18%	60%	18%	4%	73%	3%	24%
*Assessment of Needs	68%	68%	71%	50%	66%	91%	73%
*Long Term View For Services	90%	89%	81%	67%	88%	91%	84%
*Child Participation	86%	97%	98%	78%	93%	100%	95%
*Family Participation	95%	97%	89%	78%	95%	100%	91%
*Service Plan Design	74%	65%	42%	58%	65%	82%	53%
*Service Plan Implementation	77%	82%	82%	80%	82%	91%	78%
*Service Coordination	73%	71%	69%	58%	69%	91%	73%
*Monitoring Change	82%	88%	82%	64%	86%	91%	81%
Advocacy	81%	79%	77%	50%	79%	64%	79%
Early Child and Family Intervention	75%	77%	85%	64%	75%	82%	84%
Hom/Comm. Resources	95%	96%	83%	82%	93%	90%	92%
Placement Resources	92%	94%	74%	73%	92%	91%	80%
Supportive Intervention toward Permanent Goal	80%	81%	75%	55%	80%	100%	73%
Urgency Response	93%	94%	92%	82%	93%	91%	95%
Progress Child	89%	96%	81%	0%	94%	64%	78%
Progress Family	85%	35%	77%	18%	42%	73%	78%
<b>Overall Adequacy of Services</b>	<b>52%</b>	<b>50%</b>	<b>32%</b>	<b>33%</b>	<b>46%</b>	<b>73%</b>	<b>43%</b>

\* Applicable starred items must be positive for overall adequate finding.

## Demographics by Region

<b>Davidson County Demographics</b>	<b>1995 DA</b>	<b>1996 DA</b>	<b>1997 DA</b>	<b>1998 DA</b>	<b>1999 DA</b>	<b>2000 DA</b>	<b>2001 DA</b>	<b>2002 DA</b>	<b>2003 DA</b>	<b>2004 DA</b>
Total cases reviewed	48	48	49	49	49	49	49	49	47	39
<b>AGE</b>										
Age B-5 yrs.	13%	8%	22%	14%	22%	6%	20%	21%	21%	15%
Age 6-12 yrs.	17%	25%	18%	12%	12%	18%	24%	18%	19%	28%
Age 13+ yrs.	71%	67%	59%	73%	66%	76%	56%	51%	60%	57%
<b>PLACEMENT</b>										
Family	23%	25%	20%	20%	33%	33%	14%	12%	15%	13%
Kinship	27%	21%	45%	39%	36%	20%	6%	12%	23%	28%
Foster							39%	39%	34%	31%
Group	42%	50%	31%	37%	29%	47%	31%	18%	23%	28%
Runaway	8%	4%	4%	4%	2%	0%	10%	0%	4%	0%
<b>ADJUDICATION</b>										
Dependent/Neglect	69%	74%	71%	55%	73%	51%	69%	69%	70%	72%
Unruly	12%	4%	4%	6%	0%	2%	4%	4%	6%	0%
Delinquent	19%	25%	24%	39%	27%	47%	27%	27%	23%	28%
<b>East Tennessee Demographics</b>	<b>1995 ET</b>	<b>1996 ET</b>	<b>1997 ET</b>	<b>1998 ET</b>	<b>1999 ET</b>	<b>2000 ET</b>	<b>2001 ET</b>	<b>2002 ET</b>	<b>2003 ET</b>	<b>2004 ET</b>
Total cases reviewed	94	49	49	49	49	49	49	49	48	42
<b>AGE</b>										
Age B-5 yrs.	14%	23%	10%	14%	16%	14%	14%	20%	6%	24%
Age 6-12 yrs.	18%	14%	8%	25%	20%	16%	20%	23%	27%	21%
Age 13+ yrs.	68%	63%	82%	61%	64%	70%	66%	57%	67%	55%
<b>PLACEMENT</b>										
Family	22%	27%	18%	22%	18%	34%	25%	25%	19%	17%
Kinship	40%	35%	31%	41%	43%	31%	0%	2%	13%	5%
Foster							49%	51%	42%	57%
Group	33%	31%	41%	35%	29%	29%	16%	16%	23%	17%
Runaway	5%	7%	10%	2%	10%	6%	10%	6%	4%	5%
<b>ADJUDICATION</b>										
Dependent/Neglect	59%	53%	43%	59%	59%	61%	59%	65%	69%	81%
Unruly	24%	20%	20%	10%	10%	4%	14%	10%	8%	0%
Delinquent	17%	27%	37%	31%	31%	35%	27%	25%	23%	19%
<b>Hamilton County Demographics</b>	<b>1995 HM</b>	<b>1996 HM</b>	<b>1997 HM</b>	<b>1998 HM</b>	<b>1999 HM</b>	<b>2000 HM</b>	<b>2001 HM</b>	<b>2002 HM</b>	<b>2003 HM</b>	<b>2004 HM</b>
Total cases reviewed	48	48	48	48	47	48	47	47	46	37
<b>AGE</b>										
Age B-5 yrs.	21%	19%	21%	23%	17%	17%	15%	28%	11%	19%
Age 6-12 yrs.	21%	23%	21%	17%	17%	21%	32%	32%	20%	19%
Age 13+ yrs.	58%	58%	58%	60%	66%	62%	53%	40%	70%	62%
<b>PLACEMENT</b>										
Family	29%	25%	31%	21%	17%	10%	21%	24%	22%	14%
Kinship	35%	38%	29%	27%	32%	31%	2%	6%	4%	19%
Foster							38%	40%	54%	54%
Group	33%	27%	38%	37%	38%	40%	32%	24%	15%	11%
Runaway	2%	10%	2%	15%	13%	19%	7%	6%	4%	3%
<b>ADJUDICATION</b>										
Dependent/Neglect	60%	54%	67%	63%	64%	74%	81%	83%	76%	89%
Unruly	10%	17%	2%	8%	6%	13%	2%	2%	2%	0%
Delinquent	30%	29%	31%	29%	30%	13%	17%	15%	22%	11%

<b>Knox County Demographics</b>	<b>1995 KN</b>	<b>1996 KN</b>	<b>1997 KN</b>	<b>1998 KN</b>	<b>1999 KN</b>	<b>2000 KN</b>	<b>2001 KN</b>	<b>2002 KN</b>	<b>2003 KN</b>	<b>2004 KN</b>
Total cases reviewed	48	48	47	48	47	47	47	47	46	37
<b>AGE</b>										
Age B-5 yrs.	29%	19%	19%	29%	32%	15%	28%	17%	48%	46%
Age 6-12 yrs.	23%	25%	28%	19%	28%	21%	13%	17%	24%	24%
Age 13+ yrs.	48%	56%	53%	52%	40%	64%	59%	66%	28%	30%
<b>PLACEMENT</b>										
Family	27%	21%	21%	19%	15%	6%	21%	21%	24%	24%
Kinship	34%	37%	47%	42%	51%	43%	2%	6%	4%	8%
Foster							37%	34%	57%	59%
Group	33%	42%	28%	39%	30%	45%	36%	28%	9%	5%
Runaway	6%	0%	4%	0%	4%	6%	4%	11%	7%	3%
<b>ADJUDICATION</b>										
Dependent/Neglect	79%	75%	81%	79%	83%	79%	77%	77%	91%	89%
Unruly	2%	2%	2%	2%	2%	4%	0%	0%	0%	0%
Delinquent	19%	23%	17%	19%	15%	17%	23%	23%	9%	11%
<b>Mid Cumberland Demographics</b>	<b>1995 MC</b>	<b>1996 MC</b>	<b>1997 MC</b>	<b>1998 MC</b>	<b>1999 MC</b>	<b>2000 MC</b>	<b>2001 MC</b>	<b>2002 MC</b>	<b>2003 MC</b>	<b>2004 MC</b>
Total cases reviewed	94	49	49	49	49	49	49	49	48	38
<b>AGE</b>										
Age B-5 yrs.	18%	20%	16%	14%	16%	18%	2%	18%	17%	11%
Age 6-12 yrs.	25%	12%	18%	16%	22%	14%	10%	14%	19%	16%
Age 13+ yrs.	57%	67%	65%	69%	62%	68%	70%	68%	65%	73%
<b>PLACEMENT</b>										
Family	27%	33%	16%	24%	22%	33%	24%	24%	25%	32%
Kinship	39%	30%	55%	39%	56%	45%	4%	6%	8%	11%
Foster							29%	33%	35%	32%
Group	28%	33%	27%	31%	18%	16%	35%	33%	25%	21%
Runaway	6%	4%	2%	6%	4%	6%	8%	4%	6%	5%
<b>ADJUDICATION</b>										
Dependent/Neglect	58%	53%	63%	63%	65%	55%	61%	65%	67%	58%
Unruly	28%	14%	18%	14%	8%	29%	10%	4%	4%	11%
Delinquent	14%	33%	18%	22%	27%	16%	29%	31%	29%	32%
<b>Northeast Demographics</b>	<b>1995 NE</b>	<b>1996 NE</b>	<b>1997 NE</b>	<b>1998 NE</b>	<b>1999 NE</b>	<b>2000 NE</b>	<b>2001 NE</b>	<b>2002 NE</b>	<b>2003 NE</b>	<b>2004 NE</b>
Total cases reviewed	48	48	49	48	48	48	48	47	47	38
<b>AGE</b>										
Age B-5 yrs.	21%	10%	8%	21%	23%	10%	21%	9%	15%	21%
Age 6-12 yrs.	15%	25%	27%	19%	31%	27%	17%	17%	23%	16%
Age 13+ yrs.	65%	65%	65%	60%	46%	63%	62%	74%	62%	63%
<b>PLACEMENT</b>										
Family	23%	25%	22%	29%	27%	19%	8%	19%	15%	26%
Kinship	42%	42%	37%	33%	46%	48%	2%	2%	6%	8%
Foster							48%	32%	55%	45%
Group	27%	23%	27%	27%	19%	25%	31%	45%	19%	13%
Runaway	8%	10%	14%	10%	8%	8%	11%	2%	4%	8%
<b>ADJUDICATION</b>										
Dependent/Neglect	54%	58%	57%	67%	71%	61%	64%	55%	62%	63%
Unruly	21%	15%	14%	10%	2%	6%	15%	11%	6%	13%
Delinquent	25%	27%	29%	23%	27%	33%	21%	34%	32%	24%

<b>Northwest Demographics</b>	<b>1995 NW</b>	<b>1996 NW</b>	<b>1997 NW</b>	<b>1998 NW</b>	<b>1999 NW</b>	<b>2000 NW</b>	<b>2001 NW</b>	<b>2002 NW</b>	<b>2003 NW</b>	<b>2004 NW</b>
Total cases reviewed	45	46	45	45	45	45	44	44	44	36
<b>AGE</b>										
Age B-5 yrs.	11%	20%	16%	20%	16%	7%	16%	18%	18%	14%
Age 6-12 yrs.	22%	9%	20%	20%	22%	4%	16%	18%	30%	19%
Age 13+ yrs.	67%	72%	64%	60%	62%	89%	68%	64%	52%	67%
<b>PLACEMENT</b>										
Family	18%	26%	17%	13%	18%	24%	32%	27%	16%	19%
Kinship	42%	35%	61%	42%	46%	22%	0%	2%	14%	0%
Foster							36%	50%	43%	56%
Group	33%	39%	19%	38%	36%	45%	32%	21%	25%	25%
Runaway	7%	0%	3%	7%	0%	9%	0%	0%	2%	0%
<b>ADJUDICATION</b>										
Dependent/Neglect	47%	54%	44%	67%	60%	40%	62%	70%	70%	67%
Unruly	24%	11%	20%	4%	7%	2%	11%	7%	7%	8%
Delinquent	29%	35%	36%	29%	33%	58%	27%	23%	23%	25%
<b>South Central Demographics</b>	<b>1995 SC</b>	<b>1996 SC</b>	<b>1997 SC</b>	<b>1998 SC</b>	<b>1999 SC</b>	<b>2000 SC</b>	<b>2001 SC</b>	<b>2002 SC</b>	<b>2003 SC</b>	<b>2004 SC</b>
Total cases reviewed	47	48	48	48	48	48	47	47	46	37
<b>AGE</b>										
Age B-5 yrs.	11%	19%	23%	21%	8%	10%	13%	11%	24%	27%
Age 6-12 yrs.	23%	27%	23%	17%	27%	21%	26%	19%	13%	19%
Age 13+ yrs.	66%	54%	54%	62%	65%	69%	61%	70%	63%	54%
<b>PLACEMENT</b>										
Family	41%	38%	33%	42%	27%	33%	23%	17%	13%	22%
Kinship	38%	35%	40%	37%	42%	38%	0%	2%	9%	8%
Foster							34%	49%	52%	43%
Group	21%	27%	25%	21%	29%	23%	41%	32%	26%	24%
Runaway	0%	0%	2%	0%	2%	6%	2%	0%	0%	3%
<b>ADJUDICATION</b>										
Dependent/Neglect	44%	58%	58%	56%	59%	58%	62%	53%	67%	65%
Unruly	28%	29%	29%	21%	8%	13%	6%	11%	13%	5%
Delinquent	28%	13%	13%	23%	33%	29%	32%	36%	20%	30%
<b>Southeast Demographics</b>	<b>1995 SE</b>	<b>1996 SE</b>	<b>1997 SE</b>	<b>1998 SE</b>	<b>1999 SE</b>	<b>2000 SE</b>	<b>2001 SE</b>	<b>2002 SE</b>	<b>2003 SE</b>	<b>2004 SE</b>
Total cases reviewed	48	48	47	47	47	47	47	47	46	37
<b>AGE</b>										
Age B-5 yrs.	15%	19%	23%	21%	21%	17%	30%	15%	15%	32%
Age 6-12 yrs.	17%	15%	17%	32%	34%	30%	17%	28%	17%	22%
Age 13+ yrs.	69%	67%	60%	47%	45%	53%	53%	57%	68%	46%
<b>PLACEMENT</b>										
Family	38%	40%	34%	26%	23%	15%	30%	19%	22%	32%
Kinship	21%	29%	34%	53%	53%	44%	0%	9%	11%	5%
Foster							49%	49%	41%	46%
Group	31%	29%	26%	21%	21%	30%	17%	15%	22%	14%
Runaway	10%	2%	6%	0%	2%	11%	4%	8%	4%	3%
<b>ADJUDICATION</b>										
Dependent/Neglect	69%	60%	62%	85%	72%	74%	72%	74%	63%	78%
Unruly	16%	19%	26%	9%	13%	9%	9%	0%	7%	5%
Delinquent	15%	21%	13%	6%	15%	17%	19%	26%	30%	16%

