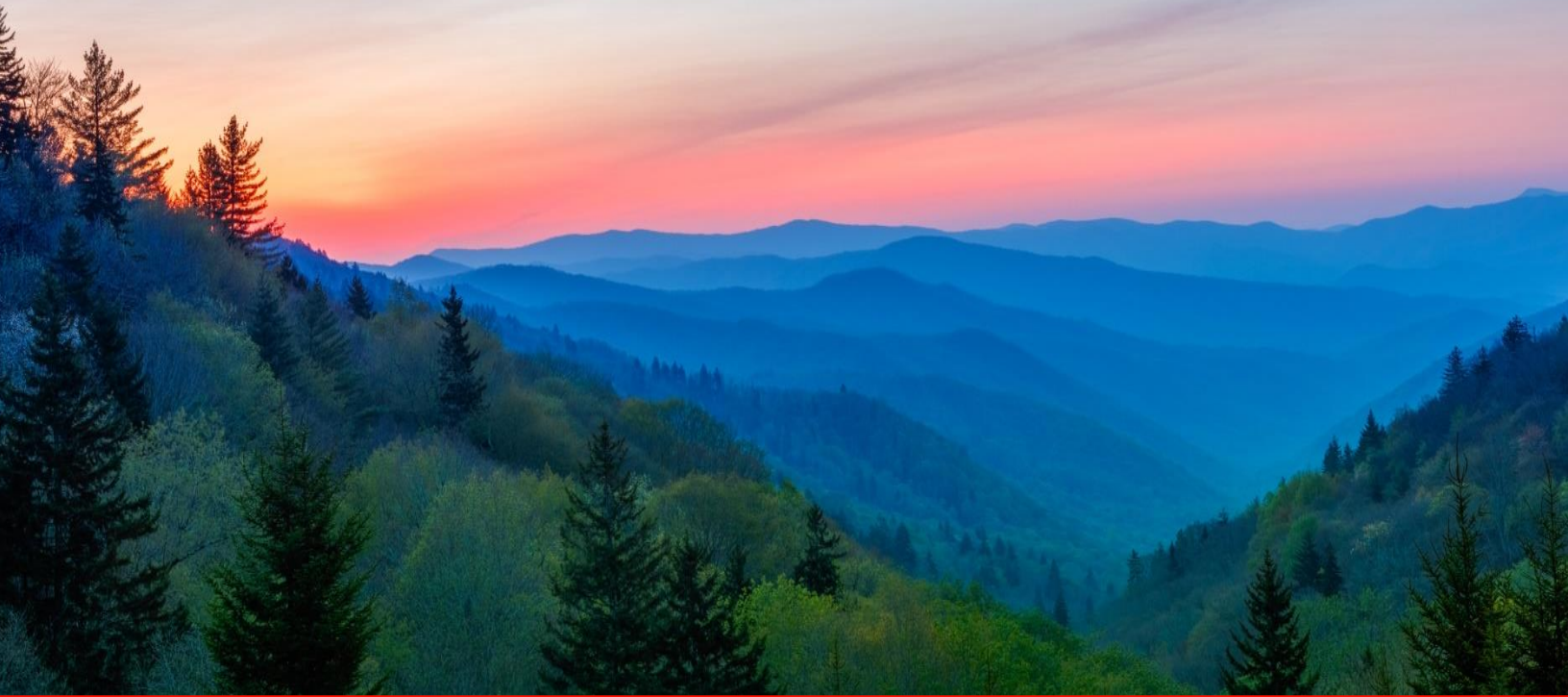**TN** Department of
**Children's Services**

# Child and Family Service Plan 2025 - 2029

Tennessee Department of Children's Services | Submitted: June 30, 2024

# Table of Contents

| Acronym Glossary | |
|---|---|
| **Abbreviation** | **Word** |
| AFCARS | Adoption Foster Care Analysis and Reporting System |
| A&D | Alcohol and Drug |
| ACEs | Adverse Childhood Experiences |
| ANI | Area Needing Improvement |
| AOC | Administrative Office of the Courts |
| CAB | Community Action Board |
| CANS | Child and Adolescent Needs and Strengths |
| CASA | Court Appointed Special Advocate |
| CBT | Computer Based Training |
| CCWIS | Comprehensive Child Welfare Information System |
| CEO | Chief Executive Officer |
| CFSP | Child and Family Service Plan |
| CFSR | Child and Family Service Review |
| CFTM | Child and Family Team Meeting |
| CIP | Court Improvement Program |
| COE | Center of Excellence |
| CPR | Case Process Review |
| CPSA | Child Protective Services Assessments |
| CPSI | Child Protective Services Investigations |
| CY | Calendar Year |
| DCS | Department of Children's Services |
| DFP | Division of Federal Programs |
| DV | Domestic Violence |
| ETSU | East Tennessee State University |
| FAST | Family Advocacy Support Tool |
| FC | Foster Care |
| FCIP | Family Crisis Intervention Program |
| FCRB | Foster Care Review Board |
| FFPSA | Family First Prevention Services Act |
| FFY | Federal Fiscal Year |
| FHQT | Foster Home Quality Team |
| FSS | Family Support Services |
| GAL | Guardian ad Litem |
| GFBCI | Governor's Faith Based and Community Initiatives |
| ICPC | Interstate Compact Placement |
| IEP | Individualized Education Plan |
| IH | In-Home |
| IRR | Inter-Rater Reliability |
| JJ | Juvenile Justice |
| KPMG | Klynveld Peat Marwick Goerdeler |

| | |
|---|---|
| MAC | Multi-Agency Collaboration |
| MPLD | Minority Professional Leadership Development |
| N/A | Not applicable |
| NCANDS | National Child Abuse and Neglect Data System |
| NP | National Performance |
| OCP | Office of Child Programs |
| OCQI | Office of Continuous Quality Improvement |
| OCS | Office of Child Safety |
| OJT | On the job training |
| OSRI | Onsite Review Instrument |
| PIP | Program Improvement Plan |
| PME | Program Monitoring and Evaluation Team |
| PPLA | Permanent Planned Living Arrangement |
| PT | Part Time |
| PUR | Period Under Review |
| QA | Quality Assurance |
| QAR | Quality Assurance Review |
| QRTP | Qualified Residential Treatment Program |
| RSP | Risk Standardized Performance |
| SBC | Safe Baby Court |
| SFY | State Fiscal Year |
| SIU | Special Investigation Unit |
| STS | Strategy Technology Solutions |
| SWA | Statewide Assessment |
| TAMHO | Tennessee Association of Mental Health Organizations |
| TCCY | Tennessee Commission on Children and Youth |
| TDMHSA | Tennessee Department of Mental Health and Substance Abuse |
| TDOC | Tennessee Department of Corrections |
| TFACTS | Tennessee Family and Child Tracking System |
| THV | Trial Home Visit |
| TINS | Toddler and Infant Needs and Strengths |
| TL | Team Leader |
| TN | Tennessee |
| UTK | University of Tennessee Knoxville |
| UTSWORPS | University of Tennessee Social Work Office of Research and Public Service |
| V.P. | Vice President |
| YACC | Young Adult Advisory Council |

# Vision and Collaboration

### *State Agency Administering the Programs*

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

State Contact Person:
Tony Nease, MSSW
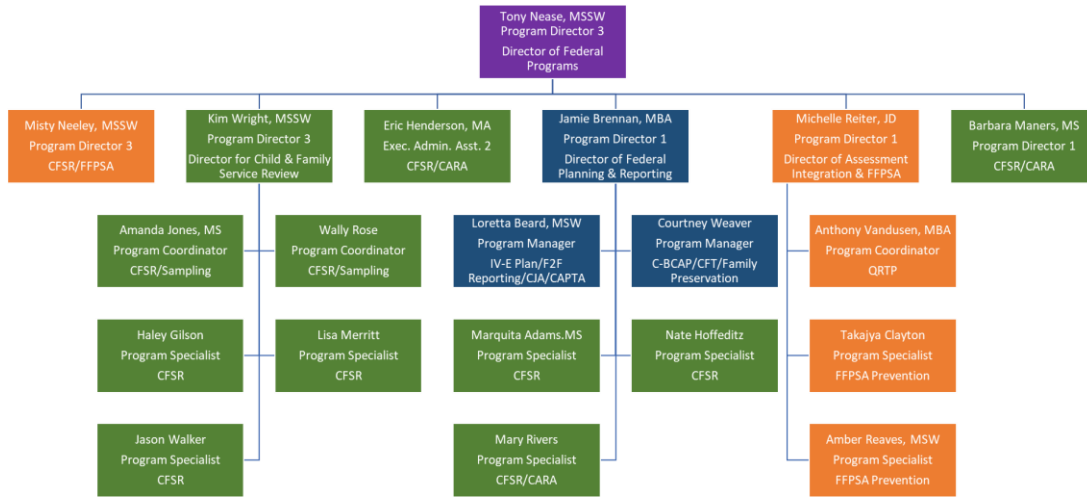Program Director 3 & State Liaison Officer
(865) 235-2234
Anthony.nease@tn.gov

Jamie Brennan, MBA
Program Director 1 & CFSP Coordinator
Jamie.brennan@tn.gov

Tennessee CFSP Website Link:
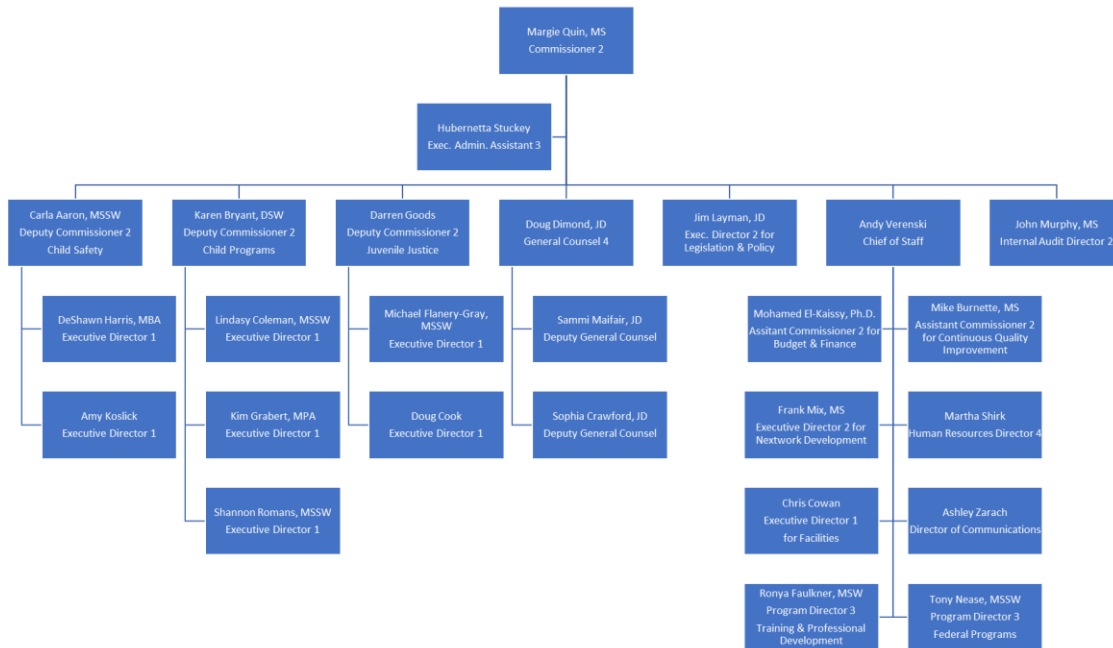https://www.tn.gov/dcs/program-areas/qi/ped.html

## DCS Division of Federal Programs Organizational Structure

The Division of Federal Programs is responsible for the oversight of the 2025-2029 CFSP and CFSR activities.

Tony Nease, MSSW
Program Director 3
Director of Federal Programs

Misty Neeley, MSSW
Program Director 3
CFSR/FFPSA

Kim Wright, MSSW
Program Director 3
Director for Child & Family Service Review

Eric Henderson, MA
Exec. Admin. Asst. 2
CFSR/CARA

Jamie Brennan, MBA
Program Director 1
Director of Federal Planning & Reporting

Michelle Reiter, JD
Program Director 1
Director of Assessment Integration & FFPSA

Barbara Maners, MS
Program Director 1
CFSR/CARA

Amanda Jones, MS
Program Coordinator
CFSR/Sampling

Wally Rose
Program Coordinator
CFSR/Sampling

Loretta Beard, MSW
Program Manager
IV-E Plan/F2F Reporting/CJA/CAPTA

Courtney Weaver
Program Manager
C-BCAP/CFT/Family Preservation

Anthony Vandusen, MBA
Program Coordinator
QRTP

Haley Gilson
Program Specialist
CFSR

Lisa Merritt
Program Specialist
CFSR

Marquita Adams.MS
Program Specialist
CFSR

Nate Hoffeditz
Program Specialist
CFSR

Takajya Clayton
Program Specialist
FFPSA Prevention

Jason Walker
Program Specialist
CFSR

Mary Rivers
Program Specialist
CFSR/CARA

Amber Reaves, MSW
Program Specialist
FFPSA Prevention

## DCS Executive Leadership Organizational Chart

DCS Executive Leadership is responsible to provide support in the development of the 2025-2029 CFSP by ensuring staff and partner participation in the collaboration processes.

Margie Quin, MS
Commissioner 2

Hubernetta Stuckey
Exec. Admin. Assistant 3

Carla Aaron, MSSW
Deputy Commissioner 2
Child Safety

Karen Bryant, DSW
Deputy Commissioner 2
Child Programs

Darren Goods
Deputy Commissioner 2
Juvenile Justice

Doug Dimond, JD
General Counsel 4

Jim Layman, JD
Exec. Director 2 for Legislation & Policy

Andy Verenski
Chief of Staff

John Murphy, MS
Internal Audit Director 2

DeShawn Harris, MBA
Executive Director 1

Lindsay Coleman, MSSW
Executive Director 1

Michael Flanery-Gray, MSSW
Executive Director 1

Sammi Maifair, JD
Deputy General Counsel

Mohamed El-Kaissy, Ph.D.
Assitant Commissioner 2 for Budget & Finance

Mike Burnette, MS
Assistant Commissioner 2 for Continuous Quality Improvement

Amy Koslick
Executive Director 1

Kim Grabert, MPA
Executive Director 1

Doug Cook
Executive Director 1

Sophia Crawford, JD
Deputy General Counsel

Frank Mix, MS
Executive Director 2 for Nextwork Development

Martha Shirk
Human Resources Director 4

Shannon Romans, MSSW
Executive Director 1

Chris Cowan
Executive Director 1 for Facilities

Ashley Zarach
Director of Communications

Ronya Faulkner, MSW
Program Director 3
Training & Professional Development

Tony Nease, MSSW
Program Director 3
Federal Programs

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# Vision

Tennessee Department of Children's Services Vision Statement and logo:



The Mission Statement: ***Act in the Best Interest of Tennessee's Children and Youth*** further declares the purpose of Tennessee's child welfare system. Executive Leadership wanted a vision and mission statement that was easy to remember and understand for all staff levels and external partners. This ensures when making decisions for children, youth, and families it is aligned with the purpose of the agency by considering those we serve first and is in their best interest. This includes decisions within the federal service principals of safety, permanency, and well-being, as well as service design and coordination for children, youth, and the family based on their unique needs.

## Collaboration
**Development of the Tennessee 2025-2029 Child and Family Service Plan**
Tennessee used 3 processes in the development of the CFSP. 1.) A Strategy Development organizational structure including committees and workgroups. 2.) Three Grand Regional Convenings. 3.) The Annual Joint Planning Session. All providers and partners who participated in the processes represented underserved communities and populations that they serve directly including CIP/AOC staff, judicial and legal representatives. Partners with different types of lived experience were also invited including parent, young adults with foster care experience, relative caregivers, and foster parents.
**Strategy Development Organizational Structure**
Tennessee developed the structure below in January 2024 to support the development of the 2025-2029 CFSP.
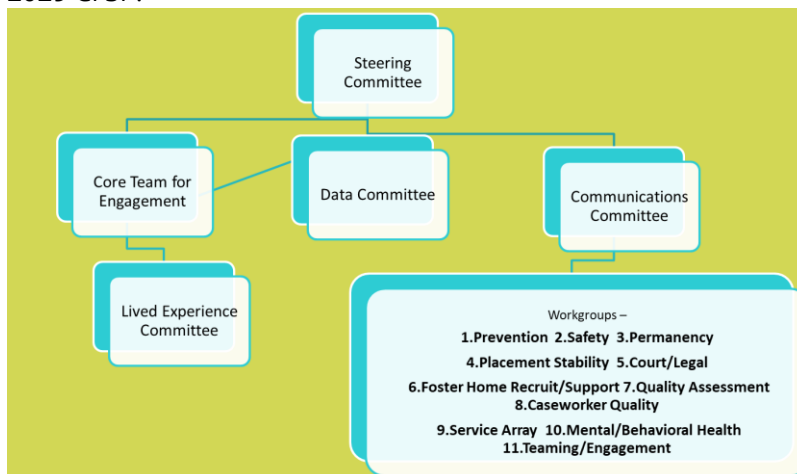
**Steering Committee began in January 2024**

The Steering Committee was developed first. The committee was made up of DCS Executive Leadership and Partner agency Executive Leadership. The committee also included two lived experience partners (1 parent and 1 young adult). This committee started by recruiting internal and external partners to be members or workgroup leads for the eleven (11) workgroups. Throughout the CFSP development the steering committee provided oversight of the process including approving strategy recommendations.

| Steering Committee Members | Role |
|---|---|
| Program Director 3 **Lead** | Division of Federal Programs |
| Program Director 1 **Co-Lead** | Division of Federal Programs |
| Executive Director | Office of Child Programs |
| Executive Director | Office of Child Safety |
| Young Adult | Lived Experience |
| Parent | Lived Experience |
| Director of Tennessee Court Improvement Program | Administrative Offices of the Courts |
| Deputy General Council | Office of General Counsel |
| Deputy Chief of Staff | Office of the Commissioner |
| Executive Director | CQI Division |
| Executive Director | The Tennessee Alliance |
| Executive Director | CASA |
| Consultants | Capacity Building Center for States |

**Data Committee Began in January 2024**

The Data Committee was made up of a group internal and external partners who supported the data development for the 2025-2029 CFSP. They met ongoing to develop the data plan and explored other sources of data that can be used and improve the data available to track progress over the next five years. In addition, members of the committee developed data packets for all eleven workgroups to inform strategy development.

| Data Committee members | Role |
|---|---|
| Program Director 1 **Lead** | Division of Federal Programs |
| Data Coordinator | Administrative Offices of the Courts |
| Data Quality Director | Office of Continuous Quality Improvement |
| TFACTS Director | STS |
| Program Evaluator | UTSWORPS |
| Research Director | Vanderbilt Centers of Excellence |
| Data Coordinator | Office of Juvenile Justice |
| Program Coordinator | Division of Federal Programs |
| Quality Assurance Director | Office of Child Safety |
| Executive Director | Office of Continuous Quality Improvement |
| Deputy Chief of Staff | Office of the Commissioner |
| ICPC Director | Office of Child Programs |
| Program Manager | Division of Federal Programs |

| Program Specialist | Division of Federal Programs |
|---|---|
| Foster Care Data Coordinator | OTPD |
| Regional Data Coordinator | Shelby County DCS |
| Data Consultant | Capacity Building Center for States |

**Communications Committee Began in January 2024**

The Communications Committee was charged with developing a communication plan to ensure all levels of the agency and other external partners were provided ongoing communication of the 2025-2029 CFSP. This included development of a flyer communicating opportunities to get involved that was distributed to all service regions, Central Office, and provider agencies. This method recruited over fifty (50) additional partners interested in participating in workgroups. In addition, a BaseCamp page was developed to provide a centralized online communication platform where workgroup documents, strategy recommendation presentations, and other information specific to the development of the 2025-2029 CFSP was posted to provide transparency across committees and workgroups for anyone interested to review and provide feedback.

| Communications Committee members | Role |
|---|---|
| Program Director 1 **Lead** | Division of Federal Programs |
| Executive Director | Office of Communications |
| Director | Office of Communications |
| Executive Director | Office of Juvenile Justice |
| Young Adult | Lived Experience |
| Birthparent | Lived Experience |
| Director of Foster Parent Conference | Foster Parent |
| Executive Director | Office of Child Programs |
| Executive Director | Office of Child Safety |
| Program Specialist | Division of Federal Programs |
| Program Director 3 | Division of Federal Programs |
| Prevention Specialists | UTSWORPS |
| Consultants | Capacity Building Center for States |

**Core Team for Engagement Began in January 2024**

The Core Team Committee was charged with developing a formal sustainable lived experience engagement plan. The plan will support how and where to engage different types of partners with lived experience to participate in meaningful planning and collaboration opportunities. This will also help develop a committee of people with lived experience to monitor improvement strategies over the next five years.

| Core Team members | Role |
|---|---|
| Program Director 3 **Co-Lead** | Division of Federal Programs |
| Young Adult **Co-Lead** | Lived Experience |
| Lived Experience Consultant | Capacity Building Center for States |
| Foster Care | Lived Experience |
| Birthparent | Lived Experience |

| Director | Office of Child Programs |
|---|---|
| Executive Director | Office of Child Programs |
| Program Coordinator | Office of Juvenile Justice |
| Executive Director | Office of Child Safety |
| Young Adults | Lived Experience |
| Foster Care Review Board member | Court/Legal |
| Safe Baby Court Coordinator | Court/Legal |
| Program Specialist | Division of Federal Programs |
| Program Director 1 | Division of Federal Programs |
| Program Specialist | Division of Federal Programs |

**Strategy Development Workgroups Began in February 2024**

The eleven (11) workgroups were identified based on results in the statewide assessment including quantitative trends and qualitative feedback during the SWA workgroups and focus groups. The workgroups used data packets specific for each workgroup to inform discussions and to determine if more data information was needed. The data packets were updated as requested and/or as data was available. All workgroups met regularly between February and May. As each workgroup completed its strategies a strategy recommendation presentation was made to the Steering Committee. Each presentation included: the recommended approach, evidence to support the approach, the implementation process, and methods to how the strategy implementation and progress will be monitored over the next five years. As each workgroup completed the strategy development process the workgroups ended, and members were informed after the 2025-2029 CFSP is completed and submitted groups will reconvene to monitor strategies.

## 2025-2029 CFSP Workgroup Membership List

| Prevention Focus -Primary/Secondary Prevention Services | Geographic Location |
|---|---|
| **Role** | |
| Program Director 3, DCS Division of Federal Programs **Lead** | Statewide |
| Program Manager, DCS Division of Federal Programs **Co-Lead** | Statewide |
| Resource Linkage Coordinator, DCS | East |
| Regional Team Leader, Skilled Facilitators, DCS | East |
| Chief of Staff, Kindred Place | West |
| Attorney, Administrative Office of the Courts | Middle |
| Regional Court Liaison, DCS | East |
| Director, Youth Villages | Middle |
| Section Chief, Early Childhood Prevention, TN Department of Health | Middle |
| Director of Evaluation, TN Dept of Mental Health and Substance Abuse | Middle |
| Prevention Specialist - UTSWORPS | East |
| Chief Strategy Officer, Nurture the Next | Middle |
| Chief Operations Officer, Tn Voices | Middle |
| Director, Health Connect | West |

| | |
|---|---|
| Regional Clinical VP, Helen Ross McNabb | East |
| Regional FSS Case Manager, DCS | East |
| Regional Case Manager, DCS Office of Child Safety | West |
| Regional Team Leader, DCS Office of Child Safety | Middle |
| Initiatives Coordinator, Rutherford Co Family Preservation Initiative | Middle |
| Executive Director, Safe Harbor | East |
| Assistant Branch Director, Bethany Christian Services | East |
| State Director, Bethany Christian Services | East |
| Program Director, TN Department of Health | Middle |
| Prevention Director FFPSA Regional Field Specialist, UT SWORPS | West |
| Director of DCS Programing, Helen Ross McNabb | East |
| Intern, DCS | East |
| Regional Director, DCS | East |
| Youth Lived Experience | West |
| Domestic Violence Program Coordinator, UT SWORPS | Middle |
| Program Manager, DCS Office of Training and Professional Development | Middle |
| Public Health Program Director, TN Department of Health | Middle |
| Court Improvement Program Director, Administration Office of the Courts | Middle |
| Research Evaluation and Research Specialist, UTK | Middle |

| Safety Focus – Timely Response/ Quality Safety Assessments all program areas | Geographic Location |
|---|---|
| **Role** | |
| Executive Director, DCS Office of Child Safety **Lead** | Statewide |
| Youth Lived Experience | Middle |
| Youth Lived Experience | Middle |
| Regional Foster Care Case Manager, DCS | East |
| Social Worker, Parkridge Valley | East |
| CEO Florence Crittenton Agency | East |
| Regional Team Coordinator, DCS Office of Child Safety | East |
| Regional Team Leader, DCS Office of Child Safety | Middle |
| Regional Team Leader, DCS Special Investigations Unit | East |
| Training Officer, DCS Office of Training and Professional Development | East |
| Program Coordinator, DCS Division of Federal Program | Statewide |
| Program Coordinator, Electronic Monitoring, DCS Office of Juvenile Justice | East |
| Program Coordinator, Absconder Unit, DCS Office of Juvenile Justice | Middle |
| Program Specialist, PREA, DCS Office of Juvenile Justice | West |
| Program Coordinator, PREA, DCS Office of Juvenile Justice | West |
| Program Director, DCS Division of Federal Programs | Statewide |
| Director 3, DCS Division of Federal Programs | Statewide |
| Intelligence Analyst, Absconder Unit, Office of Juvenile Justice | West |
| DCS Foster Parent | West |
| Juvenile Court Services Coordinator, Administrative Office of the Courts | Middle |

| Permanency Focus – Timely/Appropriate Goals, Achieving Permanency Timely. Foster Parents are notified of court hearings and understand the right to be heard – All program areas Foster Care **Role** | Geographic Location |
|---|---|
| Regional Team Leader, DCS Child Programs **Lead** | East |
| Regional Team Coordinator, DCS Child Programs **Co-Lead** | East |
| Executive Director, Office of Child Programs | West |
| Executive Director, Office of Child Programs | East |
| Executive Director, Office of Juvenile Justice | Statewide |
| Deputy General Counsel, DCS Legal Division | Statewide |
| Program Specialist, DCS Division of Federal Programs | Statewide |
| Youth Lived Experience | Middle |
| Youth Lived Experience | Middle |
| Regional Foster Care Case Manager, DCS Child Programs | East |
| Director of Young Adult Engagement, Monroe Harding | Middle |
| Vice President of Compliance and Implementation, Youth Opportunity | West |
| Relative Caregiver – Child Help | East |
| Foster Care, Lived Experience | West |
| Director Training and Curriculum, DCS Training and Professional Development | Statewide |
| Training Officer, DCS Training and Professional Development | East |
| Program Director, DCS Division of Federal Programs | Statewide |
| Program Specialist, DCS Division of Federal Programs | Statewide |
| Foster Parent, DCS | West |
| Regional Foster Care Team Coordinator, DCS Child Programs | East |
| Court Improvement Program Director, Administrative Office of the Courts | Middle |
| Regional Foster Care Team Coordinator, DCS Child Programs | East |
| Regional Foster Care Team Leader, DCS Child Programs | East |
| Program Director 2, DCS Legal Division | East |
| Program Director 1, DCS Division of Federal Programs | Statewide |
| Program Coordinator, DCS Division of Federal Programs | Statewide |

| Placement Stability – Are placement moves planned and appropriate to achieve case goals – Foster Care **Role** | Geographic Location |
|---|---|
| Executive Director 2, DCS Network Development **Lead** | Statewide |
| Program Manager, DCS Division of Federal Programs | Statewide |
| Regional Foster Care Case Manager, DCS Child Programs | Middle |
| Youth Lived Experience | Middle |
| Youth Lived Experience | Middle |
| Regional Foster Care Team Leader, DCS Child Programs | East |
| Placement Specialist, Youth Villages | East |
| Director of Program Services, Parkridge Valley Hospital | East |

| | |
|---|---|
| Relative Caregiver -Family & Child Services | Middle |
| Relative Caregiver/GAL | Middle |
| Foster Parent, DCS | West |
| Youth Lived Experience | West |
| Regional Foster Care Team Leader, DCS Child Programs | East |
| Director of Children's Services, Millar Rich | Middle |
| Program Director 1, DCS Division of Federal Programs | Statewide |
| Program Director 3, DCS Division of Federal Programs | Statewide |

| Court/Legal – AOC will form this group Case Review System **Role** | Geographic Location |
|---|---|
| Deputy General Counsel, DCS Legal Division **Lead** | Statewide |
| Court Improvement Director, Administrative Office of the Courts **Co-Lead** | Statewide |
| Juvenile Court Services Coordinator, Administrative Office of the Courts | Middle |
| Juvenile Court Judge | East |
| Juvenile Court Judge | Middle |
| Coordinator, Safe Baby Court | Middle |
| Juvenile Court Judge | West |
| Parent Attorney/GAL | Middle |
| Executive Director CASA | Statewide |
| Parent Attorney/GAL | East |
| Parent Attorney/GAL | West |
| Foster Review Board Volunteer Coordinator and Youth, Lived Experience | East |
| Program Specialist, DCS Division of Federal Programs | Statewide |
| Parent with lived experience | West |
| Youth, Lived Experience | West |
| Assistant General Counsel Attorney, DCS Legal | Middle |
| Youth Service Officer/Court Facilitator | Middle |
| Juvenile Court Administrator | Middle |
| DCS Foster Parent | West |

| Quality Caseworker Visits – All program areas **Role** | Geographic Location |
|---|---|
| Team Leader, DCS Office of Juvenile Justice **Lead** | East |
| Program Director 1, DCS Division of Federal Programs **Co-Lead** | Statewide |
| Executive Director, DCS Office of Child Programs | West |
| Executive Director, DCS Office of Child Programs | East |
| Training and Curriculum Director, DCS Training Division | Statewide |
| Training and Curriculum Director, DCS Training Division | Statewide |
| Regional FSS/FCIP Case Manager, DCS Child Programs | East |
| Regional Foster Care Case Manager, DCS Child Programs | East |
| Program Manager, Centerstone | East |
| Program Director, DCS Office of Continuous Quality Improvement | Statewide |

| Role | Geographic Location |
|---|---|
| Regional Team Leader, DCS Office of Child Safety | East |
| Regional Team Leader, DCS Office of Child Safety | Middle |
| Regional CPS Case Manager 3, DCS Office of Child Safety | West |
| Program Specialist, DCS Division of Federal Programs | Statewide |
| Program Coordinator, DCS Division of Federal Programs | Statewide |

| Quality Assessment of needs and services to children/youth, parents, foster parents – All program areas<br>Role | Geographic Location |
|---|---|
| Program Assessment Director, DCS Division of Federal Programs **Lead** | Statewide |
| Executive Director, DCS Office of Child Safety | Statewide |
| Executive Director, DCS Office of Child Programs | East |
| Executive Director, DCS Office of Child Programs | West |
| Executive Director, DCS Office of Juvenile Justice | Statewide |
| Youth- Lived Experience | Middle |
| Regional Foster Care Team Leader, DCS Child Programs | East |
| Program Director 3, DCS Office of Training and Professional Development | Statewide |
| Program Specialist, DCS Division of Federal Programs | Statewide |
| Manager East Regional Consultants, Vanderbilt Center of Excellence | Statewide |
| Prevention Specialist, UT SWORPS | East |
| Regional Skilled Facilitator, DCS Child Programs | East |
| Regional Skilled Facilitator, DCS Child Programs | West |
| Regional Skilled Facilitator, DCS Child Programs | East |
| Program Director, DCS Division of Federal Programs | Statewide |
| Program Director 3, DCS Division of Federal Programs | Statewide |

| Service Array/Resource Development – Services are available and effective to meet the unique needs of children and families – All program areas<br>Role | Geographic Location |
|---|---|
| Program Director 1, DCS Division of Federal Programs **Lead** | Statewide |
| Chief Strategy Officer, Nurture the Next | Middle |
| Vice President of Programs and Outpatient Services, Tn Voices | Middle |
| Senior Director of DCS Programing, Helen Ross McNabb | East |
| Regional Foster Care Team Leader, DCS Child Programs | East |
| Clinical Manager (Latency Unit), Parkridge Valley Hospital | East |
| Regional Director for Omni Visions Family Preservation Program | Middle and West |
| Vice President at Exchange Club, Carl Perkins | West |
| Camelot Family Preservation Director | East |
| State Director, Camelot Care Center | Middle |
| Executive Director, TN Alliance for Children and Families | Middle |
| Domestic Violence Program Coordinator, UT SWORPS | Middle |
| Regional Team Leader, DCS Office of Child Safety | East |
| Regional Team Leader, DCS Office of Child Safety | Middle |

| Role | Geographic Location |
|---|---|
| Program Coordinator, DCS Division of Federal Programs | Statewide |
| Youth -Lived Experience | West |
| Director Child Programs, TennCare | Middle |
| Juvenile Court Judge | West |
| Juvenile Court Judge | East |
| Court Improvement Director, Administrative Office of the Courts | Middle |

| Teaming & Engagement Focus – Children/youth and parents are Engaged in Planning, During Caseworker Visitation – Listened to During Planning – Quality and Frequency of CFTMs. **Role** | Geographic Location |
|---|---|
| Program Director 2, DCS Office of Child Programs **Lead** | Statewide |
| Program Director 1, DCS Division of Federal Programs **Co-Lead** | Statewide |
| Regional Foster Care Case Manager, DCS Child Programs | East |
| Relative Caregiver Child Help | East |
| Program Director, DCS Office of Continuous Improvement | Statewide |
| Regional CPS Case Manager, DCS Office of Child Safety | West |
| Program Specialist, DCS Division of Federal Programs | Statewide |
| Regional Skilled Facilitator, DCS Child Programs | Middle |
| Program Director, DCS Division of Federal Programs | Statewide |
| Program Director 3, DCS Division of Federal Programs | Statewide |
| DCS Foster Parent | West |

| Foster Parent Recruitment/Support - Focus Foster Care **Role** | Geographic Location |
|---|---|
| Program Director, DCS Office of Child Programs **Lead** | Statewide |
| Program Director 2, DCS Office of Training and Professional Development **Co-Lead** | Statewide |
| Program Director ICPC, DCS Office of Child Programs | Statewide |
| Executive Director, DCS Office of Child Programs | East |
| Executive Director, DCS Office of Child Programs | West |
| Youth – Lived Experience | West |
| Regional Foster Parent Support Team Leader, DCS | East |
| Youth – Lived Experience | Middle |
| Director of Recruitment, Harmony | West |
| DCS Recruitment, Harmony | East |
| Youth Villages Chief Executive Officer | Statewide |
| Director of Foster Home Development, Omni | East |
| Executive Director, Omni | Middle |
| (7) Foster Parents | East, Middle, West |

| Mental/Behavioral Health – Focus Children and Youth receive effective mental/behavioral health services – All program areas/ oversight of psychotropic medication is provided for children/youth in foster care per policy | Geographic Location |
|---|---|
| **Role** | |
| Psychology Director, DCS Office of Child Health **Lead** | Statewide |
| Executive Director 2, DCS Office of Child Health **Co-Lead** | Statewide |
| Executive Administrative Assistant, DCS Division of Federal Programs | Statewide |
| Prevention Specialist - UTSWORPS | West |
| Youth- Lived Experience | Middle |
| Regional Foster Care Case Manager, DCS Child Programs | East |
| LSW, Parkridge Valley Hospital | East |
| Director of Evaluation, TN Department of Mental Health | Middle |
| Director of Juvenile Justice Programming, TN Department of Mental Health | Middle |
| Clinical Director of Center of Excellence, Vanderbilt | Middle |
| Executive Director, TN Association of Mental Health Organizations | Middle |
| Program Specialist, DCS Office of Continuous Quality Improvement | Statewide |
| Regional CPS Team Leader, DCS Office of Child Safety | East |
| Regional Team Coordinator, DCS Office of Child Safety | East |
| Program Director 2, DCS Division of Federal Programs | Statewide |
| Clinical Director, Frontier Health | East |
| Clinical Vice President, Helen Ross McNabb | East |
| Chief Executive Officer, Association of Infant Mental Health TN | Middle |
| Program Specialist AOC | Statewide |

**2025-2029 CFSP Grand Regional Convenings**
In April 2024 the Division of Federal Programs and the Capacity Building Center Consultants facilitated three (East, Middle, West) virtual grand regional convenings to provide more opportunity for regional staff and partners to hear data trends and the workgroup strategy recommendations. Breakout sessions provided opportunity to give feedback and input for other workgroups in the process of developing strategies.
**Middle April 26th** – (68) regional Directors, Team Leaders, Case Managers, Court/Legal staff, lived experience, foster parents, and Providers were invited to participate.
**East April 29th** – (102) Regional Directors, Team Leaders, Case Managers, Court/Legal staff, lived experience, foster parents and Providers were invited to participate.
**West April 29th** – (62) Regional Directors, Team Leaders, Case Managers, Court/Legal staff, lived experience, foster parents and Providers were invited to participate.

