STATE OF TENNESSEE

DEPARTMENT OF CHILDREN'S SERVICES

CHILD AND FAMILY SERVICE PLAN

FY 2015-2019

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1. General Information

Tennessee's Department of Children's Services (DCS) is responsible for the administration of funding through Titles IV-B (Subparts 1 and 2) and IV-E programs, the Child Abuse Prevention and Treatment Act (CAPTA) and the Chafee Foster Care Independence Program (CFCILP). The Department provides services in twelve (12) regions totaling 95 counties across the state. The population served by DCS includes the families of children in the custody of the state and non-custodial children and youth in the community receiving various prevention, and intervention services. Children in the custody of the state include those who have been determined to be dependent and neglected, as well as children adjudicated delinquent or unruly by the courts. Non-custodial populations include children served through Child Protective services who receive services through one of three Multiple Response System (MRS) tracks including Investigations, Assessments, Resource Linkage, and ongoing Family Support Services. Through the Independent Living Program, the Department also serves youth who have reached the age of majority, have exited care or remain on a voluntary contract. DCS is also involved with non-custodial youth placed on state probation and aftercare supervision by the courts. Departmental services also extend to the families and caretakers of those children served.

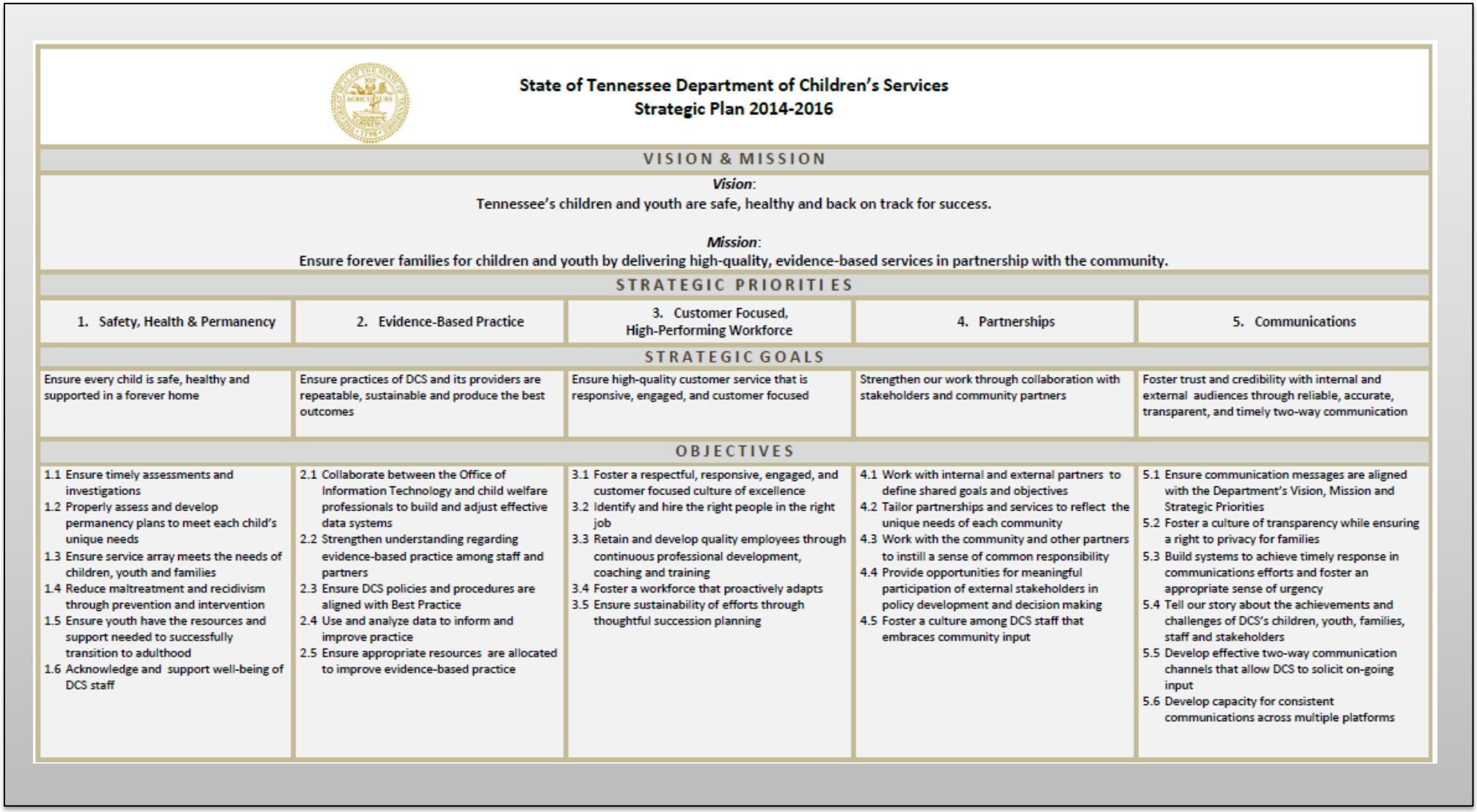
Tennessee DCS utilized the Continuous Quality Improvement (CQI) Program to involve key collaborators in the development of the Department's CFSP 2015-2019.

Under the direction of Commissioner James Henry, the Tennessee Department of Children's Services (DCS) Senior Leadership Team has identified five strategic priorities as part of the agency's mission and vision (see Figure 1) for the coming years including; Safety, Permanency and Health; Evidenced Based Practice; Customer-Focused, High-Performing Workforce; Partnerships; and Communication. The strategic goal for Safety, Permanency and Health is for every child to be safe, healthy and supported in a forever home. Evidenced Based Practice seeks to ensure practices of DCS and its providers are repeatable, sustainable and produce the best outcomes. DCS intends to develop a customer-focused, high-performing workforce by ensuring high-quality customer service that is responsive, engaged and customer-focused. Partnerships will strengthen work through collaborating with stakeholders and community partners. DCS Communications will foster trust and credibility with internal and external audiences through reliable, accurate, transparent, and timely two-way communication. Through these strategic priorities and goals, DCS will accomplish the objectives outlined in this Child and Family Service Plan for 2015-2019.

In addition to the work of the Senior Leadership team, DCS meets with stakeholders through various CQI teams to obtain input on the Department's work, which include stakeholders such as, contract agencies, In Home Tennessee (IHT) partners, Community Advisory Board (CAB) partners, Child Advocacy Centers (CAC), Child Protection Investigation Teams (CPIT), Three Branches Institute (3BI), Court Improvement Plan (CIP), and Citizens Review Panel (CRP). DCS has attempted to engage the Mississippi Band of Choctaw on multiple occasions, reaching out to child welfare representatives Mae Bell and Maurice Calistro and inviting them to participate in the CFSP development process on May 27th, 2014 and again on June 19, 2014. It is believed that the lack of participation by the Choctaw is due to the extremely low population of children (approximately 5-10) that reside on the Mississippi Band of Choctaw land trust in Tennessee. DCS will continue to include the MBOC on all activity related to this CFSP.

Leadership from all program areas at DCS, Leslie Kinkead with the Court Improvement Program and Toni Lawal with the Citizen's Review Panel were actively involved in the writing, editing and development meetings held. All members participated in a meeting on April 16th to review the ACF CFSP Program Instructions, and were asked to return to their teams and various CQI teams to work on and submit program specific work planned for the coming five years. Members worked on collaborating and submitting relevant sections of the CFSP and another meeting was held on May 27th to review the plan for gaps and opportunities to increase collaboration. Members then worked on continued edits and submissions to the CFSP throughout June, and a final meeting was held on June 19th to review and finalize the plan. The plan was then discussed at the DCS Senior Leadership Retreat (which did not include external stakeholders) for final review by the senior leadership team.

Figure 1. Tennessee Department of Children's Services Stategic Mission and Vision



State of Tennessee Department of Children's Services
Strategic Plan 2014-2016

VISION & MISSION

Vision:
Tennessee's children and youth are safe, healthy and back on track for success.

Mission:
Ensure forever families for children and youth by delivering high-quality, evidence-based services in partnership with the community.

STRATEGIC PRIORITIES

1. Safety, Health & Permanency	2. Evidence-Based Practice	3. Customer Focused, High-Performing Workforce	4. Partnerships	5. Communications

STRATEGIC GOALS

Ensure every child is safe, healthy and supported in a forever home	Ensure practices of DCS and its providers are repeatable, sustainable and produce the best outcomes	Ensure high-quality customer service that is responsive, engaged, and customer focused	Strengthen our work through collaboration with stakeholders and community partners	Foster trust and credibility with internal and external audiences through reliable, accurate, transparent, and timely two-way communication

OBJECTIVES

1.1 Ensure timely assessments and investigations 1.2 Properly assess and develop permanency plans to meet each child's unique needs 1.3 Ensure service array meets the needs of children, youth and families 1.4 Reduce maltreatment and recidivism through prevention and intervention 1.5 Ensure youth have the resources and support needed to successfully transition to adulthood 1.6 Acknowledge and support well-being of DCS staff	2.1 Collaborate between the Office of Information Technology and child welfare professionals to build and adjust effective data systems 2.2 Strengthen understanding regarding evidence-based practice among staff and partners 2.3 Ensure DCS policies and procedures are aligned with Best Practice 2.4 Use and analyze data to inform and improve practice 2.5 Ensure appropriate resources are allocated to improve evidence-based practice	3.1 Foster a respectful, responsive, engaged, and customer focused culture of excellence 3.2 Identify and hire the right people in the right job 3.3 Retain and develop quality employees through continuous professional development, coaching and training 3.4 Foster a workforce that proactively adapts 3.5 Ensure sustainability of efforts through thoughtful succession planning	4.1 Work with internal and external partners to define shared goals and objectives 4.2 Tailor partnerships and services to reflect the unique needs of each community 4.3 Work with the community and other partners to instill a sense of common responsibility 4.4 Provide opportunities for meaningful participation of external stakeholders in policy development and decision making 4.5 Foster a culture among DCS staff that embraces community input	5.1 Ensure communication messages are aligned with the Department's Vision, Mission and Strategic Priorities 5.2 Foster a culture of transparency while ensuring a right to privacy for families 5.3 Build systems to achieve timely response in communications efforts and foster an appropriate sense of urgency 5.4 Tell our story about the achievements and challenges of DCS's children, youth, families, staff and stakeholders 5.5 Develop effective two-way communication channels that allow DCS to solicit on-going input 5.6 Develop capacity for consistent communications across multiple platforms

2. Collaboration

As part of the service delivery, Tennessee engages in ongoing collaboration efforts with an array of community partners and stakeholders. For development of the CFSP, agency leadership conducted multiple meetings with regional agency personnel and community partners from across the state to identify barriers and strategies for improvement. On a quarterly basis, the department meets with its stakeholders including the Administrative Office of the Courts, representatives from mental health, advocates, and a variety of others to discuss initiatives under the CFSP. At these meetings, the child welfare agency presents data, child welfare issues and collaborates to problem-solve barriers whenever possible. For the development of this final report, community program contacts and court liaisons were contacted to provide program information, successes, perceived barriers and strategies for improvement. On-going collaboration efforts on a variety of initiatives are incorporated into the narrative.

Court Improvement Program (CIP)
DCS is working with the Court Improvement Program, Administrative Office of the Courts, on a number of initiatives:

Court Improvement Program (CIP) Work Group
In 2005, The Supreme Court appointed the CIP Work Group. This is a multidisciplinary group that includes DCS and other agencies and individuals involved in child welfare. In 2013, the Supreme Court requested that the CIP Work Group review and rewrite the Tennessee Rules of Juvenile Procedure (TRJP). These rules govern procedures for children in juvenile court. DCS Legal staff have participated in the endeavor to overhaul the TRJP that were initially enacted in 1984. The rules are outdated and the CIP Work Group is revamping them to incorporate procedures that reflect changes in both federal and state laws, as well as best practices. It is anticipated that the amended TRJP will be submitted to the General Assembly in 2016 for approval. A goal of the CIP Work Group over the next year is to amend the state statute to allow foster children to be able to graduate with the state graduation requirements regardless of the Local Education Association (LEA) that serves the child. LEAs have a range of graduation requirements that are not consistent statewide, which affects the graduation rates of foster children who have multiple placements or reach permanency that results in placement served by a different LEA than while in custody.

Model Foster Care Review Boards
DCS and CIP are also working to make improvements to the Foster Care Review Board (FCRB) hearings. In 2009, CIP began implementing Specialized FCRBS to address the increased number of children in foster care who are 14 years and older and enhance the reviews of cases of older youth. In 2011 DCS created the Program Coordinator position to assist CIP in this endeavor. As a result of this collaboration, DCS and CIP meet quarterly in a FCRB CQI team to address issues that have been identified through the process of implementing the boards.

Support will be provided to FCRBs to develop a strong focus on Independent Living for youth aging out of care to improve Transition Planning and ensure ratification of those plans. In addition, FCRBs will assist with supporting youth and DCS in increasing the number of youth opting to participate in Extension of Foster Care Services and ensuring these cases are reviewed routinely by the FCRB. Additionally, there will be work with DCS legal and local staff to ensure permanency hearings are set for youth over age 17 prior to discharge or aging out of care.

The FCRBs will also monitor the education of children and youth in DCS custody. One strategy will be to utilize school transcripts to track student progress and ensure they remain or get back on track. The FCRBs will also increase monitoring and support for children and youth with Individual Education Plans (IEPs) or 504 plans. FCRBs will work with Child and Family Teams and local placement staff to ensure placement changes that occur near the end of the semester will minimize impact on academic achievement when possible.

Another main area of focus for the FCRBs will be to ensure that referable conditions/recommendations from Early Periodic Screenings, Diagnosis and Testing (EPSD&Ts) or well-child check-ups have been addressed, in addition to continued monitoring of psychotropic medication. Last, the FCRB collaboration will work to consider the child's developmental status when reviewing the status of visitation.

Peer Advocates

Many of the specialized boards (now termed "model" boards) have a peer advocate who is a young adult who was previously in foster care and has received extension of foster care services. Peer advocates are trained and supervised by CIP staff. They speak with older youth prior to the youth's FCRB hearings and advocate for the youth at the hearings. Peer advocates are paid a stipend to advocate for foster children at the foster are review hearings and receive on-going training. In 2012, DCS and the AOC entered into a five-year contact to fund the peer advocate program. DCS provides $55,500.00 per year to compensate the peer advocates, and to provide quarterly training to the advocates.

Sharing Data

DCS began sharing the DCS Mega Report of children in DCS custody with CIP during this past year and will continue to provide the report over the next five years. This report contains a variety of statistical elements including three of the timeliness measures required by the ACF PI ACYF-CB-PI-12-02. DCS is in the process of amending the report to allow for the reporting of the remaining two timeliness measures required by the PI. DCS also provides CIP with extension of foster care data and will continue to do so.

DCS and CIP will work together over the next five years to review and determine how to best use available data to establish collaborative goals and outcomes, including the use of the DCS case process review data.

Memorandum of Understanding/Border Agreement with Other States

Over the next five years, DCS and CIP intend to review and re-activate application of the current Border Agreements between Tennessee/Virginia and Tennessee/Georgia; establish consistent tracking mechanism to support progress made within the agreements; amend both agreements through the local management committee to establish the ability to withdraw from the agreement if data supports; and maintain reporting of activities with the state departments and judiciary. DCS and CIP are working to finalize a Tennessee/Kentucky/Ft. Campbell Border Agreement which is anticipated to being operational in the fall of 2014.

The feasibility of marketing an expanded Tennessee/Kentucky Border Agreement and initiating border agreement discussions with key partners in other states will be determined over the next five years to meet a priority for safe and timely placements and permanency. Additional State partners will include the Alabama Department of Human Resources, Arkansas Department of Social Services, Mississippi Department of Social Services and the AOC equivalent in each state.

Citizen's Review Panel (CRP)

Tennessee has four (4) CRP's located in Montgomery County (Clarksville), Shelby County (Memphis), Hamilton County (Chattanooga) and the Northwest Region of Tennessee (including nine rural counties). The University of Tennessee, College of Social Work Office of Research and Public Service (SWORPS) contracts with the Tennessee Department of Children's Services (TDCS) to coordinate, facilitate, and provide technical assistance to the CRP's in order to meet the federal requirements. Over the next five years, DCS and CRP intend to collaborate regarding Independent Living services to increase youth educational and employment attainment. Regular meetings with the Director of Independent Living and staff will be held to assess needs, research best practices and identify community champions for this ongoing effort. The CRP and TDCS will meet with the Hamilton County Chamber of Commerce, Hamilton County local government, secondary and post-secondary schools and other stakeholders to discuss ways to collaborate and utilize existing services to connect youth to career exploration, job shadowing, and summer employment. CRP and TDCS will update the foster youth handbook, a comprehensive manual to empower youth in their transition from foster care.

Another goal of the CRP is to assist DCS in addressing the language barrier experienced by caseworkers working with Spanish speaking families when engaging and assessing their needs. Meetings will be held with child welfare leadership and caseworkers to further assess the problem and to identify best practices on this topic. Pastor Tommy Vallejos and other Spanish speaking advocacy individuals will be invited to discuss ways to improve engagement and increase cultural competence.

CRP plans to identify training needs and with the expertise of the panel members, provide relevant training on topics such as Individual Education Plans, domestic violence and safety planning, and mental health services. The CRP will also provide when requested, case consultation as well as review case records under certain circumstances.

Consultation and Coordination between States and Tribes

Mississippi Band of Choctaw Indians

At this time, there are currently no federally recognized Native American tribes officially established with the State of Tennessee. The Mississippi Band of Choctaw Indians possesses a Land Trust in Henning, Tennessee on the Mississippi border consisting of approximately 88.15 acres of land. The AOC has been in communication with the Judge in Lauderdale County, TN to initiate dialog regarding the land trust, while DCS has reached out to the Bureau of Indian Affairs and the Mississippi Band of Choctaw's to determine if the land is considered a reservation. Once status of the land is determined, parties will begin discussion on the development a Memorandum of Understanding to ensure collaboration regarding Choctaw children who come to the attention of DCS. At this time, DCS has not received response in order to identify the next steps, however, will continue to engage in communications and be available for discussion in the future. DCS currently has policies to address ensure proper care of all Native American children residing in Tennessee as required by the Indian Child Welfare Act (ICWA), regardless of whether or not they reside on the Land Trust. DCS will continue to follow all ICWA laws and ensure polices meet the standards to support timely collaboration. DCS has invited the Mississippi Choctaw Child Welfare leadership to participate in the development of this CFSP. DCS is making plans to attend the 2014 ICWA Conference in Center Choctaw, Mississippi in August. Over the next five years, the Department will also continue to engage the tribe in active participation in applicable policy developments and agency improvements through the CQI program, and ongoing assessment of the new CFSP 2015-2019.

ICWA Compliance

DCS continues to maintain ICWA policy 16.24, which has not needed revision since January 2010. This policy is in compliance with the ICWA law as it was submitted with the most recent Title IV-E plan, which was approved in 2012. This approval, which also granted a retroactive approval for the Fostering Connections Act, to October 1, 2010, also included a revised policy 31.3 that demonstrated the Department's compliance to ensure the seamless transfer of Native American children to a Tribal Title IV-E agency or an Indian Tribe with a Title IV-E agreement. DCS will continue to make improvements to any policies, procedures or practices as identified throughout the next five year CFSP cycle.

3. Assessment of Performance; Plan for Improvement; Measures of Progress; Staff Training, Technical Assistance and Evaluation; and Implementation Supports

Child and Family Outcomes

Safety Strengths and Opportunities

Child Protective Services (CPS) Investigations and Assessments

CPS Investigations and Assessments have identified specific data metrics that will assist in monitoring, tracking and trending the response timeframes for allegations of abuse or neglect as well as the time it takes to classify or close a CPS case. These metrics will be available in regularly produced automated reports and will provide data at the individual, supervisor, team, regional, and statewide levels to ensure that compliance requirements are met as well as identify practice and policy needs. As the automated reports are finalized, baselines are established with goals and action steps developed, tracked and monitored. A proposal is currently underway for an external vendor to develop a data dashboard.

The Training and Development Division was created within the Office of Child Safety to increase the emphasis on training for CPS Investigations staff as well as the Child Abuse Hotline staff. A new partnership was cultivated with the Tennessee Bureau of Investigation (TBI) and through this partnership; the CPS Investigator Training Academy was designed and implemented. The CPS Investigator Academy is mandatory for all CPS Investigations staff and Child Protective Investigation Team (CPIT) partners are invited to train alongside CPS Investigations staff at no cost. The CPS Investigator Training Academy is a non-consecutive three week program that focuses on the job responsibilities and skill development of Investigators. Courses include topics such Interviewing, Medical Evaluations, Defensive Tactics, Statement Analysis, Working with Law Enforcement, Mock Court and many more. The first class for the CPS Investigators Training Academy began in November 2013 and graduated in March 2014. Approximately 500 CPS staff and 500

community partners will complete the three week course by September 2016. This training is also Peace Officers Standards Training (POST) certified for law enforcement partners and Continuing Education Credit (CEU) certified by the National Association of Social Workers (NASW).

Also, CPS Assessments has identified areas of need that can be addressed with a more advanced and subject specific training. DCS will collaborate both internally and externally with partners and service providers to develop a specialized training specifically designed to improve the knowledge and skillset of CPSA staff. The training will complement the concepts of Multiple Response and In Home TN, which are philosophies and frameworks that staff has already become familiar. CPSA management and regional representatives will continue to utilize forums to work together to pinpoint effective case worker skills that can be used to empower and better prepare CPSA workers to meet the needs of children and families.