<b>Shelby County Demographics</b>	<b>1995 SH</b>	<b>1996 SH</b>	<b>1997 SH</b>	<b>1998 SH</b>	<b>1999 SH</b>	<b>2000 SH</b>	<b>2001 SH</b>	<b>2002 SH</b>	<b>2003 SH</b>	<b>2004 SH</b>
Total cases reviewed	59	57	59	60	59	56	58	52	48	46
<b>AGE</b>										
Age B-5 yrs.	22%	42%	37%	23%	29%	20%	34%	23%	19%	7%
Age 6-12 yrs.	36%	23%	34%	43%	24%	42%	22%	35%	42%	20%
Age 13+ yrs.	42%	35%	29%	34%	47%	38%	44%	42%	39%	74%
<b>PLACEMENT</b>										
Family	17%	18%	17%	18%	29%	27%	22%	8%	6%	4%
Kinship	63%	56%	61%	62%	39%	55%	10%	11%	23%	22%
Foster							45%	61%	55%	50%
Group	20%	23%	19%	17%	24%	13%	16%	10%	8%	17%
Runaway	0%	4%	3%	3%	8%	5%	7%	10%	6%	7%
<b>ADJUDICATION</b>										
Dependent/Neglect	95%	91%	90%	92%	86%	95%	98%	83%	94%	72%
Unruly	2%	4%	0%	2%	0%	0%	0%	2%	0%	0%
Delinquent	3%	5%	10%	6%	14%	5%	2%	15%	6%	28%
<b>Southwest Demographics</b>	<b>1995 SW</b>	<b>1996 SW</b>	<b>1997 SW</b>	<b>1998 SW</b>	<b>1999 SW</b>	<b>2000 SW</b>	<b>2001 SW</b>	<b>2002 SW</b>	<b>2003 SW</b>	<b>2004 SW</b>
Total cases reviewed	48	49	49	49	48	48	48	48	46	36
<b>AGE</b>										
Age B-5 yrs.	17%	27%	27%	16%	23%	21%	10%	19%	17%	19%
Age 6-12 yrs.	25%	20%	18%	25%	21%	35%	27%	19%	17%	8%
Age 13+ yrs.	58%	53%	55%	59%	56%	44%	63%	62%	66%	72%
<b>PLACEMENT</b>										
Family	35%	33%	22%	16%	29%	19%	21%	35%	22%	39%
Kinship	25%	35%	37%	35%	44%	54%	0%	0%	9%	11%
Foster							40%	31%	41%	28%
Group	36%	24%	39%	43%	25%	27%	35%	27%	19%	22%
Runaway	4%	8%	2%	6%	2%	0%	4%	6%	9%	0%
<b>ADJUDICATION</b>										
Dependent/Neglect	63%	76%	61%	57%	63%	75%	62%	65%	63%	61%
Unruly	21%	10%	20%	10%	10%	4%	15%	4%	7%	0%
Delinquent	17%	14%	18%	33%	27%	21%	23%	31%	30%	39%
<b>Upper Cumberland Demographics</b>	<b>1995 UC</b>	<b>1996 UC</b>	<b>1997 UC</b>	<b>1998 UC</b>	<b>1999 UC</b>	<b>2000 UC</b>	<b>2001 UC</b>	<b>2002 UC</b>	<b>2003 UC</b>	<b>2004 UC</b>
Total cases reviewed	47	47	47	47	47	47	47	47	46	38
<b>AGE</b>										
Age B-5 yrs.	23%	21%	13%	15%	17%	15%	26%	13%	26%	21%
Age 6-12 yrs.	26%	17%	21%	17%	21%	28%	32%	36%	28%	32%
Age 13+ yrs.	51%	62%	66%	68%	62%	57%	42%	51%	46%	47%
<b>PLACEMENT</b>										
Family	11%	15%	21%	30%	23%	28%	26%	21%	17%	11%
Kinship	62%	49%	45%	47%	52%	42%	4%	11%	28%	21%
Foster							40%	43%	33%	55%
Group	23%	28%	26%	19%	23%	28%	26%	23%	22%	13%
Runaway	4%	8%	9%	4%	2%	2%	4%	2%	0%	0%
<b>ADJUDICATION</b>										
Dependent/Neglect	79%	70%	60%	66%	71%	62%	68%	77%	76%	79%
Unruly	8%	9%	17%	13%	6%	6%	2%	2%	2%	3%
Delinquent	13%	21%	23%	21%	23%	32%	30%	21%	22%	18%

## Indicators on Child/Family by Region

<b>Davidson County Status Indicators</b>	<b>1995 DA</b>	<b>1996 DA</b>	<b>1997 DA</b>	<b>1998 DA</b>	<b>1999 DA</b>	<b>2000 DA</b>	<b>2001 DA</b>	<b>2002 DA</b>	<b>2003 DA</b>	<b>2004 DA</b>
Total cases reviewed	48	48	49	49	49	49	49	49	47	39
*Safety	85%	85%	94%	96%	89%	98%	92%	98%	94%	95%
*Emotional Well-being	75%	82%	83%	83%	90%	84%	83%	88%	89%	87%
*Physical Well-being	85%	98%	100%	100%	100%	100%	94%	100%	96%	97%
*Caregiver Functioning	93%	89%	94%	93%	85%	92%	93%	94%	93%	97%
Stability	79%	92%	90%	87%	90%	88%	82%	96%	87%	87%
Permanent Goal	94%	92%	88%	89%	96%	94%	86%	98%	91%	97%
Appropriate Placement	73%	89%	85%	91%	92%	88%	83%	92%	85%	87%
Ed/Voc. Progress	74%	91%	83%	83%	88%	70%	88%	91%	81%	79%
Family Unification	61%	69%	64%	71%	72%	83%	78%	73%	79%	72%
Independent Living (13+)	69%	62%	88%	82%	78%	81%	88%	78%	75%	64%
Child Satisfaction	72%	85%	94%	78%	78%	60%	82%	78%	74%	72%
Family Satisfaction	62%	64%	92%	81%	63%	70%	57%	58%	62%	50%
<b>Overall Status</b>	<b>60%</b>	<b>75%</b>	<b>81%</b>	<b>83%</b>	<b>86%</b>	<b>84%</b>	<b>84%</b>	<b>88%</b>	<b>85%</b>	<b>85%</b>
<b>East Tennessee Status Indicators</b>	<b>1995 ET</b>	<b>1996 ET</b>	<b>1997 ET</b>	<b>1998 ET</b>	<b>1999 ET</b>	<b>2000 ET</b>	<b>2001 ET</b>	<b>2002 ET</b>	<b>2003 ET</b>	<b>2004 ET</b>
Total cases reviewed	94	49	49	49	49	49	49	49	48	42
*Safety	97%	94%	92%	100%	94%	96%	90%	94%	94%	95%
*Emotional Well-being	81%	75%	84%	92%	88%	85%	88%	94%	90%	88%
*Physical Well-being	97%	93%	92%	98%	96%	98%	94%	98%	100%	93%
*Caregiver Functioning	98%	91%	93%	94%	100%	96%	96%	96%	96%	97%
Stability	84%	79%	88%	90%	92%	91%	88%	88%	92%	93%
Permanent Goal	87%	85%	88%	86%	94%	89%	98%	96%	98%	95%
Appropriate Placement	86%	87%	87%	90%	94%	96%	88%	91%	87%	95%
Ed/Voc. Progress	86%	76%	89%	88%	88%	81%	91%	85%	91%	89%
Family Unification	67%	74%	75%	70%	78%	91%	77%	94%	75%	93%
Independent Living (13+)	72%	76%	88%	88%	90%	92%	82%	84%	90%	87%
Child Satisfaction	78%	82%	85%	80%	85%	81%	70%	91%	78%	76%
Family Satisfaction	57%	63%	71%	53%	73%	79%	69%	74%	54%	70%
<b>Overall Status</b>	<b>80%</b>	<b>76%</b>	<b>80%</b>	<b>84%</b>	<b>87%</b>	<b>83%</b>	<b>86%</b>	<b>86%</b>	<b>90%</b>	<b>88%</b>
<b>Hamilton County Status Indicators</b>	<b>1995 HM</b>	<b>1996 HM</b>	<b>1997 HM</b>	<b>1998 HM</b>	<b>1999 HM</b>	<b>2000 HM</b>	<b>2001 HM</b>	<b>2002 HM</b>	<b>2003 HM</b>	<b>2004 HM</b>
Total cases reviewed	48	48	48	48	47	48	47	47	46	37
*Safety	96%	90%	94%	81%	84%	87%	94%	93%	91%	97%
*Emotional Well-being	81%	82%	79%	82%	83%	77%	89%	83%	87%	86%
*Physical Well-being	98%	96%	98%	95%	98%	91%	98%	96%	98%	95%
*Caregiver Functioning	92%	87%	91%	90%	95%	90%	91%	86%	93%	97%
Stability	90%	77%	85%	78%	83%	84%	94%	80%	89%	86%
Permanent Goal	94%	79%	85%	83%	84%	89%	92%	91%	96%	97%
Appropriate Placement	90%	80%	89%	78%	92%	84%	91%	83%	93%	89%
Ed/Voc. Progress	78%	80%	69%	70%	77%	67%	86%	69%	64%	78%
Family Unification	77%	66%	70%	60%	77%	77%	69%	82%	76%	83%
Independent Living (13+)	69%	57%	68%	68%	87%	84%	94%	71%	87%	77%
Child Satisfaction	86%	76%	68%	79%	84%	74%	84%	83%	87%	77%
Family Satisfaction	69%	52%	83%	59%	69%	58%	59%	68%	82%	73%
<b>Overall Status</b>	<b>81%</b>	<b>79%</b>	<b>79%</b>	<b>75%</b>	<b>76%</b>	<b>72%</b>	<b>85%</b>	<b>81%</b>	<b>85%</b>	<b>84%</b>

<b>Knox County Status Indicators</b>	<b>1995 KN</b>	<b>1996 KN</b>	<b>1997 KN</b>	<b>1998 KN</b>	<b>1999 KN</b>	<b>2000 KN</b>	<b>2001 KN</b>	<b>2002 KN</b>	<b>2003 KN</b>	<b>2004 KN</b>
Total cases reviewed	48	48	47	48	47	47	47	47	46	37
*Safety	91%	96%	96%	100%	96%	98%	94%	94%	96%	97%
*Emotional Well-being	91%	90%	89%	94%	85%	98%	94%	85%	89%	95%
*Physical Well-being	96%	98%	96%	98%	96%	100%	96%	98%	96%	100%
*Caregiver Functioning	95%	98%	100%	94%	98%	100%	98%	93%	95%	100%
Stability	83%	88%	96%	92%	91%	100%	91%	87%	89%	92%
Permanent Goal	87%	89%	96%	85%	87%	94%	98%	98%	89%	97%
Appropriate Placement	89%	91%	91%	92%	85%	93%	98%	89%	98%	97%
Ed/Voc. Progress	78%	95%	95%	95%	92%	95%	89%	80%	81%	88%
Family Unification	58%	63%	75%	75%	77%	90%	97%	89%	82%	87%
Independent Living (13+)	80%	80%	96%	100%	80%	88%	95%	90%	67%	100%
Child Satisfaction	80%	80%	84%	81%	80%	83%	87%	75%	84%	80%
Family Satisfaction	55%	61%	52%	88%	70%	70%	60%	57%	52%	53%
<b>Overall Status</b>	<b>87%</b>	<b>87%</b>	<b>89%</b>	<b>83%</b>	<b>80%</b>	<b>93%</b>	<b>92%</b>	<b>83%</b>	<b>89%</b>	<b>95%</b>
<b>Mid Cumberland Status Indicators</b>	<b>1995 MC</b>	<b>1996 MC</b>	<b>1997 MC</b>	<b>1998 MC</b>	<b>1999 MC</b>	<b>2000 MC</b>	<b>2001 MC</b>	<b>2002 MC</b>	<b>2003 MC</b>	<b>2004 MC</b>
Total cases reviewed	94	49	49	49	49	49	49	49	48	38
*Safety	88%	94%	96%	96%	98%	94%	90%	94%	94%	92%
*Emotional Well-being	70%	85%	79%	85%	81%	83%	87%	90%	90%	82%
*Physical Well-being	97%	92%	100%	98%	94%	94%	98%	94%	96%	94%
*Caregiver Functioning	82%	89%	94%	93%	89%	96%	89%	98%	98%	88%
Stability	75%	84%	92%	84%	88%	82%	85%	94%	96%	86%
Permanent Goal	75%	90%	78%	85%	82%	88%	92%	98%	90%	92%
Appropriate Placement	84%	89%	81%	87%	88%	93%	89%	96%	93%	92%
Ed/Voc. Progress	76%	78%	90%	88%	79%	78%	88%	87%	76%	84%
Family Unification	60%	73%	51%	50%	75%	76%	89%	85%	82%	85%
Independent Living (13+)	70%	76%	70%	83%	79%	86%	76%	97%	83%	92%
Child Satisfaction	71%	84%	83%	73%	80%	71%	65%	84%	77%	63%
Family Satisfaction	51%	65%	57%	52%	77%	41%	53%	67%	70%	63%
<b>Overall Status</b>	<b>67%</b>	<b>78%</b>	<b>77%</b>	<b>80%</b>	<b>79%</b>	<b>84%</b>	<b>79%</b>	<b>90%</b>	<b>89%</b>	<b>79%</b>
<b>Northeast Status Indicators</b>	<b>1995 NE</b>	<b>1996 NE</b>	<b>1997 NE</b>	<b>1998 NE</b>	<b>1999 NE</b>	<b>2000 NE</b>	<b>2001 NE</b>	<b>2002 NE</b>	<b>2003 NE</b>	<b>2004 NE</b>
Total cases reviewed	48	48	49	48	48	48	48	47	47	38
*Safety	88%	92%	85%	92%	96%	91%	89%	96%	98%	95%
*Emotional Well-being	77%	83%	83%	83%	91%	89%	81%	89%	87%	87%
*Physical Well-being	83%	94%	89%	93%	98%	93%	94%	98%	98%	95%
*Caregiver Functioning	86%	89%	95%	89%	96%	95%	93%	98%	95%	94%
Stability	79%	92%	83%	87%	93%	89%	83%	91%	89%	92%
Permanent Goal	79%	90%	83%	85%	96%	96%	92%	94%	96%	95%
Appropriate Placement	81%	87%	85%	84%	93%	93%	84%	91%	85%	97%
Ed/Voc. Progress	71%	78%	91%	72%	94%	81%	74%	81%	88%	90%
Family Unification	51%	71%	79%	66%	79%	70%	92%	84%	86%	75%
Independent Living (13+)	80%	77%	100%	74%	77%	92%	83%	86%	79%	83%
Child Satisfaction	82%	87%	69%	71%	87%	80%	77%	87%	86%	78%
Family Satisfaction	55%	69%	61%	78%	75%	76%	59%	78%	72%	65%
<b>Overall Status</b>	<b>73%</b>	<b>75%</b>	<b>78%</b>	<b>81%</b>	<b>87%</b>	<b>87%</b>	<b>81%</b>	<b>89%</b>	<b>87%</b>	<b>87%</b>

\* Applicable starred items must be positive for overall adequate finding.