**Annual Joint Planning Session for the 2025-2029 CFSP Development**
On May 8, 2024, DCS hosted the annual joint planning session in partnership with the Children's Bureau and Capacity Building Center for States in Nashville.   Seventy-five (75) partners attended in person.  DCS used the Liberating Structures Process including a storyboard to structure the agenda. Attendees were assigned to a table with an assigned table host. Table hosts included Children's Bureau staff, Capacity Building Center Consultants, AOC, and Division of Federal Programs staff. A

data and strategy presentation on four overarching topics was shared. These topics were identified as improvement areas in practice by workgroups.  After each topic presentation the tables discussed amongst themselves root causes and solutions that were captured on flip charts.  All attendees viewed each table's results and placed stickers on solutions they agreed with.  The four topic focus areas included:

*How do we effectively engage families, ensuring that parents and kin are effectively involved in case planning?  (Please see results in item 13)*

*How do we support front-line staff in using assessments with the family to guide decisions? (Please see results in item 12B)*

*How can we help parents connect to effective services?  How can we support the availability of services throughout TN? (Please see results in item 12B and Service Array)*

*Select one metric to discuss: How does Family Engagement, Quality Assessments, and/or Service Array effect this metric? (Please see results in Permanency Outcome 1)*
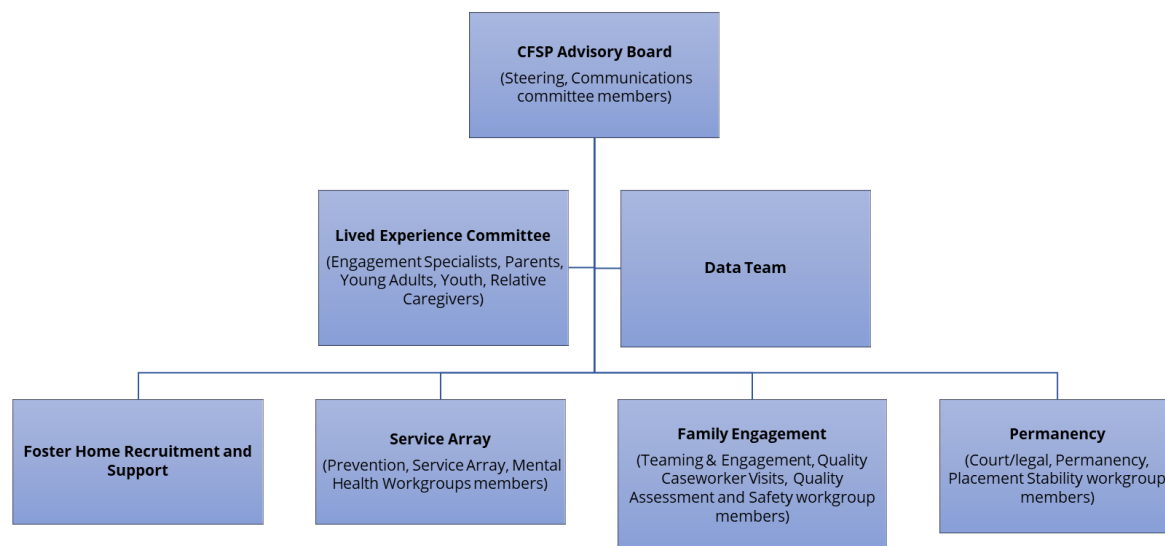*Entry*
*Reentry*
*Permanency*
*Stability*

| Joint Planning Attendees | Count of Name |
| --- | --- |
| DCS | 32 |
| Assistant Commissioner for Budget & Finance | 1 |
| Chief Communications Officer | 1 |
| Chief Legislative Liaison | 1 |
| Commissioner | 1 |
| Court Liaison Team Leader | 1 |
| Deputy Commissioner | 2 |
| Deputy Communications Officer | 1 |
| Deputy General Counsel | 1 |
| DFP Program Coordinator | 1 |
| DFP Program Director | 3 |
| DFP Program Manager | 1 |
| DFP Program Specialist | 4 |
| Director for Human Trafficking | 1 |
| Director for Permanency | 1 |
| Director for Training & Professional Development | 1 |
| Director of Federal Programs Division | 1 |
| Director of Independent Living | 1 |
| Director of Psychology | 1 |
| OCP Executive Director | 2 |
| OCQI Lean Coordinator | 1 |
| OCS Executive Director | 1 |
| Regional Director | 2 |
| Resource Linkage Coordinator | 1 |

| | |
|---|---|
| Skilled Facilitation Team Leader | 1 |
| Federal Partner | 7 |
| Capacity Building Center | 4 |
| Children's Bureau | 3 |
| Legal | 8 |
| AOC | 4 |
| CASA | 2 |
| GAL | 1 |
| Rutherford County Judge | 1 |
| Lived Experience | 2 |
| Birthparent | 1 |
| Foster Parent | 1 |
| Other State Agency | 3 |
| TCCY | 1 |
| TDMHSAS | 1 |
| TennCare Insurance | 1 |
| Partner | 10 |
| Chapin-Hall | 2 |
| ETSU Center of Excellence | 1 |
| TAMHO | 1 |
| UT Center of Excellence | 1 |
| UTSWORPS | 3 |
| Vanderbilt COE | 2 |
| Provider | 13 |
| ChildHelp USA | 1 |
| Family & Children's Services | 1 |
| Frontier Health Systems | 1 |
| Health Connect | 1 |
| Helen Ross McNabb | 1 |
| Nurture the Next | 1 |
| Omni Visions | 2 |
| The Family Center | 1 |
| TN Voices | 1 |
| Camelot | 1 |
| Centerstone | 1 |
| Youth Villages | 1 |
| **Grand Total** | **75** |

**Organizational Structure to monitor 2025-2029 CFSP Improvement Strategy Implementation**
The CFSP Advisory Board will reconvene during FY 2025 with a reduced number of strategy workgroups to monitor the implementation of the strategies over the five-year period of the 2025-2029 CFSP. The plan is to determine workgroups with similar strategies or that overlap to merge as one workgroup. The final structure of how strategy monitoring workgroups will operate over the next five years will be determined after the 2025-2029 CFSP is approved and finalized by the Children's Bureau. Members of the CFSP Advisory Board will come from the committee members with a percentage of lived experience partners of the CFSP development structure and workgroup members will be the same representation from the strategy workgroups. Below is a preliminary organizational structure for the monitoring of the CFSP that is subject to change.

**CFSP Advisory Board**
(Steering, Communications committee members)

**Lived Experience Committee**
(Engagement Specialists, Parents, Young Adults, Youth, Relative Caregivers)

**Data Team**

**Foster Home Recruitment and Support**

**Service Array**
(Prevention, Service Array, Mental Health Workgroups members)

**Family Engagement**
(Teaming & Engagement, Quality Caseworker Visits, Quality Assessment and Safety workgroup members)

**Permanency**
(Court/legal, Permanency, Placement Stability workgroup members)

# Assessment of Current Performance in Improving Outcomes

## *Quantitative and Qualitative Outcome Data plan for the 2025-2029 CFSP*

Over the next five years of the 2025-2029 CFSP Tennessee plans to use several sources of data to track performance for the Safety, Permanency, and Well-Being Outcomes.  In addition, as the data team identifies other sources of data that can be used it will be added at the time it is available.

**Quantitative Data**

These sources of data will be used to help determine overall performance and trends compared to the federal threshold of 90% or 95% and national performance.

CFSR Round 4 case review regional results – Tennessee is currently under an organizational restructuring with plans to reduce the number of regions from twelve (12) to eight (8) to begin in the fall of 2024. At the time of the CFSP development data is only available statewide but at the end of the restructuring will be available segmented by region.

TFACTS administrative data provided by DCS reporting staff, SafeMeasures Reports, Chapin Hall and Vanderbilt, TN Statewide Data Indicators from AFCARS and NCANDS and Supplemental Context Data.

CPR inter-rater reliability case review results (foster care, Juvenile Justice, In-Home) – This will be a smaller sample than what was provided during the statewide assessment.  These are a 5% sample of cases already reviewed by regional staff that IRR reviewers review to ensure results are accurate. IRR reviewers are a smaller team from Central Office and are CFSR experienced reviewers and QA reviewers that can provide a more reliable comparison to the CFSR results.

QAR case reviews – This is the quarterly case review process for investigation and assessment cases.

**Qualitative Data**

These sources of data will be used to determine the status of improvement strategies and any changes in circumstances resulting in the need to adjust strategies.

Safety, permanency, and well-being item rationale statements in the CFSR OSRI Round 4.

Partner feedback results – Tennessee will continue to engage all types of partners through workgroups, focus groups, CFSR interviews and Joint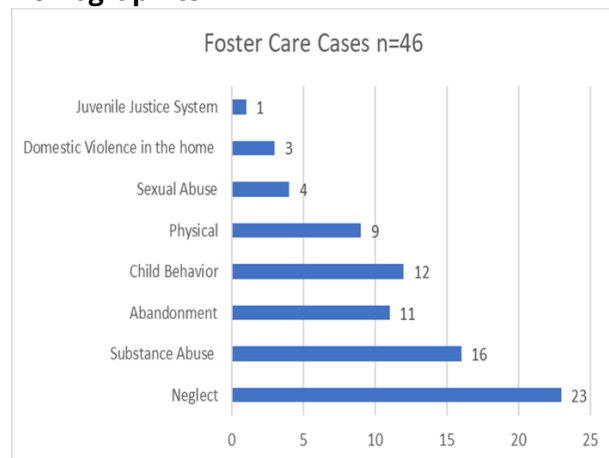 Planning sessions to gain feedback. Partners include (DCS staff, providers, lived experience, judicial, state agencies)

## Child and Family Outcomes
**Round 4 CFSR October 1, 2023 – March 30, 2024, Sample Description**
Tennessee conducts state administered CFSR regional reviews through a team in the DCS Division of Federal Programs. Internal and external partners including the AOC are engaged in the process to support maximizing understanding of the federal expectations in child welfare practice. In FY 2024 a total of seventy-five (75) cases were reviewed across the state. The sample included (46) foster care cases and (29) in-home cases. Results are used as the baseline to begin monitoring the CFSP.

**Foster Care Cases Reason for Custody and Demographics**

Foster Care Cases n=46

| Reason | Count |
|---|---|
| Juvenile Justice System | 1 |
| Domestic Violence in the home | 3 |
| Sexual Abuse | 4 |
| Physical | 9 |
| Child Behavior | 12 |
| Abandonment | 11 |
| Substance Abuse | 16 |
| Neglect | 23 |

| Race/Ethnicity |
|---|
| (12) Black/African American |
| (3) Multi-Racial |
| (2) Hispanic |
| (29) White |
| **Gender** |
| (15) Female |
| (31) Male |
| **Age Groups** |
| (13) < 6 |
| (13) 6-12 |
| (10) 13-15 |
| (10) > 15 |

Twelve (12) of the 46 cases included child behavior as a reason for foster care (most of the cases had other reasons including domestic violence in the home, health of a parent, abandonment).  Highest reason appears to be neglect, but this reason is usually paired with another reason such as parent substance abuse. The demographic make-up of the foster care cases was (26%) Black/African American, (6%) Multi-racial, (4%) Hispanic, and (63%) White. Female (33%) and Male (67%).  Because the make-up of the cases is not proportionate across race and Hispanic ethnicity or gender comparing results could be misleading.   There is a more even distribution across age groups.  Some results for foster care are segmented by age groups with the understanding children and youth are predominately white males.

**In-Home Cases Reason for agency involvement and Demographics**


In-Home Cases n=29

| Reason | Count |
|---|---|
| Juvenile Justice System | 3 |
| Physical Abuse | 4 |
| Domestic Violence in the Child's home | 7 |
| Substance Abuse by Parents | 9 |
| Neglect | 10 |
| Child Behavior | 13 |

| Race Ethnicity | |
|---|---|
| (4) African American | |
| (1) Hispanic | |
| (3) Multi-Racial | |
| (21) White | |
| **Gender** | |
| (12) Female | |
| (17) Male | |
| **Age** | |
| (9) cases under the age of 9 years old | |
| (20) cases 10 years old and older | |
| 16 of the 20 cases were above the age of 13 years old | |

Fifty nine percent (59%) of the in-home cases were related to child behaviors or involvement in the Juvenile Justice System. the demographics of the case sample for In-home cases include (72%) white (19%) Black/ African American and (10%) Multi-Racial.  In addition, (31%) of the cases were under the age of nine (9) and (69%) were ten (10) and older with about (80%) of those cases being youth above the age of 13 years old (mainly 16 and 17). With such significant variance in the racial/ethnic and age make-up comparing results would potentially be skewed conclusions.  However, we do seem to have a fairly equal representation of male vs. female that we could potentially draw some relevant conclusions from.  Some results for the in-home are segmented by gender keeping in mind results are for predominantly white race and older age groups.

All cases were reviewed gathering information through case file reviews and children/youth, families, and professional interviews focused on the eighteen items under the Safety, Permanency, and Well-Being Child and Family Outcomes. The period under review is one year from the date of the review. Information is entered into the onsite review instrument within the Federal Children's Bureau CFSR Information Portal https://www.cfsrportal.acf.hhs.gov/  that generates ratings for the cases.  Ratings include strengths, ANIs or N/A. Statewide quantitative results are generated using several reports in the CFSR portal Reports for Tennessee including the state rating summary, multi-item analysis tool, item specific reports, and face sheet reports. Deeper qualitative analysis was completed reviewing rationale statements in the OSRI and identifying trends that could be quantified.

## *Safety Outcome 1*

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

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

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

Tennessee is starting to improve in CFSR results but still falls below the federal threshold of 95%. However, compared to the TFACTS administrative data which is a larger sample of all cases in FY 24 results are significantly close or at the 95% standard of substantial conformity. In addition, TFACTS administrative data is segmented by priority responses and case type which provides a better understanding of where improvement goals should focus. CPSI cases are consistently at or close to 95% and although CPSA results are favorable those results are consistently slightly below 95%.  A deeper analysis of the CFSR Round 4 applicable foster care cases rated a strength in 15 out of 16 (94%) cases and 10 out of 12 (83%) in-home cases rated a strength for timeliness of investigations. Foster care cases results for timely face to face contact was a strength in 14 out of 16 (88%) cases and in-home results had 8 out of 12 (67%) cases that rated a strength. Trends in in-home narratives found the majority of cases that rated an ANI was due to lack of diligent search efforts.

**Data Source: Round 4 CFSR State Rating Summary October 2023-March 2024 compared to TFACTS administrative data July – April 2023**

| Measure of Progress | Baseline FY 2024 | Target Goal | Target Date |
|---|---|---|---|
| CFSR Performance (Item One) Timeliness of Investigations | 86% <br> 24/28 | 95% | 6/30/2029 |
| Timeliness of Response – Priority One | CPSI 95% (2543/2678) <br> CPSA 93% (2197/2366) | 95% | 6/30/2029 |
| Timeliness of Response – Priority Two | CPSI 94.49% (2470/2614) <br><br> CPSA 91% (6078/6668) | 95% | 6/30/2029 |
| Timeliness of Response – Priority Three | CPSI 95% (6722/7041) <br><br> CPSA 90% (19515/21714) | 95% | 6/30/2029 |

**Data Source:** Round 3 Tennessee CFSR Statewide Data Indicators February 2024.
**\*\*Data years, Federal Fiscal Year October through September**

| Statewide Data Indicators | National Performance | TN Risk Standardized Performance (2017) | TN Risk Standardized Performance (2018) | TN Risk Standardized Performance (2019) | TN Risk Standardized Performance (2020) | TN Risk Standardized Performance (2021) |
|---|---|---|---|---|---|---|
| Incidence of Maltreatment while in DCS Custody (Using new CFSR Round 3 Measure) | 9.07% | 12.63% | 10.69% | 11.48% | 12.56% | 10.58% |
| **Statewide Data Indicators** | **National Performance** | **FY 17-18** | **FY 18-19** | **FY19-20** | **FY 20-21** | **FY 21-22** |
| Recurrence of Maltreatment (Using new CFSR Round 3 Measure) | 9.7% | 4.9% | 5.3% | 5.6% | 5% | 3.7% |

**Explanation:** A lower RSP value is desirable for both data indicators. Incidence of maltreatment while in DCS custody according to the Data Profile Tennessee's performance is currently statistically worse than the national performance; however, this is not accurate due to allegations of past abuse prior to being in custody children/youth report while in custody is captured in these results. According to the February 2024 Tennessee Supplemental context data point *percent by perpetrator relationship* for maltreatment in care, seventy-seven percent (77%) are a relative caregiver (i.e., parent, other relative, legal guardian, etc.) or friends/neighbors. Only five percent (5%) of perpetrator relationships make up nonrelative/professional categories. Foster parents were 0%. Recurrence of Maltreatment according to the Data Profile reflects Tennessee's performance has continued to be statistically better than the national performance and slightly trending better over time.

The map below reflects child victims of maltreatment per 1,000 across the country. Tennessee shows fewer rates of maltreatment in comparison to most of the other surrounding states in 2022. This could be a reflection of Tennessee's investigation differential response and early prevention through Resource Linkage which is a service provided in all service areas across the state.

CHILDREN WHO ARE CONFIRMED BY CHILD PROTECTIVE SERVICES AS VICTIMS OF MALTREATMENT (RATE PER 1,000) - 2022



Legend
☐ 2 to 4
☐ 5 to 8
☐ 9 to 12
☐ 13 to 16
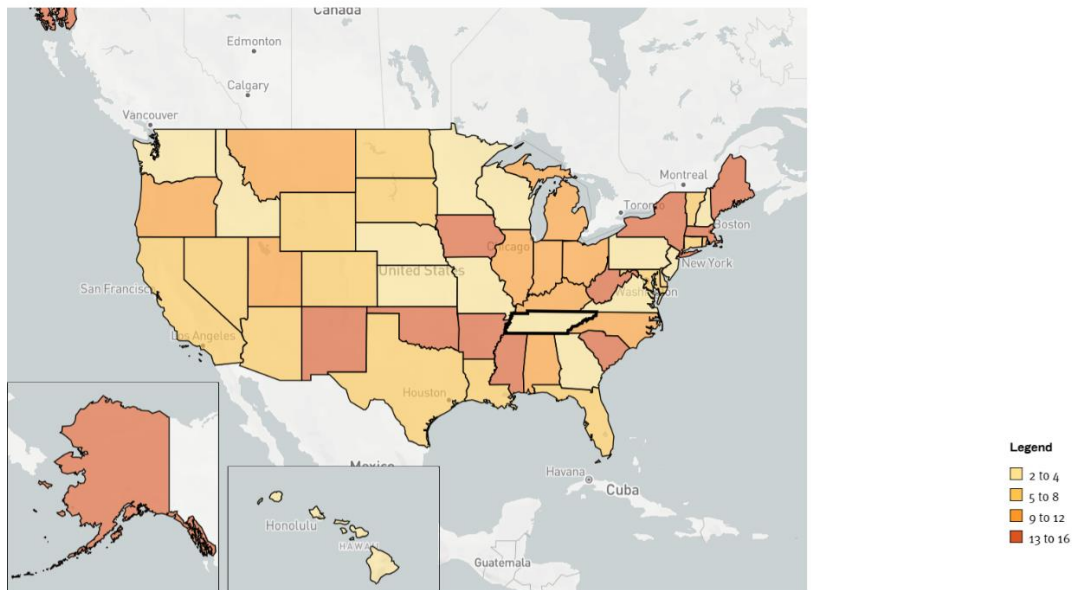
The Annie E. Casey Foundation from datacenter.aecf.org

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

**Ensure timely investigations DCS Policy**

Policy 14.3.pdf  Section B. Priority Response provides guidance for investigation/special investigation and assessment caseworkers on requirements on number of days to meet response based on priority assignment. Overall, the decline in performance over the last three years is due to the significant staff shortage DCS experienced. This in turn caused significantly high caseloads for investigation and assessment workers and limited their ability to meet response or make concerted

26

efforts. Additionally, "Good Faith" attempt efforts by staff have also declined.   Current strategies to build incentive to improve the frontline workforce pool is expected to have a positive impact on DCS practice performance for timely response.

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

## *Safety Outcome 2*

*Children are safely maintained in their homes whenever possible and appropriate.*
Item Two:  Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?
Item Three:  Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the children in their own homes or while in foster care?

**Item 2 Safety Services CFSR Results**
Results for FY 2024 was the beginning of Round 4 and do not meet the federal threshold of 90%.
***Item 2 Figure 1* Data Source:**
**Round 4 CFSR OSRI State Rating Summary October 2023-March 2024**

| Measure of Progress | Baseline FY 2024 | Target Goal | Target Date |
|---|---|---|---|
| CFSR Performance (Item Two): Services to Prevent Removal or re-entry into foster care | 62% <br> 16/26 | 90% | 6/30/2030 |



Item 2 Case Type Strength Ratings

FOSTER CARE N= 15 — 68%
IN-HOME N= 11 — 55%
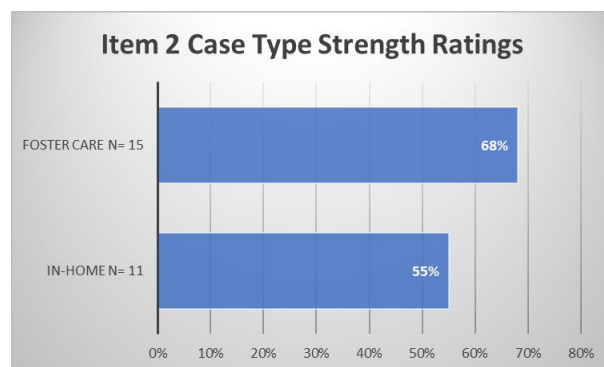
A total of 26 cases were applicable to rate item 2 during Round 4 CFSR. Forty-nine (49) cases were not applicable. Eighty one percent (81% 25/31) of the foster care cases were due to do the child/youth entering care prior to the PUR and remaining in care. Eighty-nine percent (89% 16/18) of the in-home cases did not require safety services mainly due to the case being open for child behaviors or truancy.

**Foster Care Strengths and Opportunities**

Strength Cases 40% (4/10) involved concerted efforts to sustain THV.  Furthermore, the majority of reasons for agency involvement included multiple safety concerns in each case including, parental substance abuse, domestic violence, sex abuse, and physical abuse.  Based on the complexity of the foster care cases and 68% of the cases being a strength indicates the agency is making concerted efforts to address safety risks and concerns through safety related services most of the time.

ANI opportunities 60% (3/5) improve concerted efforts to initiate services and monitor effectiveness of services during THV. Due to the significant small number of cases this will continue to be monitored through CFSR regional reviews and tracked over time to identify trends.

**In-Home Strengths and Opportunities**

Seventy three percent (73%) of the in-home cases involved domestic violence in the home.  The cases that rated a strength included the agency's concerted efforts to provide safety related services regarding domestic violence and substance abuse. The cases that rated ANI (100%) of those cases involved domestic violence that was not addressed by the agency.

According to Chapin Hall data "reason for custody" in 2023 seventy-five (75) cases were identified to have domestic violence as the reason. In 2024 (partial year) sixty-four (64) cases were identified to have domestic violence as the reason for custody. Feedback from the CFSP strategy development workgroup with providers indicated new caseworkers are not accurately identifying and addressing domestic violence and does not have the level of understanding of the dynamics of family violence, signs to looks for and how to accurately address.

**Strategies for Improvement**
**Goal: Improve caseworker knowledge on domestic violence to prevent entry.**

**Domestic Violence Liaison Prevention Approach**

 Tennessee DCS and Domestic Violence Liaisons at community-based domestic violence programs are in the beginning stage of partnering to ensure that children and their non-offending caregivers are able to stay safe and together. The approach began in January 2024 in 66 out of 95 counties through three implementation methods:

**Consultation and Coaching**

DV Liaisons will coach DCS professionals in:

Developing a domestic-violence responsive practice,
Identifying domestic violence in the home,
Interviewing survivors, children, and perpetrators,
Engaging the survivor in safety planning – whether the victim stays or leaves,
Assessing and planning for survivors vs. perpetrators

**Assessments**

DV Liaisons will assist DCS professionals identify:

Survivor strengths, protective factors, needs/barriers,
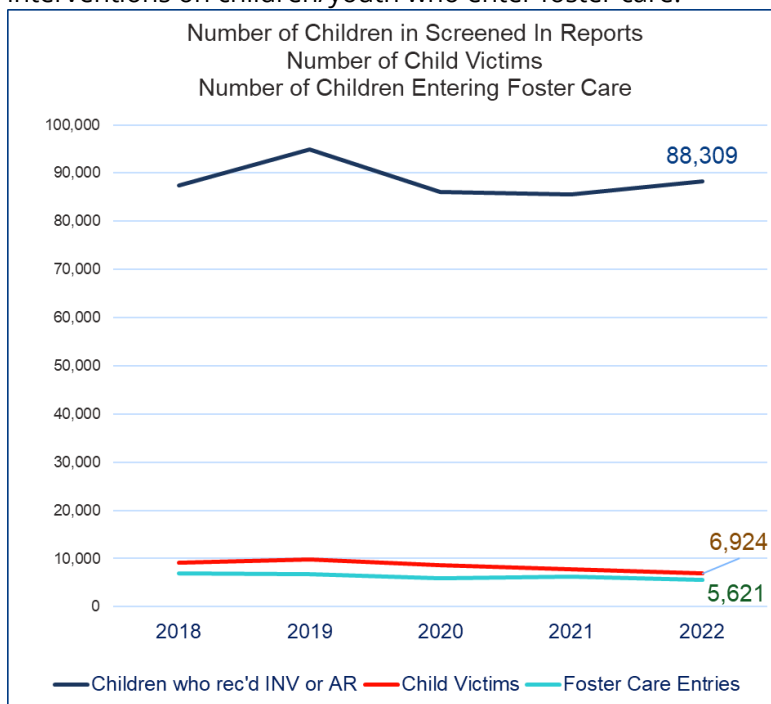Perpetrator controlling, coercive, and abuse behavior, and their impact on family safety,

Violence escalation and dangers to victim/children
Patterns and history of abuse
Survivor strategies for moving forward

**Trainings**
DV Liaisons will support DCS professionals improve:

Knowledge of domestic violence-responsive practice,
the impact of Aces and toxic stress on children and adults, protective factors, patterns of controlling behaviors,
Understanding the typology of domestic violence,
Identifying safety concerns,
Engaging perpetrators
Identifying appropriate services for victims and perpetrators

The graph below shows a little over 88,000 children are involved in accepted reports of maltreatment. 6,900 children were found to be victims of maltreatment.  And of those 81% entered foster care (in 2022). Tennessee plans to focus on improving prevention efforts and is planning a prevention collaborative with families and partners in spring 2025. In addition, a focus on FAST assessment outcomes compared to the children/youth who enter foster care will begin during the 2025-2029 CFSP. It has been identified that there are times the FAST does not identify actionable risk interventions on children/youth who enter foster care.



Number of Children in Screened In Reports
Number of Child Victims
Number of Children Entering Foster Care

Source:  The Tennessee AFCARS Report: afcars-tar-tn-2021.pdf (hhs.gov

**Strategies for improvement to prevent entry**
**Prevention Collaborative Initiative to prevent entry.**
This will be an objective in the Vision section of the 2025-2029 CSP.
**Ongoing Analysis of the FAST assessment to ensure results determined children/youth need to enter foster care due to severe safety concerns to prevent entry.**
It has been determined there are times children/youth entered foster care when there were no safety concerns or risks identified requiring this action. The Assessment Director and Vanderbilt University are in the beginning phase of developing a sample of FAST assessments to review and track quarterly to track trends and identify if this occurs in specific service areas to know how to address and monitor if the number of children entering foster care reduces over time through this improvement strategy.  This strategy will begin in September 2024.

**Safety- Related Services identified by the FAST**
The severity and complexity of the cases have increased over the past 3 years.  Severe abuse allegations increased from 2019 (10%), 2020 (12%) and 2021 (14%).  Drug Exposed Child, Physical Abuse and Sexual Abuse are the highest for the severe abuse category. At the closing of the 2020-2024 CFSP parental substance abuse is the primary safety reason for younger children to enter custody and unavailable parent (i.e., abandonment, illness, death, incarceration, disability) is the primary safety reason for older youth to enter custody. Between 2022 and 2024 sex abuse and physical abuse only made up about 6% of child victims of maltreatment which is significantly lower than parental substance abuse results. Tennessee is using these trends to inform the prevention focus over the next five years and will begin monitoring strategies during FY 2024 (please see Vision and Objectives section).

The FAST heat maps below shows that more families currently require immediate action or intervention based on safety results of the FAST
*FAST Results Geographic Comparison*
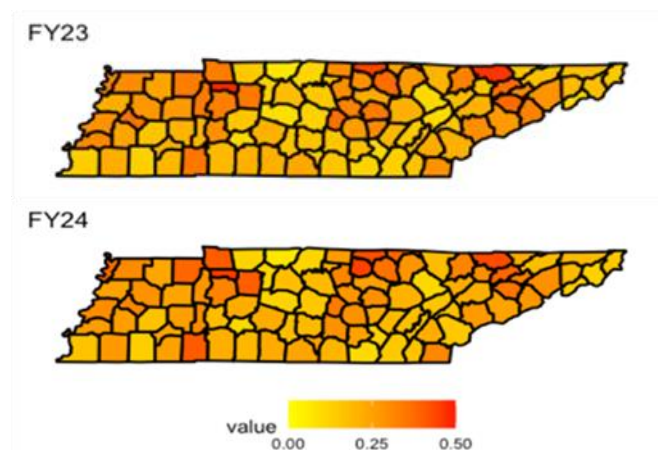


FAST Heat Maps analyzed by Vanderbilt Center of Excellence. FY23 includes 105,443 FAST assessments with county information. FY23 includes 71,541 FAST assessments with county information. Data represented spans from 07/01/23 to 03/14/24 and therefore is not a full year of data.  Between FY 2023 and 2024 the darker shade of orange continues across the state resulting in increased families with safety and risk results requiring immediate interventions and the importance of DCS to ensure safety services are provided timely when appropriate.

## Item 3 Safety and Risk Assessments CFSR and CPR IRR Comparison Results

FY 2024 results for CFSR Round 4 fall well below the 90% federal threshold. Trends in CFSR reviews reflect case workers not assessing all members of the home, delays in updated assessments at critical junctures of the case, not developing safety plans, and no ongoing drug screens. Caseworker turnover has been identified as one root cause.  However, the quarterly case process review (CPR IRR) results show highly favorable for informal assessments completed through face-to-face observations but continue to show opportunities including assessing everyone in the home.

**Data Source: Round 4 CFSR OSRI State Rating Summary October 2023-March 2024 and CPR IRR quarterly results July 2023 – March 2024**

| Measure of Progress | Baseline FY 2024 | Target Goal | Target Date |
|---|---|---|---|
| CFSR Performance (Item Three): Safety and Risk Assessments | 49% <br> 37/75 | 90% | 6/30/2029 |
| CPR Were informal safety assessment completed through face-to-face observations? | Custody 46/54 85% JJ In home 13/16 81% | | |

**Data Source: OSRI item 3 specific report**



The chart above shows results in FY 2024 Round 4 CFSR for specific item 3 questions in the OSRI.  A deeper analysis of the rational statements determined **Initial Assessments** (100%) of the foster care cases that rated ANI the initial formal assessment did not include all people in the home or family history and (50%) did not have monthly contact in the home.  For the In-home cases, (100%) of the cases that rated ANI: initial informal and formal safety assessments did not include all people in the home and family history. **Ongoing Assessments** For foster care cases (48%) of the cases that rated ANI did not have face to face contact with one or both parents and reunification remained on the plan. The In-Home cases that rated ANI (40%) did not have face to face contact in the home; therefore, the home environment could not be accurately assessed for safety. **Safety Plans** for foster care cases and in-home cases (100%) that rated ANI were due to no safety plan developed despite identified safety concerns. A strength for Tennessee is the vast majority of cases that rated ANI for foster care cases did reflect in the rational statement that the child/youth did have quality safety assessments in their foster care placement.

**Data Source:** Round 4 CFSR OSRI multi-item analysis tool
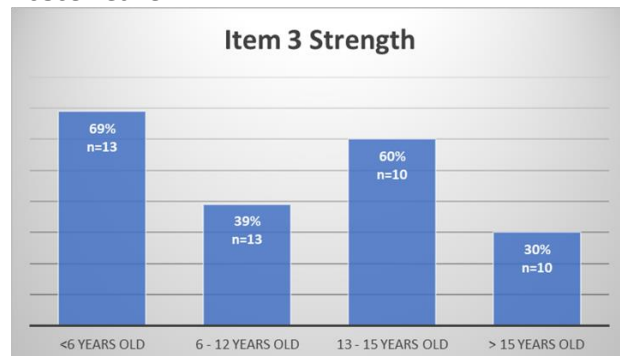
**Foster Care**                                    **In-Home**
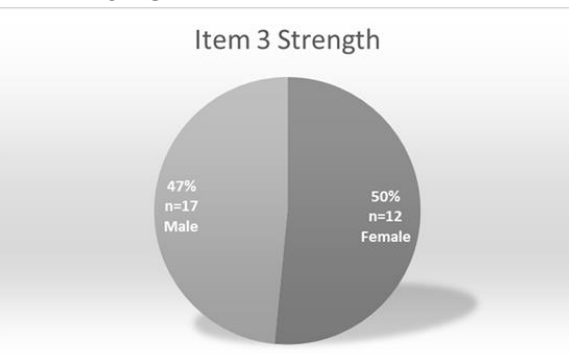


Further analysis of the foster care older age group noted the following issues that impacted the cases: 1. Youth not assessed frequently enough in the facility due to turnover in caseworkers.2. Mother not assessed 3. siblings and other adults not assessed during THV. 2. no closing safety assessment. There does not appear to be any variation in the in-home results when comparing gender.