The Community Partnerships Division is a newly created division within the DCS Office of Child Safety. It is designed to increase and improve partnerships with external agencies who work with the division of Investigations and the Child Abuse Hotline. In an effort to increase consistency in practice and strengthen the partnerships, this division has established a statewide CPIT Advisory Board to liaison with DCS and Child Advocacy Centers (CAC). The Advisory Board is comprised of individuals from DCS, The TBI, The Tennessee Association of Chiefs' of Police, The Tennessee District Attorneys General Conference, the Tennessee Commission on Children and Youth and Second Look Commission, The Tennessee Chapter of Children's Advocacy Centers, and others. CPIT and the Advisory Board are based on the premise that no single profession or state agency has the ability to respond adequately to any allegation of child maltreatment and that the team work approach will lead to the best outcomes for children and families. The senior leadership from the DCS Office of Office of Child Safety has met with directors and staff of over 30 of the 42 CACs located across Tennessee. These meetings have included other community partners and have facilitated the discussion of strengths and opportunities for all of the CPIT teams.

Family Advocacy and Strengths Tool (FAST) Assessment

The Department has decided to make some much needed changes to our current FAST assessment, due to barriers expressed by regional staff. Working with the Vanderbilt Center of Excellence (COE), the Department developed a workgroup to determine which tool would best meet the needs of the Department. After much review, it was determined that the FAST was an appropriate tool, but DCS needed to make some changes to it and the timeliness of when it would be completed. It was also determined that the FAST 2.0 would be used for the IV-E Waiver Demonstration project. Ultimately, the tool was modified and a pilot began on February 10th, 2014. Since that time, through the feedback of the region, the tool has been adapted and current policy has been modified. Training for the FAST 2.0 (the working name until it is rolled out statewide) will be trained in three other IV-E regions during June and August and the rest of the state over the next few months. The timing of the statewide rollout will be based on the timeliness of the FAST 2.0 updates in TFACTS. In the meantime, the original FAST is still being used by all regions (aside from NE and Knox) across the state.

At this point, because FAST 2.0 is so new and not rolled out across the state, there are not yet opportunities for improvement. DCS is using past barriers as in the plan for implementing and supporting the FAST 2.0. DCS is very focused on ensuring staff are properly trained and supported on the new tool. It is believed that this was lacking in the original FAST rollout and because of it; the tool was not as useful as it could be. In addition to the training on the actual tool, DCS is focusing heavily of incorporating it into case planning. This has been the cornerstone of the FAST 2.0 trainings. There is also a separate training for supervisors, because in the past, it was felt that was a missed opportunity that is crucial to the success of the tool. In addition to the trainings, DCS has a monthly "FAST 2.0 Leadership Collaborative" calls with supervisors.

Structured Decision Making (SDM) Intake Assessment

The Structured Decision Making Intake Assessment, developed in collaboration with the Children's Research Center in 2008, is a tool that assists the Child Abuse Hotline workers who receive reports of child abuse and/or neglect make screening decisions about the reports. The screening tool guides the decision in determining whether or not a report to the Hotline meets the criteria for a CPS case, and if so, what MRS track assignment (investigation or assessment) the case will be. The tool also assists the worker at the Hotline in assigning a response timeframe for initiation of the

investigation or assessment. The intake assessment tool also determines what reports are appropriate for Resource Linkage or to send to external agencies. Since 2008, DCS has continually revised or created new policy that directly affects the assignment of CPS cases but the SDM tool used to screen the initial allegations has not been updated to reflect revised or new policy. As a result DCS began a second collaboration with the Children's Research Center in November 2013. A complete restructure of the decision making tool is underway and once the restructure is completed (estimated September 2104), the new Intake Assessment tool will improve the consistency of decisions regarding track assignments and priority response timeframes. In doing so, CPS investigators and assessment workers will be assigned to cases that better reflect their area of expertise and assist families in the getting the appropriate supports needed.

Structured Decision Making (SDM) Safety Assessment

The Structured Decision Making Safety Assessment, developed in collaboration with the Children's Research Center in 2008, is a tool that guides CPS Investigators and Assessment workers in decisions regarding the immediate safety of a child. The tool, used within the first 72 hours after the initial contact with the family, indicates a level of safety for the child, which guides and assists the worker in decisions regarding intact families, alternative placement for children with safety concerns or custodial care when there are no other alternatives. In 2009, DCS implemented the use of the FAST, to aid workers in risk recognition and service planning. This tool replaced a former risk assessment tool of the SDM model, leaving the Safety Assessment as the only assessment tool from the original model. With revisions to the FAST underway, the Office of Child Safety (OCS) has recognized that the Safety Assessment tool, created with CRC, may not be functioning as it once was or in a way that is useful to CPS workers. OCS has begun researching and reviewing other safety assessment options, including possible revisions to the current Safety Assessment and incorporating it into the revised FAST 2.0. In the coming months, DCS hopes to formulate a tool/model that will adequately provide support to CPS workers in daily decision making regarding the safety of children, keeping families intact and providing needed services to families.

Child Death and Near-Death/Safety Analysis

The Divisions of Child Death Review and Safety Analysis work together using advanced safety analysis techniques to facilitate child death reviews. Safety Analysis is used to support the Department to implement system safety methods into practice (e.g., anticipatory care huddles) to improve child safety and overall outcomes for children and families. The goal of the combined efforts of Child Death Review and Safety Analysis is to promote a safety culture throughout the department by empowering DCS staff to safely discuss cases while supporting organizational improvement. The Child Death Review (CDR) Process aims to improve organizational learning, address issues discovered in individual events, and understand the underlying systemic issues that influence adverse outcomes. The success of the CDR process is based on a "none-blaming" approach which increases communication and honesty within the Department. With improved communication and understanding DCS hopes to support safe outcome among Tennessee children and families.

The CDR is an evolving process dependent on collaborative efforts made by individuals from various educational and professional backgrounds. As findings and trends begin to emerge from CDR, recommendations made by a diverse staff will improve upon feasibility in positive and productive change. Safety Analysis will consistently explore areas of improvement for the department in order to further expand the use of system safety methods. The division will participate in sharing the work of DCS specific to system safety with other state agencies through published articles, conference presentations and opportunities with Casey Family Programs.

Safety Outcome 1: Children are first and foremost, protected from abuse and neglect.

Measure of Progress	Baseline	Goal
Timeliness of Priority Response 1	78% CPSI 86% CPSA	75% by Jan 2015 80% by Jan 2016 85% by Jan 2017
Timeliness of Priority Response 2	75% CPSI 75% CSPA	75% by Jan 2015 80% by Jan 2016 85% by Jan 2017
Timeliness of Priority Response 3	74% CPSI 76% CPSA	75% by Jan 2015 80% by Jan 2016 85% by Jan 2017

Timeliness of classification for CPSI	TBD Jan 2015	Tentative 80%
Timeliness of classification for CPSA	TBD Jan 2015	Tentative 80%
Average time to case closure for CPSI/% overdue	25.6%	<20%
Average time to case closure for CPSA/% overdue	7.7%	<20%
Improve the number of calls to the Child Abuse Hotline answered in 20 seconds/Average answer time under 20 seconds	89.7%	80%
Recurrence of Maltreatment (TN Data Profile 2013)	97.6%	94.6%
Incidence of Maltreatment while in DCS Custody (TN Data Profile 2013)	99.89%	99.68%
Safety QSR Scores (2014)	98%	100%
Goal/Strategy: Ensure timely investigations.		
Objectives/Action Steps: Child Protective Services 1. OCS Investigations leadership will hold weekly conference calls with all Investigations Coordinators to focus on areas of improvement, report % of overdue cases, #'s of cases closed weekly, cases classified within 30 days, successful actions taken and the plan for going forward. 2. CPS Assessment Central Office leadership will hold monthly conference calls with identified CPS regional staff to focus on areas of improvement, report % of overdue cases, #'s of cases closed weekly, cases classified within 30 days, successful actions taken and the plan for going forward. 3. Regions were divided and assigned to OCS Investigations leadership for mentoring and monitoring. 4. The OCS Internal Quality Control division will complete a weekly trending report to inform OCS leadership the overall trending data of overdue cases as well as cases that were compliant with classification requirements and priority response timeframes. 5. The OCS and CPS Assessments will receive a weekly report regarding the # of overdue cases and compliance in response timeframes regionally. 6. The OCS will develop a spreadsheet to use consistent statewide reporting information for classification dates. 7. The OCS and CPS Assessments have requested that the Office of Information Technology develop a classification report for statewide monitoring and trending.	**Responsible Party** Office of Child Safety and Child Programs-Assessments	**Date** Ongoing
Goal/Strategy: Reduce repeat maltreatment through prevention and intervention services that are delivered effectively.		
Objectives/Action Steps: Child Protective Services 1. All OCS investigators and supervisors will complete the CPS Investigator Training Academy 2. All CPS Assessment staff and supervisors will complete the CPS Investigative Assessment Training Academy 3. Review and revise the Structured Decision Making (SDM) Intake Assessment Tool for the Child Abuse Hotline 4. Revise policy, deliver training and implement the revised SDM Intake Assessment tool at the CAH. 5. Review the SDM Safety Assessment Tool and develop recommendations for revisions and congruency with Family Advocacy and Support Tool 2.0 and other assessment tools 6. Adapt the Case Process Review tool and develop a process for OCS and CPS Assessments to methodically review cases utilizing CQI to	**Responsible Party** Office of Child Safety and Child Programs - Assessments	**Date** September 2016

determine action plans 7. Review the IPA and develop recommendations for revisions to the IPA and non-custodial removal process, forms, and provide training to enhance understanding and consistency. Conduct a sustainable evaluation that measure fidelity to IHT 8. Define and communicate fidelity and practice expectations. 9. Develop a process to ensure fidelity reviews are embedded into DCS work.	Office of Child Programs-Network Development	December 2015
Child Death and Near Death Review and Safety Analysis 10. Safety Analyst in collaboration with Regional Nurses will obtain and review case histories, summaries and medical notes for the development of a Child Death Review (CDR) Report for presentation at a CDR meeting. 11. Death and Confirmed Near-Death cases will be reviewed on a monthly basis in every region within the state of Tennessee. 12. A quarterly report will be created to present preliminary finding determined during CDR's. 13. A yearly report presenting CDR statistics, findings and recommendations will be generated and published on the web to support continuous transparency. 14. Quality assurance process will be developed to audit all necessary functions of CDR.	Office of Child Health, Child Death Review and Safety Analysis	March 2015
Goal/Strategy: Ensure children will be safe from harm while in DCS custody.		
Objectives/Action Steps:	**Responsible Party**	**Date**
CPS Special Investigations Unit 1. The OCS is reviewing and revising the Special Investigations Unit's safety and risk assessment tool to better identify and address immediate safety concerns and ongoing risks to a child in custody during an investigation.	Office of Child Safety, SIU	June 2015
Compliance with PREA and ACA 1. PREA Self Assessments and Mock Audit at each YDC 2. Annual ACA mock audits at each YDC 3. PREA Audit 4. ACA Audit	Office of Quality Control – Accreditation	Annually Decem*b*er 2019
Resource Home Quality Practice Team 5. The Resource Home Quality Practice Team will meet weekly to review the findings of SIU cases to make decisions regarding resource homes to ensure safety of children.	Office of Child Programs-Network Development	Weekly
Goal/Strategy: Ensure that "high risk" youth are appropriately placed to improve treatment outcomes and reduce the risk of abuse of other youth.		
Objectives/Action Steps: 1. Provide existing high risk reports to all appropriate DCS and Vanderbilt COE staff. 2. Update existing reports to add additional information that will ensure the high risk report is as helpful as possible. 3. Address provider's responsibility with high risk placements and ensure it is clearly defined in policy. 4. Complete safety plans for all high risk youth in resource homes and those that are stepping down from residential placements to resource home placements. 5. Ensure resource parents are knowledgeable of what is expected while	**Responsible Party** Office of Child Programs-Network Development	**Date** December 2015

fostering a high risk youth. 6. The Placement Specialist 2.0 course is designed to help staff understand levels of care and utilize steps in the referral process to know placement considerations. This course will also help staff gain a better understanding of their role in Child and Family Team Meetings; how to engage providers; as well as how to interface with Central Office and Placement Services, especially where the placement of high risk youth is concerned.		

Safety Outcome 2: Children are safely maintained in their own homes whenever possible and appropriate.

Measure of Progress	**Baseline**	**Goal**
Juvenile Justice Recidivism	TBD March 2015	TBD March 2015
Timeliness of Safety SDM Assessment	TBD Jan 2015	TBD Jan 2015
Timeliness of FAST (initial and re-assessment)	TBD June 2015	TBD June 2015
Goal/Strategy: Ensure strengths-based in-home practice is focused on engagement		
Objectives/Action Steps: In Home Tennessee 1. Continue to support and sustain IHT practice through adaptions to the framework as needed 2. Incorporate IHT training into existing trainings 3. Support the development of a state-wide coaching culture 4. Conduct a sustainable evaluation that measure DCS organization use of implementation drivers Enhance the work of Resource Linkage to prevent children from entering custodial care 1. Develop quality measure for monitoring resource linkage work. 2. Enhance current data collections to ensure consistency across the state. 3. Expand at Central Office level support and advocacy work for the role resource linkage staff complete. 4. Develop a triage/consultation arena of identified staff to provide expertise and case direction when families have come to the attention of the Department numerous times.	**Responsible Party** Office of Child Programs-Network Development	**Date** December 2015 December 2015
Goal/Strategy: Children and families will be assessed to determine service delivery needs and ensure the stability of families who can be maintained together safely.		
Objectives/Action Steps: FAST 1. As DCS continues to pilot the FAST 2.0, ensure that the time frames set forth by the FAST 2.0 workgroup are proper and sustainable. 2. As FAST 2.0 rolls out across the state, ensure staff are trained on policy surrounding the timely completion of the FAST 2.0 assessments. 3. Develop FAST 2.0 reports that provide information helpful for consistent timeliness. 4. As FAST 2.0 rolls out to other regions across the state, ensure that staff are supported through regular collaboration calls. 5. Continue ongoing collaboration with the COE to ensure potential barriers and needs are addressed. 6. As FAST 2.0 rolls out across the state, ensure staff and supervisors are trained consistently on what constitutes a quality assessment. 7. Continue to work with the Vanderbilt COE to ensure quality	**Responsible Party** Office of Child Programs-Network Development	**Date** March 2016

assessments are being completed and what barriers may need to be addressed. 8. As FAST 2.0 rolls out across the state, request facilitators attend the training so they can ensure that FAST 2.0 assessments are completed prior to or at the time of the CFTM. This will also help to ensure that the FAST 2.0 is incorporated into the family case plan. 9. Conduct regular case reviews to assess the current use of this practice. 10. Meet regularly with regional and central office management to strategize ways to improve in this area. Safety SDM 11. Revise policy, deliver training and implement the SDM revised tool at the CAH. 12. Review the SDM Safety tool and develop recommendations for revisions and congruency with FAST and other assessment tools	Office of Child Safety	June 2015
Goal/Strategy: Reduce recidivism of Juvenile Justice youth through prevention and intervention.		
Objectives/Action Steps: To fund programs that has been shown to Juvenile Justice reduce recidivism by the on-going evaluation of the program content, dosage and fidelity. 1. Identify all programs and services currently offered to youth adjudicated delinquent in residential care/custody. 2. Match existing services with categories of services known to meet evidence-based standards through research evidence. 3. Data collection of program dosage. 4. By utilizing the Standard Program Evaluation Protocol (SPEP) determine the average level of recidivism expected from each program/service based on implementation. Promote a balanced and restorative approach to all case management work. 1. Develop an in-service training curriculum on the balanced and restorative approach. 2. Add an overview of the balanced and restorative approach case manager pre-service – juvenile justice specialty week. 3. Investigate implementing the Victim Impact curriculum/program at the YDCs.	**Responsible Party** Office of Juvenile Justice	**Date** December 2015

Permanency Strengths and Opportunities

Kinship/Relative Caregiver

The Relative Caregiver program is managed by a Program Coordinator that provides oversight and support to four contractors that offer the actual programmatic services in local communities. The program was initially piloted in some selected geographic areas beginning in June of 2000 and was adopted into legislation and offered statewide in July of 2004.

The purpose of the Relative Caregiver Program is to provide relative caregivers and the children in their care support in order to prevent the children from entering state custody and/or support children and families after children exit to the custody of relatives and prevent the re-entry into the formal child welfare system. Services provided through the Relative Caregiver Program include support groups, information and referral, education workshops, family advocacy/short-term case management, respite and recreation, material assistance, groups for children and teens and emergency financial/start-up assistance. Other services such as Individual and Family Counseling, Mentoring, Legal Assistance and Tutoring are provided through lead agencies and Partnerships between other community stakeholders. Current, challenges to this program include limited funding to the contractors and the families that are caring for their relatives. Financial support to families is critical to long-term sustainability, and this program is only available to

coordinate and support referral to other financial programs including Families First (TANF) and Food Stamps (SNAP). In recent years, the State General Assembly has considered ending this program. In the future, our agency will continue advocating for continuation of this program and identify how to provide more financial support and assistance to families in local communities, as well as grant funding opportunities for service providers.

Permanency

The agency focuses on several key areas to ensure timely and quality permanency for children in care. The Department's energy around permanency planning, parent/child visitation and quality case contacts are among our strongest areas of focus.

The importance of Permanency Planning is to help support timeliness to permanency. In 2013, the percentage of children/youth who achieved permanency within the first 12 months of care was 45.7%, leading the country in this area of achievement. The goal for the next five years is to increase that percentage to at least 51%. All permanency plans are developed in the context of the Child and Family Team Meeting (CFTM) where children (when age/developmentally appropriate) and families are included in the development of plans and decision making.

The focus will be on increasing the capacity for documenting diligent search efforts and working with staff on changing the mindset around this process as a whole and increasing capacity for building familial and fictive kin support both formally and informally. Enhancing the SACWIS Permanency Plan Module that will include assessment results in planning in order to aid workers on developing goals and action steps targeted to better meet the needs of the child/youth and family will move the Department towards reaching the goal of timely permanence.

Parent/child visitation remains an ongoing challenge as parents often lack motivation and resources to remain actively involved reunification efforts. Ensuring workers have the resources and skills to support parent/child visitation is part of our ongoing work. DCS will continue to make use of the CQI program through regional permanency CQI teams to address improvements in this area. Currently underway are efforts to enhance TFACTS reporting on parent/child visitation, CQI teams working to identify barriers to both ensuring visits and the needed documentation of those visits.

There will also be ongoing work to ensure worker contacts with families are meaningful and quality is also a focus of regional work through improvements around case supervision, and using case process reviews to improve documentation quality.

Adoptions

During the next period for the Child and Family Service Plan, DCS will focus time and energy on improving pre-adoption and adoption support to families. DCS currently has a little over 750 children in full-guardianship awaiting adoptive families, with over 250 of them without adoptive families identified. The Division wants to ensure that prospective adoptive/guardianship families are prepared to receive children in their homes based on each unique need, children know individual family dynamics and are prepared to smoothly transition into adoptive families, the process to permanency is without barrier and occurs timely, that eligibility and management of subsidies is done in accordance with federal program guidelines and state policy, and that the support to adoptive/guardian families that exist in the community meet the child and family needs.

The Division responsible for the adoption programmatic work is staffed to meet the needs of children/families and support policy/practice expectations for field staff. The subsidy unit is staffed with 10 employees that support determinations of eligibility and have the responsibility of on-going management of approved subsidy records. The unit is led by two Program Coordinators that have over 30 years of experience with the Department and provide expertise in practice, policy, and understanding of federal expectations. There are an additional 4 staff that spend more time focusing on the pre-adoption support to children and families. The responsibilities of these staff include case reviews of children in full-guardianship, ensuring children are photo-listed to AdoptUSKids for recruitment, provide regional support to writing pre-placements summaries and providing full-disclosure to families, and other adoption related tasks.

The employees within the Division have been able to collectively team together to ensure that DCS has exemplary adoptive outcomes for children and families. Some of the successes DCS has experienced include leading the nation in

timeliness to adoptive permanency (NCANDS data), limiting adoption dissolutions to less than 2% for children that receive adoption support services, the implementation of a new HART gallery in Tennessee, and limiting audit findings related to the adoption assistance and guardianship subsidy programs.

Adoption Registration Unit

The Adoption Registration Unit is charged by statute to be administered through the DCS for the purpose to preserve and register and seal all documents and records related to adoptions which have been finalized in TN. (TCA 36-1-126). In addition, this unit is responsible to provide technical assistance and support to locate and secure a sealed adoption record when a valid request to access a sealed adoption record is submitted to support or benefit the stability/permanency of a child who has come back into the system.

Access to Sealed Records and other Services

The Access to Sealed Records and Other Services Unit, which includes maintenance of Contact Veto Registry and the Advance Veto Registry, is charged by statutes to be administered through the TN Department of Children's Services. The unit is responsible to establish and implement rules of procedure to allow access to sealed adoption records by qualified individuals and allow for release of information from those records to qualified individuals and under specific circumstances or pursuant to court orders (TCA 37-1-126 thru 37-1-141). This unit in collaboration with the Adoption Registration Unit is responsible to locate and secure a sealed adoption record when a valid request to access a sealed adoption record is submitted to support or benefit the stability/permanency of a child.

Interstate Compact on the Placement of Children (ICPC)

The DCS Office of the Interstate Compact on the Placement of Children (ICPC) is charged to administer the Interstate Compact on the Placement of Children, TCA 37-4-201 et seq. and the Safe and Timely Interstate Placement of children in Foster Care Act P.L. 109-239 for the State of Tennessee. The TN DCS ICPC office is responsible for the State's operations and service delivery model which is designed to ensure protection and services to children who are placed across state lines for foster care or as a preliminary to an adoption or for temporary placement into a Residential Treatment Facility. The model supports the 5 strategic priorities of the Department. The TN DCS ICPC office works in tandem with partners within the state of TN (TN courts, DCS, Private Providers, Private Licensed Child-Caring and Child-Placing Agencies, CASA and TN citizens) as well as APHSA/AAICPC, 50 other party States and 190 County Coordinators in those States, the District of Columbia and the Virgin Islands.