<b>Northwest Status Indicators</b>	<b>1995 NW</b>	<b>1996 NW</b>	<b>1997 NW</b>	<b>1998 NW</b>	<b>1999 NW</b>	<b>2000 NW</b>	<b>2001 NW</b>	<b>2002 NW</b>	<b>2003 NW</b>	<b>2004 NW</b>
Total cases reviewed	45	46	45	45	45	45	44	44	44	36
*Safety	96%	94%	98%	91%	98%	95%	95%	98%	95%	97%
*Emotional Well-being	84%	87%	93%	91%	93%	95%	82%	98%	84%	94%
*Physical Well-being	96%	100%	98%	98%	100%	100%	100%	98%	98%	100%
*Caregiver Functioning	93%	91%	98%	93%	98%	100%	95%	98%	95%	94%
Stability	98%	87%	98%	91%	96%	89%	95%	100%	88%	97%
Permanent Goal	84%	96%	91%	81%	93%	95%	95%	93%	100%	97%
Appropriate Placement	91%	94%	95%	91%	91%	88%	93%	98%	93%	89%
Ed/Voc. Progress	87%	92%	90%	94%	92%	93%	95%	92%	84%	90%
Family Unification	68%	82%	71%	67%	76%	89%	85%	94%	87%	80%
Independent Living (13+)	89%	90%	83%	86%	82%	100%	88%	88%	91%	79%
Child Satisfaction	80%	88%	87%	91%	79%	86%	71%	84%	94%	83%
Family Satisfaction	59%	67%	73%	68%	69%	90%	59%	75%	75%	76%
<b>Overall Status</b>	<b>80%</b>	<b>85%</b>	<b>91%</b>	<b>84%</b>	<b>93%</b>	<b>91%</b>	<b>80%</b>	<b>95%</b>	<b>84%</b>	<b>92%</b>
<b>South Central Status Indicators</b>	<b>1995 SC</b>	<b>1996 SC</b>	<b>1997 SC</b>	<b>1998 SC</b>	<b>1999 SC</b>	<b>2000 SC</b>	<b>2001 SC</b>	<b>2002 SC</b>	<b>2003 SC</b>	<b>2004 SC</b>
Total cases reviewed	47	48	48	48	48	48	47	47	46	37
*Safety	96%	94%	94%	96%	98%	92%	96%	96%	100%	97%
*Emotional Well-being	77%	68%	82%	87%	98%	83%	87%	85%	91%	89%
*Physical Well-being	100%	98%	96%	100%	98%	94%	98%	98%	100%	100%
*Caregiver Functioning	91%	89%	91%	94%	98%	96%	93%	96%	100%	94%
Stability	85%	83%	96%	91%	98%	83%	89%	96%	96%	95%
Permanent Goal	85%	85%	85%	89%	85%	85%	96%	96%	93%	95%
Appropriate Placement	96%	87%	91%	96%	93%	83%	89%	91%	91%	94%
Ed/Voc. Progress	93%	88%	80%	95%	95%	87%	83%	91%	92%	86%
Family Unification	76%	55%	68%	68%	68%	72%	83%	78%	84%	92%
Independent Living (13+)	59%	62%	79%	92%	84%	85%	83%	90%	83%	90%
Child Satisfaction	82%	72%	100%	82%	85%	83%	66%	82%	81%	79%
Family Satisfaction	68%	56%	77%	67%	64%	57%	52%	72%	82%	81%
<b>Overall Status</b>	<b>77%</b>	<b>69%</b>	<b>83%</b>	<b>87%</b>	<b>91%</b>	<b>81%</b>	<b>85%</b>	<b>85%</b>	<b>91%</b>	<b>89%</b>
<b>Southeast Status Indicators</b>	<b>1995 SE</b>	<b>1996 SE</b>	<b>1997 SE</b>	<b>1998 SE</b>	<b>1999 SE</b>	<b>2000 SE</b>	<b>2001 SE</b>	<b>2002 SE</b>	<b>2003 SE</b>	<b>2004 SE</b>
Total cases reviewed	48	48	47	47	47	47	47	47	46	37
*Safety	89%	96%	97%	96%	98%	91%	91%	87%	91%	97%
*Emotional Well-being	80%	85%	80%	76%	91%	86%	85%	83%	87%	89%
*Physical Well-being	91%	98%	98%	98%	98%	95%	96%	98%	93%	100%
*Caregiver Functioning	93%	88%	93%	85%	98%	93%	98%	87%	95%	94%
Stability	74%	89%	87%	83%	98%	89%	89%	83%	84%	92%
Permanent Goal	89%	77%	79%	77%	84%	85%	94%	89%	89%	92%
Appropriate Placement	86%	91%	89%	81%	100%	91%	96%	85%	90%	94%
Ed/Voc. Progress	68%	73%	88%	72%	83%	86%	94%	85%	78%	82%
Family Unification	64%	61%	70%	57%	69%	74%	72%	82%	81%	75%
Independent Living (13+)	54%	63%	81%	70%	94%	89%	100%	78%	93%	69%
Child Satisfaction	79%	78%	75%	80%	82%	88%	84%	84%	84%	85%
Family Satisfaction	52%	59%	58%	41%	58%	68%	59%	76%	79%	64%
<b>Overall Status</b>	<b>73%</b>	<b>81%</b>	<b>79%</b>	<b>74%</b>	<b>89%</b>	<b>82%</b>	<b>85%</b>	<b>81%</b>	<b>87%</b>	<b>89%</b>

\* Applicable starred items must be positive for overall adequate finding.

<b>Shelby County Status Indicators</b>	<b>1995 SH</b>	<b>1996 SH</b>	<b>1997 SH</b>	<b>1998 SH</b>	<b>1999 SH</b>	<b>2000 SH</b>	<b>2001 SH</b>	<b>2002 SH</b>	<b>2003 SH</b>	<b>2004 SH</b>
Total cases reviewed	59	57	59	60	59	56	58	52	48	46
*Safety	97%	95%	93%	98%	98%	94%	95%	92%	94%	93%
*Emotional Well-being	86%	86%	92%	81%	96%	94%	89%	87%	85%	85%
*Physical Well-being	98%	98%	97%	100%	100%	100%	95%	92%	94%	96%
*Caregiver Functioning	95%	95%	95%	96%	100%	87%	96%	94%	100%	98%
Stability	86%	88%	92%	96%	94%	98%	89%	92%	92%	89%
Permanent Goal	80%	83%	83%	90%	84%	86%	95%	92%	90%	93%
Appropriate Placement	90%	84%	88%	96%	98%	85%	91%	92%	90%	84%
Ed/Voc. Progress	86%	90%	89%	89%	95%	77%	87%	88%	88%	87%
Family Unification	77%	79%	65%	66%	69%	72%	71%	75%	82%	78%
Independent Living (13+)	61%	70%	73%	86%	93%	87%	62%	75%	42%	75%
Child Satisfaction	76%	88%	86%	90%	84%	92%	77%	79%	90%	79%
Family Satisfaction	60%	74%	62%	79%	57%	93%	64%	79%	64%	65%
<b>Overall Status</b>	<b>85%</b>	<b>86%</b>	<b>92%</b>	<b>81%</b>	<b>94%</b>	<b>82%</b>	<b>82%</b>	<b>87%</b>	<b>83%</b>	<b>85%</b>
<b>Southwest Status Indicators</b>	<b>1995 SW</b>	<b>1996 SW</b>	<b>1997 SW</b>	<b>1998 SW</b>	<b>1999 SW</b>	<b>2000 SW</b>	<b>2001 SW</b>	<b>2002 SW</b>	<b>2003 SW</b>	<b>2004 SW</b>
Total cases reviewed	48	49	49	49	48	48	48	48	46	36
*Safety	87%	90%	96%	90%	98%	98%	92%	100%	89%	97%
*Emotional Well-being	79%	87%	85%	82%	85%	85%	85%	87%	89%	83%
*Physical Well-being	96%	96%	96%	94%	100%	96%	94%	100%	100%	100%
*Caregiver Functioning	87%	87%	92%	83%	92%	90%	92%	98%	98%	86%
Stability	81%	85%	92%	79%	96%	92%	90%	90%	87%	83%
Permanent Goal	81%	84%	83%	64%	83%	96%	83%	90%	89%	89%
Appropriate Placement	85%	82%	86%	78%	91%	90%	87%	96%	89%	81%
Ed/Voc. Progress	81%	87%	87%	78%	79%	76%	78%	76%	85%	72%
Family Unification	55%	53%	71%	69%	68%	74%	69%	74%	82%	82%
Independent Living (13+)	69%	73%	96%	77%	90%	78%	81%	87%	82%	68%
Child Satisfaction	83%	74%	75%	82%	73%	76%	82%	74%	94%	58%
Family Satisfaction	64%	52%	66%	64%	71%	59%	73%	71%	70%	52%
<b>Overall Status</b>	<b>75%</b>	<b>82%</b>	<b>84%</b>	<b>73%</b>	<b>83%</b>	<b>81%</b>	<b>81%</b>	<b>87%</b>	<b>87%</b>	<b>78%</b>
<b>Upper Cumberland Status Indicators</b>	<b>1995 UC</b>	<b>1996 UC</b>	<b>1997 UC</b>	<b>1998 UC</b>	<b>1999 UC</b>	<b>2000 UC</b>	<b>2001 UC</b>	<b>2002 UC</b>	<b>2003 UC</b>	<b>2004 UC</b>
Total cases reviewed	47	47	47	47	47	47	47	47	46	38
*Safety	94%	91%	92%	93%	98%	94%	94%	96%	100%	100%
*Emotional Well-being	81%	87%	85%	84%	89%	96%	85%	94%	96%	95%
*Physical Well-being	98%	98%	89%	100%	98%	100%	98%	100%	100%	92%
*Caregiver Functioning	96%	91%	91%	89%	100%	91%	93%	93%	100%	97%
Stability	92%	85%	81%	89%	98%	87%	89%	94%	91%	95%
Permanent Goal	83%	89%	85%	77%	85%	89%	96%	98%	98%	100%
Appropriate Placement	91%	91%	87%	84%	96%	89%	96%	87%	100%	95%
Ed/Voc. Progress	83%	85%	79%	87%	95%	82%	85%	95%	92%	88%
Family Unification	49%	62%	63%	60%	89%	80%	90%	91%	88%	93%
Independent Living (13+)	71%	77%	65%	87%	79%	80%	88%	86%	86%	83%
Child Satisfaction	82%	88%	65%	81%	82%	78%	88%	79%	87%	84%
Family Satisfaction	59%	73%	64%	56%	69%	69%	68%	73%	83%	90%
<b>Overall Status</b>	<b>79%</b>	<b>79%</b>	<b>81%</b>	<b>77%</b>	<b>89%</b>	<b>87%</b>	<b>81%</b>	<b>90%</b>	<b>96%</b>	<b>87%</b>

\* Applicable starred items must be positive for overall adequate finding.