**Quarterly Case Process Review IRR Results**
**Foster Care Results from July 2023-March 2024**
Results in the tables below further support findings in the CFSR results.  Tennessee performs well in ensuring children and youth are safe in their foster care placement (91%) however, fall significantly lower in ensuring the other children in the removal and family home are included in safety assessments.

| Did the agency make concerted efforts to assess the safety and appropriateness of the placement to meet the child's needs? | | | |
|---|---|---|---|
|  | Yes | Total | % |
| JJC 2024 | 15 | 16 | 94% |
| FC 2024 | 34 | 38 | 89% |
| Overall | 49 | 54 | 91% |

| Did the worker make concerted efforts to assess safety and risk for all children in the removal home? | | | |
|---|---|---|---|
|  | Yes | Total | % |
| JJC 2024 | 3 | 6 | 50% |
| FC 2024 | 2 | 13 | 15% |
| Overall | 5 | 19 | 26% |

| Did the worker make concerted efforts to assess safety and risk for all children in the family home? | | | |
|---|---|---|---|
|  | Yes | Total | % |
| JJC 2024 | 4 | 9 | 44% |
| FC 2024 | 4 | 14 | 29% |
| Overall | 8 | 23 | 35% |

**Juvenile Justice In-Home Results from July 2023-March 2024**

The JJ results also reflect comparable results for including all children in the home in safety assessments. This is not available in the other type of in-home cases review tool.

| Did the worker make concerted efforts to assess safety and risk for all children in the family home? | | | |
|---|---|---|---|
| | Yes | % | Total |
| JJ IH 2024 | 6 | 40% | 15 |
| Total | 6 | 40% | 15 |

**Quality Assurance Reviews (QAR) Investigation and Assessment Results**

Below are results for safety and risk assessments from investigation and assessment cases reviewed through the quarterly QAR process July 2023 – March 2024. Results are hovering in the 80% range and appear to be better compared to the CPR results for including other children in the home through informal interviews or observations.

| Qualitative Measurement – Meets or Exceeds Expectation | FY 2024 |
|---|---|
| Assessment of Safety | 85% 1452 |
| Assessment of Risks | 83% 1452 |

| Quantitative Measurement – Yes answers | FY 2024 |
|---|---|
| Were all siblings interviewed and/or observed? | 82% 911 |

**Improvement Strategies during the 2025-2029 CFSP**

Based on CFSR result trends the safety workgroup determined a need for improved understanding of the family centered safety assessment process.  The workgroup identified two safety assessment improvement strategies.

**Goal: Improve quality of the FAST/CANS assessment**

**Assessment Integration**

During the 2025-2029 CFSP the assessment integration approach will focus on the supervisory level to ensure frontline staff receive the ongoing support and oversight to ensure quality formal safety assessments are used to accurately determine safety initially and ongoing. An assessment training specific to supervisors was developed and being utilized.  All frontline supervisors are required to participate in this course to meet their yearly CANS/FAST recertification requirements.  During this training, the basics of scoring the CANS/FAST are reviewed, but the trainers spend the bulk of the training time teaching the supervisors what to look for from a supervisory perspective when reviewing the CANS/FAST and how to work with those they supervise to get a quality assessment. Training sessions for both case managers and supervisors is ongoing and to ensure timely assessments based on DCS protocol this strategy will be monitored through regional leadership as well as senior leadership. Goals for assessments are integrated in employee performance plans and addressed in the performance cycle and yearly evaluations. Please see protocol links below.
https://files.dcs.tn.gov/policies/chap31/CANSProtocol.pdf
https://files.dcs.tn.gov/policies/chap14/FASTProtocol.pdf

**Goal: Improve global assessments of the family**
**Global Assessment Training**
Currently DCS only offers this training in pre-service to new hire staff. The Safety Workgroup identified the need to expand the implementation of the global assessment training to be included in in-service training as well. This training will help reinforce family centered assessment practice to improve frontline staff's knowledge of including all the adults and children in the family home and the family history in order to gain a full understanding of the family's safety concerns and risk factors. This training will also be part of the supervisor training track to ensure the frontline staff receive ongoing support in ensuring safety assessments or global and comprehensive on the family. The strategy will be monitored through CFSR case reviews as well as CPR and QAR case reviews on safety assessment results.

**Safety Plan Development**
Tennessee's Family First Five-Year Prevention Plan identified The FAST will be used to monitor child safety and address the needs of families who are at risk of child welfare involvement and determine the level of intervention needed including development of a safety plan and the frequency of monitoring. According to the chart above (82%) of foster care cases and (64%) of in-home cases were a strength for safety plan development. This indicates foster care performance overall is better in developing and monitoring safety plans and improvement opportunities may need more focus in the in-home practice. The department will ensure safety planning is built into frontline supervision and on the job training to improve the understanding of the importance of addressing safety concerns in foster care cases such as in residential treatment facilities and foster homes as well as for non-custodial cases to prevent foster care when appropriate.

**Parent Perspective on Safety through CFSR Round 4 interviews with caregivers:**
During CFSR Round 4 interview responses with parents and caregivers in FY 2024 were collected and entered into a database to quantify results. A total of 41 responses (24 foster care and 17 In-Home) were analyzed on the question:
My DCS caseworker truly cares about my child's/children's safety: (71%) of caregivers involved in an in-home case and (75%) of caregivers involved in a foster care case either agreed or strongly agreed.

## *Permanency Outcome 1*

*Children have permanency and stability in their living situations.*

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

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

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

**Tennessee Statewide Data Indicators**

**Source:  Tennessee CFSR 4 Data Profile February 2024.**

***Note:  The arrow represents preferred performance.   Blue font indicates that Tennessee's performance (using risk adjusted performance interval - RSP) is statistically better than the national performance. Red font indicated that TN's RSP is statistically worse than national performance.

| Statewide Data Indicators | National Performance | TN Risk Standardized Performance (10/1/19-9/30/20) | TN Risk Standardized Performance (10/1/20-9/30/21) | TN Risk Standardized Performance (4/1/21-3/31/22) | TN Risk Standardized Performance (10/1/21-9/30/22) |
|---|---|---|---|---|---|
| Permanency in 12 months for children entering foster care | 35.2% ⬆ | 39.1% | 40.2% | 40.3% | - |
| Permanency in 12 months for children in foster care 12 to 23 months | 43.8% ⬆ | 47.5% | 46.4% | 45.3% | 45.7% |
| Permanency in 12 months for children in foster care 24 months or more | 37.3% ⬆ | 38.7% | 38.5% | 40% | 35.1% |
| Re-entry to foster care in 12 months | 5.6% ⬇ | 6.7% | 8.7% | 8.5% | 8.0% |
| Placement Stability | 4.48 ⬇ | 7.57 | 6.14 | 6.59 | 7.04 |

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

A lower RSP value is desirable for rates of re-entry. Tennessee's rates of re-entry are statistically worse than the national performance of 5.6. Tennessee made some improvement in FY 2020 but has remained steady in the 8% in FFY 2021 and 2022. Tennessee will track this indicator through CFSR regional reviews and through improved services during trial home visits.

A lower RSP value is desirable for Placement Stability and Tennessee's performance reflects Tennessee's as statistically worse compared to the national performance. Tennessee continues to monitor permanency and placement stability through the CFSR regional reviews, and new strategies for improvement for the 2025-2029 CFSP. Service delays and parents who make minimal progress that cause courts to keep reunification as a goal may contribute to drop in FFY 2021-2022 Permanency in 12 months for children in foster care 24 months or more.

## Joint Planning Partner Feedback

Partners participated in a table exercise focused on three permanency outcome 1 statewide data indicators.

- Placement Stability
- Entry
- Re-entry

Each table was asked to select on statewide data indicator and based on results from the Tennessee data profile identify root causes and solutions. The table below provides key themes and solutions/strategies.

**Pick one focus area: Entry, Re-entry, Permanency, Stability?**
*What factors already discussed impact these Key Performance Indicators?*
*What are some additional contributing factors?*                    *Brainstorm*
*strategies to improve performance.*

| THEMES FROM ROOT CAUSES/BARRIERS | THEMES FROM SOLUTIONS/STRATEGIES |
|---|---|
| **1. Placement Stability** | **1. Placement Stability** |
| Assessment quality issues and lack of suitable care options contribute to unnecessary placement moves. | Increase kinship care/placements through diligent search efforts. |
| Inadequate search efforts for kin and services impact stability. | Implement fatherhood/men training opportunities to enhance family engagement. |
| Poor-quality assessments and misalignment with placement recommendations disrupt placements. | Keep children in their communities to maintain stability. |
| Shortage of foster homes, lack of engagement, and insufficient family support exacerbate instability. | Improve assessments at entry to inform services accurately and engage families. |
| Limited formal assessments for residential beds and underutilization of data hinder improvement efforts. | Listen to youth to address their needs effectively. |
|  | Enhance multi-agency collaboration for stable placements. |
| **2. Entry** | **2. Entry** |
| Lack of trust, high caseloads, and inadequate assessments affect entry into care. | Collaborate with courts for enhanced family engagement. |
| Premature cessation of services, family drug usage, and absence of support systems contribute to entries. | Engage families through in-home services for better support. |
| Challenges within the court system, staffing issues, and gaps in service availability impact entry rates. | Build relationships and trust with courts to streamline processes. |
|  | Customize assessments and permanency plan goals for families. |
| **3. Re-Entry** | **3. Re-Entry** |
| Long stays of 0-5-year-olds in care indicate systemic challenges. | Utilize trial home visits effectively, ensuring continued support services and assessments to prevent re-entry. |
| Deficits in protective factors for parents contribute to re-entry rates. | Address reasons behind re-entry through enhanced family engagement and preparation efforts. |
| Court continuances and lack of reasonable efforts delay permanency and may lead to re-entry. |  |
| Lack of a prevention mindset within CPS affects permanency efforts. |  |
| Leadership lacking knowledge and concern about families impacts permanency outcomes. |  |
| **4. Permanency** | **4. Permanency** |
| Lack of leadership understanding and concern about families affects permanency efforts. | Ensure proper tracking of data to inform decision-making and monitor permanency outcomes effectively. |
| Proper tracking of data is crucial for achieving permanency goals. | Cultivate leadership that understands personnel and data numbers to drive successful permanency efforts. |
| Caring about children and families' experiences from day one is essential for successful permanency outcomes. | Foster a genuine care approach towards children and families from day one to ensure meaningful permanency plans |
| Meaningful permanency plans with services meeting needs from day one are crucial for achieving permanency. | Implement meaningful permanency plans that have services meeting needs from day one to facilitate successful permanency outcomes. |

An analysis of system-wide trends using TN's TFACTS data is critical to understanding performance and identifying both strengths and improvement opportunities.   DCS and its partners have reviewed administrative data and have identified system-wide needs as well as goals and strategies that are detailed within this Plan's goals and objectives section.  The majority of the data below comes from Chapin Hall produced metrics and includes TFACTS data through 12/31/23.  This data is supplemented by the Children's Bureau's CFSR Round 4 Data Profile and the Supplemental Context Data File (Feb24).

**Foster Care Entry Rates:**
According to DCS's TFACTS data (organized by Chapin Hall), 5,600 children, on average, entered foster care each year (2020-2023).  Although entry rates vary across the state, there are counties with higher rates, particularly the south, upper, and east areas of the state.  Metro areas, such as Memphis and Nashville show lower foster care entry rates.
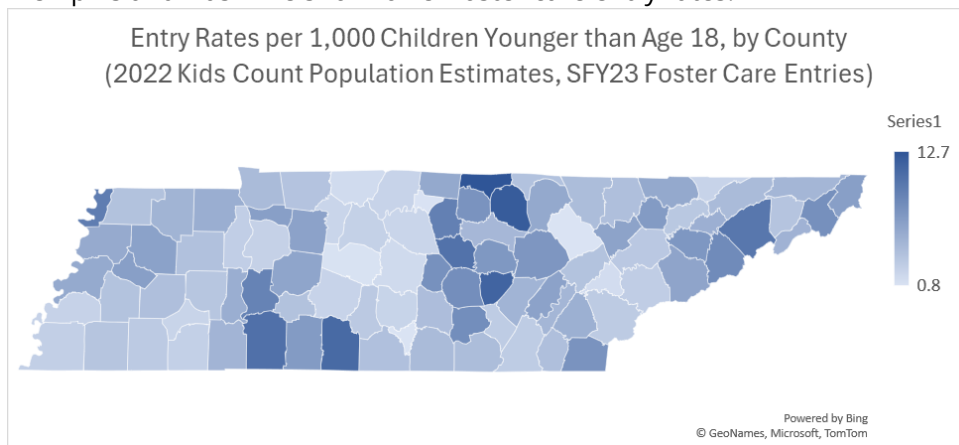


**Item 4 Placement Stability**
CFSR statewide baseline results fall below the 90% federal threshold.  The results have remained steady from previous years hovering in the 70% range.  the question "at the time of the review is the current placement stable" 96% of the cases answered yes.  Tennessee continues to see the area needing improvement for placement stability is ensuring the first placement is appropriate to meet the children/youth's needs and/or when it is necessary to move placements they are planned.

**Data Source: Round 4 CFSR OSRI State Rating Summary October 2023-March 2024 and item 4 multi-item analysis tool**

| Measure of Progress | Baseline FY 2024 | Target Goal | Target Date |
|---|---|---|---|
| CFSR Performance (Item 4): Placement Stability | 70% / 32/46 | 90% | 6/30/2029 |

Sixty-five percent (65%) of the CFSR case sample had the answer "no" to the question were all moves planned to meet the child's needs and case goals. A deeper review of the rationale statements determined the main reason for placement instability is children/youth placed in temporary placements (71%) while waiting for more stable and appropriate placement.

**Data Source: OSRI item 4 specific Report and Rationale Statements**
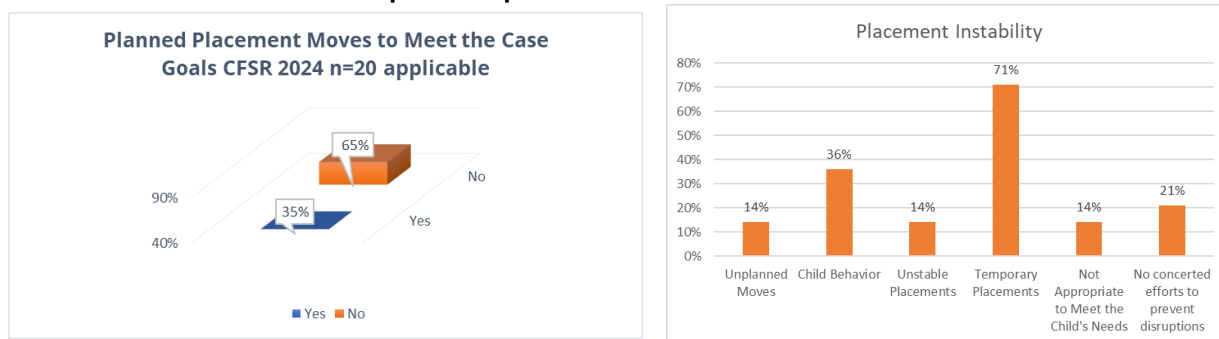


## Stability Rate:

Stability or decreasing the number of moves children/youth experience in foster care is a priority for DCS. Babies, as seen in the table below, with less than two moves per 1,000 care days, experience the most stable placements. Children ages 11-16, however, experience the most days in care and also a significantly higher rate of moves during their first year in foster care; their rate of moves per 1,000 care days is 10.02.

| What is the rate of moves for children who entered care between 10/1/22-9/30/23 | | | |
|---|---|---|---|
| Age Group | Rate of Moves per 1,000 Care Days | Numerator (# of Moves) | Denominator (# of Days in Care) |
| Younger than One Year Old | 1.96 | 243 | 124,201 |
| 1-5 | 5.44 | 825 | 151,755 |
| 6-10 | 7.29 | 902 | 123,774 |
| 11-16 | 10.02 | 3,127 | 312,071 |
| 17 | 8.32 | 343 | 41,203 |
| Source: Children's Bureau Supplemental Context Data File, Feb24. | | | |

Children ages 11-16 have the highest rate of moves. In a data set provided by Chapin Hall, shown below, children in a similar age group (ages 12-15) who enter foster care, are most likely to experience two, three, and four moves. Interestingly, although only 8% of the children in this age group are initially placed in congregate care, however, 40% show congregate care as the predominant placement type (placement type where child has spent >50% of time in out-of-home care). For this same age group, 60% all the African American or black children who entered foster care in SFY23 experienced two or more moves, whereas 52% of white children and 49% of Hispanic children experienced two or more moves.

# Moves for Children Entering Foster Care
by age (SFY23)
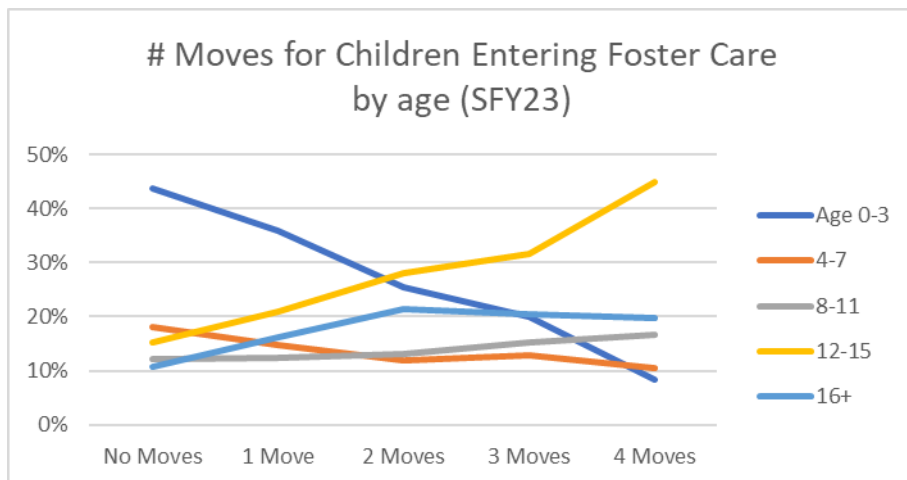


**Placement Stability Strategy Development Workgroup**
The Placement Stability Workgroup reviewed data over the last three years and current CFSR results and through discussions determined the following:
Tennessee has been unsuccessful in meeting the CFSR outcome for placement stability.

Service gaps result in nearly (100) Tennessee children being placed in residential treatment out of state and (62) children on average without placement each night.

Needs assessment shows a high need for quality treatment foster homes.

**Improvement Strategies for Placement Stability**
Over the next five years of the 2025-2029 CFSP Tennessee will implement strategies to create a culture system wide that supports stable placements. DCS leadership will partner with DCS Region(s), private providers and judiciary to pilot the following strategies:

**Implement training and accountability resources into the workforce to support the competent completion and use of assessment tools to support case planning, service provision and critical decision making.**
Create & Deliver curriculum on impact of multiple moves on children in foster care.

**Conduct a system wide analysis of service gaps, to include placement types and evidence-based services and implement recommendations.**
Conduct a system wide analysis of service gaps.
Assess use of evidence-based models of care within existing placement resources
Implement plan to address service gaps.
Require the use of evidence-based practices for all placement agencies providing therapeutic services.
Implement response teams equipped with evidence-based interventions to stabilize foster home placements (DCS and Provider) at risk of disruption.

**Update the performance-based contracting model to include accountability measure(s) for placement stability.**
Engage provider community in development of new measures.
Partner with data analytics resources (Chapin Hall) to compose measures.
Implement updated performance-based contracting model.
Provide regular measurement of provider progress.

**Placement stability strategies will be tracked and monitor through the following methods:**
Annual CFSR Round 4 Results
Review TFACTS data mimicking the CFSR Placement Stability Measure
Create Performance Based Contracting measurement to monitor placement stability at the provider agency level.

## DCS Leadership Strategies
In addition to the strategies developed by the workgroup the Commissioner has a DCS real estate plan to improve increasing more placement options for children and youth in order to meet individual needs:

 (5) transitional homes to be licensed for 90 private residential case managers (through a provider agency)
Hiring (12) Program Coordinators specially trained to run the 5 licensed transitional homes.
(8) behavioral health specialists to work in the 5 transitional homes

(85) Specialized Foster Homes for high needs kids or medically fragile through a provider agency. This will be tracked in the Foster Home Recruitment Systemic Factor Section.

 Renovating the 3rd Clover Bottom Cottage for another 24 assessment beds – plan to open first of October.

## Item 5 Timely and Appropriate Permanency Goals
Round 4 CFSR baseline results for item five fall significantly below at 36% compared to the federal threshold of 90%
**Data Source: Round 4 CFSR OSRI State Rating Summary October 2023-March 2024 and multi-item 5 Analysis Tool**

| Measure of Progress | FY 2024 | Target Goal | Target Date |
|---|---|---|---|
| CFSR Performance (Item 5): Timely and Appropriate Permanency Goals | 36% <br> 16/45 | 90% | 6/30/2029 |



Item 5 Strength
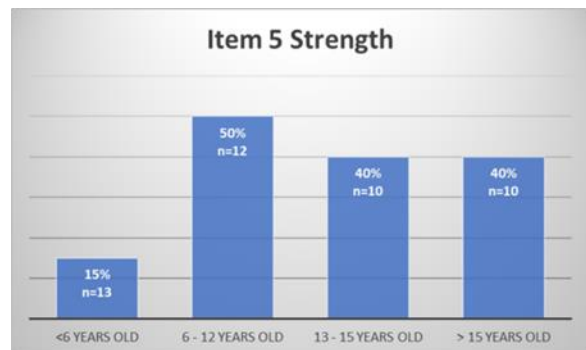
A deeper review of rationale statements identified the following trends for children < 6-year-olds and 6- to 12-year-olds. Overall goals did not reflect changes in circumstance. Adoption or guardian added with no viable options even though the parent was compliant with the reunification goal. Reunification remains a goal but not viable with either parent due to multiple concerns and severe abuse finding and adoption added with no viable option.

The Permanency strategy development workgroup chose to focus on the older age groups. Trends for the older age groups were reunification and adoption being the dual goals but reunification not a viable option due to the parents' non-compliance and the youth voicing not wanting to be adopted. The workgroup discussions identified Tennessee does not utilize PPLA as a permanency goal as often as it should for older youth. Data collected from the Permanency Director who oversees the PPLA process and from the Director of Independent Living/Extension of foster care found in FY 2023 (27) youth had PPLA as a permanency goal compared to (861) youth who aged out of foster care. Additionally, CFSR cases that had a goal of PPLA, although a small number of cases, were 100% a strength for item 5. The data reinforced the workgroups decision to develop improvement strategies on the utilization of PPLA. The barrier to using PPLA identified by the workgroup was that PPLA requires an approval process that adds many more steps for the caseworker to complete and from the caseworker perspective takes up a lot of time just to get it approved. In addition, language in the PPLA protocol states that it is a less desirable option and gives caseworkers a negative perception that it should not be used instead of understanding it is less desirable if there are other viable options.

Trend requirements in the PPLA protocol that are currently preventing approval include: Not re-exploring family or kin. Also, for youth exploring adoption in permanency counseling not being documented. Adding PPLA for youth residing in supportive living/group homes that will transition to stay in as adult.

**Improvement Strategies for the 2025-2029 CFSP**

**Goal: Improve the utilization of PPLA for older youth when reunification or exit with relative is not a viable permanency goal, and the youth does not want to be adopted.**

DCS recently added PPLA as a positive outcome to the permanency cohort for youth in full guardianship. Since this change there has been an increase of staff requesting this goal before youth aged out and is helping regional permanency numbers and permanency measures in regional staff's performance evaluations. Prior to the change, the region would have just left the goal/s already established.

The DCS Permanency Director is exploring how other states better utilize PPLA to identify ways the department can improve the current process and make it more easily available to use.

The DCS Permanency Director provides feedback to the region to improve the understanding of the protocol requirements for the approval process.

**The Strategy will be tracked and monitored over the next five years through the following methods:**

- Annual CFSR item 5 Results
- PPLA tracking system is already in place and can be used to monitor improvement over time compared with number of youth aging out.
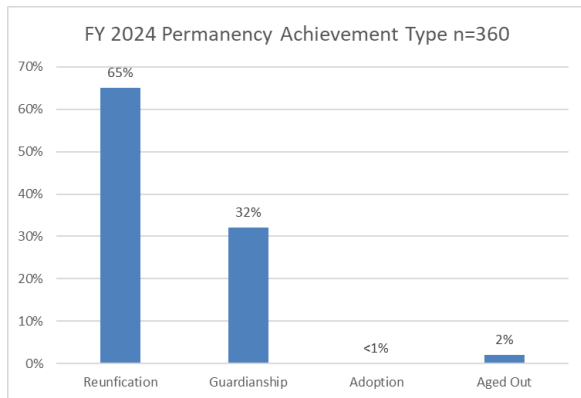
## Item 6: Achieving Permanency Timely

Achieving permanency timely in CFSR results fall well below the 90% federal threshold. A deeper review of the 46 cases reviewed for CFSR statewide determined the majority of the cases (64%) that were ANI related to no concerted efforts with parents or diligent search efforts to locate parents. A further review of cases with youth 13 -15-year-olds identified several factors that impacted the rating including:  1. Adoption not timely 2. waiting for approval for permanent separation from siblings 3. Parent incarcerated will not be released before 18th birthday and no efforts toward other permanency options. 4. no record of periodic reviews.

**Data Source: Round 4 CFSR OSRI Rating Summary October 2023-March 2024**

| Measure of Progress | Baseline FY 2024 | Target Goal | Target Date |
|---|---|---|---|
| CFSR Performance (Item 6): Achieving Permanency | 30% <br> 14/46 | 90% | 6/30/2029 |



Item 6 strength results by age groups
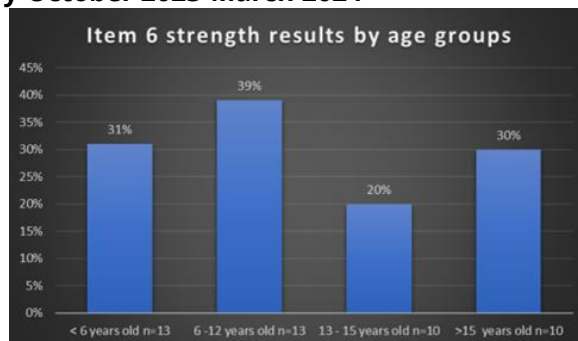
Historically Tennessee's children and youth in care achieve permanency through reunification and guardianship at a higher rate than other permanency options. The results in the charts below generated from the TFACTS information system continue to show reunification as the highest permanency type and guardianship the second highest rate in the last two years. Not all permanency options are reflected below only the types tracked in CFSR.  In addition, youth who aged out will begin to be tracked during the 2025-2029 CFSP to monitor if this number starts to trend down and PPLA trend up. PPLA is currently not available in the Chapin Hall Metrics but is tracked manually by the Permanency Director.  Currently, in FY 2024, there are 20 youth approved to achieve permanency through PPLA.

FY 2024 Permanency Achievement Type n=360

Chapin Hall Metrics 7/1/23 – 12/31/23



FY 2023 Permanency Achievement Type n=2,072
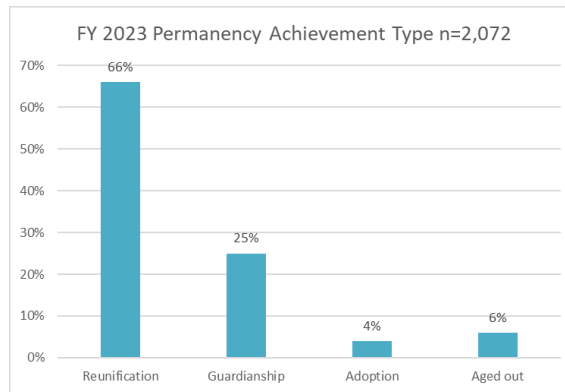
Chapin Hall Metrics 7/1/22-6/30/23

The 360 children and youth that achieved permanency through the CFSR permanency options in fiscal year 2024 as of 12/31/23 show the reunification and guardianship achievement percentage is proportionate across races and ethnicity when compared to the TN supplemental context data chart on race and ethnicity population size in care (total 4,879 children and youth) in federal fiscal year 2023. The four races and ethnicity that primarily make up Tennessee's children in foster care are White, Black African/American, Multi-Racial, and Hispanic. This has not changed over many years. The other races are so significantly small they are not typically included in analyses.



FY 2024 Permanency Achievement Type by Race/Ethnicity

Chapin Hall Metrics 7/1/23-12/31/23

FFY 2023 Entries into Foster Care

| Category | Percentage |
|---|---|
| Two or More | 5.4% |
| White | 60.6% |
| Native Hawaiian/Other Pacific Islander | 0.2% |
| Hispanic (of any race) | 7.8% |
| Black or African American | 23.7% |
| Asian | 0.1% |
| American Indian/Alaskan Native | 0.1% |
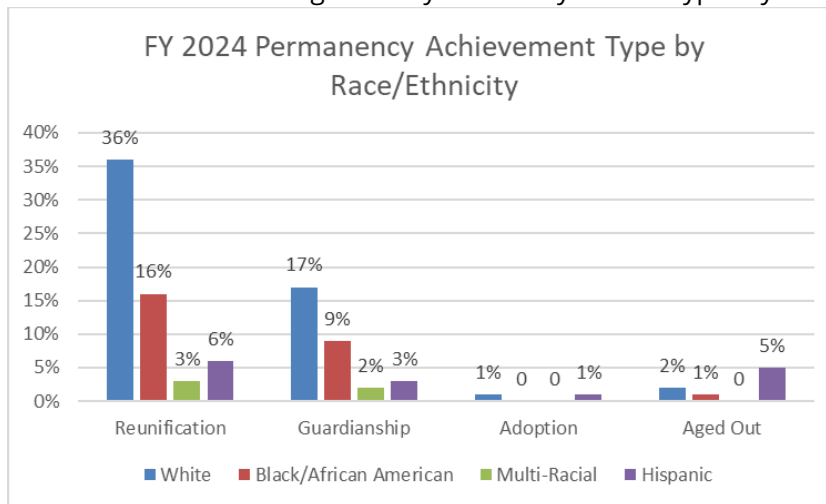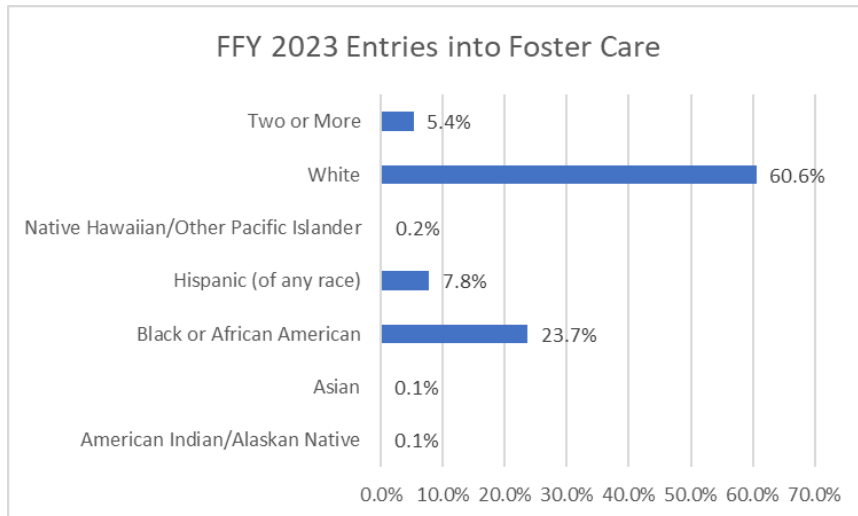
February 2024 AFCARS entries TN Supplemental Context Data

According to the Chapin Hall Metrics for FY 2024 as of 12/31/23 reunification and guardianship also appear fairly proportionate based on age group sizes. The age groups between 8 to 15 years old have a higher number achieving reunification (around 70%) but also have a longer time in care compared to the younger age groups.

| Age Groups | Reunification | Guardianship | Adoption | Aged Out | n=360 |
|---|---|---|---|---|---|
| **0 to 3 years** | 46 | 42 | 1 | | 89 |
| **4 to 7 years** | 44 | 22 | | | 66 |
| **8 to 11 years** | 31 | 13 | | | 44 |
| **12 to 15 years** | 67 | 18 | | | 85 |
| **16 + years** | 44 | 24 | | 8 | 76 |

**Permanency Strategy Development Workgroup**
The Permanency Workgroup identified the root cause of achieving permanency timely is due to the lack of concerted efforts to engage parents and diligent search efforts to locate parents in order to achieve reunification or guardianship timely. In addition, it was discovered that the new workforce does not have a good understanding of diligent search efforts and the frequency of how often searches should occur.

**Improvement Strategies for timely permanency**
Over the next five years through the 2025-2029 CFSP Tennessee plans to implement two strategies.
**Goal: Improve timely permanency to reunification or guardianship for children and youth**
Implement the 30 Days to Family approach© is well supported in the Prevention Clearinghouse. Through workgroup research information on another state was found and improvements since implementing the approach found:
Relative contact rate went from 23% to 80% upon hiring an investigator.
Rate of finding permanent families increased from 40% to 70%.

Children served by 30 Days to Family were in care 91.4 fewer days than those not served by the intervention.
DCS plans to further explore with the other state how they implemented the approach and how they track measures.

**Goal: Improve the new workforce understanding of diligent search efforts**

Implement diligent search checklist and support through OJT, TL Supervision, etc.
A checklist was developed to provide to frontline staff information to improve their understanding of what concerted efforts and diligent search efforts contain and how frequently they should occur. The checklist will be reinforced through support processes such as on the job training and ongoing supervision.

Strategies will be tracked and monitored through CFSR item 6 results.  Additional measures will be identified through Chapin Hall and Vanderbilt data analytics support.

## *Permanency Outcome 2*

*The continuity of family relationships and connections is preserved for children.*
<u>Item 7:</u>  Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?
<u>Item 8:</u>  Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?
<u>Item 9:</u>  Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, tribe, school, and friends?
<u>Item 10:</u>  Did the agency make concerted efforts to place the child with relatives when appropriate?
<u>Item 11:</u>  Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

**Improvement Strategies**
During the 2025-2029 CFSP Permanency Outcome 2 items will be tracked through improvement strategies identified in Foster Parent Recruitment Systemic Factor Section for item 7 and diligent search efforts and family engagement in the Permanency Outcome 1 and Well-Being Outcome 1 Sections for items 8 through 11. Also, the workforce investment key focus goals and objectives in the Vision Section.

**Item 7: Siblings in Foster Care Placed Together**
Although the results do not meet the federal threshold of 90% the results do show that most of the time Tennessee makes concerted efforts to place siblings in foster care together. Based on foster parent feedback DCS experienced a decrease in foster home resources as a results of health concerns for their own family during the pandemic, but a recent revised foster parent recruitment plan is also including diligent strategies to recruit foster parents for large sibling groups and in turn should improve CFSR results for item 7. Please see Foster Parent Recruitment Plan and the new

initiative in the Foster Parent Recruitment Systemic Factor Section to recruit foster parents over the next five years of the 2025-2029 CFSP.

**Data Source:** Round 4 CFSR OSRI State Rating Summary October 2023-March 2024

| Measure of Progress | Baseline FY 2024 | Target Goal | Target Date |
|---|---|---|---|
| CFSR Performance (Item 7): Siblings Placed Together | 81%<br>21/26 | 90% | 6/30/29 |

## Item 8: Visitation with Parents and siblings in foster care when separated.

Statewide CFSR Round 4 results are far below the 90% federal threshold at 46% strength rating for the cases that were applicable. Cases apply when the child/youth had a relationship with the mother, father, or relative caregiver, and siblings prior to the foster care episode.

**Data Source:** Round 4 CFSR OSRI State Rating Summary October 2023-March 2024

| Measure of Progress | Baseline FY 2024 | Target Goal | Target Date |
|---|---|---|---|
| CFSR Performance (Item 8): Visitation with Parents and Siblings | 46%<br>18/39 | 90% | 6/30/29 |

A deeper review of the Round 4 CFSR results show that the ANI ratings were impacted by not conducting diligent search efforts to engage the father in visitation with the child/youth. However, when visits did occur the quality of visits between the mother and father were better than with siblings. This was mainly due to siblings not being included in the visitation plan. This item will be tracked for improvement over the next five years through diligent search strategies in items 6 and 13.