Putative Father Registry

The Putative Father Registry (PFR) is charged by statute to be administered through DCS in partnership with the Department of Health (DOH), Division of Vital Records (TCA 36-2-318). The unit is responsible to maintain information in the DCS Putative Father Registry database on individuals who have filed a written notice of intent to claim parentage of a child, pursuant to the regulations in the statute. The Registrar for the Putative Father Registry is responsible to coordinate a review of the DCS Putative Father Registry and the DOH Vital Records Registry and provide a written response to requests from the Department, attorneys, and agencies and other entities for the name and/or address of a father of a child born out-of-wedlock as required in proceedings for the adoption of a child or for the termination of parental rights involving a child. The purpose of the practice in the two programs is to implement standard principles of effective, family-focused case work and service delivery to support statutory proceedings required for the adoption process and promotes due process.

Permanency Outcome 1: Children have permanency and stability in their living situations.

Measure of Progress	Baseline	Goal
More than 2 placement moves (TN Data Profile 2013)	59.8%	<50%
Exits to permanency for children with TPR filed	96.3%	98%
% of children in custody less than 24 months	82.8%	85%
Exits to adoption in less than 24 months Exits to adoption Median length of stay	46.2% 25.1 months	50% <24 months
Time to Reunification within 12 months (TN Data Profile)	59.7% 73.2%	80% 75.2%
Children in full guardianship that have their adoption finalized or permanent	80%	75%

guardianship transferred within 12 months of guardianship.		
Stability QSR Scores (2014)	78%	70%
Appropriateness of Placement QSR Scores (2014)	96%	70%
Long Term View QSR Scores (2014)	47%	70%
Successful Transitions QSR Scores (2014)	68%	70%
Permanency Planning QSR Scores (2014)	65%	70%
Implementation QSR Scores (2014)	64%	70%
Tracking and Adjustment QSR Scores (2014)	70%	70%
Timeliness of developing the Permanency Plan	97.5%	95%
Reentry within 12 months of exiting custody (TFACTS) (TN Data Profile 2013)	4% Brian A 11.7% JJ 12.5%	<5% <10% <9.9
Youth discharged at age 18 shall have earned a GED, graduated from high school, enrolled in high school or college or alternative approved educational program for special needs children, currently enrolled in vocational training, or employed full time.	84%	90%
Goal/Strategy: To ensure all children and families have permanency plan goals and action steps that fully incorporate the strengths and needs identified in their assessments.		
Objectives/Action Steps: 1. Assess staff across the state to better understand the barriers to incorporating assessments into plans. 2. Review current training to ensure that staff obtains knowledge on why this is essential. 3. Conduct regular case reviews to assess the current use of this practice. 4. Meet regularly with regional and central office management to strategize ways to improve in this area.	**Responsible Party** Office of Child Programs- Network Development	**Date** June 2015
Goal/Strategy: Adoptive placements will be successful.		
Objectives/Action Steps: Adoptions 1. Improve/Refine existing work in Finding Our Children Unconditional Support (FOCUS) program to ensure that children in full-guardianship are moving to adoption or another positive permanency outcome 2. Create additional data to track progress of children moving to adoptive permanency to ensure that cases are being reviewed timely and children are moving expeditiously to permanency. 3. Participate in a formal evaluation by the National Resource Center for Adoptions at Spaulding of post-adoption services program and receive feedback from service recipients. 4. Increase usage of the SACWIS system to determine and document eligibility of adoption assistance and guardianship subsidies. 5. Work closely with the Departmental OIS staff to assess and plan to automate the SACWIS system for determinations of subsidy eligibility. 6. Review and provide modifications to the agency's Adoption Best Practice Guide to better reflect practice changes and new innovative approaches that support best practice to provide better guidance to Field and Central Office staff 7. Create a process within the SACWIS system to assign subsidy cases directly to the unit rather than track them on a separate document. 8. Work closely with the National Resource Center for Adoption to enhance the process for providing full-disclosure to adoptive families.	**Responsible Party** Office of Child Programs - Adoptions	**Date** December 2015

9. Work closely with the OIS division to create reports related to adoption assistance and guardianship subsidy for improved support to staff and work management 10. Assess and Identify innovative ways to support adoptive families. 11. Ensure that every child that does not have an identified adoptive family at full-guardianship has a functioning Individual Recruitment Plan, a functioning child and family team, and a thorough "archeological dig" of the case record. Adoption Registry Unit 1. Eliminate remaining backlog registration of closed adoption records striving to achieve currency of registration of all closed adoption records within 3 months of receipt; 2. Maintain scheduling/delivery protocol to receive closed adoption records for registration from DCS/ Contract Providers and Private Licensed Child-placing agencies; 3. Address "backlog" of loose court documents, petitions/final orders and determine secure disposition of the documents--either registration or if duplicate, secure destruction which is available with additional staffing received in 2014. 4. Cross –train each staff person in registration of closed records as well as determination of action to be taken on backlog of loose court documents in order to provide more efficient management of the program. Access to Sealed Records 5. Continued participation with OIS to implement a separate Web based data system application, Phase 2-4, for tracking of Contact Veto Registry/Advance Notice Registry and the Services array, i.e. Access and Search and including reporting and auditing capability as part of the total Web application. 6. With support of the Office of Communications, establish a separate distinct "tab" entitled "Access to Adoption Records" on the TN DCS Web Site which would include a brief explanation of statutory basis for the access, and the services available to eligible individuals. The Site would allow the public to access information they would need to file a request for access or search of a sealed adoption record, including forms, their instructions for completion, fees or waivers of fees and processing time. 7. Implement Policy for Access to Sealed Adoption Records for the Department. 8. Cross –train each staff person in determination of eligibility and search in order to provide more efficient management of the program.		March 2015 December 2015
Goal/Strategy: Ensure quality transitions for all youth aging out of foster care including; limited appropriate use and proper approval of Planned Permanent Living Arrangement		
Objectives/Action Steps: 1. Collaborate regarding Independent Living services to increase youth educational and employment attainment by holding regular meetings with the Director of Independent Living and staff will be held to assess needs, research best practices and identify community champions for this ongoing effort. 2. The CRP and DCS will meet with Hamilton County Chamber of Commerce, Hamilton County local government, secondary and post-secondary schools and other stakeholders to discuss ways to	**Responsible Party** Office of Child Programs-Independent Living, and Citizen's Review Panel	**Date** June 2019

collaborate and utilize existing services to connect youth to career exploration, job shadowing, and summer employment. This can then be extended with the other regions. 3. CRP and DCS will update the foster youth handbook, a comprehensive manual to empower youth in their transition from foster care. 4. Review of PPLA goal requests and approval of all PPLA goals will be provided in writing within 2 weeks of receiving the request based on thorough review of the request to ascertain if it meets the criteria and is in the best interest of the youth. If approved, a CFTM will be held to change the goal on the Permanency Plan.	Office of Child Programs – Permanency Planning	

Permanency Outcome 2: The Continuity of family relationships is preserved for children

Measure of Progress	**Baseline**	**Goal**
% of Parent/Child Visitation Brian A	37.7%	50%
% of Zero Sibling Contacts for siblings not placed together	55%	90%
CPR -The worker asked the child to describe visits with the family and how those visits are going from the child's perspective?	83% Brian A 75% JJ	80% 80%
CPR the worker asked the mother/father/other caregiver to talk about how visits with the child are going from her perspective?	Brian A 68% Mother 45% Father 82% Other JJ 65% Mother 45% Father 64% Other	80%
Family Connections QSR Scores (2014)	63%	70%
% of children placed > 75 miles/different region	90%	85%
Prospects for Permanence QSR Scores (2014)	50%	70%
% of Children placed with Kin	17%	20%
% of Siblings NOT Placed together	22.3%	<20%
Relative Caregiver Annual Report	Qualitative	Qualitative
Diligent Search Audit Data	TBD Sept 2014	TBD
Youth Connection Scale	Report	Report
Kinship Status Report	Qualitative	Qualitative
Goal/Strategy: Ensure child and family involvement in the CFTM process and case planning.		
Objectives/Action Steps: 1. Currently Diligent Search Audits are being completed across the State to verify compliance with the Adoption and Safe Families Act. 2. Follow-up trainings are being offered that focus primarily on diligent search being more than just activities but about finding, engaging and building relationship with absent/un-involved parents, grandparents, relatives/fictive kin as a way of building a support system around the child and family that can sustain outside of DCS custody. 3. A Diligent Search Enhancement Project is underway to the SACWIS system that will make it easier for workers to document their efforts 4. A Trauma Focused CANS Assessment is being developed for the 0-4 year old population 5. A Permanency Plan Enhancement SACWIS Project is schedule for the 2014-2015 year 6. Enhancements to the SACWIS Assessment Module/Assessment Tools and the Child and Family Team Meeting Module is scheduled for 2014-	**Responsible Party** Office of Child Programs - Permanency	**Date** January 2015

2015 7. A Diligent Search report is being developed that will track all diligent search efforts and will track when there are exceptions to those efforts 8. Training is being developed to help workers create Permanency Plans that are clear, meet the needs of the child and family, utilize the results of the assessments in the plan and create a clear pathway to permanency 9. A Regional Utilization Review Process will be established in each region to review the quality of the Permanency Plans and TA will be offered if required.		
Goal/Strategy: Ensure visitation occurs as required by policy.		
Objectives/Action Steps: 1. Request development a FSW/Parent visitation report so central office and regions can monitor casework contacts with parents. 2. Regional Permanency CQI teams will continue to work on challenges to parent/child visitation occurring and being documented correctly.	**Responsible Party** Office of Child Programs and Office of Quality Control	**Date** September 2014 Ongoing
Goal/Strategy: Ensures children are placed with family/kin whenever appropriate and possible. When family/kin placements are not possible, children will be placed in the most appropriate placement based on their needs.		
Objectives/Action Steps: Continued application of ICPC compliance into DCS policy and practice with a particular focus in the following areas: 1. Medical benefits and financial benefits allowed for children placed into or out of the state of TN including application of the Affordable Care Act in receiving States for placements who are state funded and Adoption Assistance ; identification and documentation such benefits in the referral process and secure implementation of these benefits on behalf of the child in the receiving state to promote social and emotional health and well-being for children in foster care with the ICPC model; 2. Development of contracting capability within DCS Regions to enter into an agreement with an authorized private agency in the receiving state to support such services as home study or up-dated home study and supervision and case management as well as treatment in support of TN DCS placement (NRC AdoptUSKids Project initiative); 3. Clarification of the role of ICPC in the extension of services to Youth over 18 and Independent Services program pursuant to Fostering Connections and Independent Living; 4. Clarify ICPC and the legal applications, including judicial authority in tandem with DCS custodial responsibility and the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) and judicial authority; support national and state initiatives around "Re-Homing" and human trafficking; 5. Implement of the ICPC Practice and Procedure Manual, the ICPC Judiciary Bench book and the ICPC Manual for Private and Independent Adoption onto appropriate Web sites including TN DCS and the AOC; Kinship/Relative Caregiver 1. Support TN DCS ICPC incorporation in the National electronic Interstate Compact Enterprise developed to automate the ICPC administrative process within all party States. Activities include: a. TFACTS (SACWIS) ICPC Data-Base and Reporting Elements: Implementation of ICPC Data Reporting through TFACTS	**Responsible Party** Office of Child Programs- ICPC, Adoptions, and Relative Caregiver	**Date** June 2016

(SACWIS) b. Support for Department Project to establish all forms in an electronic format. c. Maintain scan capability over secure network. 1. DCS will continue to assist the Relative Caregiver Program (RCP) in supporting relatives who take on the responsibility of raising related children when birth parents are unable to do so. The RCP provides access to resources and services that prop up the families in order to deflect the need for custodial services. The RCP services increase stability and safety for at risk children while supporting them in the care of their relatives. RCP collaboration with contracted providers will also continue in each region. 2. Kinship placements and the kinship resource home approval process will continue to go through modifications to improve the timeliness to approval and to provide financial assistance within a shorter period of time. There is a drive to increase the number of Kin/Relative placements within each region and statewide. 3. A pilot program has been initiated in Shelby County with the goal of decreasing the time for approval for kin/relative caregivers that have decided to become fully-approved/licensed resource parents. This effort includes a condensed version of PATH training that can be completed in 2 weekends, offering day care services to applicants in order to support attendance at weekend trainings, and providing meals during training sessions. If successful, this model of delivery could be replicated in all other areas of the state. 4. Permanency for Older Youth is learning collaborative under the auspices of Casey Family Programs. This collaborative consists of several states including Tennessee that meet every 6 months to plan and address permanency for older youth. The states are gathering information with strategies to be developed in support of finding permanency for older youth. The permanency can come in the form of Legal or "relational permanency". These strategies will involve working closely with relatives and kin in uncovering potential long term supportive relationships for youth 5. The agency will be engaging contracted, placement providers to assess how collaboration can be improved to assess supports to children in out of home care, including possibilities for placements with kin and relatives. 6. The agency will continue to assess the practice of completing diligent search for kin and relatives on behalf of children in care. For the period of this plan, DCS will be participating in case file reviews and deliver training to direct-service staff on searching, identifying, and documenting the results of diligent search efforts. Congruently, DCS will also be working with the OIS division to enhance the SACWIS system to better reflect and document efforts in this practice area.		
Goal/Strategy: Increase and improve father involvement.		
Objectives/Action Steps: *See above diligent search efforts. Putative Father Registry 1. Collaboration with DOH Vital Records to integrate the Registries of each Department which would enable designated "users" including DCS Regional Legal office personnel and/or private attorneys and private agencies personnel to access the Registry directly; receiving an	**Responsible Party** Office of Child Programs - Permanency	**Date** December 2015

immediate response if no "matches". The Registrar of the DCS Putative Father Registry would be responsible to maintain the PFR Registration and to search and confirm the name of the registered father if a "match" is indicated. 2. With support of the Office of Communications, establish "Putative Father Registry" on the TN DCS Web Site which would include a brief explanation of the Putative Father Registry and would allow the public to access information they would need to file Notice or Request and to include forms and their instructions for completion as well as establish the access for the designated users addressed above to process a clearance of the Registry. Includes collaboration with OIS to establish a secure web address for submission of requests for clearance of the Putative father Registry and submission of responses to public and private entities. Training 1. ***Engaging Fathers*** course is designed to help staff identify the barriers for father involvement and develop concrete strategies to address the barriers that will define ways fathers can be more engaged with their child(ren).		Ongoing

Well-Being Strengths and Opportunities

Physical and Mental Health

The Office of Child Health has partnered with regional staff to ensure that children receive a Well-Child Check-up via the EPSDT initially w/in 30 days of admission and annually thereafter at a screening rate of 95% or greater plus follow-up services, and screened for dental needs every six months w/ follow-up services. The Department has consistently met these requirements over an extended period of time, sufficient to vacate John B. federal lawsuit. While that is laudable, there are health-related concerns that can be developed further, among them establishing in older youth plans for maintenance and self-responsibility for health status.

DCS is also working to ensure that identified contract providers' within the DCS network are implementing Evidence-Based Practice (EBP) for mental health treatment services in their programs. Providers of focus may be identified through interacting with utilization review processes, Provider Quality Team (PQT), and/or Center of Excellence consultations (i.e., university-based community partner).

Education

The Education Division provides Education Specialists in each of the 12 regions who partner with DCS staff and schools to ensure quality education for all children in DCS custody. Education Specialists have formed positive relationships with schools that have made advocacy efforts more successful. Education Specialists typically exceed all advocacy action steps goals. Currently, all DCS school programs are in compliance with DOE and DCS standards. Monitoring procedures are in place and have been shared with all schools. While 90% of students are receiving appropriate educational services according to the QSR (an acceptable measure), 10% are either not receiving appropriate educational services or struggling in the academic setting. Improvement is needed in the transfer of records to and from all school programs. This would speed the provision of educational services to students.

Child Adolescent Needs and Strengths (CANS) Assessment

The Child and Adolescence Needs and Strengths "CANS" tool has been in use by the Department for several years, and completing the CANS assessment tool has become routine. Completing CANS is something that is engrained in staff from the very beginning of their employment. DCS has regular trainings, a standard process in place for completing the assessments and ongoing support. A key piece of the success of the CANS is the contractual relationship with the Vanderbilt COE. The COE played a key role in the implementation of the CANS and the ongoing training and support. In addition, the COE consultants in each region approve all of the CANS assessments and are housed in the regional offices. They know the staff in their region and work very closely with them to ensure quality and timely assessments.

Over the years, the CANS has become imbedded in the work with the custodial population. The focus with CANS has been on implementing, acceptance and consistent use of the tool. While those things are crucial to the success of the tool in the work, what staff use the tool for needs to shift. Because the CANS is used to determine the level of care for a youth, once the CANS has been completed and approved the use of it does not always extend beyond that outcome. While it is a very key function of the CANS, the individual items that provide insight on strengths and needs of the youth and family. Those individual items and how they are incorporated into the planning and monitoring of those cases will become more relevant and using the CANS assessment as a driver of placement decisions.

In addition to the shift in the use of the CANS, the Department also needs to work on the timeliness of CANS being completed. When CANS was incorporated into TFACTS system, DCS lost a great deal of functionality for the COE consultants. With the web application, staff had an ongoing list of youth that were going to need a reassessment CANS soon. This helped to manage this process much better. In 2013 DCS developed a report that would give some of that information back and we are hopeful that is one tool that will help with timeliness. But, whether or not there are additional factors that cause timeliness barriers needs move focus. As DCS move forward, improving the use of the CANS, the timeliness of the CANS and addressing the timeliness barriers will be the focus.

Family Functional Assessment (FFA)

The Family Functional Assessment "FFA" is a written record that explains the information attained through the successful engagement of family members, the findings of official DCS assessment tools and service provider reports, and the continual assessment of case progress. The FFA when updated regularly provides a great deal of concentrated information about a case.

The largest opportunity DCS has for improvement of this tool involves understanding why the FFA is not always initiated timely and why the quality of the FFAs is lacking. Staff acceptance of the need and use of the tool is problematic. Thoughtful discussions surrounding these barriers may provide the Department with next steps to consider.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs

Measure of Progress	Baseline	Goal
Family Functioning and Resourcefulness QSR Scores (2014)	54%	70%
Caregiver Functioning QSR Scores (2014)	96%	70%
Informal and Community Supports QSR Scores (2014)	65%	70%
Caregiver Supports QSR Score (2014)	94%	70%
Brian A F2F worker/child w/ at least 2 contacts (DCS/Provider) JJ worker/youth w/ at least one F2F (DCS/Provider)	87.8% 97.3%	80% 90%
Caseworker contacts with parents	TBD June 2015	TBD
Independent Living needs assessed (CPR) Independent Living with plan in case file (CPR)		
Engagement QSR Scores (2014)	78%	70%
Teaming QSR Scores (2014)	72%	70%
Voice and Choice QSR Scores (2014)	73% Overall 85% Child 56% Mother 52% Father 87% Other	70%
Ongoing Assessment QSR Scores (2014)	61%	70%
Permanency Planning QSR Scores (2014)	65%	70%
Implementation QSR Scores (2014)	64%	70%
Tracking and Adjustment QSR Scores (2014)	70%	70%
Use of assessments in case planning (CPR –Agree and Partially Agree)	95% Brian A 94% JJC 83% JJP 79% CPSI	90%

	85% CPSA	
Timeliness of CANS (initial/reassessment)	31.9% Initial	80%
Goal/Strategy: Ensure timely assessments that properly assess and develop permanency plans to meet each child and family's unique needs.		
Objectives/Action Steps: CANS 13. Provide DCS staff and Vanderbilt COE staff with access to existing CANS reports. 14. Develop additional reports that provide timeliness information for all other (non-initial) CANS. 15. Assess staff across the state to better understand the barriers to timely assessments. 16. Conduct regular case reviews to determine what barriers may have been present. FFA 17. Develop TFACTS reports that provide FFA timeliness data. 18. Assess staff across the state to better understand the barriers to completing the FFAs timely. 19. Engage QSR to determine how regional leadership is utilizing their findings. 20. Engage regional and central office leadership to discuss FFA barriers and determine what options should be considered.	**Responsible Party** Office of Child Programs- Network Development	**Date** June 2015 December 2015 June 2014 June 2015 December 2015 June 2015
Goal/Strategy: Ensure quality assessments are being completed.		
Objectives/Action Steps: CANS 1. Assess staff across the state to better understand the barriers to quality assessments. 2. Continue to work with the Vanderbilt COE to ensure quality assessments are being completed and what barriers may need to be addressed. 3. Ensure current training adequately covers what makes a quality assessment. Explore Ages 0 to 4 CANS assessment opportunities. 1. Continue collaborating on the Breakthrough Series Collaborative for Age 0 to 4 CANS. 2. Meet regularly with regional and central office management to discuss the BSC and determine what option, if any, best meets the assessment of needs. FFA 1. Conduct regular case reviews to determine what barriers may have been present. 2. Assess staff across the state to better understand the barriers to quality FFAs. Engage regional and central office leadership to discuss FFA barriers and determine what options should be considered.	**Responsible Party** Office of Child Programs- Network Development	**Date** June 2014 June 2015 December 2015 December 2015 June 2015

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs

Measure of Progress	Baseline	Goal
Learning and Development QSR Scores (2014)	90%	70%
Results from monitoring visits to in-house schools	100%	100%
Goal/Strategy: Education Division will provide advocacy services for all students in state custody attending public school.		