## Indicators on Service System by Region

<b>Davidson County System Indicators</b>	<b>1995 DA</b>	<b>1996 DA</b>	<b>1997 DA</b>	<b>1998 DA</b>	<b>1999 DA</b>	<b>2000 DA</b>	<b>2001 DA</b>	<b>2002 DA</b>	<b>2003 DA</b>	<b>2004 DA</b>
Total cases reviewed	48	48	49	49	49	49	49	49	47	39
*Assessment of Needs	75%	85%	79%	78%	57%	67%	65%	71%	66%	61%
*Long Term View For Services	77%	83%	88%	88%	78%	90%	86%	92%	70%	87%
*Child Participation	93%	92%	89%	92%	92%	95%	97%	91%	87%	91%
*Family Participation	88%	87%	81%	82%	80%	89%	95%	95%	92%	90%
*Service Plan Design	77%	81%	65%	37%	61%	61%	57%	69%	51%	49%
*Service Plan Implementation	59%	71%	63%	79%	76%	74%	79%	84%	81%	74%
*Service Coordination	53%	67%	65%	53%	55%	65%	51%	76%	72%	68%
*Monitoring Change	70%	72%	69%	62%	65%	78%	77%	92%	79%	82%
Advocacy	94%	93%	91%	92%	94%	96%	100%	98%	91%	83%
Early Child and Family Intervention	50%	79%	81%	85%	81%	91%	80%	96%	81%	74%
Hom/Comm. Resources	75%	88%	76%	88%	85%	95%	98%	96%	93%	95%
Placement Resources	82%	92%	85%	92%	94%	92%	92%	84%	83%	92%
Supportive Intervention toward Permanent Goal	68%	63%	67%	72%	73%	81%	81%	84%	66%	63%
Urgency Response	81%	83%	80%	87%	92%	88%	94%	94%	87%	95%
Progress Child	85%	88%	90%	87%	83%	88%	90%	94%	87%	90%
Progress Family	53%	66%	63%	68%	60%	72%	62%	65%	63%	60%
<b>Overall Adequacy of Services</b>	<b>35%</b>	<b>56%</b>	<b>43%</b>	<b>29%</b>	<b>39%</b>	<b>41%</b>	<b>33%</b>	<b>59%</b>	<b>34%</b>	<b>36%</b>
<b>East Tennessee System Indicators</b>	<b>1995 ET</b>	<b>1996 ET</b>	<b>1997 ET</b>	<b>1998 ET</b>	<b>1999 ET</b>	<b>2000 ET</b>	<b>2001 ET</b>	<b>2002 ET</b>	<b>2003 ET</b>	<b>2004 ET</b>
Total cases reviewed	94	49	49	49	49	49	49	49	48	42
*Assessment of Needs	79%	84%	88%	76%	73%	67%	67%	84%	81%	64%
*Long Term View For Services	80%	75%	92%	80%	90%	88%	88%	92%	94%	86%
*Child Participation	89%	88%	100%	94%	97%	89%	91%	97%	100%	92%
*Family Participation	79%	88%	88%	86%	87%	98%	92%	100%	95%	100%
*Service Plan Design	68%	77%	82%	43%	77%	67%	50%	71%	77%	69%
*Service Plan Implementation	66%	67%	87%	64%	87%	72%	79%	87%	91%	83%
*Service Coordination	64%	65%	76%	45%	81%	62%	65%	82%	81%	71%
*Monitoring Change	67%	69%	80%	49%	83%	78%	72%	90%	85%	83%
Advocacy	67%	58%	67%	60%	86%	77%	77%	69%	79%	79%
Early Child and Family Intervention	75%	80%	91%	71%	86%	93%	84%	91%	88%	82%
Hom/Comm. Resources	70%	84%	89%	79%	93%	91%	96%	93%	98%	95%
Placement Resources	78%	88%	74%	84%	92%	94%	94%	90%	89%	88%
Supportive Intervention toward Permanent Goal	70%	73%	77%	65%	87%	71%	79%	77%	85%	81%
Urgency Response	80%	88%	92%	82%	98%	94%	92%	98%	96%	90%
Progress Child	89%	80%	83%	86%	92%	88%	88%	87%	91%	86%
Progress Family	64%	52%	64%	58%	62%	63%	58%	53%	49%	52%
<b>Overall Adequacy of Services</b>	<b>39%</b>	<b>53%</b>	<b>61%</b>	<b>20%</b>	<b>61%</b>	<b>43%</b>	<b>29%</b>	<b>61%</b>	<b>63%</b>	<b>50%</b>

\* Applicable starred items must be positive for overall adequate finding.

<b>Hamilton County System Indicators</b>	<b>1995 HM</b>	<b>1996 HM</b>	<b>1997 HM</b>	<b>1998 HM</b>	<b>1999 HM</b>	<b>2000 HM</b>	<b>2001 HM</b>	<b>2002 HM</b>	<b>2003 HM</b>	<b>2004 HM</b>
Total cases reviewed	48	48	48	48	47	48	47	47	46	37
*Assessment of Needs	79%	85%	91%	70%	74%	75%	66%	74%	83%	81%
*Long Term View For Services	85%	69%	73%	77%	74%	83%	89%	89%	89%	89%
*Child Participation	84%	80%	100%	81%	88%	77%	88%	93%	94%	91%
*Family Participation	72%	70%	85%	74%	80%	86%	100%	95%	90%	95%
*Service Plan Design	71%	67%	62%	52%	40%	57%	51%	57%	61%	65%
*Service Plan Implementation	69%	62%	70%	74%	68%	83%	82%	80%	87%	84%
*Service Coordination	60%	48%	63%	69%	69%	73%	66%	77%	87%	76%
*Monitoring Change	65%	54%	75%	63%	80%	85%	82%	87%	91%	92%
Advocacy	73%	71%	81%	71%	84%	62%	83%	85%	91%	92%
Early Child and Family Intervention	67%	57%	72%	80%	90%	80%	88%	82%	81%	84%
Hom/Comm. Resources	80%	73%	74%	82%	88%	93%	96%	95%	100%	95%
Placement Resources	83%	80%	84%	90%	84%	84%	87%	89%	84%	89%
Supportive Intervention toward Permanent Goal	69%	54%	67%	67%	61%	78%	76%	87%	85%	81%
Urgency Response	81%	75%	87%	91%	85%	87%	98%	96%	96%	95%
Progress Child	85%	77%	81%	76%	70%	75%	85%	82%	89%	86%
Progress Family	60%	56%	53%	46%	46%	44%	50%	53%	60%	57%
<b>Overall Adequacy of Services</b>	<b>50%</b>	<b>35%</b>	<b>39%</b>	<b>40%</b>	<b>28%</b>	<b>42%</b>	<b>38%</b>	<b>47%</b>	<b>54%</b>	<b>46%</b>
<b>Knox County System Indicators</b>	<b>1995 KN</b>	<b>1996 KN</b>	<b>1997 KN</b>	<b>1998 KN</b>	<b>1999 KN</b>	<b>2000 KN</b>	<b>2001 KN</b>	<b>2002 KN</b>	<b>2003 KN</b>	<b>2004 KN</b>
Total cases reviewed	48	48	47	48	47	47	47	47	46	37
*Assessment of Needs	79%	88%	92%	81%	70%	79%	70%	87%	76%	76%
*Long Term View For Services	77%	79%	87%	88%	85%	94%	94%	94%	87%	95%
*Child Participation	84%	89%	84%	97%	88%	97%	97%	94%	93%	100%
*Family Participation	71%	86%	82%	83%	79%	91%	88%	90%	89%	100%
*Service Plan Design	69%	73%	75%	52%	67%	79%	72%	81%	74%	70%
*Service Plan Implementation	67%	73%	83%	83%	85%	91%	91%	91%	87%	86%
*Service Coordination	77%	65%	77%	71%	64%	87%	74%	87%	83%	81%
*Monitoring Change	64%	65%	75%	65%	68%	94%	91%	98%	89%	89%
Advocacy	79%	82%	77%	89%	89%	87%	87%	96%	91%	78%
Early Child and Family Intervention	72%	74%	76%	81%	79%	95%	86%	93%	79%	73%
Hom/Comm. Resources	81%	85%	78%	84%	88%	100%	100%	98%	98%	100%
Placement Resources	88%	70%	84%	85%	88%	89%	87%	91%	98%	89%
Supportive Intervention toward Permanent Goal	70%	68%	82%	84%	66%	91%	91%	87%	85%	83%
Urgency Response	87%	85%	93%	96%	93%	100%	98%	98%	98%	92%
Progress Child	89%	89%	96%	94%	85%	91%	91%	85%	88%	92%
Progress Family	37%	47%	57%	58%	46%	47%	72%	63%	48%	31%
<b>Overall Adequacy of Services</b>	<b>46%</b>	<b>44%</b>	<b>55%</b>	<b>44%</b>	<b>45%</b>	<b>57%</b>	<b>51%</b>	<b>61%</b>	<b>61%</b>	<b>49%</b>

<b>Mid Cumberland System Indicators</b>	<b>1995 MC</b>	<b>1996 MC</b>	<b>1997 MC</b>	<b>1998 MC</b>	<b>1999 MC</b>	<b>2000 MC</b>	<b>2001 MC</b>	<b>2002 MC</b>	<b>2003 MC</b>	<b>2004 MC</b>
Total cases reviewed	94	49	49	49	49	49	49	49	48	38
*Assessment of Needs	78%	90%	82%	80%	69%	81%	61%	73%	71%	76%
*Long Term View For Services	61%	84%	71%	82%	84%	83%	94%	88%	85%	89%
*Child Participation	86%	93%	87%	88%	95%	92%	97%	94%	94%	96%
*Family Participation	69%	83%	72%	73%	85%	86%	97%	91%	92%	97%
*Service Plan Design	55%	76%	61%	71%	71%	71%	73%	67%	69%	63%
*Service Plan Implementation	51%	67%	57%	60%	66%	72%	83%	91%	85%	86%
*Service Coordination	42%	71%	61%	58%	55%	67%	79%	82%	79%	66%
*Monitoring Change	38%	63%	61%	57%	65%	78%	77%	88%	91%	84%
Advocacy	67%	78%	63%	70%	76%	87%	77%	90%	85%	79%
Early Child and Family Intervention	59%	75%	65%	68%	85%	87%	84%	79%	87%	79%
Hom/Comm. Resources	62%	71%	56%	78%	86%	91%	98%	90%	100%	89%
Placement Resources	83%	89%	83%	85%	92%	94%	88%	81%	87%	84%
Supportive Intervention toward Permanent Goal	60%	70%	41%	57%	69%	69%	81%	83%	83%	78%
Urgency Response	75%	90%	81%	80%	96%	89%	94%	96%	96%	89%
Progress - Child	75%	85%	92%	84%	88%	83%	85%	92%	93%	84%
Progress - Family	54%	61%	56%	36%	56%	57%	63%	63%	56%	65%
<b>Overall Adequacy of Services</b>	<b>23%</b>	<b>49%</b>	<b>41%</b>	<b>43%</b>	<b>43%</b>	<b>47%</b>	<b>46%</b>	<b>55%</b>	<b>50%</b>	<b>50%</b>
<b>Northeast System Indicators</b>	<b>1995 NE</b>	<b>1996 NE</b>	<b>1997 NE</b>	<b>1998 NE</b>	<b>1999 NE</b>	<b>2000 NE</b>	<b>2001 NE</b>	<b>2002 NE</b>	<b>2003 NE</b>	<b>2004 NE</b>
Total cases reviewed	48	48	49	48	48	48	48	47	47	38
*Assessment of Needs	83%	81%	88%	72%	83%	73%	75%	81%	89%	71%
*Long Term View For Services	65%	78%	90%	83%	96%	88%	94%	98%	94%	92%
*Child Participation	82%	86%	100%	73%	100%	89%	88%	97%	97%	100%
*Family Participation	85%	73%	91%	65%	83%	91%	92%	92%	95%	97%
*Service Plan Design	60%	64%	77%	42%	65%	60%	75%	87%	65%	73%
*Service Plan Implementation	60%	68%	89%	77%	78%	88%	89%	89%	83%	81%
*Service Coordination	67%	70%	77%	62%	80%	77%	77%	79%	79%	74%
*Monitoring Change	62%	67%	80%	62%	91%	79%	92%	89%	87%	89%
Advocacy	78%	81%	75%	78%	84%	72%	77%	83%	72%	79%
Early Child and Family Intervention	68%	65%	76%	93%	80%	95%	95%	93%	76%	74%
Hom/Comm. Resources	77%	71%	82%	95%	87%	91%	95%	93%	93%	92%
Placement Resources	87%	81%	73%	86%	86%	83%	96%	87%	96%	87%
Supportive Intervention toward Permanent Goal	58%	68%	84%	67%	84%	92%	83%	89%	76%	86%
Urgency Response	85%	91%	87%	86%	98%	92%	96%	96%	96%	97%
Progress - Child	81%	83%	82%	81%	89%	81%	89%	85%	96%	89%
Progress - Family	43%	59%	62%	67%	45%	57%	47%	49%	58%	43%
<b>Overall Adequacy of Services</b>	<b>50%</b>	<b>46%</b>	<b>63%</b>	<b>35%</b>	<b>56%</b>	<b>52%</b>	<b>52%</b>	<b>62%</b>	<b>53%</b>	<b>50%</b>