**Data Source:** OSRI Item 8 Specific Report
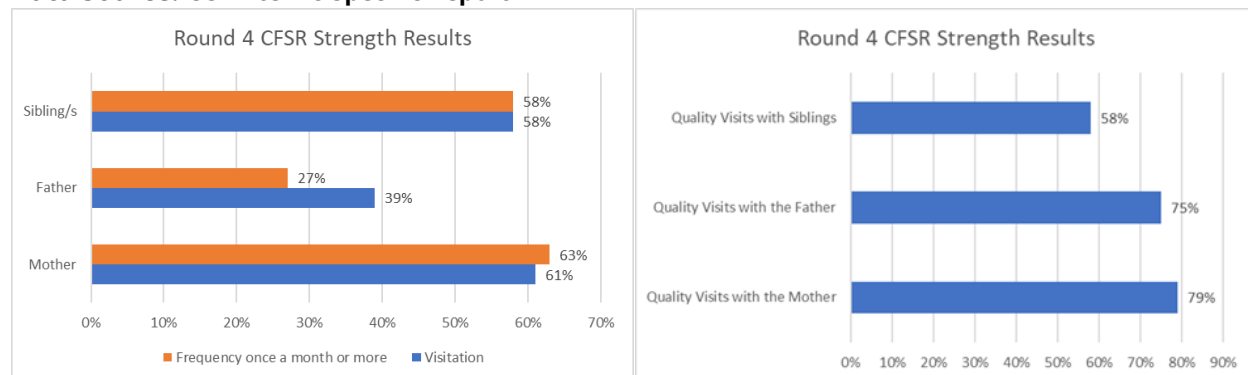
## Item 9: Preserving Important Connections Prior to Foster Care

Results for CFSR Round 4 cases reflect 65% strengths.  There were no cases reviewed where the child/youth belonged to a Native American Tribe.  A review of rationale statements determined fifty-six percent (56%) of the cases that rated ANI were due to maternal family connections not maintained and no concerted efforts to preserve sibling connections.  Other trends included not maintaining culture connections. The primary trends for strengths were maintaining and preserving extended family, siblings and religious or faith connections.  Other trends included maintaining cultural connections. This practice area will continue to be tracked through CFSR.

**Data Source: Round 4 CFSR OSRI State Rating Summary October 2023-March 2024**

| Measure of Progress | Baseline FY 2024 | Target Goal | Target Date |
|---|---|---|---|
| CFSR Performance (Item 9): Preserving Connections | 65% <br> 30/46 | 90% | 6/30/29 |

## Item 10: Relative Placements

At the start of the 2025-2029 CFSP results for relative placement in the CFSR Round 4 case sample is at 51% below the federal threshold.

**Data Source: Round 4 CFSR OSRI State Rating Summary October 2023-March 2024**

| Measure of Progress | Baseline FY 2024 | Target Goal | Target Date |
|---|---|---|---|
| CFSR Performance (Item 10): Relative Placement | 51% <br> 19/37 | 90% | 6/30/29 |

The charts below show the results for questions in the OSRI.   41% of the CFSR cases the child or youth was placed with a relative.  Of the cases where the child/youth was placed with a relative 100% of those cases the relative placement was appropriate. Two other questions to identify, locate, and evaluate maternal and paternal relatives show only about 20% of the cases where children were not placed with relatives did the agency make concerted efforts.  A deeper review of the rationale statements determined the primary area of practice that impacted the ANI ratings was the agency not making concerted efforts to locate relatives.  These results reinforce the permanency and teaming and engagement workgroups improvement practice areas and the strategy to implement the 30 Days to Family© approach.  Please see Permanency Outcome 1 Item 6 and Well-Being Outcome 1 13 for details.

**Data Source:** OSRI CFSR Round 4 Item 10 Specific Report



CFSR Results Relative Placement



Relative Placement Concerted Efforts CFSR Strength Results
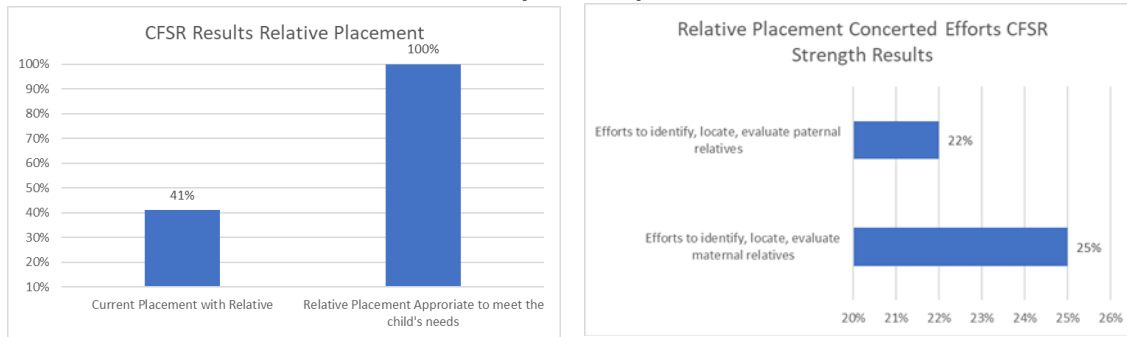
## Item 11: Maintaining Relationships with Parents and Children in Foster Care through other methods outside of visits.

Results from the CFSR Round 4 cases show only 50% of the time DCS made concerted efforts to ensure parents/ caregivers are involved in the child/youth in foster care extracurricular activities, doctor appointments, school events, etc.

**Data Source:** Round 4 CFSR OSRI State Rating Summary October 2023-March 2024

| Measure of Progress | Baseline FY 2024 | Target Goal | Target Date |
|---|---|---|---|
| CFSR Performance (Item 11): Maintaining Relationships with Parents and Children in Foster Care | 50% 18/36 | 90% | 6/30/29 |

Results for questions in the OSRI to involve the parent show (61%) for the mother compared to (39%) for the father. Further review identified the primary area needing improvement is providing transportation for both the mother and father to support their ability to participate in the child's appointments and activities.

**Data Source:** OSRI CFSR Round 4 item 11 Specific Report



CFSR Results to maintain relationship with Mother compared to Father
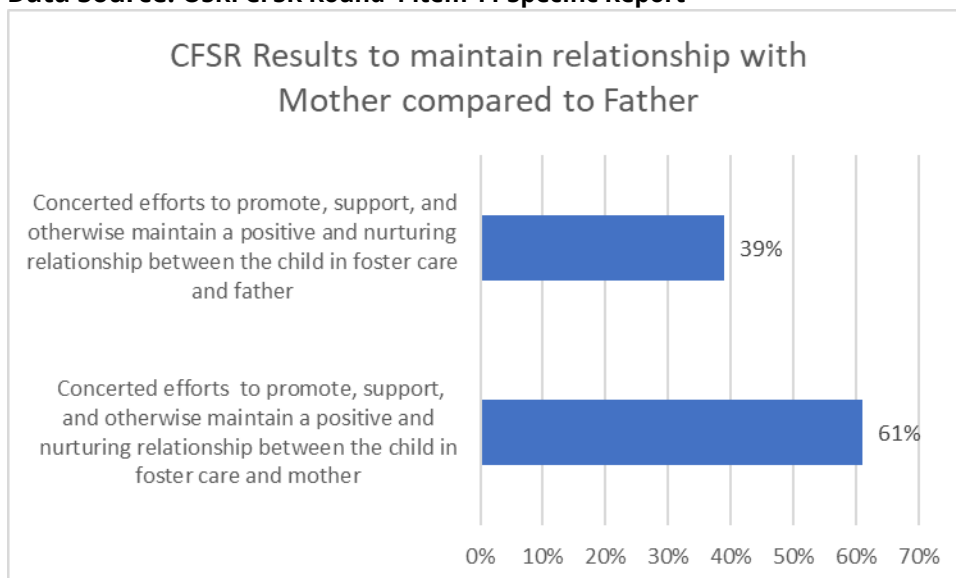
**Parent Perspective from CFSR interviews**

Parent responses were collected from CFSR interviews and maintained in a database in order to analyze trends in parent's perspective.  The question "Does your DCS caseworker encourage you to participate in your child/children's school activities, extracurricular activities and go to their doctor's appointments. of the (24) responses from parents with children in foster care were collected (41%) agreed or strongly agreed.

**Mother Responses**
No help with transportation
Multiple Caseworkers and not having consistent communication.
Some mothers felt they were encouraged or when they couldn't attend due to incarceration or a no contact order, they were kept informed.
**Father Responses**
100% of the father responses collected reported not being encouraged and not having any contact with the DCS worker.

## *Well-Being Outcome 1*

*Families have enhanced capacity to provide for their children's needs.*
Item 12:  Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?
Item 13:  Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?
Item 14:  Were the frequency and quality of visits between caseworkers and children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals?
Item 15:  Were the frequency and quality of visits between caseworkers and the mothers and fathers of the children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals?

**Item 12 Overall**

The 12 overall results is determined based on the three subparts of this item.  This includes results for 12A needs assessments and services for children, 12B needs assessments and services for parents, and 12C needs assessments for foster parents.  The analysis of the results is based on the number of applicable cases.  Due to item 12C only rated on foster care cases this is a smaller number of applicable cases; therefore, the overall results become more weighted on the child and parent results for 12A and 12B which include in-home and foster care cases.

**Data Source: Round 4 CFSR OSRI State Rating Summary October 2023-March 2024**

| Measure of Progress | Baseline FY 2024 | | Target Goal | Target Date |
|---|---|---|---|---|
| CFSR Performance (Item 12 Overall): Needs and Services of children, parents, and foster parents | 41% 31/75 | | 90% | 6/30/2029 |

## Children/Youth
### Item 12A Needs Assessments and Services for Children compared to item 14 Caseworker Visits with Children

Although at the beginning of the 2025-2029 CFSP results still fall below the 90% threshold; results for both items are comparable at 73% showing a strong correlation between the two items. DCS anticipates this will continue to trend up with the focus of improving the workforce capacity and retention.  Please see workforce investment goals and objectives in the Vision Section.

**Data Source: Round 4 CFSR OSRI State Rating Summary October 2023-March 2024**

| Measure of Progress | Baseline FY 2024 | Target Goal | Target Date |
|---|---|---|---|
| CFSR Performance (Item 12A): Needs Assessments and Services to Children | 73% 55/75 | 90% | 6/30/2029 |

| Measure of Progress | Baseline FY 2024 | Target Goal | Target Date |
|---|---|---|---|
| CFSR Performance (Item 14): Caseworker Visits with Children | 73% 55/75 | 90% | 6/30/2029 |

### Caseworker Visits with Children

The strengths in the foster care and In-Home rationale statements showed trends in the caseworker efforts to build good rapport and bond with the children/youth.  The primary reason for the ANIs for both case types was not meeting with the children privately or in their home/placement frequency was insufficient.  A further analysis of the in-home cases segmented by gender did not show any disproportionality between male children and female children.

**Data Source: OSRI Item 14 specific Report**
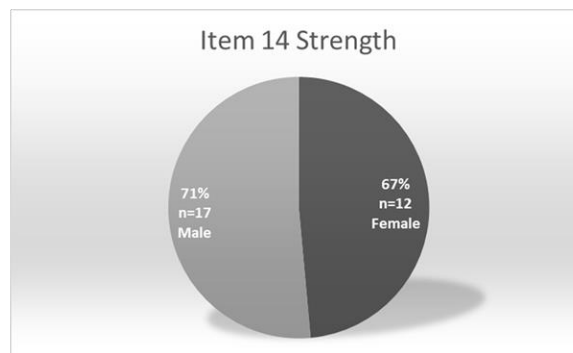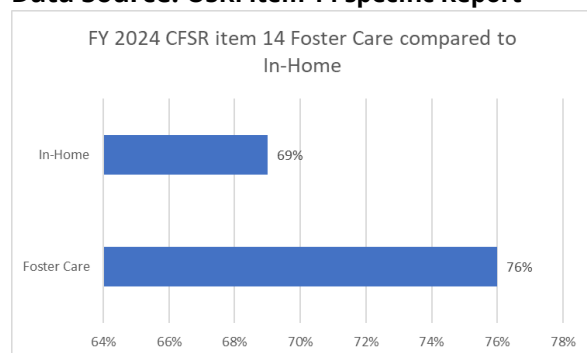




### Needs Assessments and Services for Children

A deeper analysis of the two questions that generates the rating for 12A in the OSRI reflects results are better for conducting formal and informal assessments for both case types with foster care cases performing better.  It appears what is impacting the 12A results for both case types is not providing appropriate services. Rationale Statement trends for services identified delays due to wait

lists and multiple service types not being provided.  This will be monitored through the improvement strategies in the Service Array Systemic Factor Section.

**Data Source: OSRI Item 12A Specific Report**



FY 2024 CFSR Item 12A Strength Results

A2: During the PUR, were appropriate services provided to meet the children's needs?
- In-Home: 38%
- Foster Care: 60%

A1: During the PUR, did the agency conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the children's needs?
- In-Home: 76%
- Foster Care: 83%

■ In-Home  ■ Foster Care
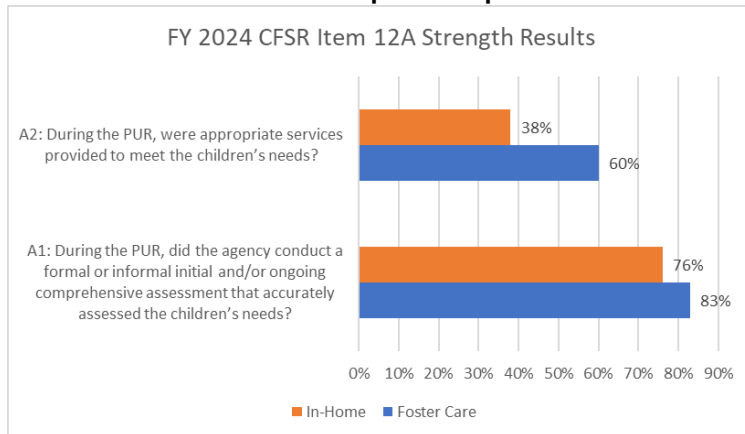
**2025-2029 CFSP Improvement Strategies for children and youth items 12A and 14**

**Goal: Improve Workforce Capacity and Retention**
Please see Workforce Investment goals and objectives in the Vision Section

**Goal: Improve Caseworker Knowledge of available services and improve the service Array**
Please see improvement Strategies in the Service Array Systemic Factor Section.

## Parents
**Item 12B Needs Assessments and Services for Parents compared to item 15 Caseworker Visits with Parents**
Baseline results for parents fall significantly below the federal threshold of 90%.  In addition, these results indicate a strong correlation in the department's practice of assessing parents needs and providing services compared to efforts to conduct caseworker visits with parents resulting at 40% strengths.

**Data Source: Round 4 CFSR OSRI State Rating Summary October 2023-March 2024**

| Measure of Progress | Baseline FY 2024 | Target Goal | Target Date |
|---|---|---|---|
| CFSR Performance (Item 12B): Needs Assessments and Services to Parents | 41% 28/68 | 90% | 6/30/2029 |

**Data Source: Round 4 CFSR OSRI State Rating Summary October 2023-March 2024**

| Measure of Progress | Baseline FY 2024 | Target Goal | Target Date |
|---|---|---|---|
| CFSR Performance (Item 15): Caseworker Visits with Parents | 40% 27/67 | 90% | 6/30/2029 |

**Foster Care Item 12B Questions in the OSRI**

A further analysis of the questions reviewers answer in the OSRI show very little difference between is the agency completing assessments and are services provided.  It appears both areas are needing improvement in the foster care cases.

**Data Source: OSRI Item 12B Foster Care Specific Report**
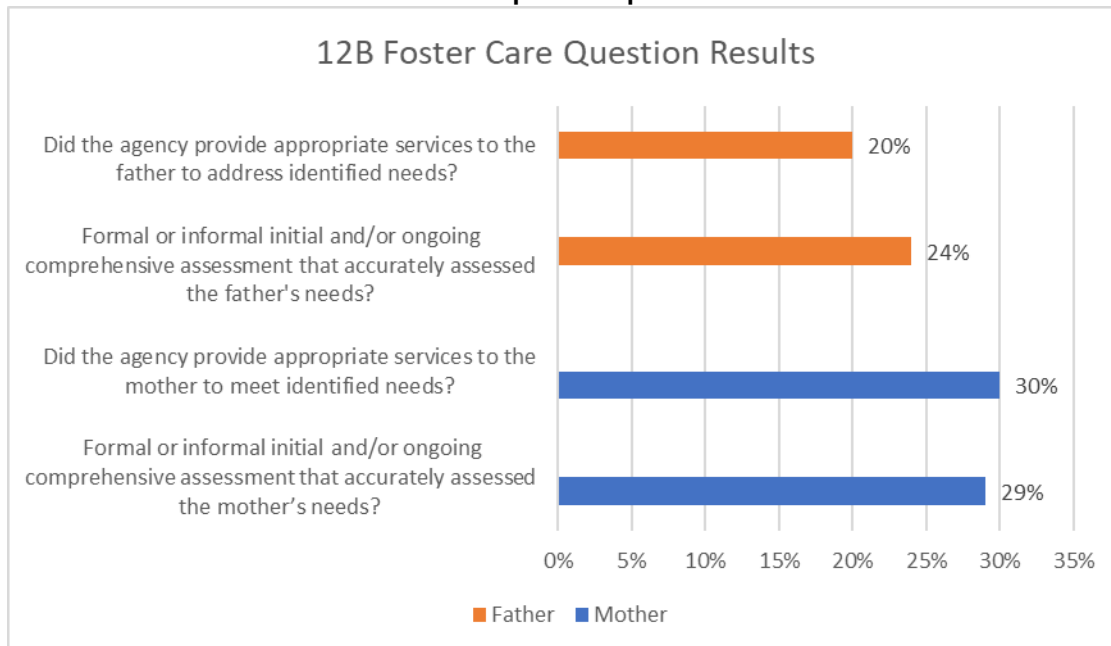


**In-Home 12B Questions in the OSRI**

Results for the In-Home cases are better than the foster care results but still show opportunity for improvement especially with fathers.
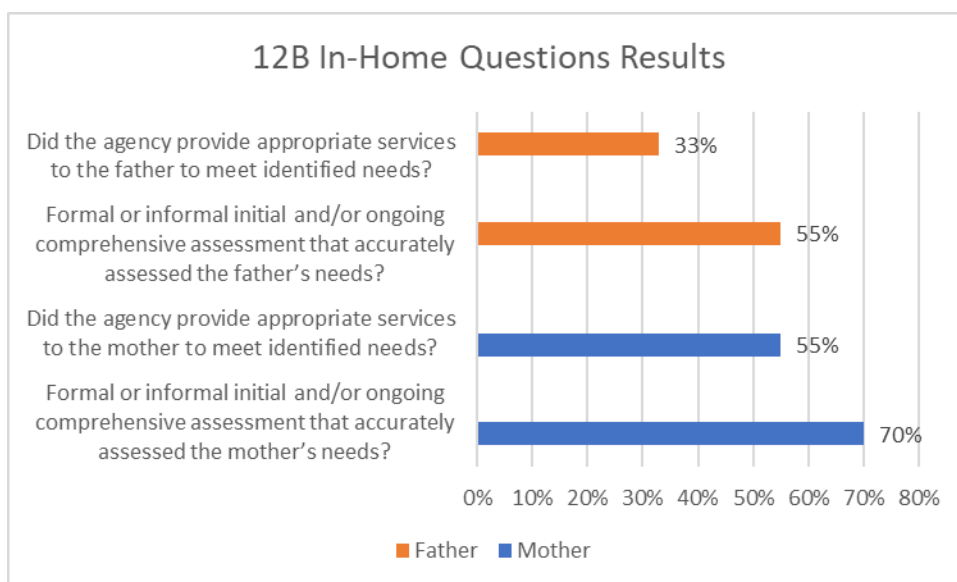
**Foster Care Results By age groups**

For the older age group, the primary reason for ANIs was not assessing mothers and no concerted efforts to locate or engage fathers. Overall, most cases were negatively impacted for no concerted efforts to either locate missing parents or engage parents. Therefore, caseworker visits with parents were negatively impacted for the same reason of not engaging available parents.

**Data Source: OSRI multi-item analysis reports Foster Care 12B and 15**
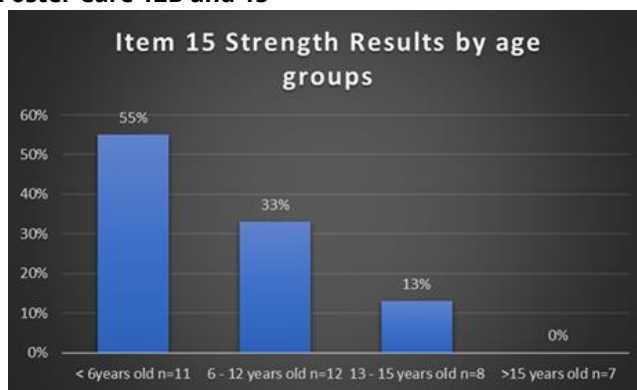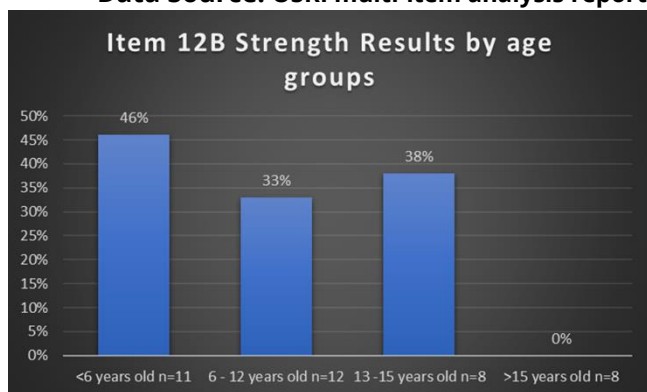


**In-Home Results by Gender**

Item 12B and 15 results are the same for both males and females. Results may reflect the    type of cases that make up the majority of the in-home cases in the sample.  When a case is open for child behaviors caseworkers don't always see the importance of assessing and visiting the parents and tend to focus more on the youth who was brought to the agency's attention.

**Data Source: OSRI Multi-item Analysis Report In-home 12B and 15**
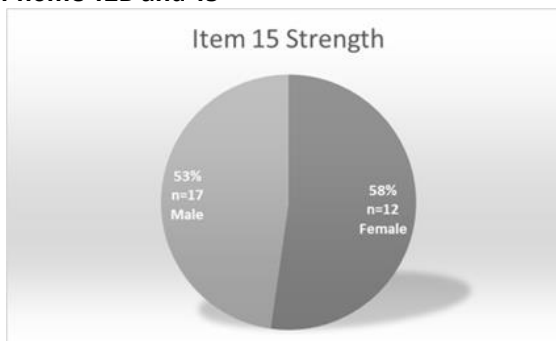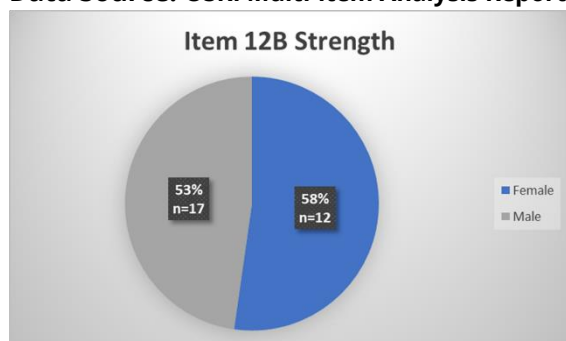
## Item 13 Child and Family Involvement In Case Planning

Baseline results for child and family involvement in case planning falls well below the federal threshold of 90%.  This is an overall result that includes children/youth, and parents.

**Data Source: Round 4 CFSR OSRI State Rating Summary October 2023-March 2024**

| Measure of Progress | Baseline FY 2024 | Target Goal | Target Date |
|---|---|---|---|
| CFSR Performance (Item 13): Child and Family Involvement in Case Planning | 55% 40/73 | 90% | 6/30/2029 |

### Foster Care and In-Home Involvement Comparison

Results segmented by parents and children involvement show there may need to be more focus on improving involvement in foster care with parents and children but especially parents which is significantly lower in comparison to in-home results. DCS usually does pretty good with involving older youth in case planning which was the makeup of the majority of the in-home cases in the Round 4 CFSR sample but not as well with parents or other siblings.  It appears there is no disparity in the in-home case results by gender.

**Data Source: Item 13 Specific Report and Multi-Item Analysis Report In-Home item 13**
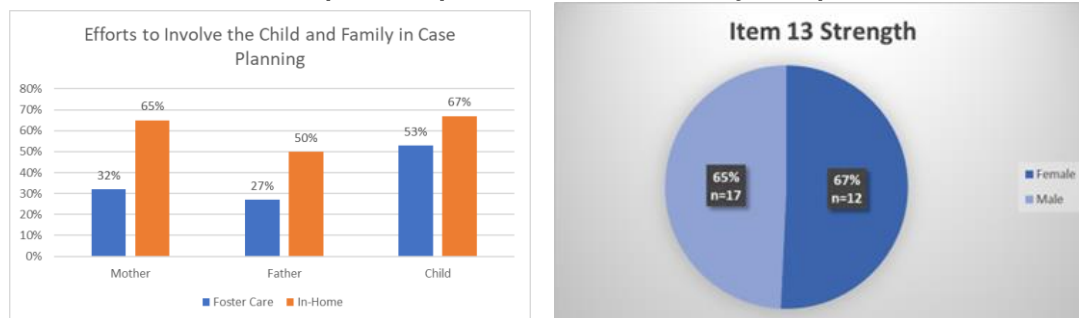


## Parent Perspective on Services, Quality Contacts, and Involvement in Case Planning

**Parent Perspective on Services through CFSR Round 4 interviews with parent/caregivers:**
During CFSR Round 4 interview responses with parents and caregivers in FY 2024 were collected and entered into a database to quantify results.  A total of 41 responses (24 foster care and 17 In-Home) were analyzed on the question:

**Services**
*The services I am getting are helping me achieve my goals.* (59%) of parent/caregivers involved in an In-Home case and (43%) of parent/caregivers involved in a foster care case agreed.

*My DCS caseworker helps me find the services I need and support me in participating in services.* Foster Care (30%) and In-Home (47%) agreed.
**Mothers:**  Most reported having to find and or pay for their services and not getting support from DCS
**Fathers:**   No concerted efforts to locate or engage
**Quality Visits**
*My DCS caseworker keeps in contact with me regarding the status of my case* Foster Care (42%) and In-Home (47%) agreed.
 **Mothers:** only at court hearings or CFTMs.

**Fathers:** No consistent contact. No efforts to locate.

**Teaming and Engagement**
*My DCS caseworker encourages me to participate and have a voice in setting goals and create and/or update the plan that will lead to my child coming home.* Foster Care (49%) and In-Home (53%) agreed.
**Mothers:** No effort when incarcerated, does not feel heard or afraid to speak out of fear it will hurt her getting child back
**Fathers:** No concerted efforts to locate or contacts
*Team meetings are held at a time and place that is convenient for me*. Foster Care (57%) In-Home (53%) agreed.
**Mothers**: Were not given enough notice or it was not held at a time she could attend.
**Fathers**: No concerted efforts to locate or contact

## Joint Planning Session Partner Feedback

The Joint Planning session focused on engaging partners in strategies identified by workgroups specific to the need to improve family engagement.  Partners participated in table exercises on three questions:

Family engagement
Supporting frontline staff in the assessment process
Supporting parents in accessing effective services
Participants engaged in table conversations by identifying root causes and solutions. After each exercise participants reviewed all the tables solution ideas and voted on three.  The tables below provide key themes and voting results.

**How do we effectively engage families, ensuring that parents and kin are effectively involved in case planning?**

*What are the barriers that keep this from occurring?*
*What are some strategies to support improvement?*

| THEMES FROM ROOT CAUSES | THEMES FROM SOLUTIONS/STRATEGIES |
|---|---|

**1. Barriers to Parental Engagement**

Lack of parental understanding and fear of DCS intervention.

Cultural and socioeconomic disconnect between families and agency.

Stigma and shame associated with involvement with child welfare services.

Bias towards certain family members, particularly fathers.
Work-hour conflicts and accessibility issues for working parents.

**2. Communication and Engagement Challenges**

Inadequate communication between agency staff and families.
Language barriers and adversarial communication styles hindering engagement.

Lack of empathy and understanding from agency workers.

Unrealistic expectations from both staff and families.
Insufficient training on effective engagement strategies.

**3. Structural and Operational Issues**

Overwhelmed system with high caseloads and administrative burdens.

Transactional nature of funding and performance metrics.
Time constraints limiting effective engagement efforts.

Disconnection between policy and frontline implementation.
Lack of flexibility in system processes and procedures.

**4. Support and Resources Deficiency**

Insufficient support for families in accessing necessary resources.

Social isolation and lack of community support.

Limited availability of appropriate services and interventions.

Deficits in social determinants of health and protective factors.
Misconceptions and lack of support for kinship placements.

**5. Systemic Biases and Challenges**

Implicit biases and negative perceptions towards families and agency.

Distrust of the child welfare system among families.

Historical biases and systemic mistrust perpetuating negative cycles.
Lack of diversity and cultural competency within the workforce.
Focus on compliance and numbers over holistic family support.
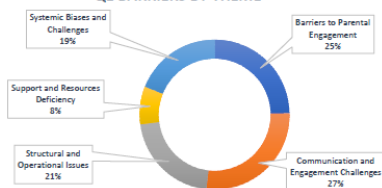
**1. Community Collaboration and Outreach:**

Engage in tasks beyond case management to foster community ownership of concerns and collaborative support.
Utilize Multi-Agency Approach: Foster partnerships with various agencies and organizations to address the specialized needs of parents and caregivers comprehensively.

Establish liaisons for engaging incarcerated parents in local jails.
Identify key community leaders and organizations to serve as anchors for building trust and engagement.

**2. Structural and Operational Adjustment:**

Dedicated Staff for Diligent Searches: Assign specialized personnel to conduct thorough and ongoing diligent searches, ensuring comprehensive family engagement.
Flexible Scheduling for Better Engagement: Implement flexible work hours to facilitate improved interaction and support for families.
Manageable Caseloads For Certified Mentors: Adjust caseloads to manageable levels, allowing certified mentors to provide quality support and engagement with new hires.
Kinship Placement Model: Create a kinship placement model that consists of a diligent search investigative team that revisits kinship circumstances throughout the time a child is in custody, ensures proper understanding of the diligent search processes, and utilizes collaborative approach with outside organizations.

**3. Enhancing Family Engagement & Support**

Family Peer Advocacy: Recruit individuals with lived experience to act as peer advocates, providing support and insight to families navigating the system.
Parent to Parent Support Groups: Establish support groups facilitated by birth parents for mutual support and empowerment.
Support relative caregivers with family peer advocates and therapy inclusion.
Foster Parent Mentorship Program: Develop mentorship programs for foster parents to provide guidance and support post-custody.

**4. Systemic Changes and Policy Improvement:**

Permanency Plans with Diligent Search Efforts: Incorporate diligent search efforts into permanency plans, ensuring thorough exploration of family connections.
Bias Training for Team Members: Provide ongoing training on biases for team members and service providers to promote cultural competency and equitable treatment.
Policy Revision for Family Engagement: Review and revise policies to prioritize family engagement and involvement throughout the child welfare process.
Exploration of Successful Models: Explore expansion of effective programs such as Safe Baby Courts and MAC/STSP

**5. Training and Professional Development**

Empathy & Active Listening Training: Train staff in motivational interviewing techniques to enhance empathy and active listening skills on an *ongoing* basis.
Supervisor Development: Provide training for supervisors on effective management of staff bias to better support workers in their engagement with families.
Inter-Reliability Training for Poverty Sims: Conduct inter-reliability before service on poverty simulation exercises to enhance staff understanding and empathy.



Q1 BARRIERS BY THEME

- Systemic Biases and Challenges 19%
- Barriers to Parental Engagement 25%
- Support and Resources Deficiency 8%
- Structural and Operational Issues 21%
- Communication and Engagement Challenges 27%



COUNT OF STRATEGIES & STRATEGY SUPPORT
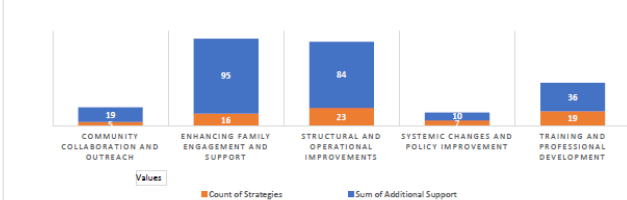
| COMMUNITY COLLABORATION AND OUTREACH | ENHANCING FAMILY ENGAGEMENT AND SUPPORT | STRUCTURAL AND OPERATIONAL IMPROVEMENTS | SYSTEMIC CHANGES AND POLICY IMPROVEMENT | TRAINING AND PROFESSIONAL DEVELOPMENT |
|---|---|---|---|---|
| 19 / 5 | 95 / 16 | 84 / 23 | 10 / 7 | 36 / 19 |

Count of Strategies    Sum of Additional Support

**How do we support front line staff in using assessments with the family to guide decisions?**
*What are the barriers that keep this from occurring?*
*What are some strategies to support improvement?*

| THEMES FROM ROOT CAUSES | THEMES FROM SOLUTIONS/STRATEGIES |
|---|---|

### 1. Communications & Engagement

- Conflicting messages to the family & perception of DCS
- Distrust among stakeholders
- Lack of communication across formal and informal supports
- Inability to meet parents/caregivers immediately post-removal for accurate assessments
- Challenges in sharing assessment results with key stakeholders
- Staff not effectively communicating progress with families

### 1: Communication and Engagement

- Ensure positive reinforcement of birth parents that will lead to open and honest communication during the assessment processes.
- Completing formal assessments in formal settings such as CFTMS
- Completing formal assessments during one-on-one meetings with the parent
- Assemble lived experience group to determine plan for assessment implementation

### 2. Training and Education

- Inter-rater reliability issues with assessments
- Missing key information for better assessment quality
- Skewed information from parents or caregivers
- Inconsistently uploaded assessments in TFACTS
- Lack of tracking/connecting family assessments over time/systems
- Insufficient training and education on assessment use

### 2. Training & Education

- Utilize ongoing comprehensive hands-on training programs, such as simulation labs, to ensure case managers are equipped and retain the practical skills for effective family engagement and assessment.
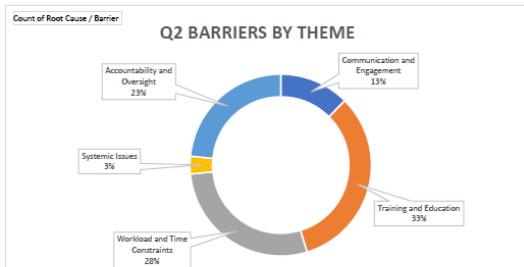- Provide not only pre-service, but also in-service training sessions focusing on the importance and methods of assessments for all staff.
- Train staff on not only the how, but also the why of assessments to ensure comprehensive understanding and proficiency in assessment best practices.
- Customize assessment protocols based on the unique needs and demographics of the populations served, ensuring culturally sensitive and effective interventions.

### 3. Workload and Time Constraints

- Heavy case manager caseloads
- Insufficient time/bandwidth of staff
- Long assessments leading to increased completion time
- Overburdened staff workload impacting assessments
- Time constraints with birth families
- High turnover rates affecting assessment completion
- Assessments becoming checklist items for staff
- Disconnect in informal assessments due to lack of understanding

### 3. Workload and Time Constraints

- Initiate a cultural shift within the agency to prioritize a family-centered approach in all interactions and decision-making processes with particular attention to the importance of quality assessment practices.
- Establish a specific assessment team responsible for reviewing assessment processes, identifying areas for improvement, and ensuring appropriate delivery of needed services to families.
- Reduce caseloads by child to 12-15 per case manager to allow for proper time to complete the assessments and focus on family assessment model
- Adjust assessments tools to be more user-friendly and explore implementation of technology (AI and Mobile Apps) to simplify the assessment process for frontline staff.
- Conduct a workload study to determine caseload sizes, ensuring that case managers have adequate time to complete quality assessments and focus on family needs.
- Continue to allocate additional resources to provide support and guidance to frontline staff to reduce turnover.