Objectives/Action Steps:	Responsible Party	Date
1. An average of at least 140 student education files will be reviewed each month to ensure that appropriate education services are being provided in the schools. Results of the files reviews will be reported to regional FSWs and Team Leaders each month.	Office of Child Health - Education	Annually Annually
2. A minimum of 170 education trainings will be provided annually to DCS staff, public and private schools, and other stakeholders to assist them in becoming better advocates for students in state custody.		Annually
3. The education division will attend an average of 170 student centered education meetings per month to advocate for students.		
Court Improvement Program	DCS Legal and Administrative office of the Courts/Court Improvement Program	
1. Continue work on enacting legislation regarding required number of credits to graduate for youth in foster care. Currently each county school system sets graduation requirements, many exceeding the state minimum. This legislation will allow youth to graduate with the minimum state requirement from any public school without having to obtain a waiver from the superintendent.		
Goal/Strategy: All students in state custody attending residential on-site schools (provider schools and YDCs) will be educated in school programs approved by the Tennessee State Department of Education and recognized and monitored by the DCS Education Division.		
Objectives/Action Steps:	**Responsible Party**	**Date**
1. A group of education staff will review each in-house school compliance document (or in-house school proposal) to ensure that all requirements of the TN Department of Education and DCS Education are being met. Recognition letters from DCS Education will be sent by July 1 annually.	Office of Child Health-Education	Annually Annually
2. The DCS Education Division will monitor each YDC and Provider In-House School at least twice per year to ensure compliance efforts are continuing and that students are receiving appropriate education services. Written monitoring reports and corrective action plans (if needed) will be submitted to the Director of Education.		

Well-Being Outcome 3: Children received adequate services to meet their physical and mental health needs.

Measure of Progress	Baseline	Goal
EPSD&T Report	95%	95%
Dental Report	83%	85%
Health and Physical Well-being QSR Scores (2014)	97%	70%
Behavioral and Emotional Well-being QSR Scores (2014)	91%	70%

Goal/Strategy: Children will receive quality mental health services.		
Objectives/Action Steps:	**Responsible Party**	**Date**
1. Visit each provider identified and review their clinical programming, particularly EBPs in use.	Office of Child Health and Office of Child Programs, Network Development	January 2019
2. Disseminate information about the providers' clinical programming and EBPs used to DCS staff.		
3. Provide clinical technical assistance to providers around EBP implementation, as needed.		
Goal/Strategy: Older youth will transition from health insurance provided during custody to TennCare MCO plans for which they are eligible through age 26.		
Objectives/Action Steps:	**Responsible Party**	**Date**
1. Include easy-to-understand insurance information and process	Office of Child	**June 2015**

requirements in independent living trainings. 2. Negotiate possible definition of youth in extended foster care and independent living as a "special population" which would allow for continued insurance coverage by TennCare Select.	Health	
Goal/Strategy: Children will continue to receive quality health services.		
Objectives/Action Steps: 1. **As laid out in the attached Health Care and Oversight Coordination Plan**	**Responsible Party** Office of Child Health	**Date** June 2019

Systemic Factors

Information System Strengths and Opportunities

TFACTS is Tennessee's state automated child welfare information system (SACWIS). Strengths include it's capacity to capture and report; referrals of maltreatment (including victim/s and perpetrator/s, issues of safety and determination on the referral), a child's entry into and exit from out-of-home care, location, case plan goals, plans for services and permanency, court activities, Title IV-E determinations, contacts and ongoing case management activities including adoption activities (placement and finalized adoptions). Another strength is the degree to which TFACTS can provide data to the Children's Review Program, Court of Justice in cooperative efforts to enhance investigations and ongoing casework. TFACTS provides aggregate data to colleges/universities and other private entities through Tennessee to assist in child welfare research efforts. Numerous data reports currently provide staff and stakeholders with valuable analysis of pertinent content and service areas. Data reports include full ability to report elements in compliance with NCANDS and AFCARS. TFACTS data entry also contributes to two research datasets (an investigative and out of home care dataset) with historical information of several years as part of its quality assurance efforts. The state is currently working to define a third research data that will include post-adoption information, including disruptions and dissolutions. The state has also moved the intake and investigative functions to a web-based platform, improving the user's experience and the data collection for those functions.

State concerns include the limited capacity of an automated data exchange potential with the court system. There are ongoing efforts between the Administrative Office of the Courts and the Department of Community Based Services to facilitate the framework for more automated data matching; however, there are several inhibiting factors: the age and function of both systems, and the limited number of fields available for matching between the two systems available for matching (when matching has to be consistently reliable statewide to produce meaningful results).

The Office of Information Technology has worked to establish collaborative partnerships with all other divisions with the Department to ensure the agency's needs are met. The Management Advisory Committee is a team of senior leadership staff including the Commissioner who prioritize projects for the Office of Information Technology (OIT) based on the recommendations of the Program Review Committee. This team meets quarterly and projects include both enhancements, and large scale improvements to the TFACTS system, development of other technology systems, and data reporting projects are prioritized based on importance and available resources. The Program Review Committee (PRC) is a series of 5 teams, Child Safety, Child Health, Child Programs, Juvenile Justice, and Supporting Line of Business (i.e. Quality Control, Human Resources, Training, etc.) that work to identify technology and data related needs. These meetings create a partnership between the various lines of business and OIT to ensure that technology needs are being met.

The following needs have been prioritized for the coming year and fall into three distinct areas; data system improvements, data analytics, and technology. The action steps identified below have been prioritized, and are currently in the queue for deployment during this CFSP cycle.

Measure of Progress	**Baseline**	**Goal**
Completion of tasks	In Progress	100%
Data Quality Reports will be produced monthly for clean-up efforts	Reports	Reports
Goal/Strategy:		

Collaborate between IT and child welfare professionals to build and adjust effective data systems		
Objectives/Action Steps:	**Responsible Party**	**Date**
1. Incident Reporting enhancements	Office of Information Technology, Child Safety, Child Health, Child Programs, Quality Control and Fiscal	September 2014
2. Case Assignment Roles improvements		January 2015
3. Death/Near-death workflow improvements		September 2014
4. Health/Well-being enhancements		December 2014
5. Permanency Plan enhancements		March 2015
6. Payment adjustments improvements		March 2015
7. SACWIS/AFCARS Remediation		March 2015
8. Mandatory Race data entry project		March 2015
9. CARAT- Child Abuse Reporting and Tracking to allow clients to look-up status of child abuse reports assignments and screen-outs		September 2014
10. SDM Intake Assessment Tool revisions and enhancements		December 2014
Goal/Strategy: Build staff capacity through data analytics.		
Objectives/Action Steps:	**Responsible Party**	**Date**
1. Develop Data Warehouse enhancements.	Office of Information Technology	June 2015
2. Fully implement use of Reports Center of Excellence Catalog.		
3. Develop data Dashboards at the individual level to provide data analytics regarding individual performance.		
4. Determine what data is needed in a "dashboard" to improve practice; what population needs which data, and at what frequency.		
5. Identify what information can be compared.		
6. Improve ability to cross-reference data.		
7. Develop Core Brian A Reports Augmentation (complete reports with Oracle Business Intelligence (OBIEE) tools		
8. Data quality reports will be developed monthly to provide staff with data gaps including, Mega Report (gaps in demographic data), timely placement entries, cases without permanency plans, missing race data, missing education information data, cases without adjudication data, missing NOA, relative caregiver approval data, etc. These reports will all be utilized for data clean-up efforts by the regions monthly.	Office of Information Technology, Office of Child Programs, Office of Juvenile Justice, Office of Child Safety	Monthly
Goal/Strategy: Ensure staff has technology available to support performance and timeliness of duties.		
Objectives/Action Steps:	**Responsible Party**	**Date**
1. Deploy 2600 tablets to frontline staff statewide.	Office of Information Technology	January 2015
2. Deploy additional mobile Devices as funding is available.		June 2019
3. Enhance video-conferencing capabilities to increase collaboration during statewide meetings and as a way to enhance casework/child contact as a supplement to face to face contacts.		
4. Provide technology supports to enhance tele-work program.		
5. Develop DCS Mobile so TFACTS and other applications function on tablet/phone applications.		
6. CISCO IPT implementation		
7. Printer replacement project		
8. Migrate to Oracle 12c		
9. Server consolidation		
10. File Migration		

Case Review System Strengths and Opportunities

Quality Service Review

Quality Service Reviews (QSR) will occur in each of the twelve service regions and at each of the three Youth Development Centers annually. The QSR program is a strong review process with good representation of reviewers from across the state including external stakeholders. The data from these reviews will be utilized by the leadership team of that region/facility to develop a QSR Performance Improvement Plan (PIP) which will focus on no more than two QSR indicators that were found to not be meeting desired performance levels. Implementation of action steps for those QSR PIPs will be monitored by the Office of Quality Control. The Office of Quality Control will continue to refine the QSR process and protocol as needed.

Case Process Reviews (CPRs)

Case Process Reviews occur quarterly statewide to provide various program areas with performance in regard to case records and documentation. Records for the following program areas are reviewed: Foster Care/Kinship/Adoption, CPS Investigations, CPS Assessments, Special Investigation Unit, Juvenile Justice, Youth Development Center, Resource Home, Adoption Assistance, and Subsidized Permanent Guardianship. Over the next 5 years, Quality Control will work to improve the usefulness of CPR data results to improve practice. In addition, focus on ensuring increased connectivity between

Permanency for all Children in Tennessee (PACT)

Commissioner Henry charged DCS and Private Providers with ensuring timely permanency for children in care. The Tennessee Alliance for Children and Families (TACF) began working on a collaborative effort to achieve that objective. This effort was named Project "PACT" (Permanency for All Children in Tennessee). TACF worked with the provider agencies to develop a list of youth who may be able to exit custody within 6 months, if DCS teamed up to address a specific barrier for that youth. The types of barriers were limited to just a few: no viable family, no adoptive home, legal issues including delays within the court systems, independent living, etc. That list was shared with the Department and meetings began with the TACF, providers and regions to discuss how to best tackle the list and start this process. The custodial population reduced by four hundred children in six months. Project PACT has been extremely successful and will continue to be part of the utilization review process moving forward. Project PACT is on track for being an enduring component of the statewide utilization review process.

Measure of Progress	Baseline	Goal
% of cases reviewed quarterly for CPRs	5%	3%
Child has a written plan that is developed jointly with the child's parents/Family participated the CFTM (TFACTS)	**Initial Meeting** 35.2% Child age 0-11 77.2% Child age 12+ 65.9% Mother 39.6% Father 42.2% Other **Initial Perm Plan** 30.9% Child age 0-11 72.8% Child age 12+ 61.9% Mother 29.6% Father 30.5% Other **Placement Stability** 27.4% Child age 0-11 77.1% Child age 12+ 39.9% Mother 15.5% Father 23.2% Other	40% Child 0-11 80% All others
Periodic review for each child occurs no less frequently than once every six months either by court or administrative review (CPR Q2 FY14)	72% Brian A 41% JJ	80%

A Permanency Hearing occurs no later than 12 months from the date the child entered foster care and no less than every 12 months thereafter. (CPR Q2 FY14)	77% Brian A 76% JJ	80%
The filing of TPR proceeding occurs within 15 of the last 22 months or compelling reasons is documented. (TFACTS)	90.5%	95%
Documentation in TFACTS case recordings of all contacts for notification of staffings/CFTM (CPR Q2 FY14) (This metric needs to be expanded to include notification of court hearings and broken down by participant type – to be developed by December 2015)	55% FC/KC/AS 57% JJ	80%
Goal/Strategy: DCS will ensure a quality case review process		
Objectives/Action Steps: 1. A Case Process Review (CPR) Manual with detailed clarification provided for all questions on each CPR tool will be developed by the CQI Division. 2. An Inter-rater reliability process will be developed following the development of the CPR manual to ensure/improve reliability of the CPR tools, increase staff understanding of CPR tool items, and to identify areas where training is needed. 3. The CQI Division will partner with program leadership to continuously make improvements to CPR tools to ensure information gleaned from the reviews are useful in improving casework, supportive of COA standards and increase in alignment with CFSR.	**Responsible Party** Office of Quality Control - CQI	**Date** December 2014 June 2015
Goal/Strategy: DCS will work with internal and external partners to define shared goals and objectives.		
Objectives/Action Steps: Quality Service Review 1. The number of external review partners for the QSR will be increased by 10% (baseline 50) during the 2014/2015 QSR season. 2. The Office of Quality Control will work host a mandatory training for all QSR Coaches that will be facilitated by a national QSR expert. 3. Each region will provide an update to their QSR PIP six months after completion of the PIP and results of PIP improvement strategies will be reviewed at the following QSR. 4. Increase the types of cases reviewed in the QSR process to include CPS Investigations, Independent Living, Family Support Services, and Juvenile Justice Probation. Project PACT 1. Engage regions, providers and the TACF through existing Project PACT calls. 2. Share progress and barriers through the Project PACT calls and other provider and regional communication. 3. Monitor ongoing barriers to permanency and work collaboratively with providers, regions and the TACF to address those barriers. 4. Continue to document efforts to highlight progress and challenges. Court Improvement Program – CQI work 1. DCS and CIP will work collaboratively in the FCRB CQI Team to improve family involvement in case planning 2. Identify ways to improve the quality and occurrence of FCRB and Permanency Hearings	**Responsible Party** Office of Quality Control, Vanderbilt COE, Brian A-Technical Assistance Committee Office of Child Programs- Network Development, Contract Provider Agencies Office of Child Programs, Quality Control, Administrative Office of the Courts	Date June 2015 June 2014 June 2015 June 2016 Ongoing/Weekly

Quality Assurance System Strengths and Opportunities

Continuous Quality Improvement

DCS has a strong foundational administrative structure for CQI across Tennessee. The department has allocated a significant amount of resources to ensure the success of the CQI programs. The CQI program has a structure that is common across the state and allows for communication to flow between various levels. The current CQI program does not have a structured way of analyzing and disseminating data to CQI teams across the state. Currently data is distributed via email, but not structured for review by specific regional CQI teams as a matter of routine. Data collections clean-ups are currently managed in the regions and not done in a systematic way across the state to ensure data integrity.

CQI will also be focusing on the enhancement of a regular Foster Care Review Board CQI Team that includes joint collaboration with the Court Improvement Program. This CQI team will specifically work on issues surrounding challenges related to ensuring children have timely FCRB and Permanency Hearings, improving the quality of those judicial reviews and identifying supports and solutions to achieve these goals.

Accreditation

DCS is currently accredited by the Council on Accreditation. The COA accreditation process involves a detailed review of the organization and the programmatic functions of the administration, the service delivery environment and the service standards which include Foster care/ Kinship care, Adoption, Juvenile Justice, Child Safety, and the Youth development centers. The council utilizes a set of standards which are internationally approved and researched as best practice. To achieve COA accreditation the organization must first complete a self-study or self- analysis to assess compliance with the standards. Then a group of reviewer's complete site visits where they conduct file reviews and interviews with stakeholders, staff, and clients. Based on the findings of the reviewers COA's Pre- Commission Review Committee and/ or the Accreditation Commission determine whether the organization has successfully met the criteria.

Licensing

State licensing regulations ensure children and families receive the best possible services and care provision in residential care; in adoptions-related services and in child abuse prevention programs offered through local communities. DCS licensing has moved to an online process for the review and revision of rules by its mandated committee. This is not only more cost-effective to the state (and time-efficient to the committee members) but allows for greater input from ad hoc and collateral participants. While the final authority for approving all revisions rests with the core committee, the input from a much larger group of subject-matter experts will help ensure that the most well-rounded and practical regulations possible are implemented. This in turn informs and supports DCS residential provider policy and ensures a more seamless meshing of policy and rules. It also sets new standards that can be used in collaboration with other departments in further developing their own rules for services to children and youth.

Because DCS licensing also regulates private residential providers that do not contract with the department; as well as all international and domestic adoptions and child abuse prevention services offered within Tennessee's communities, these much needed revisions in the state regulations will protect not just children in DCS-contracted agencies but also children in residential care not otherwise subjected to oversight by the department, as well as consumers within the community.

Measure of Progress	Baseline	Goal
Timeliness of case recordings	83.2%	90%
% of Brian A custody cases with at least 2 Face to Face Contacts by worker % of JJ custody cases with at least 2 Face to Face Contacts by worker	88.1% 97.8%	85%
Committee convene; rules revised and promulgated Jan. 2015 and Jan. 2017	In Progress	Task Complete
Successful Sunset Review Calendar Year 2017	2014 Report	2017 Report
Publish case reviews on Department website	TBD	Task Complete
Engagement QSR Scores (2014)	78%	70%
Teaming QSR Scores (2014)	72%	70%
Voice and Choice QSR Scores (2014)	73% Overall	70%

	85% Child 56% Mother 52% Father 87% Other	
Ongoing Assessment QSR Scores (2014)	61%	70%
Permanency Planning QSR Scores (2014)	65%	70%
Implementation QSR Scores (2014)	64%	70%
Tracking and Adjustment QSR Scores (2014)	70%	70%
Goal/Strategy: DCS will expand the CQI Program responsibilities to aid in quality data collection, analysis and dissemination of quality data.		
Objectives/Action Steps: 1. Streamline and target TFACTS, QSR, CPR and other data into CQI teams across the state for analysis, and action to achieve improved outcomes. Utilize CFSP/Strategic Plan as a guide to CQI work (CQI) 2. The CQI Staff will be utilized at the regional level for tracking and monitoring regional data clean up reports and data monitoring on a monthly/quarterly basis depending on the report. (CQI)	**Responsible Party** Office of Quality Control -CQI	**Date** October 2014 December 2014
Goal/Strategy: DCS staff will be well trained in CQI and ability to read, evaluate and use data to make decisions. All CQI Personnel will receive training specific to completing their jobs. All DCS Staff will have access to specialized CQI in-service training.		
Objectives/Action Steps: 1. Selected CQI Staff will complete CQI Academy (CQI) 2. A formal training program will be developed for CQI staff 3. A minimum of 2 new CQI trainings will be developed annually for all DCS staff to take as in-service electives. This will include specialized training for facilitators, scribes, how to use data	**Responsible Party** Office of Quality Control – CQI, Training	**Date** September 2014 December 2019 Annually
Goal/Strategy: Provide opportunities for meaningful participation of customers in policy development and decision making.		
Objectives/Action Steps: 1. The Policy Development Unit will streamline policy development process, shorten steps and increase frequency in which policies are updated. Policy Review Committee will continue to include key stakeholders and will transition to monthly meetings to improve frequency and timeliness of policy updates. (Policy) 2. Policies will continue to go on preview on the DCS internet site in advance of finalization/commissioner approval to receive feedback and prepare staff for pending changes. (Policy)	**Responsible Party** Office of Quality Control - Policy	**Date** December 2014 Ongoing
Goal/Strategy: Ensure DCS policies and procedures are aligned with best practices (i.e. – COA, ACA, PREA standards)		
Objectives/Action Steps: The Department has established standards and guidelines regarding specific placement situations for children in foster care that include general limitations, permissible exceptions to those limitations, and for some situations. When DCS Staff must make placements that do not meet certain best practice standards a Placement Exception Request must be made and then reviewed and approved by the Regional Administrator (RA). 1. Implement interim plan for Regions to upload PERs into TFACTs. (Quality Control) 2. Update/Revise Policy 16.46 Child/Youth Referral and Placement (Quality Control) 3. Implement PER form in TFACTS which will enable us to develop and run reports (Quality Control)	**Responsible Party** Office of Quality Control	Date December 2015

4. Develop PER Qualitative Review Tool and implement routine evaluation of PER use. (Quality Control) Conduct an Implementation Evaluation of the Aggression Replacement Training (ART) that is provided to youth at the Department's three Youth Development Centers in order to measure the level of fidelity to the evidence-based practice model of this program. 1. Collect the dosage logs of sessions provided to youth and Compile monthly participation report that tracks the number of sessions delivered compared to the sessions required to meet fidelity by facility at the Youth Development Centers on a weekly basis. 1. Evaluate the Youth Surveys and How I Think Surveys (HIT) completed by the youth at the Youth Development Centers to measure the youth's perception of the service and their behavior risks. 2. Utilize the Quality Service Review process at the Youth Development Centers to determine the effectiveness of the ART program through the Emotional/Behavioral indicator. 3. Conduct Perception of Care Surveys in person at each Youth Development Center in January and July each year, providing results to Juvenile Justice Leadership and DCS Senior Leadership Team. 4. Conduct employee survey on an annual basis and provide data to each region and the State CQI Team to set improvement goals. 5. Conduct birth-parent, youth, foster parent and contract providers annually, and provide results for the Continuous Quality Improvement Coordinators for usage in Quality Circles and Quality Practice Teams.	Office of Quality Control- Program Evaluation and Office of Juvenile Justice	June 2015
Goal/Strategy: DCS will work with the community and other partners to instill a sense of common responsibility.		
Objectives/Action Steps: Improve the development and enforcement of the department's state regulations used to protect children, families and consumers of child welfare-related services. 1. Post Proposed Standards Revisions On Groupsite 2. Convene Standards Revision Committee and Invite Additional Participants 3. Complete Revisions; send to General Counsel for review 4. Register with TAR, Public Hearings, Government Ops Committee 5. Rules into Effect 6. Compliance Rollout Complete 7. Convene Next Revisions Committee Support the common agenda adopted by the Three Branches Institute administratively to assure Institute members' familiarity with, influence on and support of efforts to improve the child welfare and juvenile justice systems. 1. Engage Institute members to identify interest areas and participate in issue-focused workgroups supplemented by content experts for reports to full Institute. 2. Report benchmark results of 3BI activities as results and accomplishments at quarterly meetings. 3. Engage newly formed East, Middle and West Grand Region Institutes on matters of importance unique to the three Regions. 4. Report activities of regional 3BIs to the statewide Institute and vice versa to assure good flow of communication among Institutes. 5. Communicate brief results of Institute meetings to the members shortly after quarterly meetings to keep members informed and	**Responsible Party** Office of Quality Control- Licensing Commissioner's Office	**Date** June 1, 2014 July 1, 2014 October 1, 2014 January 1, 2015 June 30, 2015 January 1, 2016 Ongoing

motivated and staff accountable for forward movement on Institute(s) interests. 6. Synchronize Institute activities with other related groups like the Children's Cabinet and Governor's Sub-Cabinet on Safety. 7. Provide technical assistance to other states/jurisdictions as requested by Casey Family Programs and NGA.		
DCS/CIP FCRB CQI Team Collaboration 1. The team will meet at least quarterly to work on items discussed in Case Review section of this plan 2. Develop strategies to ensure DCS staff is well trained and prepared to present effectively at FCRB. 3. Develop strategies to address underlying issues that result in unfavorable findings during FCRB.	Office of Child Programs, Office of Quality Control-CQI, Court Improvement Program/AOC	Ongoing
Child Advocacy Centers 1. DCS is coordinating with Child Advocacy Centers to co-locate the various disciplines involved in the investigation of child abuse and neglect. Co- location will increase communication between the disciplines and result in more seamless investigative outcomes and service delivery to children, families and the community. 2. The Office of Child Safety, Community Partnerships Division, is revising and monitoring the contracts DCS has with the Child Advocacy Centers and Forensic Interviewers. The revision of the contracts ensures there are outcome based quality measurements and that there is regular oversight to ensure expectations are being met.	Office of Child Safety, and Child Advocacy Centers	June 2015
Goal/Strategy: DCS will maintain accreditation through the Council on Accreditation.		
Objectives/Action Steps:	**Responsible Party**	**Date**
1. DCS will complete 13 site visits to include Central Office, 12 regions, and 3 YDCs by December 2014. 2. DCS will utilize the Pre-Commission report if necessary to make identified changes to practice to meet the standards. 3. DCS will provide ongoing progress reports if necessary according to the Final Accreditation report to ensure improvement in practice. 4. DCS will complete annual Maintenance of Accreditation Report. 5. DCS will complete on-going required self-reporting as outlined in the Accreditation Policies and Procedures manual. **6.** Prior to a lapse in accreditation DCS will complete a self-study and site visits according the cycle time identified by COA.	Office of Quality Control-Accreditation	December 2014 December 2015 Annually

Staff Training and Development Strengths and Opportunities

Training

The Training Division works diligently to ensure of ongoing professional development of employees. The attached Training Plan Appendix D provides a comprehensive assessment of all training delivered to staff and a five-year plan to ensure efforts to provide professional development opportunities to staff that are relevant to enhancing staff performance and supporting good outcomes for children and families.