<b>Northwest System Indicators</b>	<b>1995 NW</b>	<b>1996 NW</b>	<b>1997 NW</b>	<b>1998 NW</b>	<b>1999 NW</b>	<b>2000 NW</b>	<b>2001 NW</b>	<b>2002 NW</b>	<b>2003 NW</b>	<b>2004 NW</b>
Total cases reviewed	45	46	45	45	45	45	44	44	44	36
*Assessment of Needs	87%	94%	89%	84%	84%	82%	73%	86%	70%	75%
*Long Term View For Services	80%	89%	84%	76%	93%	93%	89%	93%	95%	97%
*Child Participation	97%	97%	100%	93%	97%	100%	100%	97%	92%	100%
*Family Participation	88%	91%	90%	82%	89%	94%	91%	92%	89%	97%
*Service Plan Design	82%	78%	82%	49%	57%	67%	50%	61%	52%	69%
*Service Plan Implementation	80%	89%	87%	77%	83%	95%	91%	98%	77%	92%
*Service Coordination	64%	80%	84%	69%	73%	88%	82%	82%	82%	81%
*Monitoring Change	71%	74%	82%	73%	87%	87%	93%	95%	93%	94%
Advocacy	71%	69%	64%	82%	73%	82%	84%	86%	83%	78%
Early Child and Family Intervention	81%	85%	74%	76%	88%	93%	93%	93%	85%	78%
Hom/Comm. Resources	82%	87%	80%	87%	95%	100%	95%	100%	95%	91%
Placement Resources	84%	83%	83%	86%	83%	94%	79%	93%	88%	86%
Supportive Intervention toward Permanent Goal	68%	89%	80%	76%	81%	67%	88%	93%	89%	83%
Urgency Response	84%	89%	91%	93%	91%	95%	95%	100%	91%	97%
Progress - Child	89%	93%	89%	88%	91%	88%	86%	95%	83%	100%
Progress - Family	58%	58%	64%	46%	60%	87%	67%	55%	54%	56%
<b>Overall Adequacy of Services</b>	<b>51%</b>	<b>59%</b>	<b>69%</b>	<b>36%</b>	<b>51%</b>	<b>48%</b>	<b>36%</b>	<b>52%</b>	<b>48%</b>	<b>58%</b>
<b>South Central System Indicators</b>	<b>1995 SC</b>	<b>1996 SC</b>	<b>1997 SC</b>	<b>1998 SC</b>	<b>1999 SC</b>	<b>2000 SC</b>	<b>2001 SC</b>	<b>2002 SC</b>	<b>2003 SC</b>	<b>2004 SC</b>
Total cases reviewed	47	48	48	48	48	48	47	47	46	37
*Assessment of Needs	85%	71%	75%	71%	52%	67%	68%	83%	76%	76%
*Long Term View For Services	76%	60%	81%	71%	81%	83%	81%	94%	89%	92%
*Child Participation	82%	82%	97%	90%	94%	97%	94%	94%	97%	90%
*Family Participation	74%	83%	80%	90%	97%	80%	88%	90%	95%	91%
*Service Plan Design	45%	63%	69%	48%	51%	67%	60%	78%	85%	76%
*Service Plan Implementation	68%	63%	70%	61%	77%	81%	82%	76%	80%	78%
*Service Coordination	55%	58%	56%	52%	57%	58%	67%	72%	76%	68%
*Monitoring Change	63%	56%	62%	54%	67%	67%	93%	81%	83%	78%
Advocacy	67%	49%	57%	73%	69%	70%	82%	87%	85%	86%
Early Child and Family Intervention	74%	50%	65%	80%	83%	56%	92%	81%	77%	82%
Hom/Comm. Resources	68%	57%	70%	81%	80%	86%	86%	87%	98%	97%
Placement Resources	87%	81%	93%	91%	96%	81%	79%	89%	80%	89%
Supportive Intervention toward Permanent Goal	71%	58%	61%	58%	63%	72%	85%	79%	83%	78%
Urgency Response	76%	77%	88%	81%	96%	90%	89%	98%	93%	92%
Progress - Child	87%	79%	89%	94%	96%	85%	89%	89%	91%	89%
Progress - Family	66%	58%	62%	60%	57%	45%	62%	58%	47%	56%
<b>Overall Adequacy of Services</b>	<b>38%</b>	<b>40%</b>	<b>44%</b>	<b>29%</b>	<b>29%</b>	<b>35%</b>	<b>36%</b>	<b>47%</b>	<b>59%</b>	<b>57%</b>

<b>Southeast System Indicators</b>	<b>1995 SE</b>	<b>1996 SE</b>	<b>1997 SE</b>	<b>1998 SE</b>	<b>1999 SE</b>	<b>2000 SE</b>	<b>2001 SE</b>	<b>2002 SE</b>	<b>2003 SE</b>	<b>2004 SE</b>
Total cases reviewed	48	48	47	47	47	47	47	47	46	37
*Assessment of Needs	85%	79%	87%	77%	83%	79%	60%	85%	78%	78%
*Long Term View For Services	75%	69%	79%	68%	85%	83%	49%	87%	83%	81%
*Child Participation	87%	86%	82%	88%	79%	97%	90%	96%	97%	94%
*Family Participation	81%	80%	79%	67%	82%	94%	72%	100%	94%	91%
*Service Plan Design	67%	60%	66%	57%	59%	72%	62%	72%	61%	59%
*Service Plan Implementation	73%	65%	74%	67%	72%	78%	72%	85%	86%	84%
*Service Coordination	60%	52%	64%	68%	64%	74%	66%	83%	80%	62%
*Monitoring Change	63%	42%	64%	68%	63%	83%	74%	87%	91%	84%
Advocacy	73%	57%	58%	60%	49%	64%	55%	76%	80%	78%
Early Child and Family Intervention	67%	65%	72%	72%	79%	92%	92%	93%	86%	78%
Hom/Comm. Resources	69%	62%	70%	75%	86%	97%	100%	89%	93%	86%
Placement Resources	80%	86%	86%	74%	93%	89%	94%	85%	91%	84%
Supportive Intervention toward Permanent Goal	68%	52%	60%	60%	67%	73%	87%	89%	80%	78%
Urgency Response	76%	85%	91%	79%	94%	92%	94%	87%	100%	92%
Progress - Child	76%	87%	87%	85%	87%	86%	98%	87%	88%	91%
Progress - Family	43%	64%	59%	52%	42%	46%	50%	61%	56%	60%
<b>Overall Adequacy of Services</b>	<b>40%</b>	<b>31%</b>	<b>43%</b>	<b>32%</b>	<b>38%</b>	<b>49%</b>	<b>38%</b>	<b>57%</b>	<b>57%</b>	<b>46%</b>
<b>Shelby County System Indicators</b>	<b>1995 SH</b>	<b>1996 SH</b>	<b>1997 SH</b>	<b>1998 SH</b>	<b>1999 SH</b>	<b>2000 SH</b>	<b>2001 SH</b>	<b>2002 SH</b>	<b>2003 SH</b>	<b>2004 SH</b>
Total cases reviewed	59	57	59	60	59	56	58	52	48	46
*Assessment of Needs	80%	84%	88%	63%	72%	66%	63%	69%	63%	54%
*Long Term View For Services	73%	75%	85%	80%	78%	86%	82%	82%	88%	80%
*Child Participation	70%	76%	83%	72%	73%	74%	63%	72%	76%	91%
*Family Participation	74%	81%	75%	76%	64%	80%	76%	86%	85%	81%
*Service Plan Design	61%	65%	75%	40%	60%	47%	53%	52%	48%	50%
*Service Plan Implementation	66%	69%	72%	77%	80%	79%	68%	88%	83%	85%
*Service Coordination	58%	75%	72%	65%	70%	70%	60%	73%	77%	63%
*Monitoring Change	54%	72%	73%	68%	75%	79%	76%	88%	81%	83%
Advocacy	61%	62%	62%	67%	62%	45%	51%	61%	45%	43%
Early Child and Family Intervention	64%	67%	79%	69%	67%	84%	85%	79%	83%	70%
Hom/Comm. Resources	70%	74%	84%	85%	84%	92%	93%	96%	98%	93%
Placement Resources	86%	87%	91%	90%	100%	85%	88%	94%	94%	93%
Supportive Intervention toward Permanent Goal	58%	57%	71%	68%	74%	74%	74%	75%	76%	73%
Urgency Response	85%	90%	92%	84%	91%	98%	90%	96%	98%	98%
Progress - Child	91%	89%	93%	96%	94%	87%	93%	92%	92%	89%
Progress - Family	58%	49%	44%	58%	50%	63%	57%	41%	38%	43%
<b>Overall Adequacy of Services</b>	<b>42%</b>	<b>44%</b>	<b>49%</b>	<b>32%</b>	<b>48%</b>	<b>39%</b>	<b>28%</b>	<b>39%</b>	<b>42%</b>	<b>37%</b>

<b>Southwest System Indicators</b>	<b>1995 SW</b>	<b>1996 SW</b>	<b>1997 SW</b>	<b>1998 SW</b>	<b>1999 SW</b>	<b>2000 SW</b>	<b>2001 SW</b>	<b>2002 SW</b>	<b>2003 SW</b>	<b>2004 SW</b>
Total cases reviewed	48	49	49	49	48	48	48	48	46	36
*Assessment of Needs	79%	84%	92%	74%	60%	50%	60%	44%	80%	61%
*Long Term View For Services	79%	73%	81%	54%	62%	73%	79%	81%	89%	81%
*Child Participation	91%	91%	88%	80%	85%	84%	93%	88%	97%	88%
*Family Participation	83%	87%	73%	63%	67%	60%	81%	95%	93%	93%
*Service Plan Design	58%	67%	79%	41%	40%	44%	44%	50%	76%	61%
*Service Plan Implementation	64%	61%	77%	60%	64%	63%	78%	74%	83%	64%
*Service Coordination	52%	55%	65%	57%	42%	48%	69%	63%	80%	64%
*Monitoring Change	47%	63%	71%	45%	55%	69%	77%	67%	89%	69%
Advocacy	64%	66%	50%	64%	51%	43%	62%	71%	78%	67%
Early Child and Family Intervention	76%	66%	63%	67%	71%	75%	93%	84%	90%	84%
Hom/Comm. Resources	65%	67%	78%	71%	88%	85%	89%	100%	98%	94%
Placement Resources	77%	84%	91%	89%	84%	89%	85%	91%	78%	72%
Supportive Intervention toward Permanent Goal	61%	64%	72%	52%	58%	61%	64%	70%	83%	67%
Urgency Response	85%	73%	88%	77%	87%	89%	92%	89%	93%	94%
Progress - Child	78%	88%	88%	85%	89%	93%	89%	85%	91%	79%
Progress - Family	46%	55%	59%	35%	62%	56%	37%	61%	66%	63%
<b>Overall Adequacy of Services</b>	<b>33%</b>	<b>45%</b>	<b>47%</b>	<b>24%</b>	<b>25%</b>	<b>21%</b>	<b>31%</b>	<b>29%</b>	<b>63%</b>	<b>36%</b>
<b>Upper Cumberland System Indicators</b>	<b>1995 UC</b>	<b>1996 UC</b>	<b>1997 UC</b>	<b>1998 UC</b>	<b>1999 UC</b>	<b>2000 UC</b>	<b>2001 UC</b>	<b>2002 UC</b>	<b>2003 UC</b>	<b>2004 UC</b>
Total cases reviewed	47	47	47	47	47	47	47	47	46	38
*Assessment of Needs	77%	81%	89%	66%	83%	74%	57%	70%	83%	63%
*Long Term View For Services	77%	81%	92%	72%	92%	85%	94%	94%	96%	87%
*Child Participation	76%	89%	92%	86%	94%	95%	100%	96%	96%	100%
*Family Participation	81%	86%	90%	80%	94%	90%	95%	95%	100%	100%
*Service Plan Design	51%	68%	81%	45%	74%	60%	64%	70%	65%	66%
*Service Plan Implementation	61%	78%	79%	69%	82%	77%	85%	89%	96%	84%
*Service Coordination	60%	68%	81%	68%	83%	68%	79%	85%	87%	79%
*Monitoring Change	47%	57%	77%	68%	89%	83%	83%	83%	93%	87%
Advocacy	57%	59%	54%	67%	72%	67%	85%	87%	81%	92%
Early Child and Family Intervention	66%	74%	67%	74%	83%	76%	90%	90%	88%	90%
Hom/Comm. Resources	73%	72%	72%	84%	91%	88%	94%	98%	96%	95%
Placement Resources	94%	80%	83%	87%	100%	80%	89%	91%	89%	89%
Supportive Intervention toward Permanent Goal	64%	68%	79%	70%	87%	85%	83%	91%	87%	95%
Urgency Response	85%	77%	83%	80%	98%	92%	96%	96%	98%	97%
Progress - Child	87%	89%	85%	87%	93%	89%	89%	93%	87%	97%
Progress - Family	56%	58%	71%	58%	79%	78%	67%	55%	56%	70%
<b>Overall Adequacy of Services</b>	<b>36%</b>	<b>47%</b>	<b>62%</b>	<b>30%</b>	<b>60%</b>	<b>38%</b>	<b>36%</b>	<b>49%</b>	<b>54%</b>	<b>47%</b>

## Statewide Critical Issues – 11-Year Comparison

Statewide Critical Issues	1994 State wide	1995 State wide	1996 State wide	1997 State wide	1998 State wide	1999 State wide	2000 State wide	2001 State wide	2002 State wide	2003 State wide	2004 State wide
Total cases reviewed	368	674	654	585	587	583	580	580	573	558	462
State cases	368	353	352	347	350	348	348	349	342	343	342
Status	74%	75%	79%	83%	81%	87%	84%	84%	87%	87%	85%
System	31%	40%	46%	51%	33%	46%	42%	39%	54%	53%	46%
Appropriate for Custody	84%	88%	94%	93%	93%	97%	94%	95%	95%	96%	97%
Custody too Long	19%	26%	22%	24%	28%	26%	28%	30%	24%	22%	24%
Incarceration of Parents	28%	40%	47%	51%	57%	55%	59%	61%	61%	67%	66%
Parent was/is in State Custody as a Child	7%	10%	15%	14%	15%	14%	12%	15%	14%	18%	19%
Parents w/ Substance Abuse Issues	-	54%	54%	63%	65%	64%	62%	57%	58%	66%	66%
Children with Substance Abuse Issues	-	23%	21%	24%	25%	26%	30%	29%	30%	34%	29%
Experienced Domestic Violence in the Home	-	30%	20%	28%	26%	29%	32%	34%	29%	35%	32%
Little/No Relationship With Father	-	-	54%	65%	61%	63%	65%	67%	69%	63%	61%
Allegedly Sexually Abused	-	33%	34%	25%	27%	26%	23%	29%	25%	25%	29%
Allegedly Physically Abused	-	-	25%	24%	27%	25%	25%	25%	27%	31%	28%

A dash (-) signifies that no data was collected.