### 4. Systemic Issues

- Department funding is tied to FAST (IV-E Candidacy), concerns about accuracy of FAST results that may mismatch between case circumstances and risk score.
- Lack of comprehensive services impacting assessment quality
- Absence of repeatable, systematic processes across regions
- Challenges in maintaining value, time, and accountability

### 4. Accountability and Oversight

- Audit assessments if a family is recommended for services to ensure assessment is being used in decision-making process
- Statewide regional and team level data reviews to spot trends and address quality issues.
- Strengthen supervision at all levels by prioritizing quality assessment practice in reviewing and coaching staff (best practice)
- Random sample of FASTS to do a monthly audit or quality review
- Peer reviews to drive consistency and quality
- Increased focus on workload of certified mentors to support enhanced quality mentoring with newer staff

### 5. Accountability and Oversight

- Unrealistic expectations of staff impacting assessment quality
- Lack of sustained support and coaching for frontline professionals
- Need for strong, quality supervision from top down
- Identification of underlying issues leading to custodial episodes
- Underutilization of external assessments for case decisions
- Lack of access to CPS history/assessments in foster care division
- Complications in rural regions with digital documentation

### 5. Collaboration and Integration

- Utilize trauma screens to assess comprehensive needs of the family alongside a multi-agency collaboration approach.
- Facilitate multi-agency team collaboration through joint CFTMs, collaborative case reviews, and information-sharing platforms to improve coordination and service delivery.
- Employ Family Engagement Specialists to liaise with families, advocate for their needs, and ensure their active participation in the assessment processes.



Q2 BARRIERS BY THEME

- Communication and Engagement 13%
- Training and Education 33%
- Workload and Time Constraints 28%
- Systemic Issues 3%
- Accountability and Oversight 23%



COUNT OF STRATEGIES AND STRATEGY SUPPORT

| Theme | Count of Strategy | Sum of Additional Support |
|---|---|---|
| Communication and Engagement | 19 | 57 |
| Workload and Time Constraints | 6 | 27 |
| Accountability and Oversight | 22 | 67 |
| Training and Education | 12 | 68 |
| Systemic Issues | 9 | 24 |

**How can we help parents to connect to effective services?  How can we support the availability of services across the state?**  *What are the barriers that keep this from occurring?*  *What are some strategies to support improvement?*

| Themes from Root Causes/Barriers | THEMES FROM SOLUTIONS/STRATEGIES |
|---|---|

**1. Service Availability**
- Lack of services in certain areas
- Funding challenges for service provision
- Limited access to resources for rural communities
- Services not offered after reunification
- Providing services to prevent custody or assist in stabilization

**1. Enhance Service Availability**
- Designated staff for maintaining an up-to-date service directory
- Work with insurance companies to increase service capacity
- Transportation staff available in counties for families
- Streamlined case service request process
- Expanded more integrated services

**2. Service Awareness**
- Failure to assess families to identify needed services
- Lack of knowledge among case managers about available services
- Parents and case managers unaware of service providers
- No conversations with other agencies to discover available services
- Limited awareness of what services are available

**2. Quality Service Delivery and Accountability**
- Evaluate services for effectiveness and accountability
- Assess families correctly to provide necessary services
- Weighted caseload management for balanced service delivery
- Training and technology assistance for underutilized providers
- Training caseworkers to support vulnerable families

**3. Service Engagement**
- Lack of engagement to effectively assess families
- Parents resistant to engaging in services
- Lack of buy-in from stakeholders
- Not every family needs a referral to help them
- Lack of internal communication with other state agencies

**3. Improved Service Awareness and Education**
- Parent advocates to assist birth families through the referral and intake process
- Increased communication between DCS and courts on available services
- Education on services for courts, DCS, and providers
- Actual implementation plan of services for clear understanding
- Continued education of available services

**4. Service Integration**
- Lack of cross-collaboration among providers and agencies
- Disconnect in service coordination
- No central location for resources
- Silo-effect: Holder of information not clearly defined
- Communication lacking with service providers about family needs

**4. Increased Use of Technology**
- Explore and use more technology for service delivery
- User-friendly interface/application for services
- Connect parents to technology (Care Portal)
- Utilizing telehealth for stable reimbursement rates
- Foster parent or case manager assistance with technology skills

**5. Service Quality**
- Not having effective services
- Paperwork too long for delegated authority
- Generalization of services limits availability for families
- Provider resources are not available due to multiple audits
- Service delivery issues related to lack of quality in assessments

**5. Enhanced Service Integration and Collaboration**
- Cross-collaboration among providers and agencies
- Collaborative community teaming approach
- Collaboration with all partners sharing data
- Comprehensive audit to meet multiple needs
- Provider networking fair/event



Q3 BARRIERS BY THEME

Service Quality 19%
Service Integration 19%
Service Engagement 5%
Service Awareness 14%
Service Availability 43%



COUNT OF STRATEGIES AND SUPPORT

| | Enhanced Service Availability | Enhanced Service Integration and Collaboration | Improved Service Awareness and Education | Increased Use of Technology | Quality Service Delivery and Accountability |
|---|---|---|---|---|---|
| Sum of Additional Support | 78 | 16 | 33 | 18 | 41 |
| Count of Strategy | 30 | 14 | 8 | 6 | 21 |

**Family Centered Practice Improvement Strategies for the 2025-2029 CFSP**
The Quality Assessment, Quality Caseworker Visits, and Team & Engagement Strategy Workgroups had overlapping discussions.  When reviewing data over the last three years and current Round 4 results workgroup members identified practice has been more heavily focused on children and youth and engagement of parents have significantly declined. Another area needing improvement that seems to be impacting 12B is improving frontline and courts knowledge of available services. This could be the root cause of parents stating they had to find their own services or pay for their own services due to the new workforce still in a learning curve and limited resources of what is available. Workgroup discussions also consistently determined the importance to train the supervisors and other support staff first to ensure frontline staff get the ongoing support through on-the-job training, mentors, and ongoing supervision.

**Goal: Improve the quality of assessments completed on parents**
**Strategy**
Assessment Integration Reboot. This was a Round 3 PIP training strategy.  A lesson learned was to improve by starting the training with the regional leaders and supervisors instead of starting with the frontline.  The workgroup members agreed it will help better support frontline in expectations of the assessment process and how it should be integrated into case planning process.  This approach should support improved FAST scores which will lead to provision of paid FFPSA Services

**Implementation Plan**
Engage leadership from Central Office into the assessment process.
Share data with Regional Directors (RDs) and let RDs use their own data to guide what the reboot looks like for the region they oversee.
Focus on non-custodial and custodial leadership together for peer-to-peer accountability.
Bridge gap between FAST and CANS quality and results
Utilize a learning collaborative approach – not one-off training exploring methods to measure improvements using data from RedCap database where assessment data is stored, and Assessment Recertification process regional staff are required to complete to maintain assessment certification status.
Re-emphasize the use of Quality Contacts Checklist during case conferences.
Tweak/Develop/Combine existing interview guides (including the FAST Interview Guide) to improve conversations with families.

**Goal: improve completion of formal parents with children ages 0-5**
CANS is completed for parents of children 5 years old and older only. Currently there are 2781 children 0-5 in custody. Roughly 33% of caregivers are not being assessed.

**Strategy**
Include Parents with children 0-5 to be formally assessed with the CANS.

**Implementation Plan**
Implement assessing the Caregiver Domain on the CANS for children under 5 by opening it up in TFACTS so it can be utilized by the frontline.

**Evidence to support the goal.**
Currently there is a lack of communication with parents and a lack of support to parents for access to services by including parents with children 0-5 this will close a current gap and should improve CFSR results over time.

**Tracking Method**
Improvements will be tracked through FAST and CANS score data and 12B CFSR results.

**Goal: Improve Quality Contacts with Parents**
**Strategy**
Revamp Quality Contacts Training with a family centered caseworker visit focus. This was a Round 3 PIP training strategy that supported improvements in caseworker visits with children and parents and Tennessee was able to meet with measurement plan goal.  However, it is evident that the training approach needs to be revised to a more family centered focus and more opportunity to improve the regional staff understanding of how important it is to have quality contacts with families to improve timely permanency and engagement to build rapport with families for better outcomes overall.

Revamp CFSR Computer Based Training as ongoing support and reinforcement of importance of family centered practice through caseworker visits.  A review of the training identified that there is more emphasis on the children/youth and very little mention of the family.

**Implementation Plan**
The Division of Federal Programs will work with the Training Department in revising the Quality Contacts Curriculum and develop a training plan to ensure supervisors, mentors, and on the job training coaches receive the training.

The Division of Federal Programs will work with the Training Team to revise the CFSR computer-based training with a focus on the importance of engaging families regularly, how to conduct diligent searches effectively and to explain the federal expectations of concerted efforts.  The training plan will begin with ensuring supervisors, mentors, and on the job coaches are required to complete the training ongoing.

**Tracking Methods**
Improvements will be tracked through:
CFSR Round 4 Results in items 6, 12A and B, 13, 14 and 15 with QAR and CPR IRR results as a comparison.
Support Staff training attendance
Support Staff improved understanding of how to support frontline through surveys and pre/post evaluations.

**Goal: Improve engagement of available parents and concerted efforts to locate parents**

**Strategy**
Available Parents: Utilization of the TDOC partnership and form used to engage incarcerated parents in state correction facilities. DCS and department of corrections have a partnership to support parents who are incarcerated in state facilities with children/youth in foster care can participate in the child's case when a request form is completed and approved.  The form contains multiple opportunities to involve the incarcerated parent including: CFTMs, parent/child visits, court hearings, etc.  However, it was identified by the teaming and engagement strategy workgroup this is underutilized by the regions.

Unavailable Parents: Develop a diligent search process using the 30 Days to Family© approach to improve finding absent parents, engaging parents in other state facilities or local/county jails.

**Evidence to support the approaches**
Regions that use the TDOC partnership process show positive results in incarcerated parents engaged in multiple areas of the case.

30 Days to Family© is well supported in the Prevention Clearinghouse- Subdomains with favorable impact = Child Permanency and Least Restrictive Placement
A workgroup member researched another state currently using the approach and showing positive results. Findings include:
Relative contact rate went from 23% to 80% upon hiring an investigator.
Rate of finding permanent families increased from 40% to 70%.
Children served by 30 Days to Family were in care 91.4 fewer days than those not served by the intervention.

**Implementation Plan**
TDOC partnership is currently implemented using Form CS-4206, Tennessee Department of Corrections Request for Contact. The form is posted on the DCS Forms page and actively in use. DCS has a dedicated staff person actively working with regions to Improve implementation across the state.

DCS will consult with the other state and identify the best process for Tennessee to utilize the 30 Days to Family © approach within current capacity.

**Tracking Method**
Improvements will be tracked through:
CFSR results for items 6, 12B, 13, and 15.
Manual tracking of TDOC forms is currently utilized by the dedicated staff.  The workgroup identified adding to the tracker the outcome to ensure we are tracking once approved the parent did participate successfully.
Explore with the other how results/ outcomes are being tracked utilizing the 30 Days to Family ©.

**Goal: Improve frontline staff knowledge and coordination of available services**
Please see Service Array Systemic factor for strategy details.

**Foster Parents**

**Item 12C Needs Assessments and Services for Foster Parents**

Baseline results for assessment practice with foster parents is significantly better and closer to reaching the federal threshold of 90%. This will continue to be monitored through the CFSR process during the 2025-2029 CFSP.

**Data Source: Round 4 CFSR OSRI State Rating Summary October 2023-March 2024**

| Measure of Progress | Baseline FY 2024 | | Target Goal | Target Date |
|---|---|---|---|---|
| CFSR Performance (Item 12C): Needs Assessments and Services to Foster Parents | 78% | | 90% | 6/30/2029 |
| | 29/37 | | | |

## *Well-Being Outcome 2*

*Children receive appropriate services to meet their educational needs.*

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

**Data Source: Round 4 CFSR OSRI State Rating Summary and Multi-item Analysis Tool October 2023-March 2024**

| Measure of Progress | Baseline FY 2024 | Target Goal | Target Date |
|---|---|---|---|
| CFSR Performance (Item Sixteen) Educational needs of the Child | 88% | 90% | 6/30/2030 |
| | 49/56 | | |

Educational Needs Strength Ratings

In-Home: 88%
Foster Care: 88%
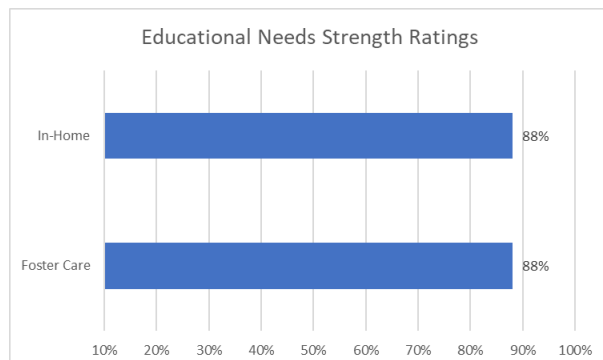
A total of fifty-six (56) cases were applicable for item 16.  Forty (40) foster care and sixteen (16) In-home.  Overall ratings in foster care cases compared to in-home cases show equal results of 88%. This is just slightly (2%) below the federal threshold of 90%.

**Data Source: OSRI Item 16 Specific Report**
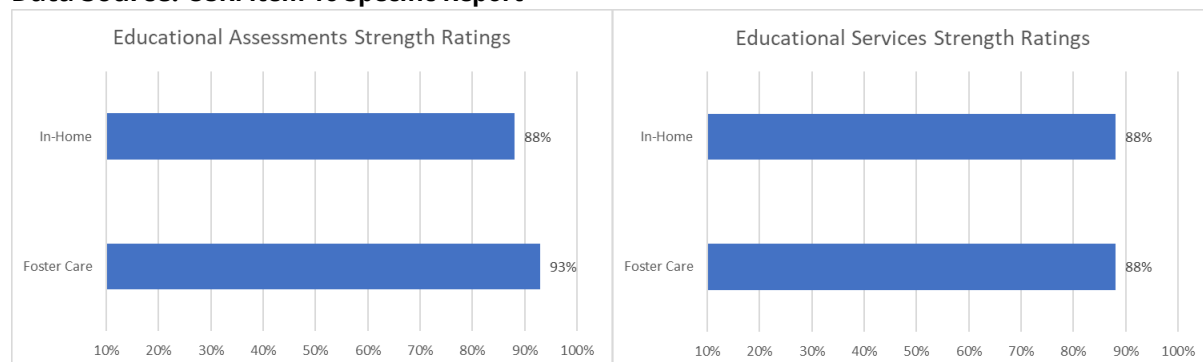


### Educational Assessments
A deeper analysis of the educational assessment results showed foster care cases (37 out of 40) 93% results were above the federal threshold and In-home cases (14 out of 16) 88% slightly below. Furthermore, only two (2) foster care cases did not have enough evidence that IEPs were being monitored and only two (2) in-home cases were missing formal and informal assessments.

### Educational Services
A deeper analysis of the educational services results shows both foster care cases and in-home cases results are at 88% again slightly (2%) lower than the federal threshold of 90%. Four (4) foster care cases had IEPs that identified services that were not provided, and two (2) in-home cases identified service needs that were either not identified or not provided, i.e., transportation services.

## Education Specialist
Based on the favorable CFSR results there is no indication improvement strategies are needed at the development of the 2025-2029 CFSP.  Therefore, the DCS educational specialists will continue to be utilized to support regional staff with tracking and monitoring educational needs of the children and youth. DCS currently has an Educational Specialist in each service region.  These specialists routinely provide training to school systems and DCS workforce members. This additional support should contribute to results improving. Support strategies include:

DCS Education utilizes the report card program through Skyward to assist DCS Caseworkers with enrollment time frames.  Report cards are incorporated into monitoring and Central office staff give this information to DCS Education Specialists.   The Skyward system was very helpful during COVID shutdown to assist in gathering report cards and transcripts even though students were not physically attending school.

DCS Education works with other trained program staff to ensure during face-to-face visits, all DCS case workers directly ask about school updates and specific areas of difficulty creating barriers to academic success.

DCS Education has worked with other arms of the Department to ensure that forms and checklists utilized by front line staff are consistent in the message that checking in on educational needs of children is a crucial area to cover during visits.  This should be addressed through the Education Stability review by the Child and Family Team (CFTM) process.  The CFTM process identifies

procedures to first discuss educational progress and then to notify Education Consultants when a Best Interest Determination meeting is needed at the child's school of origin.

Education Consultants have also been trained on the procedure of when to notify school Points-of-Contact to facilitate BID meetings.

DCS Education trains DCS Caseworkers on Response to Intervention and how to track student progress. DCS created training materials on Response to Intervention and these materials have been integrated into the annual required educational training for all case managers.

DCS has requested that all non-custodial case managers attend education training to understand indicators of academic distress.

## *Well-Being Outcome 3*

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

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

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

**Physical and Dental Health Needs**

CFSR Results for FY 2024 show somewhat favorable although still falls below the federal threshold of 90%.

**Data Source: Round 4 CFSR OSRI State Rating Summary and Multi-item Analysis Tool October 2023-March 2024**

| Measure of Progress | Baseline FY 2024 | Target Goal | Target Date |
|---|---|---|---|
| CFSR Performance (Item Seventeen): Physical Health of the Child | 73% / 37/51 | 90% | 6/30/30 |

Physical/Dental Health Needs Strengths

- Substantial Conformity: 90%
- In-Home: 100%
- Foster Care: 73%
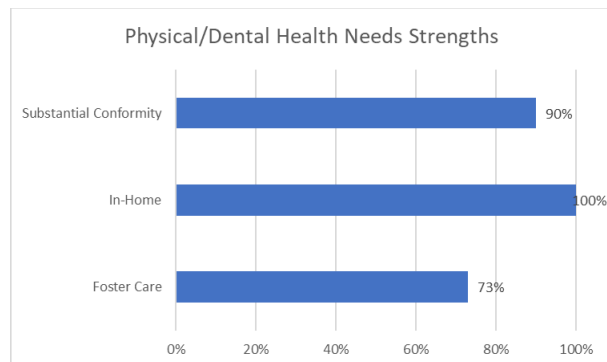
Fifty-one (51) cases were applicable to rate item 17.  This included forty-six (46) foster care cases and five (5) in-home cases. According to the graph above the in-home cases were 100% strengths and above substantial conformity of 90%.  The foster care cases fell below at 73%.
**Data Source: OSRI item 17 specific report**
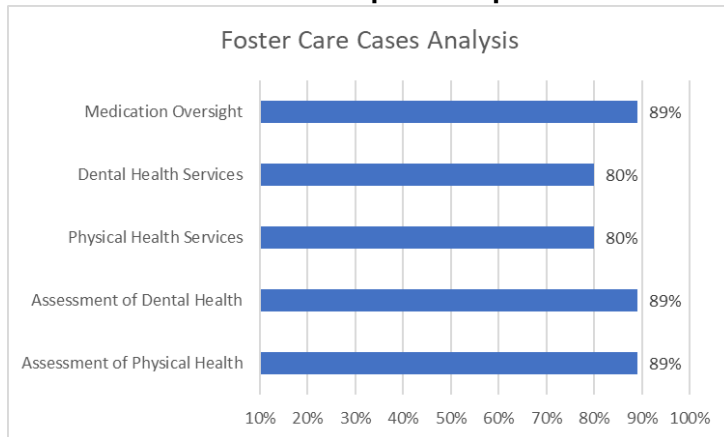


A deeper review of the foster care cases reflects favorable results in assessments and medication oversight at 89% just 1% below the federal threshold.  Although results for services is lower at 80% it does not appear there is a significant issue requiring an improvement strategy. Trends in the rationale statements show the main reason for physical health service ANI ratings was missing eye exams and follow up services. Reasons for ANI ratings in dental services were follow up services not being timely. However, this was a very low number of about 4 cases, therefore, during the 2025-2029 CFSP item 17 will continue to be monitored through CFSR regional review results.

**Mental and Behavioral Health Needs**
CFSR results fall below the federal threshold of 90%.  Trends in the statewide assessment showed over the last three years Tennessee's CFSR results have remained steady in the 60% range and the need for a deeper review of what is impacting the ratings was completed in preparation for the 2025-2029 CFSP strategy development.
**Data Source: Round 4 CFSR OSRI State Rating Summary and item 18 specific report October 2023-March 2024**

| Measure of Progress | Baseline FY 2024 | Target Goal | Target Date |
|---|---|---|---|
| CFSR Performance (Item Eighteen): Mental/Behavioral Health of the Child | 62% 29/47 | 90% | 6/30/2029 |
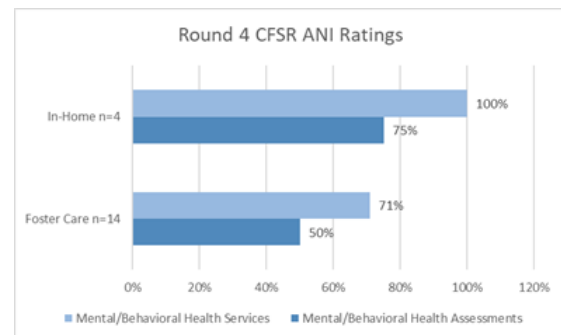


A deeper review of CFSR rationale statements for item 18 over a three-year period determined (65%) of the cases rating an ANI was due to children and youth placed in foster homes on a waiting list for community based mental health services or in-home services.  Furthermore, in the chart above Round 4 CFSR item 18 specific report and rational statement analysis determined (71%) of the foster care cases and (100%) of the in-home cases did not have adequate mental/behavioral health

services due to lack of concerted efforts by the agency. Results show there is also opportunity to improve coordination of mental health/behavioral health assessments.

**Mental Health Service Array Partner Feedback**
Below are key themes analyzed from partner feedback through service array and prevention workgroups, legal and judicial focus groups conducted by the Children's Bureau, and Joint Planning service array breakout sessions that occurred in FY 2023 and FY 2024.
**Key Themes across all partner types in 2023 and 2024:**
Need more mental health services in rural areas.
Need more Level 3 special needs residential beds and Residential care step-down services.
Providers not accepting undocumented children. These children fall through the cracks or foster parents are paying the bills.
Wait lists for Mental Health Assessments and services delay court process.

## Improvement Strategies
The Mental Health strategy development workgroup utilized the quantitative and qualitative data above and identified three improvement strategies similar to strategies to improve the service array but specific to improve mental health services. The strategies specific to mental and behavioral health needs include:
**Goal: Improve stakeholder knowledge of current service array statewide and service inventory**
https://www.tn.gov/content/tn/behavioral-health/research/fast-facts/licensure.html  This resource can be used to identify the number of licensed mental health providers per county and create a map that captures this information.
https://www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx - This is a map that highlights geographic areas of need for Child and Adolescent psychiatrists in Tennessee by county.
https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/    Review resources and recommendations on service delivery presented by the American Academy of Pediatrics (October 2021)

**Goal: Improve coordination of current mental health services and assessments for children/youth**
Utilization of the MAC approach for children/youth with mental/behavioral health needs. Please see Service Array Section for description of the approach.

**Goal: Improve TN's mental health service array**
Conduct a mental health service gap analysis using a county level map – using the service inventory resource links above.
Improvements will be tracked and monitored in the service array section. In this section results will be tracked through CFSR results and quarterly CPR case review comparison results.  Please see service array section for implementation plan.

## Well-Being Outcome 3 Support Process and Partnership
**Child and Family Team Meetings for Physical and Behavioral/Mental Health Needs**
DCS incorporates the health and behavioral health needs of the child and family into the Permanency Plan.  The Child and Family Team meeting process encourages the communication of health needs, which is furthered by face-to-face visitation protocols that support ongoing communication regarding health needs.

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

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

# Assessment of Current Performance in Improving Systemic Factors

## Quantitative and Qualitative Outcome Data plan for the 2025-2029 CFSP

Over the next five years of the 2025-2029 CFSP Tennessee plans to use several sources of data to track performance for the Information System, Case Review, Quality Assurance, Staff and Provider Training, Agency Responsiveness, Service Array and Foster Care and Adoption Recruitment and Retention Systemic Factors. In addition, as the data team identifies other sources of data that can be used it will be added at the time it is available.

**Quantitative Data**
These sources of data will be used to help determine overall performance and trends.
TFACTS administrative provided by DCS reporting staff, SafeMeasures Reports, AFCARS data provided by STS staff, Chapin Hall, and Vanderbilt
CPR inter-rater reliability case review results – This will be a smaller sample than what was provided during the statewide assessment. The IRR reviewers are CFSR experienced reviewers and QA reviewers and will have a more reliable comparison to the CFSR results.
**Qualitative Data**
These sources of data will be used to determine the status of improvement strategies and any changes in circumstances resulting in the need to adjust strategies.
Safety, permanency, and well-being item rationale statements in the CFSR OSRI.
Partner feedback results – Tennessee will continue to engage all types of partners through workgroups, focus groups, and Joint Planning sessions to gain feedback. Partners include (DCS staff, providers, lived experience, judicial, state agencies)

## Information Systems

**Improvement Strategies during 2025-2029 CFSP**
Currently the state is in process of working with vendors and contractors to develop and implement a new system. This will include developing system functional requirements, non-functional requirements, mandatory requirements, and gap analysis. Information was collected by the consulting firm through meetings and focus groups with DCS internal and external Partners, as well as other methods. These groups included over 100 regional employees and every provider from all regions. All levels of staff are involved across the whole state.

The Department has secured funding to replace the current CCWIS system, TFACTS. The Department has reached out to other states to discuss any limits or barriers of their SACWIS/CCWIS systems, as well as any lessons learned from the design and implementation of those systems. Ernst & Young (E-Y) was awarded the contract to map out the current system and identify requirements. E-Y also recruited and selected the vendor that will build the new CCWIS system.

E-Y conducted multiple three-hour sessions with internal Partners from all levels to discuss requirements and needs for the new system.  These sessions occurred over a one-month period. These sessions were facilitated by a consultant with the Capacity Building Center for States who is a subject matter expert on CCWIS. E-Y produced a requirements/traceability matrix, gap analysis, and current and future state process flows that will be used by the vendor to develop the new system. Those documents were reviewed and approved by a team of Executive Leadership Team members, subject matter experts, and process owners.  The requirements included in this process include all federal CCWIS requirements, as well as all FFPSA reporting requirements.

Two other contractors have been hired to serve as the project manager for the vendor developing the new system and technical assistance.  A lesson learned from speaking with other states was that having multiple vendors can help streamline and move the process along.  The next step in this process is to select the vendor that will design the new system.

Below is the project management team structure and area of responsibility of the CCWIS build.



The current CCWIS system operated by Tennessee is TFACTS.  This system has an associated data warehouse that is refreshed each evening.  The department has some 400 plus management reports that are output from this data warehouse on various schedules from daily, weekly, monthly, quarterly and both annual and fiscal yearly periods.  These reports cover both custodial and non-custodial instances of service provision to Tennessee residents by the department.  This data warehouse also facilitates urgent report and data request development when needed to address emergency and research data projects.  All federal reports (AFCARS, NCANDS and NYTD) are sourced from the same data warehouse.   Fulltime data dashboards are also provided to DCS program management for informational and research purposes.  These dashboards present data by county and regional geographical means which allows for geospatial research. Tennessee plans to build on this foundation of the system to an improved CCWIS information system that will include but not limited to the following requirements:

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

## New CCWIS System Overview



System Overview
GovConnect is built on Salesforce. It offers the full suite of modules and capabilities needed for Child Welfare.
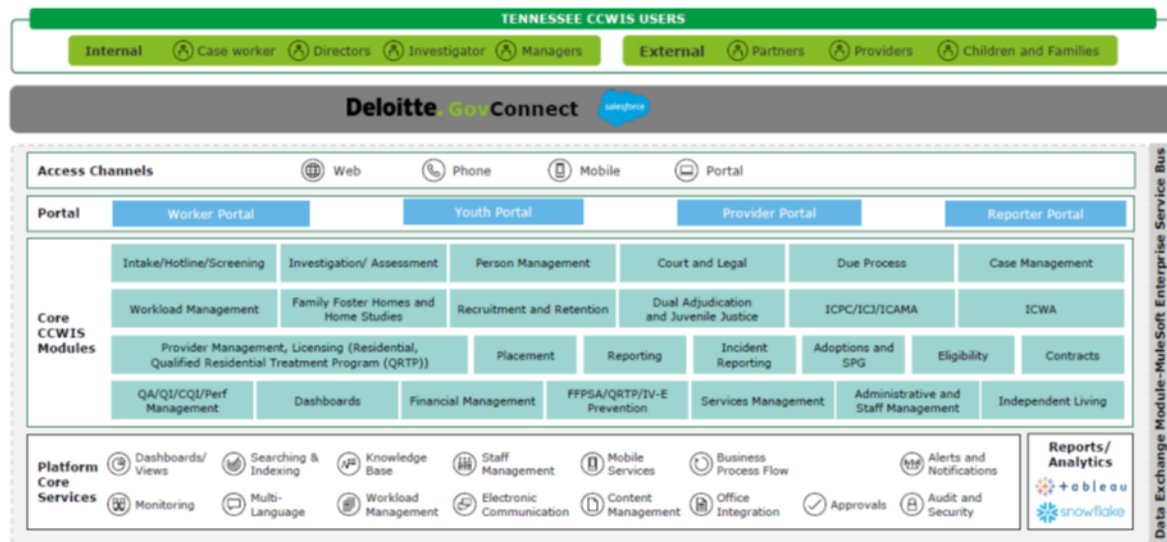
## CCWIS Modernization Project

The CCWIS Modernization Project Kickoff occurred June 3, 2024.

**Mission:** The CCWIS Modernization Project will establish an innovative statewide information technology application that supports child welfare staff and stakeholders in assuring the safety, permanency, and well-being of children at risk of abuse and neglect.

**Objectives:**
Improve the user experience and reduce the burden on staff.
Increase DCS's ability to receive all eligible Federal Funds.
Improve ability to pay providers quickly and accurately.
Provide better data and insights to support everyday operations.

**Staff Engagement**

DCS and STS Staff from across program areas will be engaged to support:

**Requirements -** Determining what the system should do.

**Design -** Determining how the system should work.

**Testing -** Validating that the system does what we want.

**Training –** Learning how the new system works.

## Project Overview

The project will implement Deloitte's GovConnect system to support compliance with Comprehensive Child Welfare Information System (CCWIS) regulations.

- Implementing a full suite of Child Welfare modules, including Intake, Investigation, Assessment, Services Management, Case Management, Provider Management, Financial Management, Resource Management, Reporting and Administration
- Developing portals for Workers, Providers, Mandatory Reporters, Youth, and Putative Fathers
- Migrating data from TFACTS to the new system
- Building Child Welfare Data Exchanges
- Operational Reporting
- Federal Reporting: AFCARS, NCANDS etc.
- Data Security and Compliance
- End User and Train-the-Trainer training

## Project Schedule

We are planning a 22-month implementation with a go-live in early April 2026.



## *Case Review Systems*

### Item 20: Written Case Plan:

During the 2025-2029 CFSP Tennessee will continue to use the Child and Family Team Meetings (CFTM) to develop case plans that includes the required provisions to ensure every child/youth in foster care has a written plan. However, data showed that the state is not consistently engaging parents in the development of case plans and parents are not always participating in CFTMs. The state's qualitative review data also found concerns with parental engagement, especially fathers. Partners confirmed this information and said that the state needed to improve efforts to locate absent fathers. Partners also said that one of the barriers to ensuring parental engagement was worker turnover.

The Administrative Office of the Courts is in the process of providing limited access to Quest for DCS attorneys so they can generate orders and provide electronic notice to all parties through the Quest system. This will provide a more efficient way to communicate the requirements of case plans to the court and all parties. The goal is to have all courts on Quest within the next 5 years.

### Child and Family Team Meeting Case Planning Process

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

Tennessee website CFTMFlyer.pdf and in the Client's Rights Handbook Foster Care Birth Parents Clients Rights Handbook.html

Policy 16.31.pdf  also provides guidance on the child and family team meeting process and to ensure plans are developed collaboratively with parents and attorneys and GALs are engaged in the process as well.
The CFTM guide provides further detail on the process. Examples include ensuring safety of participants, how to involve incarcerated parents and timeframes. CFTMGuide.pdf

**Children in Foster Care have a Written Case Plan**

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

**Data Source: SafeMeasures TFACTS Permanency Plan Completion Percentage Status April 2024**



Permanency Plan Completion Status: All Permanency Plans Due During Month
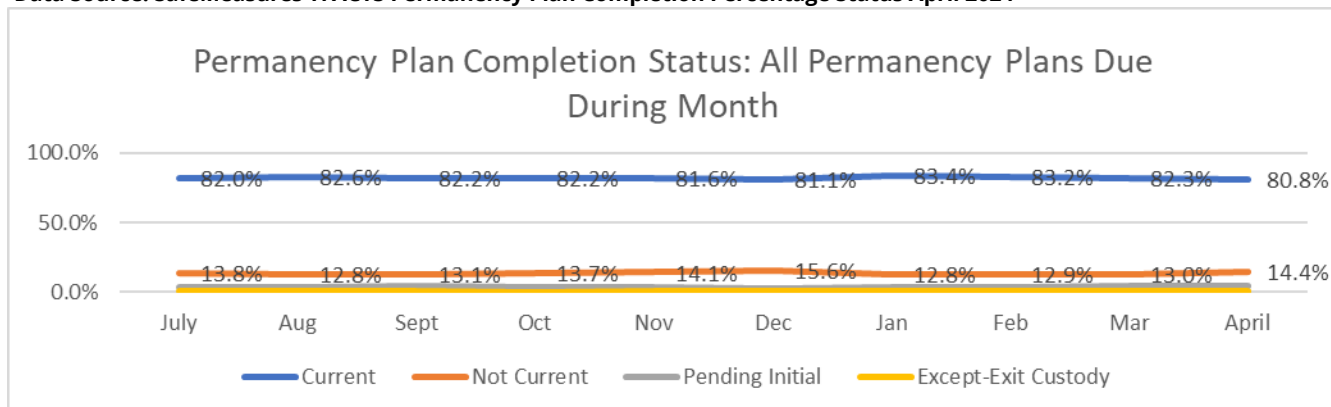
**Data Source: SafeMeasures TFACTS Permanency Plan Completion total numbers Status April 2024**

| Permanency Plan Status April 30 2024 | Jul 23 | Aug 23 | Sep 23 | Oct 23 | Nov 23 | Dec 23 | Jan 24 | Feb 24 | Mar 24 | Apr 24 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Current** | 7,158 | 7,283 | 7,277 | 7,262 | 7,120 | 6,946 | 7,163 | 7,217 | 7,117 | 7,041 |
| **Not Current** | 1,206 | 1,132 | 1,152 | 1,208 | 1,230 | 1,333 | 1,097 | 1,122 | 1,123 | 1,254 |
| **Pending Initial** | 324 | 354 | 365 | 334 | 325 | 244 | 290 | 297 | 362 | 364 |
| **Exempt-Exit Custody** | 43 | 45 | 45 | 35 | 52 | 44 | 39 | 41 | 48 | 53 |
| **Total** | **8,731** | **8,814** | **8,789** | **8,839** | **8,727** | **8,567** | **8,589** | **8,677** | **8,650** | **8,712** |

**Written Plans Status Update**

SafeMeasures pulls permanency plan data from TFACTS that provides leadership and caseworkers with information about the upcoming or overdue status of a permanency plan.  Statuses include due within 30, 60, 90, or 90+ days, as well, as overdue plans.   The following chart provides the status of

permanency plans on May 17, 2024.  The results show there is opportunity to focus on improving the percentage of overdue case plans.

**Example of Report**

| Upcoming Plan Status 5/17/2024 | | |
|---|---|---|
| **Due within 30 days** | 1061 | 12.18% |
| **Due within 31-60 days** | 1026 | 11.78% |
| **Due within 61-90 days** | 1527 | 17.53% |
| **Due within 91+ days** | 3274 | 37.58% |
| **Overdue** | 1824 | 20.94% |
| **Total** | 8712 | 100% |

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

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

Data Source:  TFACTS CFTM data fields July 1 – April 30,2024

| Measure of Progress | FY 2024 | Target Goal |
|---|---|---|
| Item 20: Child has a written plan that is developed jointly with the child's parents/Family participated the CFTM | 95% 2915/3069 | 95% |

**CFSR Round 4 Parent interview Feedback**

 During CFSR Round 4 interview responses with parents and caregivers in FY 2024 were collected and entered into a database to quantify results.  A total of (24) foster care parent interviews were analyzed on the question:

**Team meetings are held at a time and place that is convenient for me.**
**57% agreed.**

**Key themes for mothers**

 Not given enough notice or it was not held at a time she could attend.