Measure of Progress	Baseline	Goal
Retention Rate	CM1 61.6%, CM2 88%	TBD
Attrition/Turnover	CM1 28.61%, CM2 11.14%	TBD
Open Position/Time To Fill Report	TBD by October 2014	TBD
Completion Rates of Required Supervisory Training	TBD	TBD
Promotion/Demotion Reports	TBD	TBD

Participant Rates	TBD	TBD
Pre-service – employee training satisfaction survey data	TBD	TBD
In-service – employee training satisfaction survey data	TBD	TBD

Goal/Strategy: Acknowledge and support the well-being of DCS staff.		
Objectives/Action Steps: 1. Employee Satisfaction Survey 2. Develop Employee recognitions/rewards program 3. Communicate and Coordinate EAP services in CO and Regions 4. Promote Healthy Work Place practices 5. Promote Safety in the Work Place	**Responsible Party** Commissioner's Office, Office of Human Resources, Quality Control, and Training	**Date** December 2015
Goal/Strategy: Identifying employees who are a good fit for child welfare work can be challenging. DCS has diverse entry level positions in various program areas. Source and hire the right people in the right job.		
Objectives/Action Steps: 1. Hire HR Manager in Central Office HR to focus on talent acquisition. 2. Realign HR Team and structure. 3. Reporting – design and roll out reporting on Attrition, Open Position/Time to Fill. 4. Revise Hiring Procedure and redesign and roll out use of Behaviorally Based Interviewing based on Competencies.	**Responsible Party** Office of Human Resources, Training and Commissioner's Office	**Date** February 2014 August 2014 July 2014 September 2014
Goal/Strategy: Retain and develop quality employees through continuous professional development and training.		
Objectives/Action Steps: 1. Analyze data to determine professional development needs and training 2. Work with DOHR to develop a Leadership Academy 3. Review satisfaction survey date from Pre-Service and In-Service Trainings. Develop action steps and planning based on survey results.	**Responsible Party** Office of Human Resources, Training and Commissioner's Office	**Date** 8-1-2014 7/1/2014 Annually
Goal/Strategy: Foster an agile workforce.		
Objectives/Action Steps: 1. Engage in research to identify new or emerging issues that affect DCS and Identify community and state partners to work on current and emerging issues	**Responsible Party** Office of Human Resources,	**Date** March 2015
Goal/Strategy: Ensure sustainability of efforts through thoughtful succession planning.		
Objectives/Action Steps: 1. Coach and develop leaders through available vehicles – currently existing training through DOHR. a. Make DOHR Supervisory Suite required. b. Assure all supervisors receive currently required courses – Respectful Workplace, Performance Coaching, etc. 2. Coach and develop leaders through available vehicles – DOHR Leadership Development Programs – TN Government Executive Institute, TN Government Management Institute, LEAD Tennessee, etc. 3. Develop and implement Commissioner's Leadership Academy. 4. Cross train and empower employees on essential functions	**Responsible Party** Office of Human Resources, Training and Commissioner's Office	**Date** June 2016
Goal/Strategy: Foster a culture among DCS staff that embraces community input.		
Objectives/Action Steps: 1. Establish regional Three Branches Institutes	**Responsible Party** Commissioner's	**Date** Ongoing

2. Establish and maintain a Children's Advisory Council 3. Conduct regular Regional Roundtables with provider agencies 4. Support and engage the development of a Statewide Foster Care Review Board organization	Office, Office of Child Programs, Office of Child Safety	

Service Array Strengths and Opportunities

In Home Tennessee

The Tennessee Department of Children's Services (DCS) implemented an initiative to strengthen and improve in-home services through the development of the In Home Tennessee Framework; the assessment and development of an effective array of services, and the engagement of children, youth, families, and community partners in service planning and service delivery processes to achieve safety, permanence, and well-being. The *In Home Tennessee Framework* guides in-home case practice by pinpointing four effective case worker skills that can be used to help empower families and keep children safe in their homes. The four skills are (1) supportive engagement and teaming, (2) effective family assessment, (3) collaborative development of a family plan with targeted goals, and (4) ongoing tracking and adaptation of the family plan to ensure child safety and well-being and completion of goals.

A non-custody case review developed seeks to ascertain the degree to which DCS case workers are implementing the four elements of the In Home Tennessee practice enhancement model with fidelity. Specifically, the degree to which workers are: completing and utilizing the FAST and YLS; measurable goals specific to intensity of needs are being created and incorporated into family plans; service plans are being completed, goals are being met, and family plans are being adjusted; and families are being engaged as collaborative partners throughout the process. Current data reflects an opportunity to continue to improve utilization of assessment within the planning process.

The safety, well-being, and permanence of children are paramount to effective in-home services practice. These services can begin through Child Protective Services, Juvenile Court or post-reunification. Therefore, all case managers who provide in-home services, including CPS case managers and Family Service Workers, use the entire system of care to empower families in order to improve the family's ability to adequately care for their children while maintaining their safety in the home as well as public safety and welfare. Recently conducted fidelity reviews in 4 regions reflect opportunity to improve outcomes through strengthening assessment and case planning. A single definition and measurement of engagement is paramount to improving engagement

IHT is focused on development of a Service Array that meets the individualized needs of children, youth and families. IHT has developed a service array assessment process. Each region completed this process assessing 14 core services and 5 practice areas. After the assessment each region developed priorities and workgroups to address a service gaps identified. The overall strengths were in communication efforts, individualized services, and family centered approach to services.

The assessment noted as barriers to providing services to families: variations of services across regions/counties, lack of accessibility, eligibility, inability to build parental capacity and worker's perception of family receptiveness. In addition, the service array assessment was a labor intensive process. In moving forward the service array assessment needs to be simplified.

Evidenced Based Practices

DCS is working with the Vanderbilt Center of Excellence (COE) and Therapeutic Foster Care providers on the use of evidenced based practices (EBPs) utilized in the treatment of children receiving therapeutic foster care services. The goal is to ensure the use of the best EBPs based on the child's individual therapeutic needs, ensure the quality in delivery of these services and ensure that clinical staffs have the training and skills needed to implement appropriate treatment.

Measure of Progress	Baseline	Goal
Service gap analysis results	TBD	TBD
IHT Service Array Data	Report	Report
Goal/Strategy:		

Ensure service array meets the needs of children, youth and families.		
Objectives/Action Steps: 1. Conduct a Network Needs Assessment to create a Network Advisory Report. (Network Development) 2. Conduct a service array analysis that results in services that meet the needs of families and children. (Network Development) Conduct a state-wide needs assessment regarding contract providers' clinical practices around therapeutic foster care (TFC). 1. Work with community partners to gather quantitative and qualitative data regarding TFC practices across the contract provider network. 2. Integrate various data sources and write report that includes recommendations. Implement a quality improvement project regarding TFC practices, based on recommendations from the needs assessment 3. Complete the TFC needs assessment. 4. Develop a committee that includes DCS and community partners to work on a plan for implementing recommendations from the TFC needs assessment. 5. Based upon the plan for implementation, lead the process of facilitating and monitoring improvements in TFC practices.	**Responsible Party** Office of Child Programs-Network Development	Date March 2016 September 2014 December 2017
Goal/Strategy: Tailor partnerships and services to reflect the unique needs of each community.		
Objectives/Action Steps: In Home Tennessee 1. Develop and implement streamlined process to assess regional service array with external stakeholders. 2. Collect and utilize service array data to identify and develop strategies to address regional strengths and needs. 3. Collect and utilize service array data to identify and develop strategies to address systemic, state-wide service array issues. Strengthen internal process of regions to address service array gaps.	**Responsible Party** Office of Child Programs-Network Development	**Date** January 2015
Ensure in home services provided to children and families are of the highest quality.		
Objectives/Action Steps: 1. Develop, implement, and monitor outcome measures for all non-custodial service contracts 2. Strengthen CB-CAP programs and expand offering of evidence based interventions. 3. Strengthen Community Advisory Boards (CABS) to collaborate with DCS to develop community resources for children and families. 4. Utilize the IV-E waiver to expand prevention efforts.	**Responsible Party** Office of Child Programs-Network Development	**Date** December 2014 Ongoing
Goal/Strategy: Work with partners and build on internal capacity to develop a continuum of services to meet the needs of children, youth and families.		
Objectives/Action Steps: Collaborate with community partners to develop and implement trauma-informed care initiatives for the contract provider network and/or DCS system. 1. Identify contract provider and staff needs regarding trauma-informed care as well as trainings and processes that can meet those needs. 2. Participate in committees that include DCS and community partners to work on plans for implementation of trauma-informed care initiatives. 3. Based upon the plan for implementation, provide technical assistance	**Responsible Party** Office of Child Programs-Network Development	**Date** December 2017

to team facilitating trauma-informed care trainings and processes.		
Goal/Strategy: Ensure appropriate resources are allocated to improve evidenced-based practices. Strengthen understanding regarding evidenced-based practice among staff and partners.		
Objectives/Action Steps: 1. Request technical assistance regarding models of TFC practice and quality improvement strategies for enhancing TFC (e.g., learning collaborative model). 2. EBP online clearinghouse will be accessed as a resource for information regarding treatment models used by contract providers. 3. Strong collaborative relationships with COEs will be utilized to support implementation of trauma-informed care, TFC enhancements, and EBPs. 4. Data regarding custodial children and youth's placement stability, ability to receive needed treatment in least restrictive setting, and improvement in well-being measures will be used to measure impact of TFC, EBP, and trauma-informed care projects. 5. Data analysis expertise to collect outcome measures. 6. Collaboration with DCS internal systems regarding licensing, quality assurance, and risk management to differentiate roles in monitoring provider practices.	**Responsible Party** Office of Child Programs-Network Development	Date June 2015

Agency Responsiveness to the Community Strengths and Opportunities

Community-Based Child Abuse Prevention (CBCAP)

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

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

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

Communications

DCS is expanding the focus of the Office of Communications to include a proactive approach to transparency and community outreach to ensure the Department's mission and vision are actualized in communication activates. During the last three years, the department has spent time responding to media inquiries. However, during the current fiscal year, the Office of Communications has transitioned to a more proactive approach.

Measure of Progress	**Baseline**	**Goal**
CB-CAP Client Satisfaction data	TBD	TBD
Court Improvement Plan Report	Qualitative	Qualitative
Citizen's Review Panel Report	Qualitative	Qualitative
Goal/Strategy: Engage customers through listening and follow through.		
Objectives/Action Steps:	**Responsible Party**	**Date**

Training 1. Create a condensed, 2-day version of the full advanced facilitation training to line staff to support better understanding of the purpose of the CFTM, the importance of preparation, the role of the facilitator, FSW, and TL for making the CFTM process meaningful and relevant to the overall planning process	**Office of Training Development**	December 2014
CB-CAP Demonstrate not only a high number of participation and satisfaction from clients who receive child abuse prevention services, but also evaluate the effectiveness of the services through a universal program evaluation. 1. Identify a universal instrument for CBCAP Grantees to use for measuring program effectiveness. 2. Collect data and evaluate data to look for trends, areas of strength and opportunities for improvement. Continue advancing Tennessee's prevention work outside of programs funded by Tennessee's CBCAP and Children's Trust. 1. Participate in community collaborations and workgroups focused on prevention-related activities and initiatives. 2. Lead involvement and promotion of activities during April Child Abuse Prevention Month. Ensure programs funded under CBCAP and Children's Trust Fund are delivering the best possible curriculum and training for the prevention of child abuse and neglect according to Tennessee's needs. 3. Evaluate effectiveness of programs serving Tennessee families and children. 4. Compare program ratings on a national scale in comparison with other prevention-focused programs. 5. Evaluate state-wide needs through service array assessments and other devices already in place.	**Office of Child Programs- Network Development**	March 2015 Ongoing March 2015
Goal/Strategy: Ensure communication messages are aligned with Department's Vision, Mission, and Strategic Priorities		
Objectives/Action Steps:	**Responsible Party**	**Date**
Strengthen community relationship through utilizing CABs 1. Activities to increase public awareness of pre-prevention services available through CB-CAP grants (Network Development 2. Implementation of CAB toolkit. The CAB Toolkit is designed to provide guidance on how Community Advisory Boards and their members can optimize the Department's involvement in CABs and bring capacity to the Department's efforts to: 3. Improve statewide communication about the Department's goals and challenges, increase community awareness of DCS's resources and services and enhance two-way dialogue with the community 4. Develop and engage community-based resources and services to help meet the immediate needs of children and families	Office of Child Programs, Network Development	Quarterly
Communication Strategies 1. Communications must be included in top-level discussions about the department's direction. 2. The Office of Communications will support all program areas with strategies to reinforce the mission and vision through community outreach and communication efforts.	Office of Communications	Ongoing
Goal/Strategy: Foster a culture of transparency.		
Objectives/Action Steps:	**Responsible Party**	**Date**

1. Respond accurately and promptly to information requests from reporters and members of the public. 2. Continue to keep stakeholders and legislators advised about departmental issues. 3. Revise the department's official website to make information easy to find and understand.	Office of Communications	Ongoing January 2015
Collaboration 1. DCS will work to increase data sharing through the CQI program with stakeholders including, but not limited to Private Providers, In Home Tennessee Partners, CABs, Court Improvement Program, Child Advocacy Centers, Citizen's Review Panel, Three Branches Institute, among others	Office of Child Programs, Child Safety, Child Health, Quality Control, and collaborators	
Goal/Strategy: Build systems to achieve timely response in communication efforts and foster an appropriate sense of urgency.		
Objectives/Action Steps: 1. Continue to carry out policies that require rapid response throughout the department to respond to Communications' need to provide information, particularly to the press.	**Responsible Party** Office of Communications and Office of Quality Control-Policy	**Date** Ongoing
Goal/Strategy: Tell our story about the achievements and challenges of DCS's children, youth, families, staff and stakeholders.		
Objectives/Action Steps: 1. Develop an auxiliary website that will be a platform to tell stories of the department's work, using narrative, spoken word and video. FALL 2014 2. Continue to expand DCS' presence on social media, where DCS can engage the public and tell the stories.	**Responsible Party** Office of Communications and Office of Information Technology	**Date** January 2015 Ongoing
Goal/Strategy: Develop effective two-way communication channels that allow DCS to solicit on-going input		
Objectives/Action Steps: 1. Schedule and carry out town-hall meetings with top department leaders across the state. 2. Sustain the regular gatherings of groups such as the Three Branches Institute and Citizens' Advisory Council. 3. Develop and sustain regular telephone call-in opportunities for staff and public with top department leaders.	**Responsible Party** Commissioner's Office and Office of Communications	**Date** Ongoing
Goal/Strategy: Develop capacity for consistent communications across multiple platforms.		
Objectives/Action Steps: 1. Coordinate messages across multiple channels, including social media, news releases, collateral materials and digital channels.	**Responsible Party** Office of Communications	**Date** Ongoing

Foster and Adoptive Parent Recruitment and Licensing Strengths and Opportunities

Foster Care

The Foster Care Division is focused on recruiting, and supporting families to foster and adopt custodial children. All families are approved to foster and adopt and DCS refers to them as Resource Families to reflect this dual approval. In recent years, DCS staff has rallied our providers, community partners, and Resource Parents for recruitment planning. This past year, DCS partnered with Focus on the Family for a large-scale recruitment event, Wait No More. There are plans to replicate this event across the state with a focus on local community needs.

While supports to our Resource Parents has increased with skilled advocates, simpler confirmation for payments via internet, and increased training opportunities, DCS wants to continue building support. In partnership with Harmony

Family Center, DCS will institute a Resource Family Mentorship Program that will establish supportive relationships between experienced Resource Parents and new Resource Parents. Additionally, DCS will continue to explore methods of obtaining feedback from Resource Parents and consider work to improve support to them and improve practices.

Progress will be measured in several ways. TFACTS generates demographic information about Resource Homes and custodial children enabling us to determine specific resource needs and availability. QSR measures engagement, functioning, resourcefulness of Resource Parents. It also measures formal and informal supports available to them and their use of those supports.

Measure of Progress	**Baseline**	**Goal**
Timely PATH Approval of New Resource Homes (within 90 days)	TBD Sept 2014	TBD
# of Children Placed in Resource Homes vs. Approve Capacity	All 5568/10267 DCS 3091/5112	Increase w/population
Number of available Resource Homes	All 4817 DCS 2614	Increase w/population
Goal/Strategy: Resource Eligibility staff will review 100% of all IV-E safety documents for initially approved and re-assessed resource homes during a calendar year.		
Objectives/Action Steps: 1. Routine review and verification that all resource families who need a waiver of criminal background, PATH Training Modifications, NON-Safety Issues and CPS Substantiations are completed on families who require approval in advance of children being placed in the home. 2. Regional and Contract Provider field staff approve resource homes. Safety documentation is scanned and uploaded into TFACTS under the resource home's current assessment. 3. After notification by field staff, Resource Eligibility staff review documentation for IV-E compliance based on federal and state standards. 4. Resource Eligibility staff document findings on forms ***CS- 0781 Resource Home IV-E Eligibility Checklist*** and ***CS-0687 Criminal History and IV-E Eligibility Checklist.*** Forms are filed for auditing purposes. 5. Resource Eligibility staff also document the findings noted on form ***CS- 0781 Resource Home IV-E Eligibility Checklist*** in TFACTS noted as the RHET Checklist page under each resource home's current assessment. 6. Resource Eligibility staff maintain a tracking log of all assigned regions and contract provider agencies. Compliance outcomes are recorded on the tracking log for each resource home for the calendar year. Monthly, staff notifies Regional and Contract Agency field staff of any outstanding reviews or resource homes that is past due. 7. Regional and Contract Agency field staff are to notify Resource Eligibility staff when new adults have moved into an approved resource home. Safety documents are to be scanned and uploaded into TFACTS for review by Resource Eligibility staff. Addendums are tracked separately by Resource Eligibility staff.	**Responsible Party** Office of Child Programs Resource Home Eligibility Division	**Date** Ongoing
Goal/Strategy: Increase the pool of families available to foster, adopt, and permanently connect with custodial children while increasing and improving our support to Resource Families.		
Objectives/Action Steps: 1. Continue regional recruitment planning to address resource needs as evidenced by regional data. Community partners and Resource Parents will remain engaged in the process. Increase focus on	**Responsible Party** Office of Child Programs, Foster Care Division	Date

communities whose children are placed away from their important connections due to inadequate resources. 2. Engage a variety of faith-based organizations, particularly in communities with too few Resource Families to meet the needs of the children from those communities entering foster care. 3. Partner with larger faith-based organizations and other social service providers for large-scale recruitment events. 4. Gather feedback from current and exiting Resource Parents for the purpose of evaluating, informing, and improving practice and to better support them as they parent. 5. Continue collaboration with Casey Family Programs regarding building the skills of Resource Parents to care for teens, encouraging long-term or life-long connections as youth leave foster care. 6. Implement a mentorship program to build the skills of new Resource Parents, particularly those caring for teens and older youth. 7. Improve assessment and planning for children experiencing adverse childhood experiences. DCS will utilize a grant to build a trauma-focused component to existing CANS assessment tool for children aged 5 to 18 years and add a component for children aged 0 to 4 years.		