## Critical Issues by Region

<b>Davidson County Critical Issues</b>	<b>1995 DA</b>	<b>1996 DA</b>	<b>1997 DA</b>	<b>1998 DA</b>	<b>1999 DA</b>	<b>2000 DA</b>	<b>2001 DA</b>	<b>2002 DA</b>	<b>2003 DA</b>	<b>2004 DA</b>
Total cases reviewed	48	48	49	49	49	49	49	49	47	39
Status of the Child/Family	60%	75%	81%	83%	86%	84%	84%	88%	85%	85%
Service System Adequacy	35%	56%	43%	29%	39%	41%	33%	59%	34%	36%
Appropriate for Custody	83%	96%	98%	92%	94%	98%	90%	100%	98%	100%
Custody too Long	20%	15%	12%	18%	14%	12%	30%	18%	6%	31%
Incarceration of Parents	31%	40%	53%	65%	69%	57%	57%	59%	66%	67%
Parents with Substance Abuse Issues	52%	56%	67%	69%	69%	63%	71%	57%	70%	69%
Children with Substance Abuse Issues	35%	33%	10%	31%	39%	53%	33%	27%	40%	26%
Experienced Domestic Violence in the Home	-	17%	18%	12%	41%	33%	45%	22%	38%	46%
Little/No Relationship with Father	-	60%	63%	65%	69%	65%	67%	78%	64%	59%
Allegedly Sexually Abused	-	29%	14%	24%	18%	20%	27%	31%	17%	26%
<b>East TN Critical Issues</b>	<b>1995 ET</b>	<b>1996 ET</b>	<b>1997 ET</b>	<b>1998 ET</b>	<b>1999 ET</b>	<b>2000 ET</b>	<b>2001 ET</b>	<b>2002 ET</b>	<b>2003 ET</b>	<b>2004 ET</b>
Total cases reviewed	94	49	49	49	49	49	49	49	48	42
Status of the Child/Family	80%	76%	80%	84%	87%	83%	86%	86%	90%	88%
Service System Adequacy	39%	53%	61%	20%	61%	43%	29%	61%	63%	50%
Appropriate for Custody	84%	98%	92%	96%	94%	94%	98%	92%	94%	90%
Custody too Long	23%	17%	18%	24%	22%	29%	37%	24%	25%	19%
Incarceration of Parents	36%	47%	43%	47%	56%	46%	63%	61%	71%	55%
Parents with Substance Abuse Issues	-	58%	63%	47%	63%	57%	67%	49%	65%	57%
Children with Substance Abuse Issues	-	20%	41%	37%	41%	39%	29%	20%	38%	31%
Experienced Domestic Violence in the Home	34%	33%	39%	29%	35%	22%	39%	35%	31%	33%
Little/No Relationship with Father	-	65%	61%	47%	57%	55%	57%	69%	58%	45%
Allegedly Sexually Abused	-	31%	29%	31%	20%	37%	29%	43%	27%	29%
<b>Hamilton County Critical Issues</b>	<b>1995 HM</b>	<b>1996 HM</b>	<b>1997 HM</b>	<b>1998 HM</b>	<b>1999 HM</b>	<b>2000 HM</b>	<b>2001 HM</b>	<b>2002 HM</b>	<b>2003 HM</b>	<b>2004 HM</b>
Total cases reviewed	48	48	48	48	47	48	47	47	46	37
Status of the Child/Family	73%	81%	79%	75%	76%	72%	85%	81%	85%	84%
Service System Adequacy	50%	35%	39%	40%	28%	42%	38%	47%	54%	46%
Appropriate for Custody	96%	94%	98%	96%	98%	98%	98%	96%	96%	100%
Custody too Long	26%	22%	21%	12%	13%	12%	34%	28%	33%	24%
Incarceration of Parents	27%	54%	50%	48%	55%	54%	66%	74%	59%	51%
Parents with Substance Abuse Issues	50%	46%	58%	67%	49%	65%	77%	62%	63%	70%
Children with Substance Abuse Issues	-	23%	25%	27%	27%	23%	23%	15%	28%	22%
Experienced Domestic Violence in the Home	21%	19%	23%	15%	21%	33%	38%	32%	28%	32%
Little/No Relationship with Father	38%	58%	69%	67%	72%	75%	79%	66%	78%	84%
Allegedly Sexually Abused	27%	33%	13%	29%	21%	25%	32%	15%	24%	19%

A dash (-) signifies that no data was collected.

<b>Knox County Critical Issues</b>	<b>1995 KN</b>	<b>1996 KN</b>	<b>1997 KN</b>	<b>1998 KN</b>	<b>1999 KN</b>	<b>2000 KN</b>	<b>2001 KN</b>	<b>2002 KN</b>	<b>2003 KN</b>	<b>2004 KN</b>
Total cases reviewed	48	48	47	48	47	47	47	47	46	37
Status of the Child/Family	87%	87%	89%	83%	80%	93%	92%	83%	89%	95%
Service System Adequacy	49%	44%	55%	44%	45%	57%	51%	62%	61%	49%
Appropriate for Custody	94%	94%	91%	92%	98%	100%	96%	100%	96%	97%
Custody too Long	18%	33%	21%	21%	26%	13%	17%	23%	28%	32%
Incarceration of Parents	48%	40%	62%	67%	64%	62%	64%	60%	72%	76%
Parents with Substance Abuse Issues	63%	58%	70%	79%	70%	62%	45%	68%	76%	70%
Children with Substance Abuse Issues	-	29%	23%	25%	19%	23%	30%	32%	15%	19%
Experienced Domestic Violence in the Home	35%	33%	32%	42%	53%	47%	47%	28%	39%	35%
Little/No Relationship with Father	-	65%	68%	54%	74%	66%	79%	70%	63%	81%
Allegedly Sexually Abused	19%	31%	32%	31%	34%	40%	40%	32%	20%	24%
<b>Mid-Cumberland Critical Issues</b>	<b>1995 MC</b>	<b>1996 MC</b>	<b>1997 MC</b>	<b>1998 MC</b>	<b>1999 MC</b>	<b>2000 MC</b>	<b>2001 MC</b>	<b>2002 MC</b>	<b>2003 MC</b>	<b>2004 MC</b>
Total cases reviewed	94	49	49	49	49	49	49	49	48	38
Status of the Child/Family	80%	78%	77%	80%	79%	84%	79%	90%	89%	79%
Service System Adequacy	39%	53%	41%	43%	43%	47%	46%	55%	50%	50%
Appropriate for Custody	74%	88%	82%	86%	96%	92%	92%	90%	96%	100%
Custody too Long	21%	18%	39%	35%	24%	26%	29%	22%	12%	21%
Incarceration of Parents	48%	43%	57%	51%	42%	63%	59%	55%	67%	47%
Parents with Substance Abuse Issues	-	57%	59%	59%	63%	67%	57%	61%	65%	61%
Children with Substance Abuse Issues	-	39%	22%	31%	29%	37%	37%	37%	35%	55%
Experienced Domestic Violence in the Home	-	29%	31%	43%	39%	18%	33%	37%	33%	37%
Little/No Relationship with Father	-	61%	63%	61%	57%	53%	63%	59%	71%	58%
Allegedly Sexually Abused	35%	39%	35%	31%	27%	20%	35%	14%	33%	26%
<b>Northeast Critical Issues</b>	<b>1995 NE</b>	<b>1996 NE</b>	<b>1997 NE</b>	<b>1998 NE</b>	<b>1999 NE</b>	<b>2000 NE</b>	<b>2001 NE</b>	<b>2002 NE</b>	<b>2003 NE</b>	<b>2004 NE</b>
Total cases reviewed	48	48	49	48	48	48	48	47	47	38
Status of the Child/Family	73%	75%	78%	81%	87%	87%	81%	89%	87%	87%
Service System Adequacy	50%	46%	63%	35%	56%	52%	52%	62%	53%	50%
Appropriate for Custody	83%	88%	90%	92%	96%	98%	96%	98%	91%	89%
Custody too Long	20%	12%	18%	42%	31%	19%	23%	13%	23%	24%
Incarceration of Parents	54%	44%	61%	62%	64%	58%	65%	77%	79%	63%
Parents with Substance Abuse Issues	63%	38%	67%	67%	67%	58%	63%	57%	66%	68%
Children with Substance Abuse Issues	-	21%	37%	25%	23%	35%	35%	40%	34%	26%
Experienced Domestic Violence in the Home	29%	10%	29%	21%	31%	56%	44%	38%	51%	29%
Little/No Relationship with Father	-	60%	57%	52%	54%	65%	71%	60%	60%	50%
Allegedly Sexually Abused	-	38%	27%	19%	33%	23%	35%	28%	23%	32%

A dash (-) signifies that no data was collected.

<b>Northwest Critical Issues</b>	<b>1995 NW</b>	<b>1996 NW</b>	<b>1997 NW</b>	<b>1998 NW</b>	<b>1999 NW</b>	<b>2000 NW</b>	<b>2001 NW</b>	<b>2002 NW</b>	<b>2003 NW</b>	<b>2004 NW</b>
Total cases reviewed	45	46	45	45	45	45	44	44	44	36
Status of the Child/Family	80%	85%	91%	84%	93%	91%	80%	95%	84%	92%
Service System Adequacy	51%	59%	69%	36%	51%	48%	36%	52%	48%	58%
Appropriate for Custody	87%	98%	96%	96%	100%	100%	93%	93%	93%	92%
Custody too Long	23%	10%	18%	20%	24%	11%	16%	14%	20%	11%
Incarceration of Parents	27%	48%	53%	64%	62%	47%	68%	59%	80%	69%
Parents with Substance Abuse Issues	63%	63%	49%	76%	58%	62%	70%	59%	70%	78%
Children with Substance Abuse Issues	-	35%	36%	33%	31%	56%	34%	23%	27%	25%
Experienced Domestic Violence in the Home	29%	33%	27%	27%	29%	29%	36%	27%	39%	42%
Little/No Relationship with Father	-	67%	62%	60%	64%	62%	57%	52%	66%	64%
Allegedly Sexually Abused	-	22%	22%	24%	11%	20%	23%	23%	14%	33%
<b>South Central Critical Issues</b>	<b>1995 SC</b>	<b>1996 SC</b>	<b>1997 SC</b>	<b>1998 SC</b>	<b>1999 SC</b>	<b>2000 SC</b>	<b>2001 SC</b>	<b>2002 SC</b>	<b>2003 SC</b>	<b>2004 SC</b>
Total cases reviewed	47	48	48	48	48	48	47	47	46	37
Status of the Child/Family	77%	69%	83%	87%	91%	81%	85%	85%	91%	89%
Service System Adequacy	38%	40%	44%	29%	29%	35%	36%	47%	59%	57%
Appropriate for Custody	85%	94%	96%	94%	92%	83%	96%	96%	98%	100%
Custody too Long	15%	15%	23%	29%	23%	29%	25%	15%	22%	24%
Incarceration of Parents	47%	52%	60%	48%	66%	69%	51%	62%	70%	78%
Parents with Substance Abuse Issues	45%	63%	46%	63%	58%	63%	53%	60%	76%	65%
Children with Substance Abuse Issues	-	15%	19%	33%	29%	35%	30%	43%	33%	30%
Experienced Domestic Violence in the Home	30%	38%	29%	29%	29%	35%	34%	43%	46%	27%
Little/No Relationship with Father	-	42%	54%	71%	60%	54%	60%	57%	54%	49%
Allegedly Sexually Abused	45%	38%	33%	35%	31%	27%	51%	36%	37%	38%
<b>Southeast Critical Issues</b>	<b>1995 SE</b>	<b>1996 SE</b>	<b>1997 SE</b>	<b>1998 SE</b>	<b>1999 SE</b>	<b>2000 SE</b>	<b>2001 SE</b>	<b>2002 SE</b>	<b>2003 SE</b>	<b>2004 SE</b>
Total cases reviewed	48	48	47	47	47	47	47	47	46	37
Status of the Child/Family	73%	81%	79%	74%	89%	82%	85%	81%	87%	89%
Service System Adequacy	40%	31%	43%	32%	38%	49%	38%	57%	57%	46%
Appropriate for Custody	75%	92%	85%	96%	96%	94%	94%	96%	100%	100%
Custody too Long	25%	27%	25%	34%	19%	28%	30%	15%	13%	16%
Incarceration of Parents	31%	58%	47%	65%	68%	61%	55%	72%	67%	54%
Parents with Substance Abuse Issues	52%	52%	68%	62%	68%	66%	55%	62%	59%	68%
Children with Substance Abuse Issues	-	19%	17%	9%	21%	30%	34%	30%	35%	22%
Experienced Domestic Violence in the Home	-	23%	45%	30%	36%	40%	36%	30%	26%	32%
Little/No Relationship with Father	-	56%	64%	60%	60%	64%	51%	51%	54%	46%
Allegedly Sexually Abused	-	31%	32%	40%	30%	23%	19%	34%	30%	30%

A dash (-) signifies that no data was collected.