**Key themes for fathers**

No concerted efforts to contact or locate.

Please see more qualitative details in Well-Being Outcome 1 (item 13).

**Improvement Strategies during the 2025-2029 CFSP**

Family Engagement Strategy. Please see details in Well-Being Outcome 1 (item 15)

Diligent Search Efforts Strategies. Please see details in Well-Being Outcome 1 (item 13)

Workforce Investment. Please see details in the Vision Section

Tennessee will continue to monitor permanency plan status through SafeMeasure reports to ensure children in foster care have a written case plan and will continue to use TFACTS administrative data and qualitative feedback from parents to monitor parents jointly developing the written plan.

## Item 21

## Periodic Reviews

Administrative data and focus groups with Partners showed that periodic reviews occur for most of the children in foster care no less frequently than once every 6 months by the court or the Foster Care Review Boards (FCRB). Some jurisdictions conduct reviews every 3 months and others conduct reviews every 5 months.

## Periodic Reviews Occurrence Frequency

The table below shows favorable results consistently over a three-year period for all children in custody seven months or longer having a periodic review. Although, in federal fiscal year 2024 the result is lower in comparison of percentages the sample is also lower in comparison to the number of children and could be the result of the lower percentage. The data was obtained by using the two six-month period Adoption and Foster Care Analysis and Reporting System (AFCARS) files for the federal fiscal year October – September 2024.  Any client age 18+ before the reporting period start date was excluded. Files were combined for a unique count of clients for the federal fiscal year.  Any periodic review dated before or on the last day of the federal fiscal year were considered.  The results in the table below only capture children/youth who were in custody 7+ months.  Based on the highly favorable results this would indicate children/youth are receiving timely periodic reviews the majority of the time.

**Data Source: TFACTS AFCARS Measure**

| Measure of Progress | FFY 2023 |
| --- | --- |
| Item 21. All Children in Custody for 7+ months or any child with a periodic review. | 89% |
| Total Number of Children in custody 7 + months with a Periodic Review | 9,766 |
| Total Number of Children during the FFY | 11,033 |

## Partner Focus Group with the Children's Bureau
October 2023

# Periodic Reviews

*"The more we see the parents the quicker we can get the child home."*

**Judges**                                                                 *- Judge Johnson City*
**CASA**
**GAL**
**Parent Attorneys**
**Foster Care Review Board Key Themes**

**Strengths**
- Judges from seven counties representing 7 regions (58%) stated reviews are timely (Blount, Johnson City, Gibson, Knox, Hamilton, Grundy, Rutherford). Note – not all counties/regions provided feedback.
- Helpful when reviews are scheduled in advance when all parties are present. Helps to ensure reviews occur more than 6 months.

**Barriers**
- Reviews are delayed when packets are not updated (outdated permanency plans, missing information regarding services or health needs) or receiving information at the last minute caused the reviews to lack detail or depth focusing mostly on the parents' requirements.
- Reviews are delayed when the child/youth is not present.
- Delayed when attorneys and others have not received the information in time before the review. Key theme –packets are received the day before the review.
- Sumner, Robertson Davidson Counties struggling to get packets ready is a barrier to timely reviews. Sumner and Robertson County struggle also getting DCS workers to appear in court. Contract providers do not appear timely and don't bring the child. Judges are contacting DCS workers and providers multiple times.


## Improvement Strategies during the 2025-2029 CFSP

The Court/Legal Strategy Development Workgroup reviewed the focus group feedback and during discussions members added children and youth residing in facilities were also not made available by facilities for virtual reviews.

**Goal: Improve the timeliness and quality of FCRB and other judicial review hearings**
**Implementation Process:**
In partnership with AOC, identify court jurisdictions to partner with to pilot timely and quality permanency periodic reviews project.
- Create specialized periodic review dockets where the court will dedicate the same day of the week for periodic reviews and the child or youth will have a specific scheduled time on the docket so parties are always aware of when and what time the review will be.
- Review and improve process for document submission (FCRB, perm plans, etc.)
- Review and explore with AOC opportunities to improve overall quality of the reviews (bench cards, attorney training)
- Utilize the Courts Quest System to generate timely review notifications to all parties

These strategies will be monitored through quantitative annual AFCARS data, CFSR Round 4 results and qualitative feedback from judicial partners.


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

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

 Policy 16.32.pdf  provides guidance on procedures to ensure that all children in DCS custody participate in Foster Care Review Board (FCRB) or the local court review of progress of the permanency plan and how to complete the progress report in preparation for the review.
All service regions have at least one county that operates a Foster Care or Model Foster Care Review Board. Both a FCRB and model FCRB are obligated to abide by the statutory requirements and rules of a FCRB.  However, the Model FCRBs are completely voluntary and only undertaken at the authority of the juvenile court judge.  They agree to 1) participate in CIP training programs; 2) engage with CIP on problem solving issues; 3) use model FCRB forms; and 4) allow for coaching, observation and evaluation. Fifty-seven (57) out of ninety-five (95) counties have either a regular foster care review board or a model foster care review board. Thirty-eight (38) counties periodic reviews occur from Judicial reviews.

## Item 22:
## Timely Permanency Hearing
The table below shows favorable results consistently over a three-year period for all children in custody for 13 + months having timely permanency hearings. Although, in federal fiscal year 2023 the result is lower in comparison of percentages the sample is also lower in comparison to the number of children and could be the result of the lower percentage. The data was obtained by using the two six-month period AFCARS files for the federal fiscal year (October – September).  Any child age 18+ before the reporting period start date was excluded. Files were combined for a unique count of clients for the federal fiscal year.  Any permanency hearing dated before or on the last day of the federal fiscal year were considered.  The following type of hearing/court order were used for permanency hearing:(1) Annual Permanency Review (2) Annual Permanency Hearing
(3) Permanency Plan Ratification Hearing.

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

| Measure of Progress | FFY 2024 |
|---|---|
| Item 22. Permanency hearing for any child in custody for 13+ months or any child with a permanency hearing. | 89% |
| Total Number of Children in custody for 13 + months with a Permanency Hearing | 8,273 |
| Total Number of Children During the FFY | 9,313 |

## Judicial Partner Experience:

## Permanency Hearings

**Judges**
**CASA**
**Parent Attorneys**
**GALs**
 Gibson County, Rutherford, Johnson City, Smoky Blount conduct 6-month permanency hearings.
Knox and Davidson schedule hearings at the 10th month.
Hamilton, Robertson schedule at the 11th month
Sumner schedule at the 12th month.
Zoom meetings are happening more frequently because easier.
**Barrier to timely Permanency Hearings:**
Sumner, Davidson, Robertson reported often the child is not present and have to reset.
Key theme -resets are scheduled quickly.
Typically, the worker in the case sends permanency plans to legal and it goes to court. It should be sent to all parties, and it is not consistently. There is no centralized system that the permanency plans go into.
Davidson Co. reported changes in caseworkers is a barrier because causes a delay.
GALs from Davidson County stated once a child is in full guardianship the GAL is "gone" and there is no one to check on children/youth in facilities - "there is a lapse in the difference of guardianship and it should be monitored by the Department but it is not."

## Improvement Strategies during the 2025-2029 CFSP
The Court/Legal Workgroup members identified an additional barrier being notice to parent attorneys and sharing plans with parent attorneys prior to hearing is lacking resulting in parents required to attend without representation or without adequately prepared representation.  Raises question about the efficacy of hearings where the parent is unrepresented.

**Goal: Improve the timeliness and quality of permanency hearings**

**Implementation Process:**
In partnership with AOC, identify court jurisdictions to partner with to pilot timely and quality permanency hearings project.
- Create specialized permanency hearing dockets where the court will dedicate the same day of the week for permanency hearings and the child or youth will have a specific scheduled time on the docket so parties are always aware of when and what time the hearing will be.
- Review and improve process for document submission (FCRB, perm plans, etc.)
- Review and explore with AOC opportunities to improve overall quality of the reviews (bench cards, attorney training)
- Utilize the Court Quest System to generate timely hearing notifications to all parties

These strategies will be monitored through quantitative annual AFCARS data, CFSR Round 4 results and qualitative feedback from judicial partners.

## Item 23
## Termination of Parental Rights

Quest database through the courts is in the implementation phase of entering data but not fully implemented (54 counties out of 95). Three counties are currently in the implementation training stage preparing for implementation. This will be a future source of data for DCS in partnership with the AOC. Potentially DCS will plan to use next year when further implemented and more robust data is available.

### Results of Timely Termination of Parental Rights

According to the TFACTS data in the table below Tennessee is completing timely TPR only about 50% of the time and only about 35% of cases have documented compelling reasons. This data is available by region. The data by region will be used during the 2025-2029 CFSP to determine if strategies will need to be targeted in specific geographical areas.

*Data Source* TFACTS Mega Report State FY July through June 2024

| Measure of Progress | FY 2024 |
|---|---|
| Item 23. Timely TPR | 53% |
| Children in Custody 15 months or more | 3,763 |
| Number of these children With Guardianship TPR Petition | 2,000 |
| Cases with documented compelling reason | 1,330 (35%) |

### Improvement Strategy during the 2025-2029 CFSP

The Court/legal strategy development workgroup identified a root cause that delays TPR is caseworkers not understanding what defines a compelling reason, not completing TPR packets and caseworker turnover. Further discussions identified some regional general counsels have a systemic process for tracking TPR referrals that would be helpful to implement statewide.

**Goal: Improve the referral process for termination of parental rights petitions to ensure timely permanency for children in custody**

**Implementation Process**
- Develop and implement improved TPR referral process statewide to ensure there is a systematic process to track and monitor cases length of time in foster care and timeframes for the TPR process.
- Modify TPR referral process so frontline have a more streamlined understanding of the steps.
- Develop case checklist document for caseworkers. This checklist is in effort to improve efficiency of the timeliness and also to improve frontline knowledge of what constitutes a compelling reason.

These strategies will be monitored through TFACTS quantitative data and CFSR Round 4 results and the workforce investment goals and objectives in the Vision Section.

## Item 24

**Notice of Hearings and Reviews to Caregivers**

In July 2023 there were statutory changes to allow foster parents who have been placement for a child for 9 continuous months to appear and actively participate in permanency and dispositional hearings to provide information related to the child's best interest. Tennessee anticipates this statutory change along with improvement strategies will help improve results over the next five years.

**Notification of Hearings and Reviews to Foster Caregivers CPR IRR Results**

The table below shows results in TFACTS of foster care and juvenile justice custody cases from the quarterly case process review Question: Were foster parents notified in advance of FCRB and court hearings? Only 60% of the cases reviewed through the IRR process had evidence of notification.

*Data Source*: **CPR IRRs sample in 2024**

| Measure of Progress | FY 2024 |
|---|---|
| Item 24: Documentation that Foster Parents were notified in advance of all FCRB's and Court Hearings | (60%) 50/84 FCRB and Court Hearings |

**Regional Leadership Feedback**

During Regional CFSR Debriefs between October 2023 and March 2024 only one region reported having a systematic process using one staff dedicated to sending FCRB notifications out monthly. The notification to Foster Parents includes informing them of other methods to be heard when they cannot be there in person.  All other regions reported using an informal process of calling, texting, or emailing.  Sometimes they reported foster parents would know when the next hearing is because it is set during the prior hearing or review; however, if the child/youth had a placement change the

next foster parent did not always know about the hearing/review. Most regions reported not being aware of the notification form.

**Foster Parent Perspective**

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

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

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

**Foster Parent Survey Results**
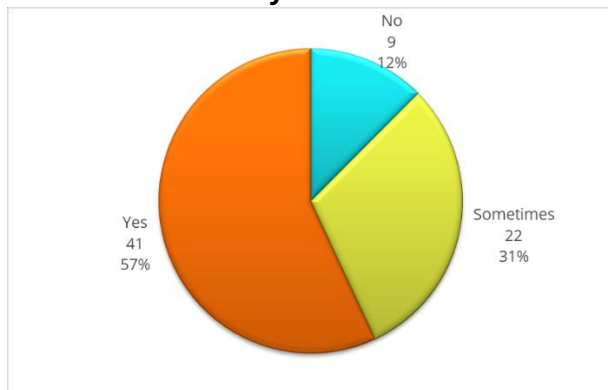


**Notice of Hearing and Review to Caregivers Process and Policy**

Foster Parent Handbook provides guidance to foster parents on expectations of attending permanency hearings and/or foster care review board. Foster Parent Handbook.html

**Improvement Strategy during the 2025-2029 CFSP**

The Court/Legal Strategy Development Workgroup reviewed trends in the regional CFSR debriefs feedback. The workgroup identified that the regions are not following the formal process that is established in policy and the informal processes are not always ensuring the foster parents are aware of the next hearing or review in certain circumstances and there is no method of tracking notifications. In addition, the AOC facilitated a training on foster parent engagement in child welfare hearings at the foster parent conference covering foster parents' rights and developed a guide for foster parents to use.

**Goal: Ensure that caregivers are given appropriate, timely notice of hearings**

**Implementation Process**
- In partnership with AOC, leverage Quest's ability (in Quest jurisdictions) to send and track notice of hearing to foster parent/kinship caregivers.
- Amend form notice to ensure it meets current legal requirements.
- Request form be added to Quest's document library.
- For non-Quest counties, create process to track/document that notification is being sent to caregivers until those counties are fully implemented.
- Utilization of the AOC court reference guide provided to the foster parents with applicable law, hearing types, and tips for participating in Court or FCRBs

These strategies will be monitored through Quest tracking mechanism and CPR IRR results.

## *Quality Assurance Systems*

**Quality Assurance System Plan during the 2025-2029 CFSP**
**Office of Continuous Quality Improvement**
The OCQI plans to utilize multiple strategies to gather, measure, analyze, and effectively use data resulting from the evaluation of improvement plans. The OCQI unit includes the Data Quality Team, the CQI team, and the Process Optimization Team (OPO) which all measure data on a consistent basis.

**Data Quality Team Improvement Processes**
The Data Quality team produces and monitors the ChildStat tracker which is an overview of 14 key performance indicators. Each indicator is tracked by region, leadership, and the OCQI on a monthly basis. Regional and program leadership are able to use the tracker to monitor outcomes such as timeliness of Exits, foster care longevity, termination of parental rights, and adoption. Detailed information is provided with each tracker to allow a deeper dive into specific cases.

The Data Quality Team also oversees the regional Clean-Up reporting process, which involves collaborating monthly with regional staff on items missing or overdue in TFACTS. Items reviewed include permanency plans, education information, adjudication, client addresses, and race. Staff document when items are corrected or not corrected and provide reasons for outstanding items.

One recent project the Data Quality Team and CQI Team partnered on was the Unassigned Cases Report. This report exists in SafeMeasures and provides information on family cases that have been unassigned for seven or more days. The Unassigned Cases Report is disseminated monthly to regional leadership. Regional staff work to either assign cases if necessary or properly close the family case in TFACTS. When the project first began in March of 2024, there were 5,850 unassigned cases on the report. Since then, over 1,500 family cases have either been assigned or closed as a result of the clean-up process.

**CQI Team Improvement Processes**
The CQI Team receives and tracks suggestions and referrals from staff as a part of the overall ongoing quality improvement process. CQI helps determine if there is a need to change or improve a process, policy, or practice as a result of these referrals. Accepted referrals are tracked and monitored to ensure progress with a goal of resolving that referral within 90 days of submission. Beginning in May 2024, CQI is tracking closed referrals for an additional 90 days to determine if the action taken resolved the issue in the referral or if further action is needed. The determination of whether an action is successful will be data driven.

Case Process Reviews are a tool used by supervisors to evaluate quality with case management practices for foster care, in-home services, and Juvenile Justice cases. The Case Process Review process is monitored by the CQI Team. These reviews are conducted through a peer-to-peer review process amongst supervisors which allows for a random sampling of cases in order to assess the quality of work and improvement in specific areas. Case Process Reviews are conducted on a quarterly basis with an inter-rater reliability process conducted by OCQI to assess the quality of the reviewers' results. Data is collected from the review process and is used to identify trends and initiate conversations about implementing strategies for improvement.  The Case Process Review

tools are being enhanced to ensure a quantitative approach to data with measurable results that can drive program improvement.
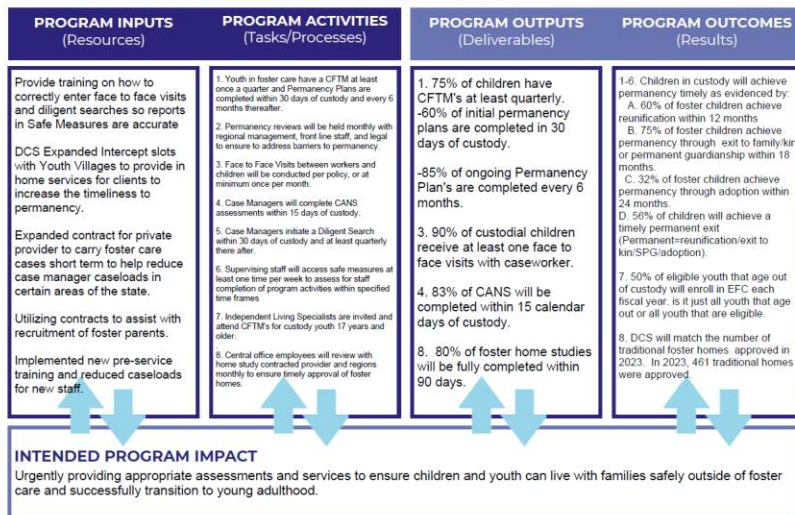
## Improvement Strategy for the 2025-2029 CFSP

In February and April 2024 each program area developed a logic model to track areas of practice specific to each program area. Logic models include output standards and outcome results. OCQI produces results monthly and sends to regional leadership to track through the regional CQI meetings.

**LOGIC MODEL TEMPLATE**

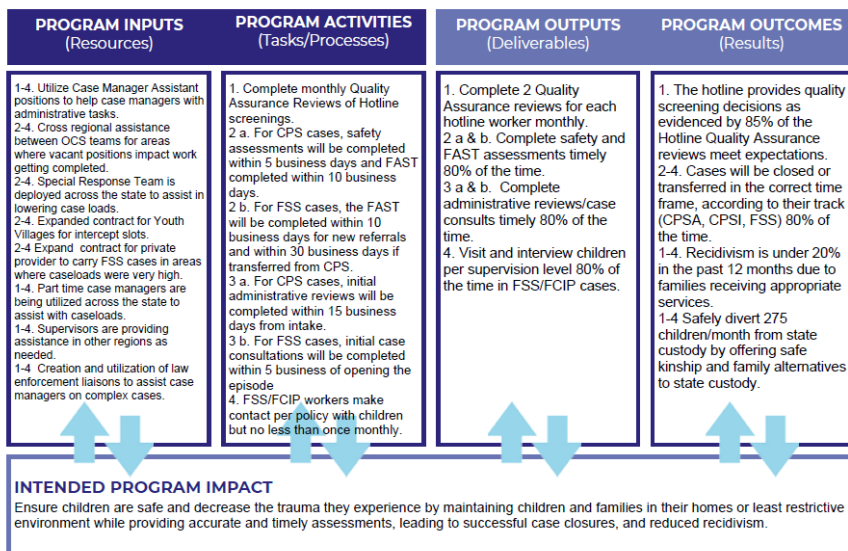**ORGANIZATION NAME:** Department of Children's Services    **PROGRAM NAME:** Child Programs

**PROGRAM PURPOSE:** To act in the best interest of Tennessee's Children and Youth.

| PROGRAM INPUTS (Resources) | PROGRAM ACTIVITIES (Tasks/Processes) | PROGRAM OUTPUTS (Deliverables) | PROGRAM OUTCOMES (Results) |
|---|---|---|---|
| Provide training on how to correctly enter face to face visits and diligent searches so reports in Safe Measures are accurate | 1. Youth in foster care have a CFTM at least once a quarter and Permanency Plans are completed within 30 days of custody and every 6 months thereafter. | 1. 75% of children have CFTM's at least quarterly. | 1-6. Children in custody will achieve permanency timely as evidenced by: |
| DCS Expanded Intercept slots with Youth Villages to provide in home services for clients to increase the timeliness to permanency. | 2. Permanency reviews will be held monthly with regional management, front line staff, and legal to ensure to address barriers to permanency. | -60% of initial permanency plans are completed in 30 days of custody. | A. 60% of foster children achieve reunification within 12 months. |
|  | 3. Face to Face Visits between workers and children will be conducted per policy, or at minimum once per month. | -85% of ongoing Permanency Plan's are completed every 6 months. | B. 75% of foster children achieve permanency through exit to family/kin or permanent guardianship within 18 months. |
| Expanded contract for private provider to carry foster care cases short term to help reduce case manager caseloads in certain areas of the state. | 4. Case Managers will complete CANS assessments within 15 days of custody. | 3. 90% of custodial children receive at least one face to face visits with caseworker. | C. 32% of foster children achieve permanency through adoption within 24 months. |
|  | 5. Case Managers initiate a Diligent Search within 30 days of custody and at least quarterly there after. |  | D. 56% of children will achieve a timely permanent exit (Permanent=reunification/exit to kin/SPG/adoption). |
| Utilizing contracts to assist with recruitment of foster parents. | 6. Supervising staff will access safe measures at least one time per week to assess for staff completion of program activities within specified time frames | 4. 83% of CANS will be completed within 15 calendar days of custody. | 7. 50% of eligible youth that age out of custody will enroll in EFC each fiscal year. is it just all youth that age out or all youth that are eligible. |
| Implemented new pre-service training and reduced caseloads for new staff. | 7. Independent Living Specialists are invited and attend CFTM's for custody youth 17 years and older. | 8. 80% of foster home studies will be fully completed within 90 days. | 8. DCS will match the number of traditional foster homes approved in 2023. In 2023, 461 traditional homes were approved |
|  | 8. Central office employees will review with home study contracted provider and regions monthly to ensure timely approval of foster homes. |  |  |

**INTENDED PROGRAM IMPACT**
Urgently providing appropriate assessments and services to ensure children and youth can live with families safely outside of foster care and successfully transition to young adulthood.

**LOGIC MODEL TEMPLATE**

**ORGANIZATION NAME:** Department of Children's Services    **PROGRAM NAME:** Hotline/CPS/Non custody

**PROGRAM PURPOSE:** To act in the best interest of Tennessee's Children and Youth.
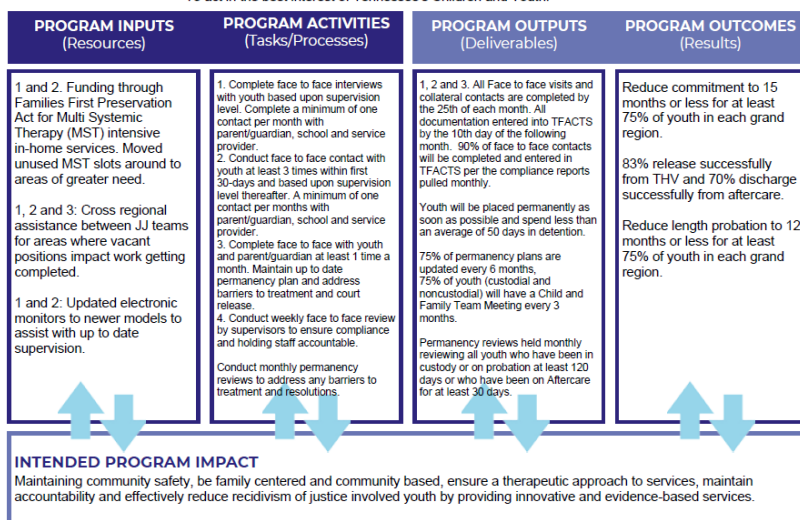
| PROGRAM INPUTS (Resources) | PROGRAM ACTIVITIES (Tasks/Processes) | PROGRAM OUTPUTS (Deliverables) | PROGRAM OUTCOMES (Results) |
|---|---|---|---|
| 1-4. Utilize Case Manager Assistant positions to help case managers with administrative tasks. | 1. Complete monthly Quality Assurance Reviews of Hotline screenings. | 1. Complete 2 Quality Assurance reviews for each hotline worker monthly. | 1. The hotline provides quality screening decisions as evidenced by 85% of the Hotline Quality Assurance reviews meet expectations. |
| 2-4. Cross regional assistance between OCS teams for areas where vacant positions impact work getting completed. | 2 a. For CPS cases, safety assessments will be completed within 5 business days and FAST completed within 10 business days. | 2 a & b. Complete safety and FAST assessments timely 80% of the time. | 2-4. Cases will be closed or transferred in the correct time frame, according to their track (CPSA, CPSI, FSS) 80% of the time. |
| 2-4. Special Response Team is deployed across the state to assist in lowering case loads. | 2 b. For FSS cases, the FAST will be completed within 10 business days for new referrals and within 30 business days if transferred from CPS. | 3 a & b. Complete administrative reviews/case consults timely 80% of the time. | 1-4. Recidivism is under 20% in the past 12 months due to families receiving appropriate services. |
| 2-4. Expanded contract for Youth Villages for intercept slots. | 3 a. For CPS cases, initial administrative reviews will be completed within 15 business days from intake. | 4. Visit and interview children per supervision level 80% of the time in FSS/FCIP cases. | 1-4 Safely divert 275 children/month from state custody by offering safe kinship and family alternatives to state custody. |
| 2-4 Expand contract for private provider to carry FSS cases in areas where caseloads were very high. | 3 b. For FSS cases, initial case consultations will be completed within 5 business of opening the episode |  |  |
| 1-4. Part time case managers are being utilized across the state to assist with caseloads. | 4. FSS/FCIP workers make contact per policy with children but no less than once monthly. |  |  |
| 1-4. Supervisors are providing assistance in other regions as needed. |  |  |  |
| 1-4 Creation and utilization of law enforcement liaisons to assist case managers on complex cases. |  |  |  |

**INTENDED PROGRAM IMPACT**
Ensure children are safe and decrease the trauma they experience by maintaining children and families in their homes or least restrictive environment while providing accurate and timely assessments, leading to successful case closures, and reduced recidivism.

**LOGIC MODEL TEMPLATE**

**ORGANIZATION NAME:** Department of Children's Services    **PROGRAM NAME:** Office of Juvenile Justice

**PROGRAM PURPOSE:** To act in the best interest of Tennessee's Children and Youth.

| PROGRAM INPUTS (Resources) | PROGRAM ACTIVITIES (Tasks/Processes) | PROGRAM OUTPUTS (Deliverables) | PROGRAM OUTCOMES (Results) |
|---|---|---|---|
| 1 and 2. Funding through Families First Preservation Act for Multi Systemic Therapy (MST) intensive in-home services. Moved unused MST slots around to areas of greater need.<br><br>1, 2 and 3: Cross regional assistance between JJ teams for areas where vacant positions impact work getting completed.<br><br>1 and 2: Updated electronic monitors to newer models to assist with up to date supervision. | 1. Complete face to face interviews with youth based upon supervision level. Complete a minimum of one contact per month with parent/guardian, school and service provider.<br>2. Conduct face to face contact with youth at least 3 times within first 30-days and based upon supervision level thereafter. A minimum of one contact per months with parent/guardian, school and service provider.<br>3. Complete face to face with youth and parent/guardian at least 1 time a month. Maintain up to date permanency plan and address barriers to treatment and court release.<br>4. Conduct weekly face to face review by supervisors to ensure compliance and holding staff accountable.<br><br>Conduct monthly permanency reviews to address any barriers to treatment and resolutions. | 1, 2 and 3. All Face to face visits and collateral contacts are completed by the 25th of each month. All documentation entered into TFACTS by the 10th day of the following month. 90% of face to face contacts will be completed and entered in TFACTS per the compliance reports pulled monthly.<br><br>Youth will be placed permanently as soon as possible and spend less than an average of 50 days in detention.<br><br>75% of permanency plans are updated every 6 months, 75% of youth (custodial and noncustodial) will have a Child and Family Team Meeting every 3 months.<br><br>Permanency reviews held monthly reviewing all youth who have been in custody or on probation at least 120 days or who have been on Aftercare for at least 30 days. | Reduce commitment to 15 months or less for at least 75% of youth in each grand region.<br><br>83% release successfully from THV and 70% discharge successfully from aftercare.<br><br>Reduce length probation to 12 months or less for at least 75% of youth in each grand region. |

**INTENDED PROGRAM IMPACT**
Maintaining community safety, be family centered and community based, ensure a therapeutic approach to services, maintain accountability and effectively reduce recidivism of justice involved youth by providing innovative and evidence-based services.

**The Process Optimization Team Improvement Process**

The Process Optimization Team conducts LEAN events for processes that need improvement. Prior to LEAN events, data is gathered on these areas and an overall risk analysis is completed. There is a 90-day follow-up after the event which includes further measuring of data to determine the impact of the improvement plan. The work for this team comes from the request of the various program areas as well as an internal audit findings that are brought to the team's attention.

## Office of Child Safety
## CQI Process

The office of Child Safety has a Quality Director dedicated to specific areas of investigation and assessment cases. OCS uses the Safe Measures Dashboard, DCS scorecard, Child-stat tracker, and Cross Regional Workbook to collect and analyze performance improvement needs including monitoring priority response compliance.

**QAR qualitative Reviews**

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

**Planned enhancements in capacity to the state's current CQI/QA system.**
The CQI Team is currently participating in a CQI Academy training through the Child Welfare Capacity Center. This training focuses on data implemented change to help enhance the skills of the CQI Team staff. Additional courses to help strengthen quality improvement skills are being sought through other child welfare sources. Weekly discussions amongst the CQI Team occur to review CQI referrals and any correlated data to help research evidence of the problem are held to evaluate outcomes. 90-day referral follow-ups to monitor progress using the "Plan, Do, Study, Act (PDSA)" approach are utilized, and adjustments are made as necessary.

**CCWIS enhancements to support CQI/QA System**
DCS is currently in the development and design phase of our new CCWIS system.  DCS's CCWIS system should be ready for implementation in 2026.  The Statement of Work includes requirements for the development of QA/QI activities in the new system.  Requirements and design sessions have been scheduled with the Office of Continuous Quality Improvement to design these areas of CCWIS.

**The Division of Federal Programs**
**Child and Family Service Reviews**
Tennessee will continue to do state led case reviews during the 2025-2029 CFSP. The DFP CFSR Team will continue to be responsible for ensuring each region has the correct sample of cases to be reviewed and will be a total of 75 cases reviewed statewide each year. CFSR Round 4 began October 1, 2023 and completed in all regions March 30, 2024. This will be the schedule for each review season over the next five years. The CFSR model is the official qualitative review process for Tennessee.  The Federal Program Division is responsible for assuring the federal reviews occur in each region and manages the case sampling plan for each region as well.  Experienced CFSR certified reviewers and Quality Assurance reviewers primarily are Federal Program Division staff whose primary responsibility is CFSR.  This team is also responsible for ensuring CFSR reviewers from the regions, provider, and AOC receive annual training to maintain their certification status. Having these external Partners participate support maximizing knowledge of the CFSR process as well as with Federal expectations and systemic issues that impact service delivery, and the needs of families and communities.  Additional support provided by the CFSR Federal Program Team to ensure the process is successful includes:
Recruiting reviewers and shadows to ensure the pool of reviewers is sufficient to complete the process.
Preparing regional caseworkers and staff for what to expect
Ongoing communication with the regional point of contact person as the review is in process to know if issues arise or when back up cases can be released.
Sharing results through individual case feedback to caseworkers and Team Leaders.

**Regional Debriefs**
At the end of each regional CFSR the DFP CFSR Team will conduct a debrief with the region where overall results are shared and discussed. This provides a platform for regional leadership to better understand how ratings were impacted compared to federal expectations so improvement opportunities can be identified within the scope of the federal expectations in child welfare practice.

**Division of Federal Programs CFSR Team Structure**
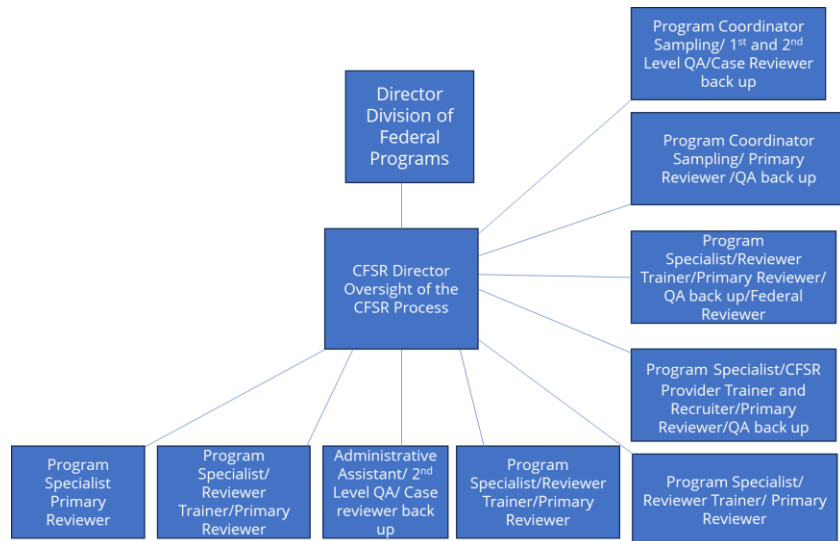


**CFSR and CFSR PIP development Feedback Loops**

In addition to the regional debriefs stated above Tennessee also used the workgroups provided in the Collaboration Section to develop CFSP and CFSR PIP strategies.  Workgroup documents and results were posted on a virtual communication platform called BaseCamp. Over (140) internal and external partners were invited to access BaseCamp so they could review information across all workgroups and post comments to be used during the strategy development process. This provided partners from different perspectives to share their experience so DCS can ensure strategies developed will be effective across different types of partners.

## *Staff Training*

**Overview**

The Office of Training and Professional Development (OTPD) is responsible for the development and delivery of training and professional development opportunities for DCS staff, contract agency staff and foster parents. Training Calendars and Training Catalog both staff and foster parent training are linked below.  Provider agency staff have access to these links and are welcome to attend any training offered to staff that is not specifically geared to DCS or State of Tennessee employees.

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

Training Satisfaction Surveys are collected from participants following all training events.  These surveys are compiled and distributed to training supervisors monthly and are used during performance evaluations for trainers.  Training surveys are also used to evaluate the effectiveness of training content and gather information on training needs from the workforce.   OTPD has is

updating our evaluation process to better assess the effectiveness of training. Changes are in the attached document, Training Evaluation Updates.

Trainer Monitoring tools are utilized on a quarterly basis with DCS training staff. Observation tools based on Trainer Competencies are completed on each trainer once quarterly and include a coaching session for the trainer being observed. A sample trainer monitoring tool is available [here](here). Focus groups are used during the planning and development stages of many of our larger and mission critical training initiatives. For example, revisions to Supervisor Certification, Case Manager Pre-Service Certification, and Mentor Certification began with focus groups. Focus groups are comprised of key stakeholders across the state, including staff, providers, community partners, and foster parents as applicable to that group. Participants are chosen depending on the needs of that group. For example, the 2023 Case Manager Pre-Service Workgroup consisted of front-line case managers and team leaders representing all parts of the state and all program areas. Front-line workers were chosen, as opposed to regional leadership, to hear the training needs of and from the staff closest to the work.

Workgroups are frequently utilized to ensure a variety of stakeholder perspectives during the development process. These might include subject matter experts, program staff, front line workers and supervisors, foster parents, and community partners in addition to members of the training team. Development project examples where workgroups are used include Case Manager Pre-service, Counter Response, Family Support Services Specialty, Quality Contacts, CFTM Facilitation for Case Managers, Skilled Facilitator Certification, and Advanced Facilitator Inservice training.

The Training and Development team participates in the provider contract and review process by reviewing provider curriculum to ensure that provider agencies serving children and youth are providing the required training competencies to their staff. This participation occurs at both the proposal process and during the annual review process.