3. Services

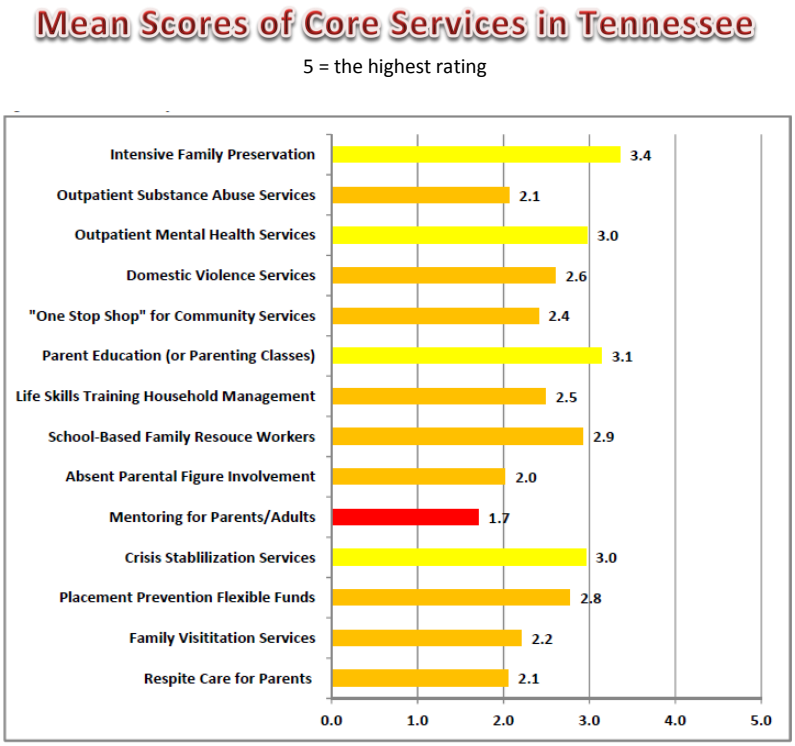
Child and Family Services Continuum - Service Description and Coordination

In-Home/Prevention Services

The state's family preservation contracts include family violence intervention, family visitation, and family support services by eight contracted agencies currently provide these services to children and families across the state.

- Family Visitation Services are provided to enhance the opportunities parents have to practice parenting skills and demonstrate their ability and to help build safe and healthy relationships. Family Visitation staff deliver services including preparing the child, parents and siblings for the visit, facilitating appropriate child/parent interaction during each supervised visit and providing feedback and coaching to parents during and after each visit.
- Family Violence Intervention Services are designed to help end the debilitating effects of the cycle of violence within families by promoting the five protective factors. Services also work to empower individuals to become self-sufficient and develop a capacity to maintain a violence-free lifestyle. For DCS cases involving family violence, there is an increased concern that abuse suffered by the victims can seriously compromise the safety of children in those families. Family Violence Intervention Services work to meet the multiple needs of families that are affected by both child maltreatment and family abuse.
- Family Support services encompass a wide range of flexible and responsive service tailored to the individual child and family's strengths and needs. Specifics service include, but are not limited to parent skill building, teaching and modeling, advocacy, crisis management, anger management, stress reduction, conflict resolution, interpersonal communication, utilizing community resources and other service not covered by TennCare.

Beginning in 2010, the Department of Children Services initiated the "In Home Tennessee" movement aimed at increasing the state's capacity for prevention services for children and families. In Home Tennessee is a collaborative effort that began with 32 local-level community service array assessments. Through In Home Tennessee (IHT), the Department, with federal technical assistance, created a regional structure for assessing quantity and quality of community services and supports, and developing regional service arrays in response to the regional assessments. The regional approach to assessing the quantity and quality of community services and supports has relied heavily on feedback from focus groups whose participants represented a broad array of community partners and stakeholders. Beginning with local community assessment meetings in 2010 and continuing through 2014, the Department and focus groups assessed the following 14 corer services areas.



Using the qualitative data generated from the focus groups on the quality and availability of community services, each region strategically selected two to three core service areas on which to initially focus their improvement plans. (Detailed information about each region's goals and progress can be accessed on the In Home Tennessee website at http://tn.gov/youth/childsafety/inhometn.shtml.) Because very little data regarding community services have been available historically, the wealth of qualitative data produced from these focus groups has proved very valuable to the DCS and provider staff in the field in identifying opportunities to improve the quality and availability of services in specific communities.

Currently, there are over twenty of these In Home Tennessee workgroups meeting regularly across the state. These groups will continue to work on a myriad of goals on topics such as filling in gaps in substance abuse services, domestic violence services, cultural awareness, school social work, etc. These meetings have resulted in increased collaboration between the involved entities, as practice and service needs are discussed openly, allowing for partnerships to form and potential new or expanded services to be added.

The Department is now planning its second round of regional needs assessments, to begin with the regions that were the first to implement In Home Tennessee. In preparation for that reassessment, staff have reviewed the initial needs assessment process in an effort to incorporate feedback from the first round. Service areas that received very little interest from regions or were found to require little enhancement in most communities will be replaced by new areas identified throughout administration of the original assessment tool. Five core areas of parenting education, mental health and therapeutic services, services to support parent-child and sibling visits, alcohol and drug treatment, and housing support (through the Department's flexible funding) will remain on the list of needs assessed, and special attention will be called to any deviation from acceptable scores in those areas.

CBCAP

Tennessee's CBCAP program is administered by Tennessee's public child welfare agency, the Department if Children's Services. CBCAP funds primary and secondary child abuse prevention activities and programs through publically-available grants operating in a 3-year cycle. Grant recipients deliver prevention activities through two prevention-focused programs. One of the programs, Darkness to Light's Stewards of Children, an evidence-informed sexual abuse prevention training program that educates adults to recognize, prevent, and react responsibly to child sexual abuse and motivates them to courageous action; and, Nurturing Parenting Programs, an evidence-based family-centered initiative

designed to build nurturing parenting skills as an alternative to abusive and neglectful parenting and child-rearing practices. These programs are made available to any Tennessee family or individual free of history of child abuse or neglect. The primary and secondary prevention is intended to prevent abuse from occurring, not prevent further occurrences after successful intervention.

As a general requirement of the federal CBCAP Program, each state is required to match, at a minimum, 20% of funding received by the ACF. In Tennessee, a portion of the State's match is subsidized through the Children's Trust Fund which includes revenue collected from a marriage license tax and specialty "Children's First" license plates.

TN's CBCAP program is advised by a board of community stakeholders, child advocates and parents appointed by the Commissioner of DCS. This board meets regularly and operates to oversee and make recommendations about the administration and plan for CBCAP.

Tennessee's CBCAP program receives ongoing technical assistance through the Family Resource Information, Education, and Network Development Service or FRIENDS. Highlighted support includes annual phone calls and on-site visits. FRIENDS also offers on-site training across a variety of topics related to CBCAP administrating, protective factors and evidence-based practices.

In addition to receiving technical assistance, TN's CBCAP program provides regular technical assistance for grant recipients. This includes face-to-face meetings, quarterly phone calls, site visits and ongoing program support and troubleshooting. Collaboration outside of CBCAP-related matters involves work through a variety of community-based and state-based initiatives including the Joint Task Force on Children's Justice, Council on Children's Mental Health, Early Childhood Comprehensive System, TN Young Child Wellness Council and Team Tennessee.

During state fiscal year 2015, Tennessee's CBCAP will start a new 3-year RFP for prevention contracts that will start fiscal year 2016. Tennessee is working to develop a universal evaluation procedure for measuring outcomes of programs funded through these CBCAP prevention grants. This will be used to determine the effectiveness of CBCAP funded programs and ensure if CBCAP dollars are being spent in the most efficient, cost-effective way.

Out of Home Care

Children entering DCS care receive services based on a level of care determined by the needs of the child through assessments and finalized in the child and family team meeting. Levels of services include Levels 1 - DCS and Contract Agency Resource Homes, Level 2 and 3 – Contract Agency Resource home and Congregate Care, Level 4 – Acute Psychiatric Hospitalization, and Youth Development Center placement types. DCS currently has maintains a network of 28 private agencies providing out-of home care and services to children in the custody of the Department and services to their families. Twenty-four of these contracts are out-of-home continuum contracts. Continuum contracts allow both providers and regions to coordinate services to children and their families while providing the flexibility to customize service delivery on an individual, child-specific basis.

The DCS continuum model was developed in order to effectuate changes in the way out-of-home services are delivered to children in the custody of the state. The protocol associated with the continuum model affords providers greater flexibility in designing services for children and families, the ability to facilitate rapid movement of children through the service system toward permanency as well as the ability to customize the delivery of services to children and families in the least restrictive, family-like setting appropriate to needs and strengths in the most cost-effective manner.

The continuum model as implemented in Tennessee is service-based and geared to purchase successful and timely permanency for children. It provides incentives for placement in the most appropriate, least restrictive, community-based settings. In addition to residential treatment or group home settings, continuum care provides a broad array of treatment and case management services extending to community-based care. These services are delivered by providers in such a way as to meet the clinical, behavioral and medical treatment needs of children.

Children enter a continuum program at a specified level of care. Currently there are three continuum levels of care provided by contract provider agencies: Level 2 Continuum, Level 3 Continuum and Level 3 Continuum Special Needs. Continuum services are initially provided to children in DCS custody in a variety of settings but may continue after a child returns home for a period of time to be determined by the recommendations of the most recent Child & Family Team Meeting (CFTM).

A continuum provider is responsible for delivering all services necessary for maintaining the stability of the child and family. That service may be delivered in a variety of treatment settings: a Residential Treatment Center, a Group Home, and a Resource Home or in the youth's home receiving In-Home Continuum Services. If an agency is unable to provide a particular service to a child directly, the provider must procure the service from an appropriately credentialed entity. Children cannot be disrupted from their recommended level of care based on an unavailability of services.

The continuum model requires providers to have the full array of services that will appropriately meet the needs of children at the recommended level. The continuum reimbursement rate is set at a specified amount and this amount remains constant throughout the child or youth's span of service in the continuum. The reimbursement rate is set at a level that is targeted to encourage providers to move children to permanency or least-restrictive settings quickly and appropriately. This rate also remains constant through the application of In-Home Continuum Services.

Many times, In-Home Continuum Services will be the final phase of continuum service application prior to a child's discharge to permanency. As such, it is critical that these services be appropriately applied and closely monitored to ensure not only that permanency is ultimately achieved but also that the family will remain intact after the decision to reunify has been made.

As mentioned above, services applied to a case utilizing the continuum are accessed through the recommendation of the Child and Family Team. In the higher levels of care (Level 3 Continuum and Level 3 Continuum Special Needs) these services are coordinated and provided as a part of the private agency's internal network of services. Service coordination, application and any costs incurred as a result of these services being applied to a case are solely the responsibility of the contracting provider. The application of these services is considered to be a part of that agency's continuum contract and may not be billed to any other entity.

In a Level 2 Continuum scenario, certain therapeutic services may be accessed using existing community providers outside of the contracting continuum agency. It is the responsibility of the continuum contractor to coordinate these therapeutic services but it is not an expectation that the contracting agency will be responsible for payment. These community-accessed services therapeutic services may be billed to TennCare.

Time Limited Family Reunification

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

- The program serves children of any age (infant to age 18) who have serious emotional and behavioral problems.
- Intercept specializes in diverting youth from out-of-home placements such as residential treatment facilities, foster homes, psychiatric residential treatment centers, hospitals or group homes, and in successfully reuniting children with their families in the community.
- Diversion services generally last four to six months, while reunification services generally last six to nine months. Intercept family intervention specialists are skilled at reuniting families even when the child has been out of the home for an extended period.

All treatment is family-centered and includes strength-based interventions. Intercept's comprehensive treatment approach includes family therapy, mental health treatment for caregivers, parenting skills education, educational

interventions, development of positive peer groups, and extensive help for families and children in accessing community resources and long-term, ongoing support.

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

Adoption Promotion and Support Services are provided through the Departments pool of regional staff identified as Permanency Specialists dedicated to supporting assigned Family Service Worker's, children, and potential adoptive families, when children have an identified permanency goal of adoption. The Permanency Specialists have expertise in the areas of Adoption and Subsidized Permanent Guardianship (SPG). Additionally, the Department has partnered via contract with Harmony Family Center to provide pre and post adoption support through their Finding Our Children Unconditional Support (FOCUS) and Adoption Support and Preservation (ASAP) programs.

Finding Our Children Unconditional Supports (FOCUS)
The FOCUS program at Harmony Family Center allows staff to make referrals for additional case support for children in need of adoptive families or planned exits to adoptive permanency. Each month all of the children in full-guardianship to the agency are reviewed by region to assess progress in their exit to adoptive families. Involved in these discussions are key stakeholders to the Child and Family Team that includes: DCS Central Office Lead, Regional Permanency Specialist, assigned Harmony Resource Coordinator (RC), Private Provider Staff, and other stakeholders. Conversations are driven by identifying whether the child has an adoptive family identified. Depending on the answer to that question for each child, unique tasks and action steps are identified and documented.

Each child that does not have an adoptive family identified it is required that their case file have thorough review (including expanded diligent search), an Individual Recruitment Plan (IRP) is developed, the Child and Family Team be expanded, and that they be photo-listed to AdoptUsKids. These tasks are completed in partnership with the regional Department staff, the provider, and the Harmony Resource Coordinator. The RC from Harmony may also take the lead in coordinating additional recruitment tasks such as following up with inquiries from potential adoptive families that are generated from AdoptUsKids or other recruitment activities.

For children in anticipated adoptive families, the FOCUS partners are targeting their work on completing pre-placement and presentation summaries, determining adoption assistance eligibility, providing Full-Disclosure, and supporting the family to sign their Intent to Adopt. When families are anticipated, much of the time is spent in gathering documents for full-disclosure and preparing the adoptive family and child for permanency.

Once the four tasks for an anticipated family is complete, the child is recognized as being in an identified adoptive home. While in this status, the FOCUS work is directed toward getting the adoption finalized in court. If any barriers are identified prior to the court hearing, the FOCUS team partners to get those resolved. Examples of these barriers include the need for additional preparation, referral to additional community-based services, ICPC issues, etc.

The FOCUS contract and our process for monthly review of the individual cases have played an important role in the State's recognition as being a national leader in timeliness to adoptive permanency. The partnership and coordination between the many stakeholders involved has resulted in getting children to forever families and an increase in adoptions of 29%, last year.

Adoption Support and Preservation
Tennessee began a statewide Adoption Support and Preservation program (ASAP) in 2004, prompted by the settlement of a lawsuit, Brian A. v. State of Tennessee. (Section 8 of the settlement agreement dealt with adoption and post-adoption support to families.) Services are provided through a contract with Harmony Adoption Services in Maryville and Knoxville, TN, that serves eastern Tennessee. Harmony subcontracts with two other private agencies – Catholic Charities in Nashville serves mid-Tennessee, and Agape Child and Family Services in Memphis and Jackson serves the

western part of the state. ASAP services include crisis intervention, in-home therapeutic counseling, monthly support groups, respite team building, adoption preparation classes and other educational opportunities for families, and other advocacy. This program is funded at $2.1 million and serves over 1,000 families annually.

The Adoption Assistance agreement, the Intent to Adopt form that families sign prior to adoption, and the agency website all refer adoptive families to the ASAP program. Some workers begin talking to families about this service prior to adoption and encourage them to participate in an adoption preparation course offered by the ASAP program. Despite formal efforts to educate families about the availability of ASAP, the program's providers report that many families do not know about their availability.

The ASAP program sponsors an annual Cycles of Healing Conference for adoptive families and clinicians and maintains a lending library of books, CDs, DVDs, and board games for adoptive families. An 8-12 hour adoption preparation training is offered to pre-adoptive families based on a curriculum developed by the program. The first four sessions of the training is dedicated to the caregiver, and the second half is child-specific preparation focused on their child's specific story and trauma history.

Each of the ASAP programs in the three grand regions of the state designs monthly support groups for their geographic service area, with groups offered in approximately 12 sites around the state. Some locations have groups for children and parents, while others just serve parents. One area has an adopted teens' support group. They have tried different approaches to maintaining support groups, and still find that some are well attended (15 families) while others struggle to gel (3 families).

ASAP requires that therapists contact adoptive families in crisis (about 40%) within 24 hours and have a face-to-face meeting within 48 hours of their initial phone call. In-home counseling with an ASAP Family Therapist is free to all families who adopted through Tennessee DCS and available on a sliding-scale fee to other types of adoptive families. There are approximately 15 therapists who work in the program across the state. The East Tennessee program has offices in Maryville and Knoxville, but many of their therapists work out of their homes in other cities such as Chattanooga and Oak Ridge. The central and west Tennessee programs have their therapists based in agency office locations.

The primary evidence-informed practice that permeates clinical practice from assessment and treatment planning to supervision is ARC (Attachment, Self-Regulation, and Competency), and TF-CBT (Trauma-Focused Cognitive Behavior Therapy) also is used heavily. Tennessee has a special program headed by Vanderbilt University's School of Medicine with partners at several other state universities – Center of Excellence for Children in State Custody – that seeks to improve the quality of health and behavioral health care services to these children. The Center established a learning collaborative and provided training on ARC and TF-CBT to community mental health providers as well as to most of the ASAP clinicians. The program utilizes statewide case consultation and is planning statewide case reviews to provide learning opportunities to enhance ARC usage and application.

ASAP therapists also use aspects of other intervention treatment models, including Trust-Based Relational Intervention (4 therapists have attended the week-long training in Texas), Circle of Security and Parent-Child Interaction Therapy. Agency staff reported that it is difficult to consistently utilize some of these models because even after therapists are trained and certified in a treatment modality, they must pay significant fees for ongoing supervision to maintain the credential.

The service statistics for 2011-2012 report 680 adopted children served, with an average length of treatment of 7.2 months. For pre-adoptive children, there was a disruption rate of 5% among families served, and for post-adoptive families, a 1% dissolution rate.

Service Decision-Making Process for Family Support Services

DCS is required to utilize the RFQ (Request for Qualifications) process, which is coordinated through the State of Tennessee Central Procurement Office (CPO). The RFQ process is similar to that of the Request for Proposal (RFP). The procuring agency defines the scope of the work to be provided and sets the evaluation factors. Notices are sent out to

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

Populations at Greatest Risk of Maltreatment

DCS has identified a few key populations at greatest risk for maltreatment including drug exposed children, children with prior CPS involvement and children under age five.

Drug Exposed Children

To address the population of drug exposed children, DCS Policy 14.21 *Screening, Assignment, and Tasks for Drug Exposed Children* was revised in April 2013 to mandate a report of drug exposed children under the age of 2 be assigned to the investigation track with a Priority 1 or 2 response timeframe, which means the child will be seen within 24 hours to two business days. This has allowed DCS to provide prompt intervention and service delivery. Through our In Home Tennessee Initiative, all regions have been able to work with community providers to increase and further develop services available to families within their communities. This increase in available services has allowed DCS staff to connect families more timely and appropriately to services than previously.

To enhance the agency's ability to quickly identify services for the infant or the mother affected by substance abuse, DCS created a hospital liaison position and identified Knox region to pilot a Drug Exposed Infant (DEI) team. This team of investigators specializes in DEI allegations and work closely with the hospital liaison and the hospital staff to assess the concerns and provide a more comprehensive treatment approach. The hospital provides an assessment which helps to inform the investigator of the needs of the mother and is instrumental in identifying resources and supports to the child, mother and other family members. Youth Villages, a contract agency with statewide coverage, has been a strong partner in East Tennessee during this pilot. A similar collaborative approach is being developed in Middle Tennessee that will bridge communication between the hospitals and DCS. Another hospital liaison position has been created and provides an opportunity to increase the knowledge of both agencies and to reduce the delay in identifying the underlying issues that impact safety. This will enhance the investigators ability to identify the services needed for the family in a timelier manner or to have quicker access to the necessary medical information to intervene with court action when such measures are necessary.

Children with Prior CPS Involvement

Prior history with DCS is another opportunity the department has to identify children most at risk of maltreatment. This process begins when a report of abuse or neglect is made to the Child Abuse Hotline (CAH). The CAH staff captures history through a search of the referenced child and household composition within TFACTS, with the information obtained documented within the referral. The Structured Decision Making (SDM) Intake Assessment Tool utilized by the CAH captures prior history in the decision tree, which is then used to inform priority response time assignment. CPS case managers per policy are required to review prior history within TFACTS, document this review and take necessary action based on the collection of information in current and historical cases. For cases assigned to the assessment or investigation track, when the need for services is identified and offered to a family, prior history plays an important factor when determining the level of services needed including filing a petition in Juvenile Court for court ordered intervention or extending services by transferring a case to family support services for further monitoring.

The IV-E Child Welfare Waiver Demonstration will greatly assist with enhancing services to this population. DCS is currently piloting the implementation of the Family Advocacy and Support Tool (FAST) 2.0, which greatly increases the ability to identify strengths and underlying needs to target needed interventions for non-custodial children brought to

the attention of DCS. A family plans are created with the family's involvement which clearly outline the key services that will be put in place to reduce risk. Once the need for services is identified, either community resources or provider agencies are utilized to deliver the services.

Several regions are focusing efforts on cases involving young children who have repeated reports of maltreatment. An internal review process has been created that escalates the case for a higher level of review when a new report of abuse or neglect is received. The focus on reviewing the child's past history with the Department, the current situation, and age of the child victim provides the opportunity for supervisors to offer input and guidance for the frontline staff. Although this review process has not been formalized statewide, the input from the regional reviews will help inform CQI efforts toward building improved policy, practice and training. These reviews create a sense of urgency to assess safety and identify services based upon the past history with the department. Once these are identified, the service provider can be better informed of the past history and address underlying issues. These reviews might also prompt a quicker intervention by the juvenile court when needed if the history suggests past non-compliance.

The Department, in collaboration with the Tennessee Bureau of Investigations, is piloting a software system in one county that communicates information related to felony drug arrests. This information is being shared with DCS by law enforcement following drug arrests to determine if the Department has any involvement with the person and the impact this arrest might have on known children in the family. Information sharing earlier in the process supports a coordinated effort that leads to timely intervention. The court in Cumberland County works closely with law enforcement and DCS to court order services and keep families under the supervision of the court to monitor the progress. This county has also engaged community partners to develop resources to meet the needs of the families in their area.

Services for Children under the Age of Five

Activities to reduce length of stay:

DCS is committed to ensure expeditious permanency, not only for children under age 5, but for all children in custody. DCS does understand that children under the age of 5 years often have special needs that require services targeted for this demographic. Child development is currently a part of DCS Pre-service training and there is also a child development course online to ensure our staff are knowledgeable of the stages of child development. The DCS TFACTS system has the capacity to generate a mega-report that could include the race, gender and length of stay for children who are under age five. Typically DCS has approximately 8,000 children in DCS custody with approximately 2083 children in its care under the age of five. Approximately 35% of all children, while only 29% of children under age 5, have been in care over 15 months.