<b>Shelby County Critical Issues</b>	<b>1995 SH</b>	<b>1996 SH</b>	<b>1997 SH</b>	<b>1998 SH</b>	<b>1999 SH</b>	<b>2000 SH</b>	<b>2001 SH</b>	<b>2002 SH</b>	<b>2003 SH</b>	<b>2004 SH</b>
Total cases reviewed	59	57	59	60	59	56	58	52	48	46
Status	85%	86%	92%	81%	94%	82%	82%	87%	83%	85%
System	42%	44%	49%	32%	48%	39%	28%	38%	42%	37%
Appropriate for Custody	95%	100%	98%	98%	98%	95%	95%	98%	100%	98%
Custody too Long	45%	35%	37%	40%	39%	45%	45%	40%	42%	30%
Incarceration of Parents	41%	61%	47%	50%	45%	56%	62%	42%	48%	67%
Parents with Substance Abuse Issues	71%	67%	78%	60%	63%	68%	59%	63%	52%	70%
Children with Substance Abuse Issues	-	4%	12%	5%	10%	7%	9%	17%	15%	20%
Experienced Domestic Violence in the Home	-	14%	20%	20%	14%	20%	10%	17%	35%	15%
Little or No Relationship with Father	-	49%	76%	67%	64%	79%	74%	87%	71%	72%
Allegedly Sexually Abused	22%	30%	14%	25%	25%	16%	22%	23%	25%	28%
<b>Southwest Critical Issues</b>	<b>1995 SW</b>	<b>1996 SW</b>	<b>1997 SW</b>	<b>1998 SW</b>	<b>1999 SW</b>	<b>2000 SW</b>	<b>2001 SW</b>	<b>2002 SW</b>	<b>2003 SW</b>	<b>2004 SW</b>
Total cases reviewed	48	49	49	49	48	48	48	48	46	36
Status	75%	82%	84%	73%	83%	81%	81%	88%	87%	78%
System	33%	45%	47%	24%	25%	21%	31%	29%	63%	64%
Appropriate for Custody	79%	90%	84%	92%	98%	90%	96%	87%	96%	100%
Custody too Long	29%	25%	25%	26%	42%	42%	29%	35%	28%	28%
Incarceration of Parents	40%	57%	43%	45%	51%	59%	57%	63%	70%	61%
Parents with Substance Abuse Issues	44%	43%	51%	57%	67%	69%	52%	50%	59%	53%
Children with Substance Abuse Issues	-	20%	29%	29%	23%	10%	35%	29%	41%	33%
Experienced Domestic Violence in the Home	21%	14%	29%	27%	21%	23%	27%	35%	26%	39%
Little or No Relationship with Father	-	61%	67%	61%	75%	75%	71%	71%	67%	64%
Allegedly Sexually Abused	25%	22%	22%	10%	27%	21%	27%	23%	15%	28%
<b>Upper Cumberland Critical Issues</b>	<b>1995 UC</b>	<b>1996 UC</b>	<b>1997 UC</b>	<b>1998 UC</b>	<b>1999 UC</b>	<b>2000 UC</b>	<b>2001 UC</b>	<b>2002 UC</b>	<b>2003 UC</b>	<b>2004 UC</b>
Total cases reviewed	47	47	47	47	47	47	47	47	46	38
Status	79%	79%	81%	77%	89%	87%	81%	89%	96%	87%
System	36%	47%	62%	30%	60%	38%	36%	49%	54%	47%
Appropriate for Custody	87%	96%	94%	94%	98%	94%	96%	96%	98%	89%
Custody too Long	24%	28%	15%	21%	28%	34%	13%	19%	15%	21%
Incarceration of Parents	53%	38%	55%	72%	58%	60%	70%	68%	65%	87%
Parents with Substance Abuse Issues	58%	55%	57%	70%	62%	66%	77%	62%	78%	76%
Children with Substance Abuse Issues	-	23%	32%	30%	30%	30%	19%	28%	28%	34%
Experienced Domestic Violence in the Home	39%	32%	34%	32%	38%	45%	47%	34%	37%	45%
Little or No Relationship with Father	-	53%	53%	43%	51%	51%	64%	70%	50%	50%
Allegedly Sexually Abused	45%	34%	38%	32%	40%	34%	30%	15%	22%	29%

A dash (-) signifies that no data was collected.

## **Appendix H**

### **Summative Questions for Determining Adequacy**

Questions Concerning the Status of the Child

Questions Concerning System Performance



## Questions Concerning the Status of the Child

Presented below are the common sense questions used in the protocol to determine the current status of the child receiving supports and services.

1. **\*Safety:** Is the child living in this setting in imminent danger of harm? Is the child's physical living condition hazardous or apt to cause serious harm? Is the child living in this setting in danger of harm from him/herself? Is the child fearful of people living in or frequenting the home? Can the child's whereabouts be ascertained and/or is there reason to believe that the family is about to flee or refuse access to the child? Is child sexual abuse suspected and do circumstances suggest that the child's safety may be an immediate concern? Is the behavior of adult(s) in child's placement violent or out of control? Does the adult(s) in child's placement describe or act predominantly negatively toward child or have extremely unrealistic expectations? Has the caregiver caused, or made a plausible threat that has or would result in serious physical harm to the child? The adult(s) in child's placement has not/can not/will not provide sufficient supervision to protect the child from potentially serious harm? Adult(s) in child's placement has not or is unable to meet the child's immediate needs for food, clothing, shelter, and/or medical care? Adult(s) in child's placement has previously abused or maltreated a child, and the severity of the abuse or maltreatment, or the caregiver's prior response to the incident, suggests that child's safety may be an immediate concern? Drug or alcohol use by adult(s) in child's placement seriously affects his/her ability to supervise, protect or care for the child? Is the community safe, given the setting in which the child is living? Are appropriate, sufficient services being provided to reduce/eliminate harm? Is the child safe from harm? With the current level of supervision, is the child likely to harm him/herself or others?
2. **\*Emotional Well-Being:** Does the child's behavior(s) indicate emotional problems? Does the child have a Diagnostic and Statistical Manual (DSM) diagnosis? Does the child take medication for emotional or behavioral problems? Does the caregiver understand and respond appropriately to the child's emotional needs? Are necessary and adequate services being provided to meet emotional needs? Do the child's daily activities and relationships provide stimulation, emotional support, and fun? Is the child receiving treatment that is of the intensity and scope necessary to facilitate the child's participation in school, family, and social activities? Are the child's social/emotional needs being adequately and appropriately addressed?
3. **\*Physical Well-Being:** Are the child's basic needs for food, shelter and clothing being met? Are the child's primary health care needs being met? Are the child's chronic health care needs being met? Are necessary and adequate health care services being provided to keep the family intact or contribute to the permanent goal? Are the child's primary physical/medical needs being adequately and appropriately addressed?

4. **\*Caregiver Functioning:** Current Caregiver: Who is the child's current primary caregiver? Is the current caregiver a victim of domestic violence? Is the current caregiver an alleged perpetrator of domestic violence? Is the current caregiver alleged to have substance abuse issues? Can the current caregiver perform the necessary parenting functions adequately to ensure child safety and well-being? Does the caregiver have adequate physical and mental capacities to care for child? Is the caregiver understanding and responsive to the child's needs? Can the caregiver meet extraordinary demands? Are necessary supportive services being provided? Can the primary caregiver perform the necessary parenting functions, care and/or treatment services adequately and consistently for the child? For congregate living facilities: Are living conditions safe? Are appropriate treatment services being provided for the child? Is the child receiving adequate services in accordance with program treatment plan? Does the program treatment plan adequately interface with the Permanency Plan? Are specific supportive services clearly identified to facilitate the child's discharge? Is there a person identified who is responsible for and acting as the single point of accountability for the child's care? Is the facility providing services of appropriate focus, scope, and intensity to meet the child's identified needs? Does the child need a less restrictive living situation? Does the child need a more restrictive living situation?
5. **Stability:** Does the child have a history of unstable living arrangements? Are probable causes for a disruption of current living arrangement present? Are appropriate services being provided to reduce the probability of disruption? Has the child's stability improved since custody? Is the child's current living arrangement likely to be disrupted in the foreseeable future?
6. **Permanent Goal:** Has a permanent goal been identified in the Permanency Plan? If "no," are necessary steps being taken to identify a permanent goal? By consensus? Is the child in a permanent placement? If "no," have the goals and timelines been established to achieve the permanent placement? Is the child in a permanent placement or are reasonable efforts being made to obtain a permanent placement?
7. **Appropriateness of Placement and Residential Goal:** Is the restrictiveness of the placement appropriate for the child? If "no," does child need a less restrictive or more restrictive placement to receive needed services? Is the child in the appropriate setting to meet his/her needs? If "no," where should this child be living? What needs to be done to get the child to where he/she should be living? Is there a projected timeline established in the Permanency Plan for discharge to a family-like setting/permanent placement? Is there concern that the child is experiencing "lost time"? Is this the least restrictive, most appropriate placement in which the child can receive needed services?
8. **Educational/Vocational Progress:** If, age appropriate, is the child enrolled in school/vocational training? Is the child currently in appropriate educational

placement? Does the child have a pattern of regular attendance? Is the child performing on grade level? Does the child have special needs that are not being met in the current educational placement? Is the case manager participating in securing educational services for child in care? Is there a plan for attaining education goals? Is the child making academic/vocational progress? Is the child making progress in school/vocational training?

9. **Family Unity Support (Family of Origin):** If child lives at home, are necessary, appropriate and adequate services being provided to keep the family intact? If the family is in danger of disruption, is the family receiving services necessary to preserve the family unit? If the child is not living with the family, is the child's family receiving services necessary to reunify? If the family cannot reunify now, is contact with the child being maintained via visits and other means? Is the family participating in planning and decision making necessary to facilitate or to maintain reunification? Is the family receiving the supports necessary to reside together or to reunify if living apart?
10. **Independent Living (for children 13 years and older):** Are independent living skills addressed in the Permanency Plan? Is the plan being implemented? If not addressed in the Permanency Plan, are independent living skills being otherwise provided? Is the child currently getting what he/she needs to grow up to be a working, functional adult? Are necessary, appropriate services and supports being provided to help the child achieve independent living?
11. **Child Satisfaction:** Does the child understand what supports and services he/she will receive? In the opinion of the child, are the services he/she is receiving helpful or beneficial? Is the child currently receiving the planned services? If appropriate, are services provided responsive to the preferences and convenience of the child? Is the child satisfied with his/her services and the responsiveness of the system?
12. **Family Satisfaction:** Does the family understand what supports and services they will receive? In the opinion of the family, are the services they are receiving helpful? Are they currently receiving the planned services? If appropriate, are the services provided responsive to the preferences and convenience of the family? Is the family satisfied with their services and the responsiveness of the system?

## Questions Concerning System Performance

Presented below are the questions used in the protocol to determine the performance of essential system functions. These questions focus on service system procedures.

1. **\*Assessment of Needs: Scope and Functionality of Assessments:** Are the child's strengths identified? Are the family's strengths identified? Are risks to the child identified? Are risks to the community identified? Do assessments reflect the

input and perspective of the child, parent, legal guardian, relatives, as applicable? Are there gaps in information or problems that indicate the need for further assessment? Is the assessment information consistent with the reviewer's understanding of what the child's and family's needs are? Are all current, obvious, and substantial needs of the child and family identified and analyzed through existing assessments?

2. **\*Long Term View:** Is there an explicit strategy that should enable the child/family to live safely without state supervision? If "no," is there an implicit understanding of what will be necessary to enable the child/family to live safely without state supervision? Does the child/family have critical needs in order to live safely, without state supervision, that are not being met, such as housing, social supports, parenting functioning/capacity, child's needs? If the child cannot return to his/her family, is there an explicit strategy that identifies where and when the child will live in a permanent family or prepare for independent living? Is there an explicit strategy that identifies where and when the child will live with a family or independently, and organizes/coordinates efforts that are made to achieve that goal?
3. **\*Child Participation:** If age appropriate, was the child involved in the development of the Permanency Plan? Did the system exhibit sensitivity to the child's schedule and transportation resources in planning staffings and visits? Has the child been involved in changes in treatment/placement? Does the child understand what he/she has to do to be returned home or achieve the permanent goal? Is the child actively involved in the planning and implementation of services as well as participating in decisions made about his/her future?
4. **\*Family Participation:** Was the family involved in the development of the Permanency Plan? Did the system exhibit sensitivity to the family's schedule in planning staffings and visits? Did the system exhibit sensitivity to the family's transportation needs in planning staffings and visits? Were repeated and substantial efforts made to engage the family and solicit participation? Has the family been involved in changes in treatment/placement? Does the family understand what they have to do for the child to be returned home? Did the system make substantial efforts to keep the family actively involved in the planning and implementation of services, as well as participating in decisions made about the child's future, or were substantial efforts made to involve family?
5. **\*Service Plan Design:** Is there a written Permanency Plan? Does the Permanency Plan address reasons the child came into custody? Does the plan address all needs identified in the assessment for the child and family? Are there needs that must be addressed in order to achieve safety with independence from state supervision and does the plan address them adequately? Does the Permanency Plan adequately reflect current services and strategies? Is there a specific time or date that the Permanency Plan is to be updated? Are the proposed interventions and supports appropriate to the situation/person's capabilities? Is there evidence to indicate that

service planning is limited by what is available rather than what is appropriate for the child and family? If the plan goals were met, would the child/family be able to function safely and be independent of state supervision? Do the plan's goals correspond with the long-term view for the child? If the plan's goals were met, would the child be or continue to be living in a permanent placement? Are all needs identified through the assessment process being addressed for the child and family? Were additional needs of the child and family identified through this process that should be addressed for the child and family? Are their needs inadequately addressed due to lack of sensitivity in services, and are these needs cultural or a result of client characteristics? Has the plan been revised to reflect progress or lack of progress of the child or the family in meeting plan goals? Does the plan include specific objectives to obtain the permanent goal? Does the plan include specific services to be provided to enable the child to return home, or achieve the permanent goal? Is the plan individualized and are there specific timetables for the services to be provided? Does the plan address visitation with parents or other family members, identification of who is responsible for the provision of services, and child support? Is the Permanency Plan relevant to the issues and coherent in the selection and assembly of strategies, supports, services, and timelines established for the child and family?

6. **\*Service Plan Implementation:** Have the essential services and activities identified in the plan been provided in a timely manner for the child/family? Have the essential services and activities identified in the plan been provided consistently for the child/family? Have the essential services and activities identified in the plan been provided at the appropriate level of intensity for the child/family? Have the essential services and activities identified in the plan been provided by qualified providers for the child/family? Are the strategies and services that are being implemented meeting the needs of the child and family? Is there an appropriate match between the child and the service provider with respect to language, culture and other relevant characteristics? Are appropriate services and supports specified in the plan being implemented in a timely and consistent manner by qualified providers for the child/family?
7. **\*Service Coordination:** Is there a single point of coordination and accountability for the service plan and those involved in its implementation? Is there integration of services and continuity of effort in the service delivery? Is there a mechanism for identifying emerging problems and developing an appropriate response and adjustments in the plan? Is there adequate communication so all relevant persons involved know the current status of the case? Is there continuity and coordination in the provision of services to the child/family?
8. **\*Monitoring and Change:** Is the status of the child routinely monitored? Is the status of the family routinely monitored? Are changes in the status of the child documented? Are changes in the status of the family documented? Are known risk factors being monitored? Is progress/lack of progress toward achieving goals/objectives being monitored? Is the plan revised to reflect changing needs

and circumstances when objectives have been achieved, when services change, when strategies are unsuccessful, or when emergent problems arise? Are all entities carrying out their monitoring responsibilities adequately, including the DCS Home County Case Manager, the DCS/Contract Residential Case Manager (if applicable), the placement and the service provider? Is the status of the child/family routinely monitored and evaluated, and are changes made as necessary to respond to needs?