## Item 26: Initial Staff Training

**Overview:** The Department of Children's Services' Case Manager Certification is outlined in [Policy 5.3](Policy 5.3). As one piece of a broader retention plan, the six-month period of initial training allows classroom content to be interspersed with on-the-job training (OJT). This provides newly hired case managers the opportunity to quickly transfer content and skills learned in the classroom to observation and practice during actual field work. Additionally, first year case managers have a reduced of a maximum of ten to allow newly hired workers the opportunity to acclimate to the requirements of the position. Caseloads increase to a maximum of twenty after the first year. The Pre-Service Certification Manual, available [here](here), outlines all Pre-Service requirements, including competencies, roles and responsibilities, course work, OJT, and assessment. A 2024 Pre-Service calendar is available [here](here).

**Pre-Service Training:** All Case Management 1-3 series staff, the working level class of Case Manager, are required to become certified case managers by successfully completing Pre-Service training and certification assessment prior to receiving a case load. Case Manager certification is a six-month, competency-based training process consisting of classroom training, simulation labs, skill practice labs, and OJT, and a final certification assessment. An annotated agenda for Pre-Service Training is provided [here](here).

On-the-Job Training occurs under the guidance of the peer mentor, supervisor, Professional Development Coach (PDC), and other designated experienced staff. OJT provides the candidate an opportunity to observe and practice casework tasks. Extensive OJT Checklists (linked below) are

program specific, and outline required and recommended casework tasks to guide learning, beginning with basic concepts, and building in complexity over time. The Checklist reinforces competencies and is structured to guide the candidate through a progression of shadowing an experienced worker, to co-leading casework tasks with an experienced worker, and eventually leading casework tasks with the support of an experienced worker.

CPS OJT Checklist
Foster Care OJT Checklist
Family Support Services OJT Checklist
Juvenile Justice OJT Checklist

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

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

An Individual Learning Plan (ILP), completed for each case manager candidate, reflects completion of training and OJT activities and assessment of progress and development to inform the final decision regarding Pre-Service Certification. The plan includes strengths, opportunities for growth, and strategies and action steps for professional development. The Professional Development Plan (PDP) is the final component of the ILP and will be completed by the Support Team and the new case manager at the completion of the Case Presentation, further described below. The PDP will be used as a guide for the new hire and will be reviewed by the case manager and supervisor during monthly performance briefings through the remainder of the first year of service.

**New Hire Assessment**: Case Manager candidates are assessed on the competency rubric at multiple points during the certification process to identify strengths and needs and plan for ongoing and increasingly independent casework practice.

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

Candidate readiness for training case assignment is assessed using the competency rubric at the conclusion of classroom training weeks, during week seventeen of Pre-Service training. A passing

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

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

**Pre-Service Data:**

Pre-Service participant numbers for 2023 to current, including participant status is below:

| Pre-Service Group # | Pre-Service Start Date | # New Hires in Group | # Certified | Did not Pass | # Separated | Transferred to New Position | In Process | End of Full Pre-Service |
|---|---|---|---|---|---|---|---|---|
| Group 1  2023 | 1/9/2023 | 70 | 52 | | 26 | | | 3/10/2023 |
| Group 2 2023 | 1/30/2023 | 22 | 18 | | 9 | | | 3/31/2023 |
| Group 3 2023 | 2/20/2023 | 57 | 44 | | 24 | | | 4/21/2023 |
| 6-Month Pre-Service Model | | | | | | | | |
| Group 4 2023 | 3/13/2023 | 39 | 26 | 1 | 16 | | | 8/20/2023 |
| Group 5 2023 | 5/8/2023 | 98 | 64 | 2 | 42 | | | 10/20/2023 |
| Group 6 2023 | 7/10/2023 | 77 | 55 | 6 | 20 | | | 12/8/2023 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Group 7 2023 | 8/28/2023 | 72 | 59 | | 19 | 1 | | 2/2/2024 |
| Group 8 2023 | 10/16/2023 | 68 | 52 | 1 | 14 | | | 3/22/2024 |
| Group 9 2023 | 11/27/2023 | 75 | 54 | | 16 | | 6 | 4/23/2023 |
| Group 1 2024 | 1/15/2024 | 63 | | | 6 | | 58 | 6/21/2024 |
| Group 2 2024 | 3/18/2024 | 57 | | | 1 | | 56 | 8/23/2024 |
| Group 3 2024 | 4/29/2024 | 64 | | | | | 64 | 10/4/2024 |
| Total | | 762 | 424 | 10 | 193 | 1 | 184 | |

Pre-Service participant evaluation results are provided in the table below.

| Pre-Service Participant Evaluations | |
|---|---|
| *Scores are reported as either the average of a Likert Scale (1-5) average or as a percentage of respondents agreeing with the statement.* | |
| **Question** | **Score** |
| **Introduction to DCS** | |
| **The Poverty Simulation increased my awareness and understanding of the challenges and experiences that people with low-income face from pre-simulation to post-simulation.** | 4.49 |
| **As a result of this training, my ability to identify key issues that might be contributing to poverty in my community and the state of TN.** | 4.45 |
| **Participating in Intro Week increased my understanding of DCS culture as it applies to practice overall, including the practice model, DCS themes and values.** | 4.68 |
| **Did the trainer make you feel valued as a participant?** | 99% |
| **Do you feel prepared to use the skills presented in this training in your work with families and children?** | 96% |
| **Pre-Service Core** | |
| **As a result of this training, I have the ability to apply self-regulation and de-escalation techniques to my daily practice working with children, youth, and families.** | 4.64 |
| **Core training expanded my perspective on work-life balance and the need for self-care.** | 4.65 |
| **Participating in Core has developed my understanding of Trauma focused case management.** | 4.69 |
| **Did the trainer make you feel valued as a participant?** | 99% |
| **Do you feel prepared to use the skills presented in this training in your work with families and children?** | 99% |
| **CPS Specialty** | |
| **Participating in CPS Specialty weeks has increased my knowledge of case intake, allegations, and case tasks.** | 4.59 |

| | |
|---|---|
| **My understanding of the importance of identifying functional strengths and underlying needs increased because of participating in CPS Specialty training.** | 4.60 |
| **Participating in CPS Specialty weeks has increased my knowledge of assessment tools such as the FAST, scaling for safety and progress and the use of Motivational interviewing to gather assessment information.** | 4.61 |
| **Did the trainer make you feel valued as a participant?** | 99% |
| **Do you feel prepared to use the skills presented in this training in your work with families and children?** | 98% |
| **Family Support Services Specialty** | |
| **As a result of this training, my awareness of the FSS case transfer process with CPS and other referring programs in a collaborative manner has expanded.** | 4.71 |
| **Participating in FSS Specialty weeks has increased my knowledge of assessment tools such as the FAST, scaling for safety and progress and the use of Motivational interviewing to gather assessment information.** | 4.72 |
| **My understanding of the importance of identifying functional strengths and underlying needs increased because of participating in FSS Specialty training.** | 4.68 |
| **Did the trainer make you feel valued as a participant?** | 100% |
| **Do you feel prepared to use the skills presented in this training in your work with families and children?** | 97% |
| **Foster Care Specialty** | |
| **As a result of this training, I understand the importance of the CFTM process and involving families in case decision making.** | 4.78 |
| **My understanding of the importance of identifying functional strengths and underlying needs increased because of participating in Foster Care Specialty training.** | 4.73 |
| **Participating in Foster Care Specialty weeks has expanded my knowledge of assessment tools such as the CANS, scaling for safety and progress and the use of Motivational interviewing to gather assessment information in order to achieve timely permanency.** | 4.77 |
| **Did the trainer make you feel valued as a participant?** | 99% |
| **Do you feel prepared to use the skills presented in this training in your work with families and children?** | 98% |
| **Juvenile Justice Specialty** | |
| **As a result of this training, I have the ability to implement juvenile justice practice.** | 4.52 |
| **I developed a better understanding of custodial casework for justice involved youth by participating in JJ specialty week.** | 4.48 |
| **Participating in JJ specialty weeks has increased my understanding of probation, diversion and aftercare casework for justice involved youth.** | 4.58 |
| **As a result of this training, I understand how policy supports juvenile justice casework.** | 4.56 |
| **Did the trainer make you feel valued as a participant?** | 96% |

| | |
|---|---|
| **Do you feel prepared to use the skills presented in this training in your work with families and children?** | 100% |
| **Simulation Lab Week 1** | |
| **The Sim Lab Prep prepared me for what to expect during the Sim Lab experience.** | 4.38 |
| **The Sim Lab provided a realistic experience in a safe interactive environment.** | 4.48 |
| **The Sim Lab facilitators/instructors/actors/peers provided constructive and supportive feedback.** | 4.60 |
| **The Sim Lab helped me to develop an understanding of the application of the 4th Amendment when working with families.** | 4.44 |
| **The Sim Lab experience helped me understand the importance of engagement as it relates to building relationships with families.** | 4.56 |
| **The Sim Lab experience prepared me to use motivational interviewing strategies to engage families.** | 4.44 |
| **The Sim Lab experience increased my skills to assess risk factors and protective factors.** | 4.48 |
| **The Sim Lab experience provided me with practice opportunities to develop my situational awareness skills.** | 4.50 |
| **Do you feel prepared to use the skills presented in this training in your work with families and children?** | 98% |
| **Simulation Lab Week 2** | |
| **The Sim Lab provided a realistic experience in a safe interactive environment.** | 4.20 |
| **The Sim Lab facilitators/instructors/actors/peers provided constructive and supportive feedback.** | 4.31 |
| **The Sim Lab helped me to develop an understanding of the application of the 4th Amendment when working with families.** | 4.16 |
| **The Sim Lab experience helped me understand the importance of engagement as it relates to building relationships with families.** | 4.35 |
| **The Sim Lab experience prepared me to use motivational interviewing strategies to engage families.** | 4.29 |
| **The Sim Lab experience increased my skills to assess risk factors and protective factors.** | 4.22 |
| **The Sim Lab experience provided me with practice opportunities to develop my situational awareness skills.** | 4.27 |
| **The SIM Lab experience provided me with an opportunity to gather information to utilize for mock court.** | 4.13 |
| **Do you feel prepared to use the skills presented in this training in your work with families and children?** | 91% |
| **On-The-Job Training** | |
| **I was able to meet with a Professional Development Coach (PDC) at least every two weeks during OJT.** | 4.61 |

| | |
|---|---|
| **My PDC is knowledgeable and/or provides guidance on where to get answers to my questions.** | 4.45 |
| **My PDC helped to schedule or create a path for my OJT experiences.** | 4.56 |
| **I feel supported by my PDC.** | 4.62 |
| **I feel supported by my Support Team.** | 4.57 |
| **Overall, my OJT experience was effective.** | 96% |

**Item 27: On-going Staff Training**
**Training Requirements:** (Linked Documents/Websites)
Policy 5.2: Professional Development Training Requirements
Required Training Chart
Training Calendars
Training Catalog
Required Hours Chart
Training Compliance Report

Training requirements are based on job classification and are outlined in the above attached documents.  Compliance is monitored throughout the year with compliance reports and targeted emails to employees and supervisors related to incomplete training requirements.
OTPD offers a variety of training methods and venues including traditional classroom instruction, virtual classroom, live Subject Matter Expert webinars, computer-based training, micro-learning accessible through phones and tablets, and podcasts.

**Identifying Emerging Training Needs**:  Training needs are assessed in a variety of ways including Training Evaluation forms, Training CQI, and needs related to Departmental goals such as strategic planning, needs identified through practice assessment, changes in policy and practice, or departmental priorities.
Evaluation data is collected on each class offered by OTPD.  Each participant is asked to complete a survey regarding the effectiveness of the training content, the trainer, and their overall satisfaction with the training.  In addition, staff are asked about additional training topics they would find useful.  Data on trainer effectiveness is incorporated into performance evaluations.  Data on effectiveness of training events is used to make needed adjustments to curriculum.  New requests are considered and incorporated into the overall training plan for the year, as appropriate.  Participant evaluation results from 2023-2024 are included below.
Each region has a Training Continuous Quality Improvement group that addresses emerging training needs and the ability to move issues up the chain to the appropriate Departmental leadership for resolution.  Training leadership attend regional and statewide leadership meetings where training needs are addressed.  Additionally, a training staff member is assigned to regional Team Coordinators and check in at least quarterly to discuss training needs and address any compliance concerns.
Departmental goals such as strategic planning, needs identified through practice assessment, or changes in policy and practice drive many new training initiatives.  For example, DCS updated its practice model year and staff are completing a training outlining that model.
Courses added to the OTPD Catalog during the past year are included in Appendix D.

**Training Evaluation for 2023 - 2024**

| Course Title | The trainer was knowledgeable and/or provided guidance on where to get answers | The trainer encouraged participation and interaction | The trainer was able to manage the group and minimize off-topic discussions | Course objectives were met | Activities engaged me in learning | The materials provided (hard copies or electronic) were helpful to me. | I would recommend this course to others. | Topics covered were relevant to me. | The information I learned will help me to better serve children and families. |
|---|---|---|---|---|---|---|---|---|---|
| Advanced Skilled Facilitator Inservice | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| Basics of Parent Child Visitation | 4.93 | 4.93 | 4.93 | 4.89 | 4.82 | 4.86 | 4.89 | 4.86 | 4.89 |
| Be the One Suicide Prevention | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| Brightspace for FPS | 4.81 | 4.69 | 4.81 | 4.65 | 4.73 | 4.54 | 4.69 | 4.81 | 4.81 |
| Building Strong Brains | 4.55 | 4.55 | 4.55 | 4.55 | 4.55 | 4.55 | 4.55 | 4.55 | 4.55 |
| Butterfly Circus | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| CFTM Facilitation for the Case Manager | 4.83 | 4.84 | 4.81 | 4.74 | 4.68 | 4.74 | 4.69 | 4.76 | 4.78 |
| Child Passenger Safety Car Seat Installation | 5.00 | 4.89 | 5.00 | 4.89 | 4.78 | 4.78 | 4.78 | 4.89 | 4.89 |
| Child Welfare Supervision in Action | 4.69 | 4.69 | 4.69 | 4.69 | 4.63 | 4.69 | 4.63 | 4.69 | 4.69 |
| Child Welfare Trauma Training Toolkit | 4.75 | 4.75 | 4.75 | 4.75 | 4.75 | 4.75 | 4.75 | 4.75 | 4.75 |
| Childcare Basics | 4.92 | 4.83 | 4.92 | 4.75 | 4.75 | 4.83 | 4.75 | 4.75 | 4.92 |
| CMA Core | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| CMA Specialty | 4.72 | 4.78 | 4.72 | 4.83 | 4.89 | 4.83 | 4.89 | 4.83 | 4.94 |
| Commercial Sexual Exploitation of Minors | 4.77 | 4.82 | 4.83 | 4.76 | 4.76 | 4.83 | 4.73 | 4.80 | 4.72 |
| Communicating for Conflict Resolution | 4.80 | 4.82 | 4.82 | 4.75 | 4.71 | 4.71 | 4.69 | 4.75 | 4.74 |
| Court Liaison Pre-Service | 5.00 | 4.00 | 4.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| CPR / First Aid | 4.94 | 4.88 | 4.88 | 4.88 | 4.88 | 4.88 | 4.94 | 4.88 | 4.88 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Creating Normalcy Through Prudent Parenting | 4.85 | 4.83 | 4.81 | 4.78 | 4.74 | 4.76 | 4.71 | 4.71 | 4.75 |
| Culturally Competent Practice with Latino Children and Families | 4.73 | 4.73 | 4.73 | 4.53 | 4.47 | 4.47 | 4.67 | 4.53 | 4.53 |
| DOHR: Building Effective Teams | 4.91 | 4.91 | 4.91 | 4.87 | 4.83 | 4.83 | 4.85 | 4.87 | 4.87 |
| DOHR: Change Management | 4.94 | 4.94 | 4.94 | 4.91 | 4.91 | 4.88 | 4.88 | 4.91 | 4.88 |
| DOHR: Competency & Behavioral Based Interviewing | 4.58 | 4.58 | 4.58 | 4.58 | 4.58 | 4.58 | 4.58 | 4.58 | 4.53 |
| DOHR: Conflict Management | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| DOHR: Effective Communication | 4.90 | 4.92 | 4.90 | 4.90 | 4.90 | 4.80 | 4.88 | 4.88 | 4.88 |
| DOHR: Effective Presentation Skills | 4.94 | 4.94 | 4.94 | 4.90 | 4.87 | 4.87 | 4.81 | 4.81 | 4.81 |
| DOHR: Get S.M.A.R.T.er: Coaching for Higher Performance | 4.92 | 4.96 | 4.96 | 4.92 | 4.96 | 4.88 | 4.84 | 4.96 | 4.88 |
| DOHR: Leadership Theory & Practice | 4.86 | 4.86 | 4.86 | 4.81 | 4.83 | 4.78 | 4.83 | 4.83 | 4.83 |
| DOHR: Managing Up | 4.84 | 4.84 | 4.84 | 4.84 | 4.84 | 4.77 | 4.84 | 4.84 | 4.84 |
| DOHR: Performance Coaching | 4.85 | 4.85 | 4.88 | 4.82 | 4.85 | 4.82 | 4.82 | 4.85 | 4.76 |
| DOHR: Planning and Priority Setting | 4.92 | 4.92 | 4.92 | 4.88 | 4.88 | 4.88 | 4.83 | 4.88 | 4.88 |
| DOHR: Quality Decision Making | 4.84 | 4.84 | 4.84 | 4.78 | 4.78 | 4.76 | 4.78 | 4.78 | 4.76 |
| DOHR: Self-Management | 4.85 | 4.85 | 4.85 | 4.85 | 4.79 | 4.85 | 4.85 | 4.85 | 4.85 |
| DOHR: SMART Performance Planning | 4.91 | 4.95 | 4.93 | 4.86 | 4.88 | 4.84 | 4.86 | 4.88 | 4.86 |
| Ensuring Safety with Child/Youth Personal Property Searches Skill Lab | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| Handle with Care-Verbal Only | 4.76 | 4.76 | 4.73 | 4.71 | 4.63 | 4.65 | 4.64 | 4.68 | 4.68 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Happy: Cultural Competency | 4.60 | 4.60 | 4.60 | 4.60 | 4.20 | 4.20 | 4.40 | 4.60 | 4.60 |
| Interstate Compact on the Placement of Children | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| Intro to Domestic Violence in the Child Welfare System | 4.83 | 4.83 | 4.86 | 4.89 | 4.83 | 4.86 | 4.89 | 4.89 | 4.89 |
| Meaningful Parent/Child Visitation | 4.92 | 4.92 | 4.92 | 4.77 | 4.54 | 4.77 | 4.77 | 4.77 | 4.77 |
| Mental Health Training for JJ | 5.00 | 5.00 | 5.00 | 4.93 | 4.87 | 4.93 | 4.93 | 4.93 | 4.93 |
| Motivational Interviewing | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| Pre-Service: YDC | 4.79 | 4.80 | 4.78 | 4.78 | 4.77 | 4.77 | 4.77 | 4.76 | 4.79 |
| QPR: Question Persuade Refer | 4.44 | 4.44 | 4.33 | 4.67 | 4.67 | 4.67 | 4.67 | 4.67 | 4.67 |
| Quality Contacts Workshop | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| RAD | 4.70 | 4.70 | 4.70 | 4.62 | 4.45 | 4.51 | 4.45 | 4.53 | 4.45 |
| Reaction Awareness: How We Show Up During Conflict Day 1 | 4.68 | 4.68 | 4.68 | 4.64 | 4.62 | 4.61 | 4.65 | 4.63 | 4.63 |
| Recognizing and Responding to Human Trafficking in Tennessee | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| Safe Search and Transportation Procedures for Regional Employees | 4.50 | 4.50 | 4.50 | 4.50 | 4.50 | 4.50 | 4.25 | 4.50 | 4.50 |
| Safe Sleep Live Webinar | 4.79 | 4.82 | 4.79 | 4.76 | 4.61 | 4.70 | 4.73 | 4.76 | 4.76 |
| Searching, Mechanical Restraints & Transportation | 4.81 | 4.84 | 4.81 | 4.75 | 4.59 | 4.75 | 4.63 | 4.53 | 4.66 |
| Secondary Trauma | 4.78 | 4.89 | 4.74 | 4.81 | 4.85 | 4.81 | 4.81 | 4.85 | 4.81 |
| Secondary Traumatic Stress for Supervisors | 5.00 | 5.00 | 4.83 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| Skilled Facilitator Certification | 4.92 | 4.77 | 4.85 | 4.77 | 4.77 | 4.77 | 4.77 | 4.77 | 4.77 |
| Stewards of Children | 4.85 | 4.86 | 4.86 | 4.85 | 4.77 | 4.82 | 4.80 | 4.82 | 4.82 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| TBRI for Professionals | 4.68 | 4.68 | 4.71 | 4.66 | 4.56 | 4.59 | 4.61 | 4.66 | 4.66 |
| TFACTS Adding Persons/Avoiding Duplicates | 4.83 | 4.83 | 4.83 | 4.83 | 4.83 | 4.83 | 4.83 | 4.83 | 4.50 |
| TFACTS Adoptions | 5.00 | 5.00 | 5.00 | 4.50 | 4.50 | 4.50 | 4.50 | 4.50 | 4.50 |
| TFACTS AFCARS Enhancement | 4.80 | 4.69 | 4.78 | 4.76 | 4.63 | 4.73 | 4.71 | 4.75 | 4.71 |
| TFACTS Assessment Integration | 5.00 | 5.00 | 5.00 | 4.90 | 4.80 | 4.90 | 4.90 | 4.80 | 4.80 |
| TFACTS CMA Foster Care/JJ | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| TFACTS CPS Specialty & Perm Planning for Pre-Service | 4.86 | 4.81 | 4.86 | 4.81 | 4.76 | 4.81 | 4.81 | 4.81 | 4.81 |
| TFACTS Enhancements | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| TFACTS FCCR TFACTS Training | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 4.43 | 5.00 | 5.00 | 5.00 |
| TFACTS Financial Enhancement: Case Services and Additional Topics | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| TFACTS for Resource Parent Support Unit | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| TFACTS FSS Intensity Level | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| TFACTS ICPC/NEICE Enhancement | 4.89 | 4.87 | 4.89 | 4.85 | 4.87 | 4.87 | 4.87 | 4.83 | 4.85 |
| TFACTS Incident Report Training for DCS Staff | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| TFACTS Incident Reporting for Private Providers | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| TFACTS Independent Living | 4.38 | 4.38 | 4.25 | 4.38 | 4.38 | 4.38 | 4.38 | 4.38 | 4.38 |
| TFACTS Live! | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| TFACTS Navigation and Case Recordings for Private Providers | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| TFACTS Navigation for Pre-service | 4.87 | 4.73 | 4.83 | 4.73 | 4.62 | 4.69 | 4.65 | 4.78 | 4.74 |
| TFACTS Orientation | 5.00 | 5.00 | 5.00 | 4.67 | 4.67 | 4.33 | 4.67 | 5.00 | 4.67 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| TFACTS Perm/JJ Specialty & Perm Planning for Pre-Service | 4.78 | 4.72 | 4.69 | 4.69 | 4.61 | 4.69 | 4.64 | 4.67 | 4.67 |
| TFACTS Permanency Planning in TFACTS | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| TFACTS Preservice Orientation | 4.87 | 4.82 | 4.87 | 4.83 | 4.69 | 4.77 | 4.78 | 4.81 | 4.82 |
| TFACTS Relative Caregiver Enhancement | 4.91 | 4.87 | 4.96 | 4.83 | 4.74 | 4.74 | 4.78 | 4.87 | 4.87 |
| TFACTS Special Topics / Open Lab | 4.86 | 4.78 | 4.85 | 4.85 | 4.77 | 4.74 | 4.85 | 4.78 | 4.73 |
| TFACTS SUN System Users Network | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| TFACTS: Life Skills 2.0 | 4.85 | 4.80 | 4.80 | 4.79 | 4.73 | 4.73 | 4.71 | 4.70 | 4.71 |
| Think Exit at Entry | 4.83 | 4.83 | 4.83 | 4.83 | 4.83 | 4.83 | 4.83 | 4.83 | 4.83 |
| Think Trauma | 4.88 | 4.84 | 4.88 | 4.88 | 4.81 | 4.86 | 4.88 | 4.86 | 4.84 |
| Timbi Talks About Addiction | 4.50 | 4.75 | 4.25 | 4.25 | 4.75 | 3.25 | 4.25 | 4.25 | 4.25 |
| Transportation Officer In-Service | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| Trauma 101 | 4.88 | 4.88 | 4.88 | 4.88 | 4.86 | 4.88 | 4.88 | 4.88 | 4.88 |
| Trauma Informed Child Welfare 101 | 4.00 | 4.00 | 4.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| Trauma Informed Child Welfare for Supervisors | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| Trauma Informed Child Welfare for the Case Manager | 4.82 | 4.82 | 4.82 | 4.82 | 4.76 | 4.82 | 4.82 | 4.82 | 4.82 |
| Trauma-Informed Parenting Strategies | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| Working with LGBTQ+ Youth | 4.67 | 4.67 | 4.67 | 4.67 | 4.67 | 4.67 | 4.67 | 4.78 | 4.78 |
| YDC Inservice | 4.58 | 4.58 | 4.55 | 4.63 | 4.68 | 4.65 | 4.63 | 4.65 | 4.59 |
| Youth Mental Health First Aid | 4.88 | 4.75 | 4.75 | 4.75 | 4.63 | 4.50 | 4.63 | 4.50 | 4.63 |
| Developing Quality Perm Plans | 4.84 | 4.84 | 4.84 | 4.84 | 4.78 | 4.78 | 4.84 | 4.82 | 4.84 |
| DOHR: Developing Direct Reports & Others | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |

| Families First Prevention Services | 4.64 | 4.63 | 4.61 | 4.55 | 4.55 | 4.59 | 4.55 | 4.55 | 4.61 |
|---|---|---|---|---|---|---|---|---|---|

**Planned Training Initiatives**
Planned training initiatives that address items in the CFSP are outlined below.

**Goal: Improve caseworker knowledge on domestic violence to prevent entry.** See Item 2, page 29 regarding Domestic Violence Liaisons plan to train frontline staff to improve knowledge and understanding domestic violence.

**Goal: Improve global assessments of the family.** See Item 3 and Item 12B on pages 33-34 and 60 regarding planned in-service training to reinforce family centered assessment practice for frontline staff and supervisors.

**Goal: Implement training and accountability resources into the workforce to support the competent completion and use of assessment tools to support case planning, service provision and critical decision making.** See item 4 on page 40 regarding planned training on the impact of multiple moves on children in foster care.

**Goal: Improve Quality Contacts with Parents.** See Item 12B and 15 on page 61 regarding planned training to refocus the Quality Contacts training and the CFSR computer-based training to focus on the importance of quality contacts with family.

**Strategies for training staff to work with diverse communities including cultural, racial, and socio-economic variations.** The current Pre-service training "Awareness to Change" will expand to include all existing staff as well as home study writers by January 2025.

**Supervisor Certification**
The Supervisor Certification program prepares Case Management supervisors for the transition to management. Program requirements are outlined in the Supervisor Certification Manual, including roles and responsibilities, course work, coaching, and assessment .
Each supervisor is assigned a coach who monitors progress and completes a monthly report for the Team Coordinator to whom the supervisor is assigned. Coaches are members of the Coaching and Professional Development Team in OTPD. All the coaches have experience in case management as well as supervision. They have engaged in group work and activities with Vanderbilt Center of Excellence around coaching. As new members join the team, they are mentored by a current member to assess and provide feedback on coaching and training skills.
Supervisors are engaged at least monthly and individual needs are assessed. The team meets to discuss any trends or patterns that would result in a need for any changes to the process. Team Coordinators assigned to the new supervisor as invited/required to attend the initial meeting to discuss individual needs and strengths. Team Coordinators are also contacted monthly with

updates and requests for any changes or new needs to address within the process/individual coaching.  Regional Leaders are contacted should there be any issues in completing the process or communication between the coaches and new supervisors/team leaders.

**Supervisor Data:**

| Supervisor Certification Status | |
| --- | --- |
| Certification Candidates in Progress | 32 |
| Supervisors Certified July 2023- Present | 50 |
| Supervisors Certified January 2020-Present | 155 |

| Supervisor Certification Leadership Learning Lab Evaluation Results (Likert Scale 1-5) | Average Score |
| --- | --- |
| The facilitators' presentation methods assisted me in achieving the course's learning goals. | 4.29 |
| The facilitators appeared knowledgeable in the subject area. | 4.33 |
| The facilitators encouraged useful participation through discussion and other activities. | 4.33 |
| The facilitators modeled the supervisory concepts and skills presented in the lab. | 4.29 |
| The facilitators presented course material clearly and answered questions posed by the participants. | 4.33 |
| The facilitators enjoy conducting the learning lab. | 4.33 |
| The course content corresponded well to the stated learning goals. | 4.38 |
| The course materials and handouts helped me achieve the course's learning goals. | 4.25 |
| The leadership skills and concepts presented will be useful in my current position. | 4.33 |
| The course content was applicable to my own goals. | 4.33 |
| The length of the course was appropriate for the material presented. | 4.38 |
| The course was intellectually challenging. | 4.21 |
| I recommend that this course continue to be offered in the future. | 4.29 |
| The virtual classroom contributed to a positive learning environment. | 4.21 |
| The virtual breakout rooms were useful in completing activities and creating teamwork. | 4.13 |
| The participant's guide and handouts stored in Google Classroom were helpful in the virtual environment. | 4.25 |
| The activities and videos enhanced the material presented. | 4.21 |
| **Total** | **4.29** |

| Supervisor Certification Overall Course Evaluation (Likert Scale 1-5) | Average Score |
| --- | --- |
| The coaches were supportive and available throughout the certification process. | 4.79 |
| The coaches were appropriately respectful of those of us enrolled in this process. | 4.93 |
| The information was relevant to my development of leadership and management skills. | 4.57 |
| I can apply what I learned in my work with my team. | 4.50 |
| I feel prepared to be a supervisor for front line case managers. | 4.29 |
| The Tim Nolan book and other supplements helped me achieve the course's learning objectives. | 4.00 |

| | |
|---|---|
| The way the program was organized facilitated my achieving it's learning goals. | 4.43 |
| The program content was applicable to my own goals for completing the certification process and leading my team. | 4.36 |
| The Leadership Learning Lab, group coaching sessions and individual coaching sessions were available day(s) and time(s) that fit well with my other commitments. | 4.50 |
| The group coaching sessions contributed to the overall skill development during the process. | 4.57 |
| The individual coaching sessions contributed to the overall learning and skill development during the process. | 4.64 |
| The instructional guides and supplements available contributed to the success of the course. | 4.36 |
| The description of the supervisor certification process was accurate. | 4.57 |
| The program's use of Google Classroom and electronic information services are easy to use. | 4.57 |
| **Total** | **4.51** |

**Mentor Certification**

The Mentor Certification program's goal is to create a pool highly qualified mentors to provide support to new hires, assist in development of knowledge, skills and abilities to be successful DCS employees.  The purpose is to increase staff retention, improve work culture, enhance leadership skills, and ensure transfer of vital institutional information for a well-rounded, sustainable work force. Mentor candidates with at least two-years case management experience are preferred and must be approved by the region.  A Quarterly Mentorship WebEx is planned to promote dialogue, problem solving, and shared wins. Topics vary, as suggested by participants, and there will be time for open dialogue to encourage statewide relationships amongst the certified mentors.  The current version of the mentor certification program began in 2022.

| Mentor Certification Status | |
|---|---|
| Mentors Certified July 2023- Present | 50 |
| Mentors Certified January 2022-Present | 326 |

| Mentor Certification Course Evaluation (Likert Scale 1-5) | Average Score |
|---|---|
| The coaches were appropriately respectful of those of us enrolled in this process. | 4.80 |
| The coaches' teaching methods assisted me in achieving the course's learning goals. | 4.80 |
| The coaches appeared knowledgeable in the subject area. | 4.80 |
| The coaches encouraged useful participation through discussion and other activities during Mentor Certification Modules 1-3 | 4.80 |
| The coaches modeled the good thinking, sound judgment, and ethical decision-making. | 4.80 |
| The coaches presented difficult course material clearly. | 4.80 |
| The coaches enjoy facilitating the certification process. | 4.80 |
| The coaches were supportive and available throughout the certification process. | 4.80 |
| The process content corresponded well to the program's stated learning goals. | 4.80 |
| The way the program was organized facilitated my achieving its learning goals. | 4.70 |
| The program content was applicable to my own goals for completing the certification process and mentoring new hires. | 4.80 |
| The three Mentor Certification Modules were available day(s) and time(s) that fit well for my other commitments. | 4.70 |
| The Modules contributed to the overall skill development during the process. | 4.80 |

| | |
|---|---|
| The certification process was intellectually challenging. | 4.80 |
| The physical facilities and virtual format contributed to a positive learning environment. | 4.60 |
| The instructional guides and supplements available contributed to the success of the course. | 4.70 |
| The description of the mentor certification process was accurate. | 4.80 |
| The program's use of electronic information services are easy to use. | 4.80 |
| **Total** | **4.77** |

**Item 28: Foster and Adoptive Parent Training**

**Overview**:  The Foster Parent Training Program offers learning opportunities that support adoptive, foster and kinship parents in their effort to provide safe, nurturing and trauma informed environments for the children in their care.   TN DCS has 9 Training Officers, 3 Training Managers, and 1 Director that oversee training delivery for TN DCS foster parents.  Additionally, TN DCS provides Training for Trainers on pre-service, required, and various electives for all contract providers who train agency parents. Next, we also contract with one agency to provide CPR/FA and to co-lead with our training staff to provide kinship condensed pre-service. Finally, a foster parent co-leads every TN Key Module.  DCS provides direct training to foster parents.  Additionally, we contract with Harmony Family Center to assist us with CPR/FA and Kinship training.

**Planned Training for Foster Parents:**

The current Pre-service "Awareness to Change" staff training will expand to include foster parents by January 2025.

**Foster Parent Pre-Service Training and Attendance:** TN DCS provides 25 hours of pre-service that includes an Informational Meeting and TN KEY to all prospective foster parents.  In FY23 2286 applicants attended an Informational Meeting to learn more about the process to become a foster parent.  Also, 2990 applicants began TN KEY and 2390 applicants completed TN KEY.  TN DCS had 80% completion rate for the period of July 1, 2022 to June 30, 2023.

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

| Region | Number Attending Informational Meeting | Number Starting TN KEY | Number Completing TN KEY | Completion Rate (from Start to Completion) |
|---|---|---|---|---|
| **FY23** | **2286** | **2990** | **2390** | **80%** |
| Davidson | 228 | 237 | 175 | 74% |
| East | 137 | 181 | 139 | 77% |
| Knox | 211 | 223 | 186 | 83% |
| Mid-Cumberland | 437 | 503 | 402 | 80% |
| Northeast | 214 | 298 | 243 | 82% |
| Northwest | 78 | 150 | 125 | 83% |
| Shelby | 208 | 258 | 199 | 77% |
| Smoky Mountain | 130 | 184 | 154 | 84% |
| South Central | 128 | 277 | 218 | 79% |
| Southwest | 113 | 105 | 68 | 65% |
| Tennessee Valley | 268 | 310 | 250 | 81% |
| Upper Cumberland | 134 | 264 | 231 | 88% |

**Pre-Service Evaluation Information:**

DCS receives feedback on pre-service training through training evaluations completed by participants. From July 2022 through April 2023, these evaluations were presented upon completion of the four core modules of TN KEY pre-service training. Beginning in May 2023, evaluations were updated and presented at the conclusion of each training module.