As a part of routine practice, the Regional Administrators across the state conduct a series of case reviews to target cases for needed work toward permanency and to ensure length of stay is reduced. Permanency Reviews are conducted on all cases where children have been in custody over 6 months. These reviews focus on worker and supervisor tasks to move cases toward permanency and utilize a group supervision approach to provide coaching and feedback to front line supervisors.

A special 9 Month Legal Review is conducted when all children have been in care 9 months to ensure case work activities are on track toward reunification or shifting gears toward alternate permanency arrangements, including TPR. This review is another opportunity for group supervision between the Team Leader, Team Coordinator and legal staff to determine next steps.

DCS strives to ensure kinship placements for all children in DCS custody. Often times, relatives are better equipped to care for younger children as their needs are different from older children. Currently approximately 17% (below goal) of all children, while 22% (above goal) of children under age 5 are placed with kin while in DCS custody. This contributes to timely permanency/reduced length of stay for children for a variety of reasons. For one, parents struggling to successfully comply with their permanency plan are generally more likely to agree to children exiting to the custody to relatives through exit custody or adoption. Biological parents often come to the agreement to divest or surrender sooner in kinship cases. In looking at regional performance, it was noted that kinship placements were low in Shelby Region. In response to this, a Kinship Pilot in Shelby Region is being implemented from July 2014 through July 2015. The

Kinship Pilot is focusing strategies on implementing a Kinship PATH Pilot Training, engagement of kin earlier in the case through increased diligent search efforts, efforts to ensure timely completion of expedited home studies, and increased efforts by both CPS and Foster Care staff with an emphasis on making the first placement with kin. The goals of the Kinship Pilot include:

- Early engagement and support with families.
- Increase permanency for families.
- Decrease length of stay (increased exits to relatives/decrease short stays/increased stability).
- Increase the number of first placements with family.
- Increase the number of expedited placements entered within 24 hours.
- Shorten time to full approval for relative placements.
- Increase the total number of approved relative homes.
- Increase the number of step-downs to relatives.
- Increase supports to and stability with relatives.
- Clarity and consistency of information provided to families.
- Decrease disruptions.
- Increase diligent search compliance.

Only a small fraction of children in custody under age 5 are in full guardianship without a family identified at approximately 7%. Half of these children have been in full guardianship less than 90 days are likely to have timely permanency. Of the remaining children, a third has an identified family, but might have a legal barrier, such as a court delay. Other challenges include sibling groups with older siblings who have remaining permanency or wellbeing barriers that eliminate. The Permanency Division currently holds a monthly FOCUS review of all children in full guardianship who do not have a family identified to ensure their individual recruitment plans are moving as progressively as possible so that they reach permanence quickly. This review process has been very effective in moving children toward timely permanency.

Monitoring to ensure developmentally appropriate services are provided:
DCS requires that every investigation for all children under the age of five whose investigation results in a classification of "allegation substantiated" or who is in DCS custody have a referral for screening and eligibility determination to the Tennessee Early Intervention Services (TEIS) program through the Tennessee Department of Education (DOE) must be completed. TEIS develops and Individualized Family Service Plan (IFSP) for children whose assessment indicates a need for service. At age 3, TEIS, in partnership with DCS when applicable, ensures a timely transition to public school special education services. After the child is approved and receiving services, three (3) to nine (9) months before the child's 3rd birthday, the TEIS service coordinator will work with the family to discuss options for when the child turns three (3) years of age and exits TEIS.

DCS workers across the state are able to access age appropriate therapies for children when needed. Many local mental health providers are able to provide therapy to children as young as age 3. In cases where it is difficult to locate a provide for intensive needs, DCS staff have access to the Vanderbilt Center of Excellence, which will provide consultation, evaluation, and assist with coordination of services for children and youth in DCS care with unique mental health needs.

DCS also has plans to pilot a version of the Child Adolescent Needs Strengths (CANS) Assessment for children ages 0-4 in 2015 in four regions, with an expected launch statewide in 2016. DCS, in partnership with Vanderbilt Center of Excellence (COE), Dr. John Lyons with The Praed Foundation local community mental health stakeholders and the Children's Council for Mental Health, have been planning the implementation with support from the Breakthrough Series Collaborative which is a strategy for implementing new projects. The purpose of implementing CANS with this population is to identify trauma in young children under five to be able to connect them with adequate treatment early in foster care placement.

The DCS Medical Director conducts reviews of children under age 6 who are receiving residential treatment. The Medical Director must also review and approve any psychotropic medication prescribed for any child in DCS custody age

5 or under. Both of these circumstances are rare, thus closely monitored by the medical director and through regular CFTMs.

Safe Sleep Pilot was established in Knox Region following an increase in infants born with Neonatal Abstinence Syndrome and a small increase in infant deaths related to unsafe sleep practices. The Knox County DEI team developed a process to reliably assess and train families, and deliver sleep furniture to the point of care when needed. Data were tracked from July 2013 to January 2014. During this period, the DEI team assessed and provided training to 83% of the families (138 successful completions of 166 eligible) on their caseload. Families training and assessment were completed in the hospital and in the home. 56% of families received an assessment in both locations. As a result of these assessments, 12 families were given Pack & Plays when it was identified that these children did not have an appropriate place to sleep at home. The project resulted in a number of recommendations about development of internal policies and procedures, community partnerships, training, and determining the ability to manage and meet the requirements of the program. Lessons learned included identification of a number of points of intersection with hospitals and other providers with whom there needed to be consistent communication and the need to establish clearly defined criteria for families to be assessed. There are plans to implement these strategies statewide through 2015 and 2016 with Shelby region being the next to begin implementation.

The following is a list of additional services available to eligible or needy children under age 5 in Tennessee, which includes children in DCS custody:

- Special education services are provided by public school systems beginning at age 3 (3) for children who demonstrate need.
- Early Head Start- Pre-natal to age 3 if family is economically qualified.
- Books from Birth- One (1) free book per month for children under the age of 5 regardless of income.
- Even Start: An education program for economically qualified families that are designed to improve the academic achievement of young children and their parents, especially in the area of reading. Serves children through age 7.
- Pre-Kindergarten programs- Voluntary public school programs serving four year olds. DCS has priority status for child placement in these programs.
- Tennessee Head Start- School readiness program for children age four through age five. DCS has priority status for child placement in these programs.

Services for Children Adopted from Other Countries

Since 2004, the Tennessee Department of Children's Services has had a unique, statewide contract with Harmony Family Center, in East Tennessee, to provide post-adoption services to children and families. This service is at no charge to families that adopt from the public child-welfare agency, but legislation was created in July of 2011 that made this service accessible to any family that has adopted internationally, domestically, or privately and resides in the State of Tennessee. When contacted by families that need this type of assistance, staff will work with them to make a referral to Harmony that provides the services to family in-home. The Post-Adoption services from Harmony are delivered by a Master's level Clinician that is versed in several Evidence-Based Practices and is able to assist in referral to other community-based services, when needed. Data associated with services offered by Harmony indicates that less than 2% of the families served by this agency result in adoption dissolution.

In the next few years, DCS will continue the contract with this provider. A new 5-year contract for these services begins July 2014. This will continue to solidify future service availability and partnership with Harmony. Additionally, we will be partnering with leadership at Harmony and the National Resource Center for Adoption to conduct a formal evaluation of post-adoption services offered to clients served by the provider to improve on the delivery and service milieu.

4. Chafee Foster Care Independence Program (CFCIP)

Agency Administration of the CFCIP

The TN Department of Children's Services provides Chafee Foster Care Independent Living Program (CFCILP) services through its Independent Living Program (ILP), and also monitors the provision of Extension of Foster Care (ESC) Services. As a part of the federal mandate, this Division is charged with building a network of appropriate supports and services

for youth transitioning out of care and for those who are likely to remain in care. The Department's goal is to provide each young person in foster care, age 14 or older, with supports, services, experiences, and opportunities that are individualized based on the strengths and needs of each individual youth, that are important to healthy adolescent development, and that will help the youth successfully transition to adulthood. The strengths and needs of a 14-year-old who is four years from legal independence are generally different than that of a 17-year-old who is facing the imminent assumption of adult rights and responsibilities, and so the planning and services are tailored on that basis.

DCS uses Chafee Foster Care Independent Living Program funds to staff Independent Living Program Specialists (ILPS) within each region across the state. The DCS ILPS work directly and collaboratively with Family Service Workers, foster parents, contracted providers and youth. They are responsible for local program coordination, service delivery, community resource development, and on-going consultation to agency staff, resource parents and youth. Although the primary function of the ILPS is to provide support and technical assistance to staff and resource adults, they also provide direct services and support to youth and young adults through life skills training classes, coordinating the establishment and tracking of Extension of Foster Care Services, provisions of the Independent Living Allowance, assistance with financial aid (FAFSA), Education and Training Voucher and other scholarship applications, and support and coordination of statewide youth leadership boards (Youth 4 Youth).

Five Year Strategic Plan

- Implement strategies to conduct credit checks on 16- and 17-year-olds to determine if any youth is a victim of identity theft or credit fraud and clear the records, if necessary, before age 18. DCS will provide information to 18-year-olds on how to check their own credit report, and will ensure strategies are in place to help youth who turn 18 in early 2014 check their credit report. Contracts with credit bureau have been finalized; policy and training have been drafted and now awaiting. TN DCS OIT to build the capacity to do this work.
- Ongoing focus on legal permanency for youth approaching majority. Over the last 5 years, there has been a decrease in youth aging out across the population of youth adjudicated delinquent and dependent/neglect in TN. TN DCS will continue to implement efforts for building connections to caring adults with older youth. TN DCS will continue implementing efforts to build connections between caring adults and older youth. See foster care section of the plan.
- Increase planning for housing stability for youth aging out. Address housing options prior to the CFTM established for all youth exiting to adulthood. Develop more supportive options for housing for youth aging out.
- Ensure that resource parents caring for older youth understand what services, supports, opportunities and experiences are important for healthy adolescent development and that these resource parents are comfortable providing young people with opportunities for practicing skills and for exercising increasing levels of independence, responsibility and autonomy.
- Ensure that congregate care facilities serving older youth have programming that addresses the need for normalizing, developmentally appropriate services, supports, opportunities and experiences.
- Ensure that young people understand the services, supports, and opportunities that should be available to them, the increased responsibility that they need to exercise consistent with these opportunities, and what to do if they feel that they are not getting the services, supports and opportunities they feel they need.
- Ensure that, when additional financial supports are necessary to allow resource parents and congregate care staff to provide any specific types of services, supports or opportunities, "wraparound" or "flex funds" are available to provide that support and/or that private provider contracts address those specific types of services, supports or opportunities. As of March 31, 2014, actual expenditures for 2013-14 were $55,366.75, covering everything from school related expenses (including class trips, graduation packages, year books, tutoring and test preparation, test and application fees, summer school) to driving related expenses (driver's education classes, auto insurance, and auto repairs).
- Continue evaluation and improvement to the transition planning process. The Office of IL and the Department will conduct annual reviews to determine areas of improvement within transition planning.
- Re-examine rules and regulations that have been developed to ensure appropriate supervision of younger children in foster care, but that are being applied to older youth in care in ways that are depriving them of age appropriate opportunities and experiences, to determine whether the rules and regulations are striking the proper balance between providing supervision and supporting healthy adolescent development.

- Develop and utilize data to understand outcomes like increasing uptake and retention in EFC. Fiscal year 2012-13 was the first year that Extension of Foster Care was an available option for transitioning youth. In that year, 564 young people were served through EFC. From July 1, 2013 through March 31, 2014, 528 young people have been served in EFC, including 257 who were currently active as of March 31, 2014.
- Increase in the use of state funded scholarships and ETV. From July 2013 through March 31, 2014, 257 young people received Education and Training Vouchers totaling $676,859.66. Of those receiving ETVs, 165 were new recipients for the fall 2013 semester. During that same period, a total of 110 young people received state funded Bright Futures grants totaling $251,768.91. Of those receiving Bright Futures grants, 110 were new recipients for the fall semester. The Department has worked with Middle Tennessee State University and Hiwassee College to develop a program to provide special support for former foster youth as they adjust to college life. Efforts are underway to develop similar programs at other colleges and universities.
- Add the two additional criteria for EFC; employment and looking for employment
- Continue to fund the Jim Casey Resource Centers
- Continue to engage aged out youth, who didn't accept services to ensure they get connected to support and services, as needed.
- Continue utilization of Youth Villages Transitional Living contract. The Transitional Living Program contract has been expanded so that the program is sufficiently resourced to serve any young person interested in participating in the program, whether or not that person also opts in to Extension of Foster Care. Between July 1, 2013 and March 31, 2014, the Transitional Living Program had served 629 young people, 321 of whom were still being served as of March 31. The maximum state liability under the recently expanded contract for the Transitional Living program partnership is $3,000,000_per year for the three year period covered by the contract which is matched dollar for dollar by foundation and other outside funding secured by Youth Villages to support this work.
- Improve EFC court processes.
- Develop strategies to improve services for youth with co-occurring Mental Health and Borderline Intellectually Functioning.
- Improve practice around Pregnant and parenting parents in custody. The Knox region completed a grant looking at how to improve practice with this special population. A review of key findings will be disseminated to other regions and discussions about implementing findings into practice will occur.

The Department also provides the opportunity for older youth to come and share their experiences related to the Child and Family Team Meeting process at least four times a year, at the Advanced Skilled Facilitator training. This continues to be a positive learning experience for staff and reinforces key opportunities for improvement. Additionally, a few regions have developed Quality Practice Team circles dedicated to addressing planning issues for older youth. These teams review cases with workers and supervisors with a specific focus on transition planning, and they identify strengths and opportunities in the planning process, which allows them to continually refine transition planning in the region and to increase the opportunity for successful transition in the individual cases they review. TN DCS will continue to do this work to improve ongoing practices around CFTM and planning processes.

TN DCS IL initial and ongoing training regarding the importance of assisting youth in making successful transitions to adulthood needs to be provided to a wide range of stakeholders that all have the potential for making a difference in encouraging positive outcomes for these vulnerable young adults. Training should include information about the availability of Fostering Connections/EFC and educational, legal and other services and supports that help young adults navigate the many barriers they face. In addition to the youth themselves, among the stakeholders who could benefit from such training are the following:

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

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

TN CFCIP will continue focus training on quality planning and connecting their assessment to the plan. With the development of new youth friendly tools, the department hopes to empower youth to be part of their planning process.

Youth/young adult involvement
The Department has been working with youth leaders who serve on advisory boards to develop a set of materials and resources to help young people understand their rights and responsibilities. The Department is also putting renewed energy into the development and support of both local Youth Advisory Boards and the Statewide Youth Advisory Board. DCS is developing new Youth for Youth Boards in Nashville and Chattanooga, and has started taking applications for a statewide board. In addition, youth are providing input for a new, updated youth handbook, and one former foster youth is updating a scholarship resource document for young people interested in college. DCS is also working with KidCentral to develop a section for foster youth to access for resources. Additionally, a new Affordable Care Act Medicaid handout has been developed and will be disseminated to ensure young adults are made aware of their insurance options. A small group of former foster youth helped Independent Living leadership develop a strategic plan with the assistance of the National Resource Center for Youth development (NRCYD0). The young adults were able help guide the next steps needed to ensure an appropriate service array. In the future, youth and young adults will be included in the planning process to help guide future steps around assessment, practice improvement, and evaluation of CFCIP services and outcomes for youth.

NYTD
Stakeholder Involvement
Having completed one full cycle of NYTD baseline and follow up surveys (2011A/B and 2013A/B), the Tennessee DCS Office of Independent Living anticipates conducting a more thorough analysis of the associated data. It is also anticipated that TN will more thoroughly analyze served population data. This approach will help TN determine opportunities for utilizing independent living type services more strategically and effectively. The Office of Independent Living will share the data and product of data analysis with stakeholders through Central Office and Regional core leadership meetings, the Youth Transitions Advisory Council, the Tennessee Alliance for Children and Families (and other forms of engagement with provider partners), the Administrative Office of the Courts, CASA, the Tennessee Foster and Adoptive Care Association and, most importantly, with Tennessee's youth board, Youth 4 Youth.

Data Quality Improvement Plan
Tennessee's efforts to collect high quality data for NYTD has been challenged by primarily three factors, a) resources and strategies to obtain participated surveys in a compliant manner, b) data quality and other SACWIS conditions that affect the data available for reporting and c) development and refinement of extraction code logic and maintenance of historical data. Tennessee is mitigating challenges related to obtaining participated surveys for baseline and follow up populations via establishment of a statewide contract with a strong provider agency partner. This will assist Tennessee more consistently engage youth during and between survey time frames. Data quality issues, particularly during the 2011 A and B collection and submission periods, were largely due to a significant data conversion and clean-up efforts (required as Tennessee implemented a new SACWIS, TFACTS) that occurred just before the initial NYTD collection started in October of 2010. While this issue was fundamentally resolved, there are more opportunities. There is a project in place to re-design and implement a survey module that better reflects the NYTD Plus questions, with enhanced features such as dynamic logic to exclude unnecessary questions and a portal that will allow youth to complete the survey electronically externally to TFACTS. This will help ensure capturing data correctly up front, reducing the need for clean-up. Streamlining the way services are captured in TFACTS, particularly life skills training opportunities will also help ensure that data is captured in a valid and reliable manner. Regarding the extraction code and maintenance of historical data; much work has been completed to ensure historical reference is maintained, so that clients are identifiable over time, even if data is changed (examples include person merges, adoptions, etc.). The means by which all relevant clients and data are identified ongoing to ensure program staff know which clients to survey,

survey time frames and outcomes status continue to be refined, particularly for the baseline population that is subject to much more variance than the follow up populations.

Education and Training Vouchers (ETV) Program

The TN Department of Children's Services is the sole administrator of Education and Training Vouchers. The Office of Independent Living has a Scholarship Administrator who manages the ETV funds available and State Funded Scholarship. ETV applicants are required to provide documentation of total cost of attendance and the financial aid package for the programs they are enrolled in, and the Scholarship Coordinator and who reviews this information and established ETV awards accordingly. TN DCS is able to provide an unduplicated number of ETV's awarded each year. The program will continue looking at ways to maximize the impact of funding and involving communities and individual colleges and universities in providing increased opportunities for this population. Data is currently being reviewed to help determine fluctuations in ETV awards, identify the factors affecting this, and to inform strategies for maximizing utilization. A State Funded Scholarship awarded through the Governor's Office will continue in the coming year, and $500,000 is the amount the State Legislature has allocated toward this program.

Tribal Involvement

Tennessee is currently working to determine the status of and establish an MOU with the Mississippi Band of Choctaw's located in Lauderdale County. As it stands, all eligible youth of Indian/Native American heritage are provided the same Chafee services and incentives that are available to all other state custodial

Serving Youth across the State

DCS uses Chafee Foster Care Independent Living Program funds to staff Independent Living Program Specialists (ILPS) in each of the state's regions. The DCS ILPS work directly and collaboratively with Family Service Workers (FSW), foster parents, contracted providers, community-based organizations and youth. They are responsible for local program coordination, service delivery, and community resource development, working with specialized Foster Care Review Boards and on-going consultation to agency staff, foster parents and youth. The Independent Living program staff report to DCS Central office under the Division of Independent Living (IL) which resides under the office of Child programs. The IL team meets regularly to discuss ongoing barriers, concerns and to ensure that statewide policies are adhered to within Independent Living.

Serving youth of Various Ages and States of Achieving Independence

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

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

Some identified barriers that impede the state's ability to serve a broad range of youth include:

- DCS and provider agency turnover, which can result in lack of knowledge regarding services available and the procedures for obtaining them
- Cumbersome fiscal procedures that are not well suited to the dynamic needs of youth

Over the past 4 months, the Department has: conducted 4 focus groups across the state with older youth in foster care or extended foster care as well as former foster youth and with resource parents caring for older youth; spoken with and reviewed materials developed by national experts, including staff at the National Resource Center for Youth Development, the Jim Casey Youth Opportunities Initiative, and other organizations with expertise in serving older youth in foster care and youth transitioning from foster care; reviewed a wide range of training curricula developed for young people and those working with them, and drawn on the perspectives and experience of DCS staff and private provider staff who have been working with older youth. There was remarkable consistency in the feedback received about what basic skills and developmental experiences and opportunities are important for young people in foster care, and about the strategies best suited to ensure that young people develop these skills and have these opportunities. Specifically, the feedback received about what skills are most appropriate for the 14-16 year old population, as well as the best strategies for developing those competencies, has been incorporated into the updated Private Provider Manual as well as the resource parent trainings being developed around "teachable moments." Using suggestions of teens and foster parents as a guide, the Department collected curricula from various providers and developed guidelines for providing valuable instruction on topics of interest for young people. The Department's Independent Living Division has therefore been working with the DCS training division and the Foster Parent Association to develop and promote special training for resource parents serving older youth, to help those resource parents assume this role. The "Creating Teachable Moments" curriculum, currently in development, will employ resources developed by Casey Family Programs, as well as ongoing tracking and monitoring through the IL division. All Resource parents caring for youth ages 14 an older will be required to participate in this three hour training, that includes instruction and resources for cultivating skill sets identified by young people as imperative for their development, in alignment with the nine independent living domains previously described. The curriculum also includes a checklist of the skills and proficiencies in which all young people are expected to receive instruction. A focus group is being convened to examine the programmatic and fiscal procedures for obtaining and paying for services, which will result in an increased utilization. An increase in services that normalize youths' experience such as payment for extracurricular activities and driver's education and incentives to completion of secondary education will be a priority.

In EFC, the DCS will continue to understand what support is needed to increase retention in the programs. DCS will continue to evaluate supports needed to increase retention of youth in Extension of Foster Services. TN IL does know that the two main reasons for termination of services are youth not maintaining academic eligibility, and youth requesting termination of services.