9. **Legal Advocacy:** Has the child had legal representation? Has the child's family had legal representation? Does the child/family appear to understand the state system and appeal rights? Does the child/family appear to understand the implications as well as legal rights regarding state custody?
10. **Early Child and Family Intervention:** Were early signs of family problems identified? When early signs were identified, were services appropriate in scope and intensity offered to address them in a timely manner? Were needs for the home/community-based services identified? Were family preservation or other in-home or community-based services provided to prevent removal? Were home/community services provided before resorting to out-of-home placement? Were relative/friend options exhausted before resorting to out-of-home placement? Did the system intervene at the earliest opportunity with family support services of sufficient scope and intensity to keep the child and family together?
11. **Home/Community Resources:** Has the need for home/community-based resources been identified? Have all obvious and substantial needs been matched with appropriate community services/service providers? Are home/community services and supports readily and consistently available when needed by the child or by the family? Are home/community based services and supports culturally appropriate for the child and for the family? Are parents/relatives/friends receiving the supports and assistance necessary for them to perform essential parenting functions? Is the array of available home and community services adequate in variety, intensity, continuity and cultural compatibility to maintain the family intact or contribute to the permanent goal?
12. **Placement Resources:** For children who cannot remain in their home, is there an adequate array of family placements (relative, foster care, therapeutic foster care) to meet their needs? Are these placements available, within the county, or the Community Service Agency (CSA) region, or within the grand region or within the assigned placement not in county/CSA region? Are family placements receiving the necessary supports and assistance? For children who cannot function in a family environment, is there a sufficient array of residential placements to meet the needs in the least restrictive environment possible? Are these placements available within the county, within the CSA region, within the Grand region or within the assigned placement not in county/CSA region? Is the array of

placement resources adequate to provide appropriate out-of-home placements in a timely manner in the least restrictive environment?

13. **Supportive Intervention Services to Achieve Permanent Goal:** Are necessary services identified to keep the child with his/her family or move the child to a permanent goal/placement? Have the essential services and supports necessary to keep the child with his/her family or move the child to a permanent goal/placement been provided in a timely manner, consistently, at the appropriate level of intensity, and by qualified providers? Are the services necessary to keep the child home or move the child to a permanent placement being implemented in a timely manner?
14. **Urgency Response:** Can the system recognize emerging problems, as well as identify resources needed to stabilize them? Are the resources needed to stabilize or resolve emerging problems available in a timely manner, consistently, at the appropriate level of intensity and by qualified providers? Does the system appear adequate to stabilize or address emerging problems of an urgent nature?
15. **Progress Achieved by Child:** Did the system provide the child with repeated and substantial opportunities to improve/meet goals? Is the child improving or making progress? Based on all information collected in the review process, has progress or improvement as measured in outcomes/benefits for the child been achieved?
16. **Progress Achieved by Family:** Did the system provide the family with repeated and substantial opportunities to improve/meet goals? Is the family improving or making progress? Based on all information collected in the case review process for any family whose child has been in state custody for 30 days or longer, has progress or improvement as measured in outcomes/benefits for the family been achieved?



# **APPENDIX I**

## **Definition of Terms**



**Abandoned/abandonment:** To give up a child completely to the state, or to desert the child either before or after custody. Examples: child is left with relative or friend, child comes into custody, whereabouts of parents are unknown; child removed from parent's home due to neglect or abuse, parent then moves away and never calls, writes or visits child again; parent diminishes contact with child over time to the extent that child eventually never hears from parent.

**Abuse: As the term relates to juvenile court** – “Abuse” exists when a person under the age of 18 is suffering from, has sustained or may be in immediate danger of suffering from or sustaining a wound, injury, disability or physical or mental condition caused by brutality, neglect or other actions or inactions of a parent, relative, guardian or caretaker [TCA 37-1-102(b)(1)].

**Adjudication:** The court's process to determine the validity of the allegations made in a petition or complaint.

**Adoption and Safe Families Act (ASFA) of 1997:** Federal legislation requiring the timeline for Permanency Planning hearings to be 12 months, with related guidelines on reasonable efforts to ensure reunification with family or relatives or termination of parental rights for children in custody 15 of the last 22 months.

**Assessment:** A global term for observing, gathering, recording and interpreting information, to answer questions and make decisions. An adequate assessment should generally include a complete collection of pertinent information pertaining to the child and family that would enable the case manager to create an appropriate long-term view for services and design an adequate permanency plan.

**Behavior:** As defined by the Child and Adolescent Functional Assessment Scale – The degree to which the child's daily behavior toward self and/or others is appropriate, acceptable and understandable, taking into account developmental level including patterns of interpersonal interactions.

**Child:** A person under 18 years of age. In no event shall a person 18 years of age or older be committed to or remain in the custody of the Department of Children's Services by virtue of being adjudicated dependent and neglected, unruly or in need of services, unless in custody prior to the age of 18 and determined to remain in the care of the department in order to complete high school or other educational training or for the purpose of receiving other services. The Department of Children's Services may review the status of any person who has reached the age of 19 who is in the legal custody of the department and whose last commitment is based on an adjudication of delinquency to determine if the person should remain in the care of the department in order to complete high school or other educational training or to receive other services [TCA 37-1-102(b)(4)].

**Confidence level:** The probability of obtaining a given result.

**Congregate living facility:** Applies to group living facilities with more than eight beds.

**Custody:** The control of actual physical care of the child and includes the right and responsibility to provide for the physical, mental, moral and emotional well-being of the child. Custody under the juvenile court relates to those rights and responsibilities as exercised either by the parents or by a person or organization granted custody by a court of competent jurisdiction [TCA 37-1-102(b)(8)].

**Custody too long:** Based on the totality of circumstances, a universal strategic way of concluding permanency should already have been achieved for the child.

**Data:** Pieces of information that can be analyzed and used to bring understanding about an event or activity presented numerically.

**Delinquent act:** An act designated a crime under the law, including local ordinances of this state, or of another state if the act occurred in that state, or under federal law, and the crime is not a status offense, and the crime is not a traffic offense as defined in the traffic code of the state other than failing to stop when involved in an accident, driving while under the influence of an intoxicant or drug, vehicular homicide or any other traffic offense classified as a felony [TCA 37-1-102(b)(9)].

**Delinquent child:** A child who has committed a delinquent act and is in need of treatment or rehabilitation [TCA 37-1-102(b)(10)].

**Dependent and neglect child:** A child who is without a parent, guardian or legal custodian; whose parent, guardian or person with whom the child lives, by reason of cruelty, mental incapacity, immorality or depravity is unfit to properly care for child; who is unlawfully kept out of school; whose parent, guardian, or custodian neglects or refuses to provide necessary medical, surgical, institutional or hospital care for such child; who because of lack of proper supervision, is found in any place the existence of which is in violation of law; who is in such condition of want or suffering or is under such improper guardianship or control as to injure or endanger the morals or health of child [TCA 37-1-102(b)(12)].

**Detention:** Confinement in a secure or closed type of facility that is under the direction or supervision of the court or a facility that is designated by the court or other authority as a place of confinement for juveniles [TCA 37-1-102(b)(13)].

**Domestic violence:** Physical violence between two or more people within their home environment.

**DSM IV:** Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition – A categorical classification of mental disorders into types based on criteria sets with defining features. It uses a multi-axial system that refers to a different domain of information that may help the clinician plan treatment and predict outcome. There are five axes included in the DSM-IV multi-axial classification:

Axis I	Clinical Disorders.
Axis II	Personality Disorders. Mental Retardation.
Axis III	General Medical Conditions.
Axis IV	Psychosocial and Environmental Problems.
Axis V	Global Assessment of Functioning (GAF) for reporting the clinician's judgment of the individual's overall level of functioning.

**Early and Periodic Screening, Diagnosis, and Treatment (EPSDT):** This is a required service under federal Medicaid law, and thus is required in Tennessee's managed care Medicaid program known as TennCare, mandating a well-child screening for all children under the age of 21, and treatment for any problems identified. All children under TennCare should get regular screenings (checkups) from their primary care physicians in their MCOs. The EPSDT screening must include seven elements:

1. Comprehensive health and developmental history;
2. Comprehensive unclothed physical exam;
3. Appropriate immunizations (shots);
4. Laboratory tests;
5. Health education;
6. Vision screening;
7. Hearing screening.

Additional requirements include an annual dental checkup.

The MCO and/or BHO must provide child with medically necessary diagnostic testing and treatment for any health, developmental or behavioral problem found as a result of the EPSDT checkup.

**Emotional Well-being:** A state of emotional stability, objectivity and friendliness indicating a lack of emotional problems (e.g., depression, withdrawal, non-compliance, acting out, sexual abuse, physical abuse, grief, separation and loss, etc.) that could disrupt the home situation and precipitate need for longer term services if those needs were left unaddressed.

**Environmental/cultural deprivation:** Lack of exposure to basic social norms.

**Family-centered:** Services that look at the needs of the whole family, not just at the child being served.

**Family Crisis Intervention Program (FCIP):** Applies to children who have been adjudicated unruly. Prior to ordering a commitment to the Department of Children's Services, the child must be referred to the family crisis intervention program. The court may commit the child to the Department of Children's Services after such juvenile-family crisis intervention program certifies to the court that there is no other less drastic measure than state custody. [TCA 37-1-132(b)(2)].

**Family-focused:** Plans, services and evaluation processes that focus on the whole family and not just on the child.

**Guardian ad Litem (GAL):** The attorney appointed to represent the best interests of the child in court proceedings. TCA 37-1-149 identifies when a GAL should be appointed and requires such an appointment in child abuse cases.

**Incarceration:** For the CPORT protocol, incarceration refers to a parent who has been jailed or imprisoned pending charges or following an adjudication for an offense, and the jailing/imprisonment has had an impact on the family environment and the child's emotional and/or physical well-being. This can refer to past or present incarcerations.

**Large sibling group:** Refers to siblings of three or more; the average family in Tennessee has approximately two children. Large sibling groups tend to increase service and placement issues and needs.

**Length of Stay:** Period of time a child has been in custody from admission to the date of the CPORT review.

**Level of Offense:**

- Level 1 Violation of Drug Free Youth Act, violation of probation, violation of aftercare, runaway, unruly/ungovernable, violation of valid court order, violation of curfew, possessing/drinking alcohol, truancy.
- Level 2 Evading arrest, aggravated criminal trespass, resisting stop/search/frisk, joyriding, unauthorized use of vehicle, criminal trespass, breaking and entering, contempt of court, vandalism, mischief, petit larceny, shoplifting, DUI, driving without license, disorderly conduct, indecent exposure, public intoxication, giving false information to police, criminal impersonation and traffic violations.
- Level 3 Assault, possession of controlled substance, other drug offense, attempt to commit felony, escape, grand larceny, burglary, motor vehicle theft, burglary of vehicle, theft of property, reckless endangerment, forgery, credit card fraud, harassment and receive/conceal stolen property.

- Level 4 Aggravated assault, accessory to homicide, sexual battery or other sex offense, weapon in school, arson or attempted arson, carrying weapon, aggravated burglary, sale of controlled substances and attempted kidnapping.
- Level 5 Criminal homicide, voluntary manslaughter, aggravated rape, rape, kidnapping, attempted homicide, aggravated robbery, robbery and sexual abuse of a child.

**Little or no relationship with father/mother:** Biological parent or parent figure has been absent from the home over time, resulting in little or no involvement in child’s life. Child may know who parent is, but there is no real bonding or involvement or relationship established.

**Kinship care:** Children residing in relative or friend placement paid by the Department of Children’s Services.

**Moods and emotions:** As defined by the Child and Adolescent Functional Assessment Scale – the extent to which the child’s behavior exhibits age-appropriate skills, control and expressions of feelings, and the absence of self-harmful behavior.

**Outcome:** Measurable changes that occur in the individual or organization over time.

**Population:** A group that has something in common, for example, children in custody and their families, delinquent children, etc.

**Permanency Plan:** A written plan for a child placed in custody of Department of Children’s Services. This document should set out requirements to achieve family reunification or other appropriate plan for permanence.

**Physical Well-being:** Physiological needs as measured by sufficient food, shelter, clothing, and primary health care that, if not addressed would lead to family disruption, medical problems, and physical problems.

**Poverty Level:** An individual or family with earnings that fell below the 2004 thresholds in the table below:

Size of Family Unit	Amount
1	\$ 9,310
2	\$ 12,490
3	\$ 15,670
4	\$ 18,850
5	\$ 22,030
6	\$ 25,210
7	\$ 28,390
8	\$ 31,570
Each Additional, Add	\$ 3,180

Source: Federal Register, Vol. 69, No. 30, February 13, 2004, pp. 7336-7338.

**Random Sample:** Selection by a process that provides each member of a group an equal chance or opportunity of being selected in a sample.

**Role Performance:** As defined by the Child and Adolescent Functional Assessment Scale – The effectiveness with which the child fulfills the roles most relevant to his or her place in the community, including age-appropriate self-care, chore responsibilities and observance of rules, school attendance, completion of homework, etc.

**Safety:** Appropriate safeguards are in place to protect the child, or the community if the child presents illegal/dangerous behavior.

**Service Testing:** Assessing the quality and outcomes of service systems performance through an organized process of inquiry, including on-site observations, peer review and collected documents regarding individual children served and their families.

**Substance abuse:** As defined by the Child and Adolescent Functional Assessment Scale - maladaptive or inappropriate substance use by children or adults that is disruptive to normal functioning.

**Substance abuse issues:** Refers to regular or excessive use of drugs, legal or illegal, or alcohol, as to be dependent upon the substance or to abuse the substance without dependency.

**Thinking:** As defined by the Child and Adolescent Functional Assessment Scale - Age appropriate expectations for rational thought and communication.

**Statistics:** Mathematical terms used for organization and analysis of quantifiable information.

**Unruly child:** A child in need of treatment and rehabilitation who habitually and without justification is truant from school while subject to compulsory school attendance; habitually is disobedient of the reasonable and lawful commands of the child's parent(s), guardian or other legal custodian to the degree that such child's health and safety are endangered; commits an offense that is applicable only to a child; or is away from the home, residence or any other residential placement of the child's parent(s), guardian or other legal custodian without their consent [TCA 37-1-102 (b)(23)(A)] .