Medicaid to Age 26

Tennessee DCS met with representatives of the Tennessee Bureau of TennCare to develop procedures for ensuring coverage for the Extension of Foster Care Population, which are in place, and also communication strategies to reach youth who aged out of foster care who may not be receiving extended foster care. This included informational flyers that were made available to DCS staff and other agencies likely to encounter youth in this demographic. The state's Legal Aid Society affiliates are actively assisting with this informational effort. The Transitional Living program is an active partner in informing youth.

Collaborating with other governmental agencies

The primary mechanism for Tennessee DCS to collaborate with other agencies regarding youth transition issues is via the legislatively mandated Youth Transitions Advisory Council. The council's membership includes representation from state departments such as the Department of Mental Health, Department of Intellectual and Developmental Disabilities, the Bureau of TennCare, and other agencies such as the Tennessee Association of Mental Health Organizations, Workforce Investment, provider agencies with contracts or other initiatives in place to serve transitioning youth such as Youth Villages, the Oasis Center, Helen Ross McNabb, Monroe Harding, (Oasis and Helen Ross McNabb administer federally funded Transitional Living programs, and Monroe Harding has a contract with DCS along with the two prior agencies to administer a Resource Center), representatives from the Tennessee Children's Cabinet, and other entities who request

attendance. Much of the membership of this current forum were instrumental in passage of legislation to extend foster care to age 21 in Tennessee, and more recent initiatives include successfully obtaining approval from the state's Department of Safety to provide free photo identification cards to all youth in state's custody age 16 and older, and young adults receiving Extension of Foster Care Services. There has been collaboration with Tennessee Works. Tennessee Works deals with young people that have intellectual and developmental disabilities. The goal of Tennessee Works is to increase the number of young people with intellectual and developmental disabilities who are employed in the state. Their focus is to ensure that every young person with a disability can find a good job. Tennessee Works wanted to reach out the Department of Children's Services to equip community agencies to support youth employment and to foster community support for inclusive employment. TN Works is aware that we work with young people that may be diagnosed with a disability. This partnership helps identify and address key concerns with this particular population.

Human Trafficking

Senior leadership of the Department of Children's Services has joined with a coalition of other agencies and departments across the state to form the Tennessee Human Trafficking Task Force. DCS has involvement with populations that have family conflict, child abuse and neglect, runaway history, truancy and substance abuse. These risk factors are commonly recognized in children who are susceptible to becoming involved in the sex trade. The State of Tennessee has been a leader among states in enacting legislation to combat the trafficking of children. This is due in part to a state wide study to assess the problem.

The Tennessee Bureau of Investigation in coordination with the Vanderbilt Center for Community Studies conducted a research study on human sex trafficking in Tennessee. The study included information gathered from law enforcement, courts, group homes, DCS and Guardians Ad litem. It was presented to the Tennessee General Assembly in 2011. One of the critical legal advancements as a result of the study was the decriminalization of minors found to be involved in the sex trade. Prior to this change in statute, a minor involved in prostitution was arrested and charged with a crime. This legal change is reflective of the recognition that children who have been recruited and indoctrinated into the sex trade are not perpetrators but victims. Identifying and treating these juveniles as victims is helpful to getting treatment and encouraging the development of a support system outside of the network of adults who have prostituted them. Since 2011, nineteen different forms of legislation have been passed in Tennessee in an effort to curtail sex trafficking as well as to identify and rescue its victims. This is the result of DCS joining with other disciplines and addressing this growing issue with a team approach.

Because study of the trafficking of minors in the State of Tennessee is somewhat new, there is much more for social service agencies to learn and put in place in order to support its victims. DCS is staying involved in these efforts and has developed started training for all investigative staff as part of the mandatory CPS Investigator Training. This training will help staff to better recognize victims of human sex trafficking and provide needed support and services to both victims and their families.

Assessment

Tennessee Department of Children's Services policy requires that a Life Skills Assessment be administered annually with all youth in state's custody ages 14 potentially to 19 years of age, regardless of adjudication or placement status. The Tennessee DCS continues to recommend the Casey Life Skills Assessment, to include the associated life skills training resources available. Over the next 5 years, DCS will continue to improve connection of life skills assessment to planning and implementation, through training, one-on-one assistance and TFACTS enhancements.

The most specific screening process that DCS has is the Child and Adolescent Needs and Strengths (CANS) Assessment which is conducted on children/youth ages 5 and older within 5 days of entering custody. A specific "trauma module" is embedded within the Tennessee version of the CANS. When the "trauma experiences" item of the CANS is scored as warranting further exploration then the trauma module is used to assess the child/youth more fully. The CANS highlights strengths and needs of the child/youth and family which will assist in determining appropriate therapeutic approaches to take with care. There is also the capacity to analyze the aggregated information gathered through the CANS to assist with systems issues. For example, this information combined with information of geographic availability of trauma treatment enables us to identify potential geographic gaps in services.

TN DCS IL will continue to use aggregate data to enhance service array based on needs and strengths across the state for youth.

Room and Board
Tennessee prescribes to the federally allowable definition which includes direct provision of funding that young adults can use toward housing, rental payments, rent deposits, utilities and payments to secure college dorm housing. The Youth Villages Transitional Living grant contract provides some allowances for purchase of groceries. Household furnishings can be purchased under certain circumstances, such as when transitioning young adults from TN DCS services to services provided by the Tennessee Department of Intellectual and Developmental Disabilities.

The primary ways Tennessee DCS assists youth ages 18 through 20 who are not in foster care with identifying safe and affordable housing options is through provision of the Youth Villages Transitional Living grant contract. While direct financial assistance to support housing may not be rendered in every case or for protracted periods, this intensive model of service delivery provides youth with weekly (or more) access to a Transitional Living staff member. This approach gives youth access to someone who can help with accessing available housing options, and walk them through the process every step of the way while ensuring active youth participation. Tennessee DCS also met with the Tennessee Housing Development Agency and collaborated to update their website; this included features that can help youth identify housing vendors who may be more willing to work with them. In the Metro Davidson County area, Tennessee DCS is working with Urban Housing Solutions to develop housing options for youth. Park Center is an agency in Nashville that provides a wide range of services to adults with mental illness, to include supported housing options that are appropriate for young adults; TN DCS has a good relationship with this agency and is a consistent source of referrals. TN DCS also works with the agencies in Tennessee who provide federally supported Transitional Living, Runaway and Homeless Youth and Street Outreach Grantees.

Extended title IV-E foster care assistance over age 18
The following represents the number and proportion of youth who remained in post custody services/extended foster care from SFY 2011-13, proceeding from their custody episodes. During SFY's 2011-12, the eligibility criteria included pursuing completion of secondary or post-secondary education. During SFY 2013, the eligibility criteria included pursuing completion of secondary education, post-secondary education or inability to pursue the former due to a disabling condition.

- SFY 2012-2013- 301 of 768 eligible remained in care (39%)
- SFY 2011-2012- 201 of 748 eligible remained in care (27%)
- SFY 2010-2011- 163 of 813 eligible remained in care (20%)

The following represents the total number of youth who received post custody services/extended foster care from SFY 2011-13

- SFY 2012-2013- 564 total served through Extension of Foster Care
- SFY 2011-2012- 444 total served through post custody services
- SFY 2010-2011- 388 total served through post custody services

Placement Services
The following placement services are available to young adults receiving Extension of Foster Care Services. The Independent Living Allowance Services are foster board payments made directly to young adults who are living in supervised independent living settings not otherwise supported with payments from the Department (living independently in an apartment with case management, for example). The placement services are determined via decisions made by the young adult and their teams, and supported as needed by results from assessment such as the Child and Adolescent Needs and Strengths. Higher level placements with increased therapeutic/clinical supports require approval by the Regional Administrators and Director of Independent Living, and are reviewed more frequently to determine options for assisting young adults with moving into more independent and community based living arrangements.

Service Type	Description
Contract Foster Care Extension of Foster Care	Contract Foster Care Extension of Foster Care
DCS Foster Care Extension of Foster Care	Regular Board Rate Extension of Foster Care
DCS Foster Care Extension of Foster Care	Special Circumstance Rate Extension of Foster Care
IL Allowance Extension of Foster Care	Regular Rate Extension of Foster Care
IL Allowance Extension of Foster Care	Graduated Rate Extension of Foster Care
Independent Living Placement Extension of Foster Care	Independent Living Residential Extension of Foster Care
Level 2 Continuum Extension of Foster Care	Level 2 Continuum Extension of Foster Care
Level 2 Extension of Foster Care	Level 2 Congregate Care Extension of Foster Care
Level 2 Special Needs Extension of Foster Care	Level 2 Special Needs - Mental Retardation Treatment Extens
Level 2 Special Population Extension of Foster Care	Level 2 Special Population - Education Extension of Foster
Level 3 Continuum Extension of Foster Care	Level 3 Continuum Extension of Foster Care
Level 3 Continuum Special Needs Extension of Foster Care	Continuum: Level 3 Special Needs Extension of Foster Care
Level 3 Enhanced Extension of Foster Care	Level 3 Enhanced Sex Offender Treatment Extension of Foster
Level 3 Enhanced Extension of Foster Care	Level 3 Enhanced Alcohol & Drug Treatment Extension of Foster Care
Level 3 Extension of Foster Care	Level 3 Extension of Foster Care
Level 4 Extension of Foster Care	Level 4 Extension of Foster Care
Level 4 Special Needs Extension of Foster Care	Level 4 Special Needs Extension of Foster Care

Services for Special Needs Populations

DCS policies 19.7 and 19.8 prescribe the procedures necessary to assist youth with certain special needs, specifically behavioral health issues and developmental disabilities, with transitioning to adulthood. This includes assistance with applications for SSI, assignment of community mental health case managers (as applicable) and assessment for transition to the state's Department of Intellectual and Developmental Disabilities services. Tennessee elected to extend foster care beyond custody to young adults incapable of pursuing secondary or post-secondary educational goals due to a disabling condition in order to further support them through their transitions. Transitional Living grant services can be provided as an additional support for young adults with special needs, per that program's assessment criteria.

Program Exits

The following represent the circumstances by which young adults leave extended foster care before the higher age elected program, which are captured for reporting purposes:

- Successful Completion of Educational Program
- Voluntary Termination of Services (Self Termination)
- Transition to Adult Services
- Unable to Locate
- Academic Ineligibility
- Risk to Self or Others (example: committing a violent crime, which is in violation of the Rights and Responsibilities Agreement young adults sign when accepting extension of foster care services).

The primary service offered when young adults transition from extended foster care, other than Transition to Adult Services, is the Transitional Living Grant service. Young adults whose extended foster care services were terminated due to academic eligibility are often assisted by Transitional Living with re-establishing a viable educational plan, and may return to request extended foster care prior to turning age 21. Young adults who transition to adult services have SSI established and are then receiving mental health and behavioral health services in coordination with the state's Medicaid program, TennCare, or services through the state's Department of Intellectual and Developmental Disabilities.

Educational Support

TN DCS uses various ways to support educational goals. TN DCS FSW's maintain monthly contact with the young adult to support their goals and assist them with any educational needs. The Youth Villages Transitional Living program works with close to 50% of youth receiving Extension of Foster Care, to include assisting them with educational matters. Young adults in extended foster care who are still working on secondary educational goals maintain an Education Passport. Young adults are eligible for IL wraparound services support that may cover tutoring (if needed). TN DCS provides

assistance with post-secondary cost of attendance through utilization of Education and Training Vouchers or a state funded scholarship, Bright Futures and can pay for things like post-secondary applications using CFCIP funds.

Collaboration with other Private and public agencies
The Department of Children's Services has engaged in extensive collaborative work with colleges and universities to encourage strengthening support for youth participating in Extension of Foster Services and increasing their retention within post-secondary education. The Division of Il has met with the Tennessee Board of regents Chancellor and school presidents and Admission staff that make up six state universities, 13 community colleges, and 27 colleges of applied technology offer classes in 90 of Tennessee's 95 counties.

The Department will continue to meet with housing authorities and other housing groups, including private providers and will continue to build relationships to increase housing opportunities.

The Department will share with employment groups the work around transitioning youth and discuss potential for partnerships.

DCS IL will continue efforts to engage and partner with CASA, Juvenile Courts, adult mental health centers, TAMHO and work with other partners when working with aged out youth. The Division of IL has been partnering with CASA and will assist in training of their Fostering Futures training for volunteers and CASA staff that will serve older youth and young adults.

The Division of IL will be entering into a partnership with Metro Nashville Public Schools (MNPS) around a Clinton Global Initiatives (CGI) to connect youth in their school system to employment and mentoring.

The Citizens review Panels (CRP's) have been instrumental in developing with TN Youth Foster handbook and will assist in the update once the young people have provided feedback. The CRP's have shown interest in connecting youth in foster care to business partners to develop programs for employment in the Chattanooga area.

TN Division of IL sets up a booth at the Annual TFACA Foster Parent Conference conducts a workshop for foster parents on parenting the young adult and development of IL skills. Staff meets with the TFACA board a couple of times a year to understand and partner youth issues.

DCS will participate regularly with the Department of Mental Health System of Care and the TN Voices for Children and their Youth M.O.V.E Initiatives. The Youth Move is a Youth led organization devoted to improving services and systems that support positive growth and development by connecting and uniting youth voice and voices of youth that have experienced mental health needs.

TN DCS believes that youth and young adults sharing their stories is a really powerful tool to assist in raising awareness around this population. Over the last year, TN has had two Jim Casey Youth Initiative Youth Fellows. One young man in East TN was on WATE News talking about foster care and advocating for foster parents to take teenagers. One young lady in East wrote a grant to assist other fellow foster youth Multiple EFC young adults came back to celebration of Excellence graduation events to share their success and stories to encourage youth to keep on going. Young people routinely assist in PATH panels, and provide expertise at the annual TJCSA court conference. The Youth Villages contract also has developed a lost at 18 website to help other understand the needs for youth and young adults.

Fiscal Information
States are required to certify (by signing the Certification in Attachment C) that no more than 30 percent of their allotment of federal CFCIP funds will be expended for room and board for youth who left foster care after the age of 18 years of age but have not yet attained 21 years of age (section 477(b)(3)(B) of the Act). In the 2015-2019 CFSP, specify the state's definition of "room and board" (see also Child Welfare Policy Manuel section 3.1G). Describe the approach the state is using to make room and board available to youth ages 18 through 20 who are not in foster care.

CFCIP and ETV

Funds under CFCIP and ETV must be expended within two years. States are required to submit separate SF-425 fiscal reports for the CFCIP and ETV programs. States are required to submit the SF-425 fiscal report for expenditures under the CFCIP and ETV 38 programs at the end of each 12 months (October 1 through September 30) of the two-year expenditure period. Reports are due 90 days after the end of each fiscal year (December 29). The SF-425 fiscal report covering the first 12-month budget period is the interim report and the report covering the entire grant period is the final report. The required 20 percent state match must be reported on the interim and final fiscal reports. Funds under CFCIP and ETV must be expended by September 30 of the fiscal year following the fiscal year in which the funds were awarded (e.g., for FY 2015, funds must be obligated by September 30, 2016, and liquidated by December 29, 2016).

5. Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Departmental policies and protocols outline the minimum guidelines for maintaining contact between case workers at DCS and children placed in foster care. In an effort to provide clear and concise instructions for case worker visits, DCS has a Visitation Protocol. The protocol describes the people responsible, time frames for the visit, and the purpose of the visit including discussion points to be covered. Along with the prescribed visitation frequencies, policy also requires that children are visited no less than is needed to assess their progress and ensure their needs are being met. The protocol requires that during each face-to-face visit the caseworker, whether DCS or Private Provider, should speak with the child privately for at least some portion of the visit. The policy and protocol outlines the requirements of case manager contacts with service providers and birth parents. The Department also requires that face-to- face visits and other contacts with children, families, service providers and/or courts be documented. The documentation includes identified strengths and needs related to the case, a description of the discussion, observations and any next steps to be completed.

DCS is in a unique situation regarding caseworker visitation. As a part of a settlement agreement, internal policy requirements and the practice model established visitation rules which have historically helped DCS meet the required monthly visitation threshold. Going forward, DCS will continue to monitor compliance of exceeding this standard. To accomplish this routine data will be provided at regular intervals at the client/worker level to ensure timely entries. Also, DCS will continue to publish the Regional Scorecards with this aggregate metric provided for the Foster Care/Brian A and Juvenile Justice populations.

6. Child Welfare Waiver Demonstration Activities

With the IV-E Waiver demonstration project, Tennessee is developing a vision that will lead to improved outcomes for children and families. This vision is tied to a theory of change that is informed by data and includes an alignment of the target population with the strategies and interventions to be used. Using data and the best research available, DCS is aligning the vision, target populations, strategies, and anticipated outcomes. Tennessee is confident they will increase positive outcomes for infants, children, youth, and families in their homes and communities, and improve the safety and well-being of infants, children, and youth with this demonstration project. In addition, Tennessee is confident these efforts will help to prevent child abuse and neglect and the re-entry of infants, children, and youth into foster care.

Tennessee vision is supported by the Continuous Quality Improvement (CQI) Process. Tennessee has engaged with all levels of agency employees and stakeholders in identifying and targeting opportunities in developing the demonstration project to help improve services, processes, and outcomes for at risk children and families. Tennessee has developed workgroups in order to help with the development, implementation, and continuous monitoring of the IV-E Waiver demonstration project. The workgroups include an Executive Committee, Regional Teams, Fiscal, Communications, Evaluation, and Program Development. These will utilize the CQI process throughout the demonstration project. Within the Program Development workgroup are sub workgroups identified as Intervention one (FAST 2.0), Intervention two, and Program Improvement. The Intervention two workgroup is working on identifying an evidenced based intervention that addresses Tennessee's vision, target populations, strategies, and anticipated outcomes with this waiver demonstration project. Tennessee is committed in ensuring the chosen intervention(s) is Evidenced Based. Chapin Hall is assisting in identifying a target population and an evidenced based intervention that best fits this population and the desired outcomes from this project.

Tennessee plans to "rebrand" In Home Tennessee to support the Title IV-E Demonstration waiver to build off the work begun with ACCWIC and continue the efforts around improving service array to targeted populations in Tennessee.

Because the ACCWIC funding received by the Department during 2009-2013 only provided funding to support community outreach and did not fund actual service delivery to clients or employee salaries, DCS was able to continue this work and transition it flawlessly into the Title IV-E Child Welfare Demonstration Project with great success.

Tennessee has received approval to explore the custodial populations as well as the non-custodial populations from ACYF on July 28, 2014. Tennessee is now exploring three areas to help with shortening our length of stay and reduce our admissions. This is due to analyzing Tennessee's data further with the help of Chapin Hall. These areas include looking at a foster care enhancement, an intervention with parenting services, and an intervention with parenting services and A/D component. Tennessee is also looking at a caseworker enhancement as an implementation support. The implementation of these interventions will be staggered throughout the waiver project. The specific interventions have yet to be decided. The parenting and parenting with A/D component will be decided after careful analyzing of the FAST 2.0 data obtained.

Tennessee will be utilizing the FAST 2.0 for our assessment tool for this demonstration project. FAST 2.0 will begin statewide implementation on October 1, 2014 beginning with the Upper Cumberland Region. Pilot implementation regions Knox, Smoky, Northeast, and East regions have already been trained on the FAST 2.0 and are currently utilizing. In addition, DCS will be hiring four consultants through the Vanderbilt COE to assist with implementation.

Tennessee has hired on Chapin Hall has the evaluator of this project. Tennessee will continue to utilize the CQI model throughout the implementation and process of this waiver.

See Appendix E for Full Details of the Title IV-E Child Welfare Demonstration Activities. See Figure 1 for summary of details.

Figure 1 – Title IV-E Waiver Demonstration Project Overview

in home TENNESSEE
DEPARTMENT OF CHILDREN'S SERVICES
Chapin Hall at the University of Chicago

Target Population

All families with children through age 17 who are in the non-custodial (non-placement) care of the State's child welfare system at the time of the demonstration's implementation or who are referred to non-custodial care throughout the life of the waiver.

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Assessment Tool, Evidenced Based Programs, And Interventions

Implementation, expansion, or enhancement of the following components:

- Statewide Risk and Safety Assessment Protocol (Enhancement of the Family Assessment and Screening Tool , FAST 2.0)
- Intensive In-Home Services (Based on the results of the FAST, screened families will be classified into one of three tiers)
- Wraparound Service Model

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Evaluation Design

Chapin Hall will be using a Continuous Quality Improvement Evaluation Framework (CQI/EF) in their three-pronged evaluation of the TNDCS Waiver:

1. Document the development of the Waiver demonstration project
2. Study the implementation of the Waiver Project and the associated changes in the time-use patterns of direct service staff, including :
   A) shifts in the process of care
   B) shifts in the quality of care
   C) shifts in the capacity of staff to implement these changes, and with fidelity
3. Assess the extent to which the Waiver has its intended effects, both in terms of child-level outcomes (outcomes study) and system costs (cost study).

Key Partners

- Governor's Children's Cabinet
- Legislature
- Federal partners
- Courts
- Department of Mental Health & Substance Abuse
- TennCare (Medicaid)
- Casey Family Programs
- Chapin Hall at the University of Chicago
- Vanderbilt Center of Excellence
- Department of Health

Fidelity and Training

Tennessee will be working in partnership with Chapin Hall who is evaluating and measuring the fidelity of this Demonstration Project as specific interventions are determined.

Short Term Outcome	Increase in staff knowledge	Increase in community partners' knowledge & agreement	Increase in staff agreement			
Intermediate Outcome	Enabled to safely remain home	Decrease in the number of systemic barriers that impact service array	Increase in the engagement of families and children involved in case planning	Increase in the number of family members attending CFTM's	Enhance well-being	
Long Term Outcome	Reduce annual rate of victimization	Increase annual percent of maltreated children who are not repeat victims of indicated maltreatment	Reduce the annual percentage of children that enter foster care	Reduce the annual percentage of children experiencing reentry into foster care within 12 months of their discharge		

***After data analysis, Tennessee is considering a developmentally/age specific target population and several Evidenced Based Programs for the custodial population as well.

7. Appendices - Targeted Plans

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