**Trainer Effectiveness**

Foster parent applicants completing TN KEY pre-service training were asked to rate their agreement with the following items around trainer effectiveness using a 5-point scale where 1=Strongly Disagree and 5=Strongly Agree. The table below reflects ratings following the completion of TN KEY, collected after completion of the final module of training.

| (responses=1396) | Average |
|---|---|
| Answered questions well | 4.75 |
| Presented material clearly | 4.77 |
| Managed time well | 4.69 |
| Enthusiastic | 4.77 |
| Operated audiovisual equipment effectively | 4.77 |
| Facilitated group interaction | 4.79 |

Beginning May 2023, training evaluations were updated to better capture relevant information around participant satisfaction. The following table reflects responses from these evaluations, using the same 5-point scale to measure agreement. The new evaluations are given at the end of each module.

| | Knowledgeable and/or provided guidance on where to get answers | Encouraged participation and interaction | Able to manage group and off-topic discussion |
|---|---|---|---|
| **Navigating the Child Welfare System** *(responses=464)* | 4.76 | 4.81 | 4.74 |
| **Exploring the Impact of Trauma** *(responses=312)* | 4.72 | 4.73 | 4.70 |
| **Roadmap to Resiliency** *(responses=258)* | 4.76 | 4.79 | 4.75 |
| **Rerouting Trauma Behaviors** *(responses=284)* | 4.74 | 4.75 | 4.70 |
| **OVERALL Average for TN KEY** | **4.75** | **4.77** | **4.72** |

**Virtual Delivery Satisfaction**

On a scale of 1 to 5 (5 being highest), how satisfied are you with the web delivery format of this training? *(responses=1295)*    **4.70**

**Competencies**

Participants were asked to rate their agreement with statements regarding training competencies for each module using a 5-point scale where 1=Strongly Disagree and 5=Strongly Agree.

| | |
|---|---|
| **Navigating the Child Welfare System** *(responses=1860)* | |
| Helped me to understand the court hearing process, being an active member of the CFTM meeting, and how the permanency plan lays out directions for how the case is going to progress. | **4.64** |
| Helped me understand the necessary partnership between DCS (or agency), birth parents, and foster parents to help children gain permanency and various ways to share parenting. | **4.74** |
| Helped me to assess the impact on family due to fostering. | **4.72** |
| Helped to assess my current support system, resources, relationships, and activities. | **4.71** |
| **Exploring the Impact of Trauma** *(responses=1708)* | |
| Increased my knowledge of Adverse Childhood Experiences (ACEs). | **4.75** |
| Helped me learn the hand model of the brain and flipping the lid concept. | **4.75** |
| Increased my understanding of the impact of trauma on foster children and the brain. | **4.76** |
| Helped me understand the stages of grief and loss and how to become a loss and attachment expert. | **4.72** |
| Increased my understanding of self-care techniques. | **4.72** |
| **Roadmap to Resiliency** *(responses=1654)* | |
| Increased my knowledge of resiliency and techniques to build resilience in children. | **4.74** |
| Helped me learn serve and return. | **4.74** |
| Helped me learn the secure attachment and Circle of Security. | **4.74** |
| Helped me to identify how the "Regulate, Relate, and Reason" model work to build attachment and connection. | **4.74** |
| **Rerouting Trauma Behaviors** *(responses=1680)* | |
| Increased my understanding of the DCS Discipline policy. | **4.77** |
| Helped me learn rerouting tools to respond to trauma behaviors. | **4.74** |
| As a result of this class, I have a greater understanding of how culture plays a role in parenting children from the foster care system. | **4.73** |

Do you feel prepared to use the skills presented in this training in your work with families and children?

| | Yes | No |
|---|---|---|
| **Navigating the Child Welfare System** *(responses=464)* | 463 | 1 |
| **Exploring the Impact of Trauma** *(responses=312)* | 312 | 0 |
| **Roadmap to Resiliency** *(responses=258)* | 257 | 1 |
| **Rerouting Trauma Behaviors** *(responses=284)* | 282 | 2 |

**Foster Parent In-Service Training Compliance:**

Foster parents can attend in-service training multiple ways. We offer in-person and live facilitator led training using the WebEx platform. Additionally, they have access to an online self-paced course, podcasts, books, movies and approved external training credit. Parents are able to access our calendars on our website to register for courses.

https://www.tn.gov/dcs/program-areas/training/fpt/calendars/post-state.html

DCS requires level 1 traditional foster parents to complete 8 hours of in-service training annually. Additionally, Prudent Parenting, Human Trafficking, Trauma course, and additional elective hours during the first year of fostering.  Parents in their 2nd year and after are required to complete CPR/FA and Medication Administration Refresher every two years.

DCS had a total of 3785 active foster parents on June 30, 2023.  Additionally, 2186 parents were compliant with training and DCS had a 58% compliance rate for this reporting period.

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

**Provider Foster Parent Training Compliance:**  Contract providers are required to submit an annual report to document parent training compliance.  A review meeting is held for each provider and non-compliance is addressed with follow-up meetings and notifications to PME. Additionally, PME monitors providers annually and uses the document referenced in the Annual PME Review Report. Training is notified if the provider is not meeting the established requirements outlined in Policy 16.9 Attachment.  Training communicates with the agency to discuss the steps needed to be in compliance.

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

**In-Service Compliance Rate:**

| | Total Approved DCS Parents (as of 6/30/2023) | Total Parents Compliant with Training | % Overall Compliance |
|---|---|---|---|
| **FY23** | **3785** | **2186** | **58%** |
| Davidson | 180 | 69 | 38% |
| East | 289 | 146 | 51% |
| Knox | 327 | 285 | 87% |
| Mid-Cumberland | 478 | 269 | 56% |
| Northeast | 487 | 289 | 59% |
| Northwest | 218 | 143 | 66% |
| Shelby | 344 | 127 | 37% |
| Smoky Mountain | 264 | 199 | 75% |
| South Central | 306 | 136 | 44% |
| Southwest | 162 | 113 | 70% |
| Tennessee Valley | 326 | 208 | 64% |
| Upper Cumberland | 404 | 202 | 50% |

**Total Compliant with Required Trainings**

| | Total First Year Parents (approved between 1/1/2022 and 12/31/2022) | Creating Normalcy through Prudent Parenting | What to Know about Child Exploitation and Human Trafficking | Medical Resources and Information | CPR & First Aid | Trauma Requirement | Birth Parent Mentoring |
|---|---|---|---|---|---|---|---|
| | 1250 | 2301 (61%) | 2564 (68%) | 3454 (91%) | 3352 (89%) | 2792 (74%) | 3663 (97%) |
| Davidson | 52 | 94 (52%) | 126 (70%) | 149 (83%) | 133 (74%) | 126 (70%) | 168 (93%) |
| East | 94 | 160 (55%) | 177 (61%) | 267 (92%) | 257 (89%) | 210 (73%) | 271 (94%) |
| Knox | 123 | 235 (72%) | 249 (76%) | 317 (97%) | 322 (98%) | 257 (79%) | 322 (98%) |
| Mid-Cumberland | 153 | 299 (63%) | 318 (67%) | 442 (92%) | 427 (89%) | 333 (70%) | 467 (98%) |
| Northeast | 151 | 322 (66%) | 345 (71%) | 439 (90%) | 432 (89%) | 365 (75%) | 472 (97%) |
| Northwest | 55 | 141 (65%) | 158 (72%) | 209 (96%) | 210 (96%) | 175 (80%) | 214 (98%) |
| Shelby | 106 | 193 (56%) | 222 (65%) | 276 (80%) | 252 (73%) | 270 (78%) | 338 (98%) |
| Smoky Mountain | 86 | 193 (73%) | 202 (77%) | 258 (98%) | 254 (96%) | 206 (78%) | 260 (98%) |
| South Central | 124 | 132 (43%) | 176 (58%) | 277 (91%) | 261 (85%) | 201 (66%) | 294 (96%) |
| Southwest | 42 | 107 (66%) | 128 (79%) | 154 (95%) | 149 (92%) | 133 (82%) | 157 (97%) |
| Tennessee Valley | 104 | 203 (62%) | 218 (67%) | 296 (91%) | 301 (92%) | 234 (72%) | 319 (98%) |
| Upper Cumberland | 160 | 222 (55%) | 245 (61%) | 370 (92%) | 354 (88%) | 282 (70%) | 381 (94%) |

Foster parents who foster youth who are adjudicated delinquent, diabetic, pregnant, or parenting are required to complete additional specialized courses. The DCS TFACTS system does not connect training requirements with specialized placements.  This need has been identified for the new CCWIS system that is currently being built.

| | Total Parents Completing Specialized Training | | |
|---|---|---|---|
| | Parenting the Justice Involved Youth | Working with Children Who Have Diabetes | Fostering Pregnant or Parenting Youth |
| | 719 | 396 | 219 |
| Davidson | 26 | 14 | 9 |
| East | 72 | 57 | 27 |
| Knox | 46 | 30 | 12 |
| Mid-Cumberland | 59 | 22 | 17 |
| Northeast | 111 | 61 | 39 |
| Northwest | 42 | 25 | 16 |
| Shelby | 86 | 39 | 24 |
| Smoky Mountain | 57 | 18 | 12 |

| | | | |
|---|---|---|---|
| South Central | 50 | 47 | 17 |
| Southwest | 55 | 28 | 12 |
| Tennessee Valley | 47 | 21 | 15 |
| Upper Cumberland | 68 | 34 | 19 |

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

| Conference | Number of Attendees |
|---|---|
| Fall 2022 | 798 |
| Spring 2023 | 481 |

**In-Service Foster Parent Training Evaluation**
The table below reflects the averages for each training based on the scales above. Please note that the Total Completed for each of the trainings below includes both DCS and provider foster parents completing training and evaluations with DCS.

| Course Title | Total Completed | How likely are you to use the information learned from this training? | Do you think other foster parents will benefit from this training? |
|---|---|---|---|
| 10 Ways to Discipline Your Children (CHRO4000) | 575 | 4.79 | 4.74 |
| Approved, Now What? (CHRP2079) | 665 | 4.75 | 4.69 |
| Autism Awareness in Child Welfare (CHWB4032) | 1246 | 4.75 | 4.78 |
| Be the One Suicide Prevention | 62 | 4.90 | 4.96 |
| Behavior Management Ages 11-18 (CHRO4001) | 561 | 4.80 | 4.78 |
| Behavioral Challenges in Foster Care (CHRO4002) | 390 | 4.76 | 4.71 |
| Blue Campaign (CHRO4009) | 124 | 4.71 | 4.76 |
| Building Strong Brains | 382 | 4.85 | 4.84 |
| Caring for the Child with Sexual Trauma (CHRP2066) | 905 | 4.82 | 4.84 |
| Caring for the Child with Special Health Needs (CHRP4574) | 62 | 4.67 | 4.77 |
| Child Development CBT (CHRO4004) | 363 | 4.71 | 4.69 |
| Connecting the Dots: What Every Foster Parent Should Know about CANS (CHRP4002) | 40 | 4.86 | 4.89 |
| Couples Who Foster (CHRP4576) | 453 | 4.80 | 4.64 |
| Creating Normalcy through Prudent Parenting (CHDE4027) | 1479 | 4.74 | 4.73 |
| Creating Teachable Moments (CHRP4565) | 766 | 4.70 | 4.70 |
| Cultural Awareness (CHRP2056) | 247 | 4.77 | 4.76 |
| DCS Practice Model Introduction | 67 | 4.63 | 4.57 |
| De-escalation Techniques (CHRO4006) | 1649 | 4.83 | 4.80 |

| | | | |
|---|---|---|---|
| Domestic Minor Sex Trafficking and Our Foster Youth (CHRO4007) | 48 | 4.85 | 4.85 |
| Engaging and Parenting Teens | 220 | 4.71 | 4.69 |
| Foster Parent Bill of Rights (CHCB0018) | 24 | 4.95 | 4.90 |
| Fostering from the Single Parent Perspective (CHRO4020) | 107 | 4.58 | 4.49 |
| Fostering Pregnant or Parenting Youth (CHRO4022) | 275 | 4.66 | 4.71 |
| Hair Care for Black and Multicultural Children (CHRO4008) | 360 | 4.65 | 4.58 |
| Helping Children Make Transitions (CHRP2046) | 299 | 4.74 | 4.77 |
| Impact of Fostering on Birth Children (CHRP4566) | 422 | 4.77 | 4.72 |
| Jason Foundation Supplemental Learning | 64 | 4.82 | 4.82 |
| Kinship to Traditional (CHRO4010) | 349 | 4.78 | 4.70 |
| Learn More about Lice | 55 | 4.56 | 4.60 |
| Legal Anatomy of a Case (CHRO4035) | 384 | 4.76 | 4.83 |
| Loving and Letting Go (CHRP4520) | 301 | 4.74 | 4.72 |
| Medical Resources and Information Refresher (CHRP4004) | 1321 | 4.85 | 4.83 |
| NAS/Safe Sleep (CHRP4563) | 592 | 4.73 | 4.76 |
| Parent Partnerships: Mentoring Birth Parents (CHRO4034) | 383 | 4.73 | 4.70 |
| Parenting Sibling Groups (CHRP4577) | 164 | 4.73 | 4.68 |
| Parenting the Justice Involved Youth (CHRO4011) | 835 | 4.68 | 4.74 |
| Partnership in Action | 14 | 5.00 | 5.00 |
| Positive Parenting (CHRP4575) | 1010 | 4.80 | 4.79 |
| Preserving Kinship Families (CHRP2065) | 517 | 4.67 | 4.64 |
| Preventing Suicide Among Foster Care Youth | 226 | 4.83 | 4.89 |
| Preventing Teen Runaways and Truancy (CHRO4023) | 64 | 4.83 | 4.75 |
| Professionalism and Ethics | 168 | 4.80 | 4.73 |
| ReMoved (CHRO4012) | 55 | 4.85 | 4.86 |
| Respite Care Recorded Webinar (CHCB4007) | 280 | 4.71 | 4.70 |
| Right Time Videos | 9409 | 4.81 | 4.81 |
| Self Care CBT (CHRO4013) | 270 | 4.76 | 4.68 |
| Social Media and Cyber Safety (CHRP4572) | 288 | 4.78 | 4.79 |
| Stewards of Children (CHDE1175) | 118 | 4.84 | 4.86 |
| Foundations of TBRI: Connecting | 10 | 4.86 | 5.00 |
| TBRI Conversations Podcast Episodes | 11 | 4.85 | 4.85 |
| Foundations of TBRI: Empowering | 69 | 4.52 | 4.71 |
| Tennessee Safe Baby Courts (CHRO4021) | 57 | 4.47 | 4.58 |

| | | | |
|---|---|---|---|
| TFACTS Fiscal Enhancements: Board Payment Verification (CHCB1225) | 360 | 4.85 | 4.79 |
| TN KEY Overview (CHRP2078) | 48 | 4.96 | 4.95 |
| Trauma Informed Parenting Strategies (TIPS) (CHRP2069) | 211 | 4.92 | 4.91 |
| Trauma Talk: When Children Talk about Their Traumatic Experiences (CHRO4015) | 234 | 4.83 | 4.80 |
| Vanderbilt COE Lunch & Learn Series | 176 | 4.80 | 4.71 |
| What to Know about Child Exploitation and Human Trafficking (CHRP4561) | 2247 | 4.69 | 4.76 |
| Working with Birth Parents and Visitation (CHRP2067) | 609 | 4.71 | 4.74 |
| Working with Children who have Diabetes (CHCB4004) | 328 | 4.69 | 4.73 |
| Your Money, Your Goals (CHDE4570) | 49 | 4.85 | 4.77 |
| **Overall** | **33067** | **4.77** | **4.77** |

Furthermore, DCS offers the Creating a Family Support Program for foster parents that meets monthly.  The support program is designed to assist foster parents by providing an extra level of support.  Participants are also able to explore situations and behaviors that foster parents face on a regular basis.  The Support Program allows foster parents to gain valuable insights into navigating challenges like learning difficulties and behavioral issues as well as discovering practical strategies for nurturing children.

The support program is offered monthly and utilizes both virtual and in-person delivery. Attendees state that they find value in the program and enjoy making connections with other foster parents and feeling supported by the trainers. Many foster parents register to attend each month because they find value in the topics covered as well as the camaraderie and support of other foster parents. The following topics are covered with foster parents:
https://www.tn.gov/dcs/program-areas/training/fpt/training-spotlight/creating-a-family.html

| **Foster Parent Support Topic** | **Total Attended** |
|---|---|
| **FY23** | **131** |
| Co-Regulation | 10 |
| Helping a Child Heal from Sexual Trauma | 7 |
| Helping Children Heal from Trauma and Loss | 17 |
| Parental Attachment Styles | 9 |
| Parenting in the Age of Screens, Social Media, and Gaming | 27 |
| Parenting Teens and Tweens | 20 |
| Self-Care | 13 |
| Why Our Kids Behave the Way They Do and What We Can Do about It | 28 |

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

https://sites.google.com/view/tndcsfosterparentnewsletter/

Finally, TN DCS is unique in providing training for trainers (T4Ts) for all contract providers on the courses that we provide to our foster parents.  Trainers are able to receive additional coaching if needed. During TN KEY T4Ts each trainer has to deliver a teach back and they are observed and measured according to the required trainer competencies.

**Contract Trainers Completing T4Ts:**  DCS offers the T4Ts listed below to contract providers. Providers send trainers according to their agency participant needs.

| T4T | Trainers Completing T4T |
|---|---|
| **Caring for the Child with Sexual Trauma T4T** | 18 |
| **CORE Teen T4T** | 4 |
| **CPR and First Aid T4T** | 25 |
| **Creating Normalcy through Prudent Parenting T4T** | 39 |
| **Cultural Awareness T4T** | 18 |
| **Engaging and Parenting Teens 2.0 T4T** | 20 |
| **Helping Children Make Transitions T4T** | 9 |
| **Loving and Letting Go T4T** | 11 |
| **Medical Resources and Information T4T** | 5 |
| **Positive Parenting T4T** | 20 |
| **Preserving Kinship Families T4T** | 3 |
| **TN KEY T4T** | 98 |
| **Trauma Informed Parenting Strategies (TIPS) T4T** | 27 |
| **Grand Total** | **282** |

## *Service Array*

## Item 29: Array of Services

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

**Strategies for Improvement during the 2025-2029 CFSP**

**Goal: Improve DCS staff and judicial/legal staff's knowledge of current service array statewide and service inventory**

Qualitative feedback from partners during SWA and Joint Planning reported lack of knowledge of what services are in their area. The Service Array Workgroup researched opportunities and found two links currently available to post on the DCS intrant and AOC website.

https://tn211.myresourcedirectory.com/index.php  - Through United Way. This resource directory provides all types of services from basic needs such as housing, transportation, food, medical to more intensive services such as mental health and substance service array.  The resources are segmented by adult and youth services and type of service such as inpatient or community based. The directory will also drill down to all 95 counties statewide.  The database allows providers to update service information anytime and United Way does an annual update requesting providers to review its services listed and make changes where needed.

https://www.tn.gov/behavioral-health/substance-abuse-services/prevention/tennessee  –Through TDMHSA. This resource directory provides resources for substance abuse and mental health services.  It also segments services by adults and youth and provides an array from intensive to less intensive, education awareness, and prevention.

Tennessee' long term strategy is to develop one resource database. This will be a $420,000 project over a three -year contract period.

The Prevention Workgroup identified the following strategy:
DCS will host annual Provider Fairs in all service regions across the state.
Provider Fairs will include providers across a wide spectrum of prevention services for the area served. DCS Caseworkers and Supervisors will be required to attend one Provider Fair annually to help improve knowledge of available resources and understanding of networking opportunities. Local Juvenile Courts, school systems, community partners, and faith-based community will be encouraged to attend provider fairs to help improve understanding of available resources.

These strategies will be monitored through ongoing workgroups with frontline staff and court staff to measure if knowledge of available services is improving.

**Goal: Improve Tennessee's service array**

**Conduct a service gap analysis using a county level map**

Qualitative feedback from stakeholders during SWA, joint planning and current Service Array workgroup members report needed services in rural areas and long wait lists in urban areas.

Over the 5 year 2025-2029 Tennessee will conduct a service gaps analysis using a county level map. Services will be categorized, and the analysis will be conducted on each service category individually. This will include all categories of Tennessee's service array from prevention to foster care services. It will include services for children/youth and for parents/caregivers. Tennessee envisions this will have a positive impact in improving Tennessee's service array to support prevention into foster care for children/youth, mental health and substance services for children and families, placement stability, and permanency. Internal and external partners will participate in the service gap analyses primarily members of the Service Array workgroup (responsible for monitoring the prevention and service array strategies over the next five years). The resource database links above will be used as a service inventory to support the process as well as the quantitative reason for custody data and qualitative feedback from partners that has been collected over the years.

**Dependent/Neglect Reasons for Custody**

The severity and complexity of the cases have increased over the past 3 years. Severe abuse allegations increased from 2019 (10%), 2020 (12%) and 2021 (14%). Drug Exposed Child, Physical Abuse and Sexual Abuse are the highest for the severe abuse category. However, parental substance abuse is the primary safety reason for younger children to enter custody and unavailable parent (i.e., abandonment, illness, death, incarceration, disability) is the primary safety reason for older youth to enter custody over the last three years and currently. Between 2022 and 2024 sex abuse and physical abuse only made up about 6% of the cases which is significantly lower than parental substance abuse results. Tennessee is using these trends to inform the prevention focus over the next five years and will begin monitoring strategies during FY 2025.

**Source: TFACTS administrative data: Chapin Hall Analysis** most recent available data - 7/1/23 through 12/31/23



FY 2024 D/N Parental Substance Abuse n=770

**Unavailable Parent (Abandonment, illness,death,incarceration, relinquishment) n= 139**

White: 12-15 years old 17%, 16+ years old 16%
Black: 12-15 years old 17%, 16+ years old 21%
Multi-Racial: 12-15 years old 6%, 16+ years old 11%
Hispanic: 12-15 years old 33%, 16+ years old 31%

- 12-15 years old
- 16 + years old

**FY 2024 D/N SEXUAL ABUSE N=64**

0-3 YEARS: White 0.5%, Black 0.6%, Multi-Race 2%, Hispanic 8%
4-7 YEARS: White 5%, Black 2%, Multi-Race 6%
8-11 YEARS: White 4%, Black 2%
12-15 YEARS: White 6%, Black 2%, Hispanic 2%
16+ YEARS: White 5%, Black 3%, Multi-Race 11%, Hispanic 11%

- White
- Black
- Multi-Race
- Hispanic

**FY 2024 D/N Physical Abuse n=44**

16+ years old: White 3%, Black 0.7%
12-15 years old: White 2%, Multi-Race 6%
8-11 years old: White 5%
4-7 years old: White 2%, Hispanic 13%
0-3 years old: White 3%, Black 0.6%, Hispanic 8%

- Hispanic
- Multi-Race
- Black
- White
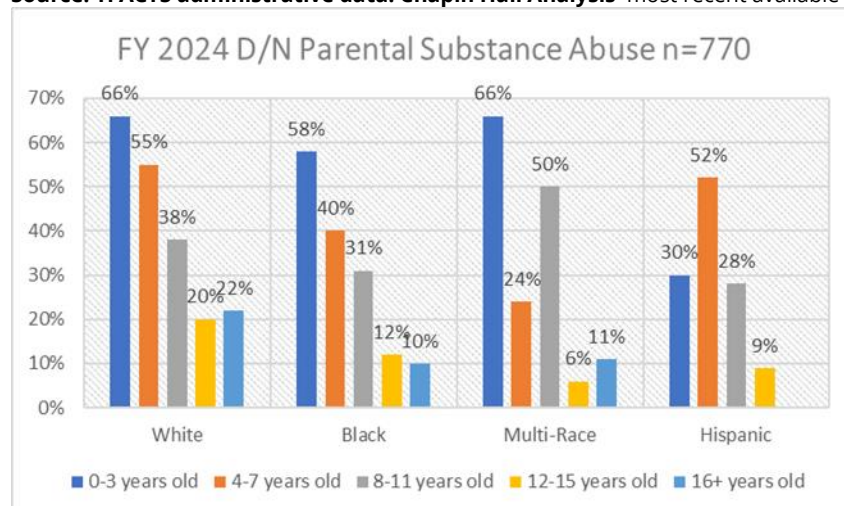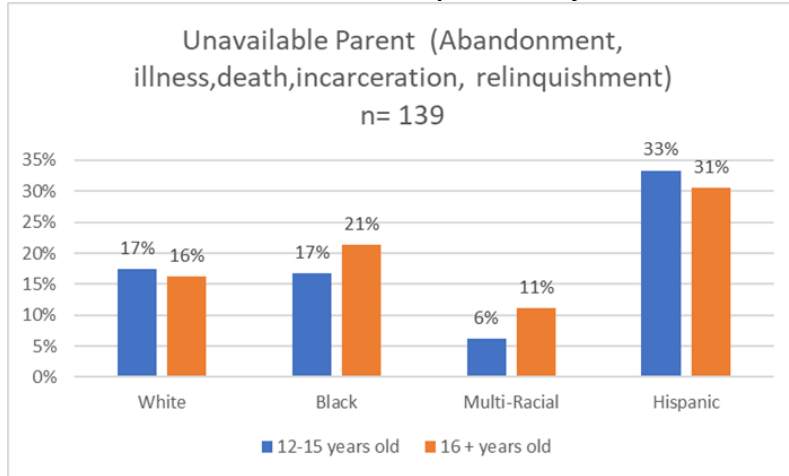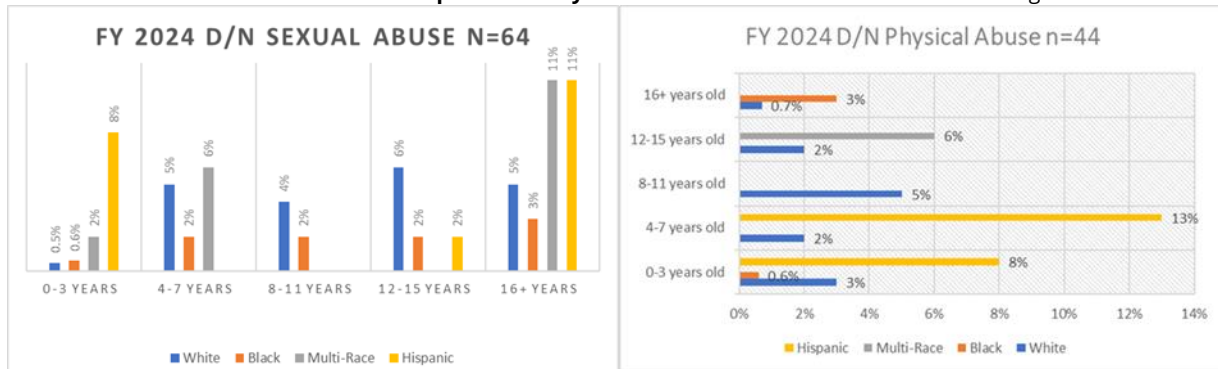
A domestic violence allegation was added in October 2021. There have been 11,381 allegations from 10/2021-4/2022.  Tennessee is beginning to monitor this more closely in its prevention efforts and has been added to the Chapin Hall analysis in FY 2024.

**FY 2024 D/N Domestic Violence n=62**

White: 0-3 years old 2%, 4-7 years old 2, 8-11 years old 1%, 12-15 years old 2%, 16+ years old 3%
Black: 0-3 years old 3%, 8-11 years old 2%, 12-15 years old 10%, 16+ years old 7%
Multi-Race: 0-3 years old 5%, 4-7 years old 6%, 8-11 years old 13%, 12-15 years old 0, 16+ years old 0
Hispanic: 0-3 years old 5%, 4-7 years old 13%, 8-11 years old 0, 12-15 years old 2%, 16+ years old 3%

- 0-3 years old
- 4-7 years old
- 8-11 years old
- 12-15 years old
- 16+ years old

115
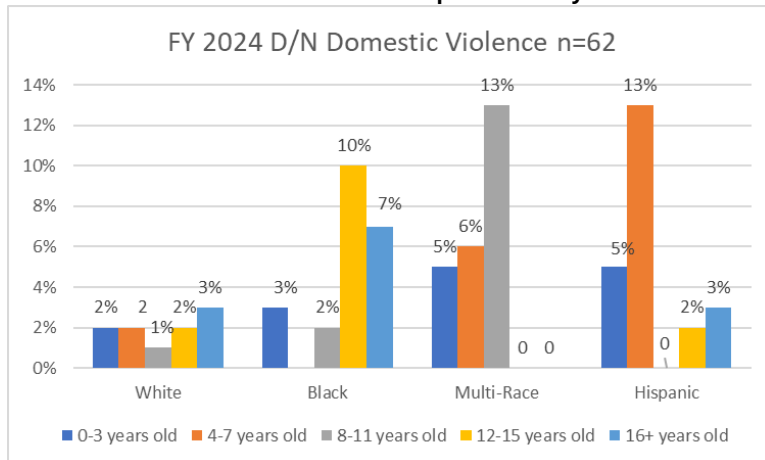
**Child/youth Behaviors Reason for Custody**

Tennessee does have a small population of younger children in foster care due to child behaviors; however, between dependent/neglect and juvenile justice custody cases both charts below the majority of youth entering foster care due to behavior are older youth.  Feedback from residential providers in the mental health workgroup reported the behaviors youth are displaying are increasing and outside of the scope of its treatment model causing facilities to not be equipped to handle the youth DCS is requesting to place with them.  In addition, youth who are ready to step down are lingering in the residential facilities because there are not enough step-down placements or because of the stigma attached to the youth's behaviors that cause foster parents to be hesitant of being a step-down option. CFSR Item 18 results in Round 3 show trends impacting ANI cases are children/youth placed in foster homes on waitlists for community mental health services and in home services. These factors will be considered during the service gaps analysis.  In addition, DCS' Network Development Division has a dedicated team conducting utilization reviews with residential facilities to support children/youth who are ready to step down.

**Source: TFACTS administrative data: Chapin Hall Analysis**  most recent available data - 7/1/23 through 12/31/23



FY 2024 D/N Child Behavior n=373

**Source: TFACTS administrative data: Chapin Hall Analysis**  most recent available data - 7/1/23 through 12/31/23
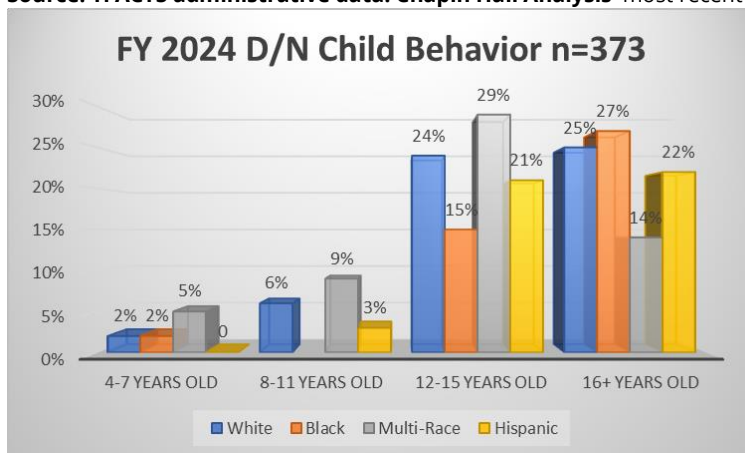


FY 2024 JJ Child Behavior n=363
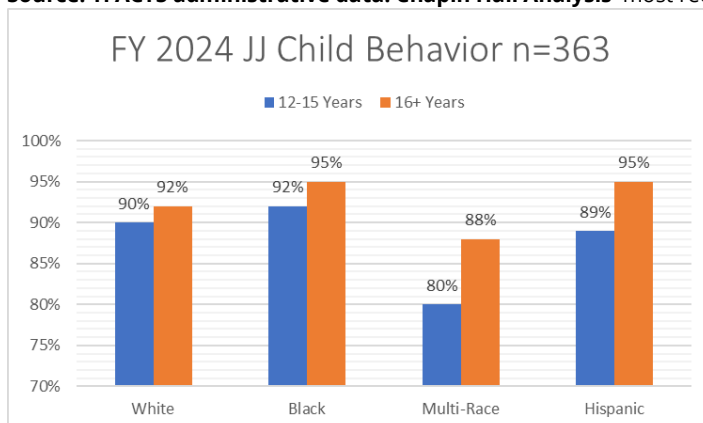
**Partners' experience with the Service Array**
**Qualitative Results Key Themes**
**Strengths**
- Intercept and the Therapeutic Intervention Education and skills (TIES) program (soon to be HOMEBUILDERS) and Healthy Families
- Strong and positive relationship between DCS and providers.
- Access to multiple providers in urban areas
- Collaborations in regions to engage Partners in systemic improvements- Multi Agency Collaboration (MAC), Safe Babies Court
- DCS does good job of expanding and sustaining service providers statewide.

**Limitations/gaps in services**
- Need more mental health services in rural areas. Also, more concrete services in rural areas such as transportation and financial support
- Delays in mental health appointments, Mental Health assessments for young non-verbal children. Lack of counselors and therapists who take TennCare behavioral health insurance.
- Need more Level 3 special needs residential beds and Residential care step-down services.
- Domestic violence services gap in domestic violence prevention for perpetrators and no safe place for male victims or fathers with children.
- Services for relatives who do not qualify for the Relative Caregiver Program.
- Gap in autism testing to diagnose children and residential beds for severe behaviors.

**Challenges**
- Lack of Frontline staff knowledge of services and what services provide. Lack of understanding relapse and parental substance abuse to encourage parent's continuing services.
- Inflexible insurance barriers. E.g. whole family is needed for service but not everyone has insurance, sometimes due to not being able to afford it
- Providers not accepting undocumented children. These children fall through the cracks or foster parents are paying the bills.
- Long wait times for intake and services to begin.

The table below reflects gaps in Tennessee's service array for families, children, and youth that were identified during service array workgroups and sessions.

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

| Toxicologist for hair follicle and nail bed drug tests | Parents |
| --- | --- |

**• Services that assess the strengths and needs of children and families and determine other service needs FAST and CANS/TINS**
Tennessee will continue to use the Family Advocacy Support Tool (FAST), Child and Adolescent Needs and Strengths (CANS) and the Toddler/Infant Needs and Strengths (TINS) Assessment to identify service needs for families, children and youth are used by DCS and provider case managers to determine service needs.  The FAST assessment is the initial and ongoing safety assessment that is administered at the Child Protective Services non-custody case opening and updated until case closure or transfer to foster care.  The CANS assessment is completed initially and ongoing throughout the foster care case until case closure for children 3 years and up and parents and/or caregivers the children or youth are living with or who they will be reunified with. The TINS is currently only used for children 0- 3 years old involved in Safe Baby Court. Part of the Assessment Integration strategy for CFSR Round 4 is to expand using the TINS for children's caregivers involved in a foster care case but not involved in Safe Baby Court to improve family assessments to identify service needs for this subgroup.

# Item 30: Individualizing Services

Individualizing services continues to be an area needing improvement for Round 4.  Based on stakeholder feedback there are still opportunities to improve services in other languages, quality assessments through the assessment integration strategy, and improvements in trauma informed services.

Information in the statewide assessment and collected during interviews with Partners showed that the state does not ensure that services can be individualized to meet the unique needs of children and families. The state acknowledged concerns with the adequacy of the assessments completed through the Child and Adolescent Needs and Strengths (CANS)and the Family Advocacy and Support Tool (FAST) that are used to inform case plans and services for families. Some Partners shared this concern. Using CFTMs to ensure individualization has not been happening consistently statewide. Partners reported that many services are generic and do not meet the unique needs of families. Specific concerns were noted regarding a lack of services for Spanish-speaking families. While Partners confirmed that translation services via phone are available, Partners questioned the adequacy of that in ensuring effective interpretation when working with families. Partners also said that the phone service is not available for all language needs in each county.

**Improvement Strategies during the 2025-2029 CFSP**
**Goal: Improve coordination of current services for children/youth and families to meet their unique needs through the Multi-Agency Collaboration Approach**
Service Array Workgroup members reported a need to improve communication between providers and DCS.  Families are over assessed which delays services and repetitive assessment questions frustrate families and children. The multi-agency collaboration approach is already well implemented in some service areas. Through this approach other state agencies come together to help wrap the family with services specific to each family's needs.  This often includes the local

offices for the Tennessee Department of Human Services; Tennessee Department of Health; TennCare; and Tennessee Department of Mental Health and Substance Abuse Services. DCS has a dedicated person currently working with other areas to improve implementation across the state. This approach will be monitored through the MAC annual report to see if service coordination improves statewide. Service Array workgroup members who participate in MAC report improved communication and has seen the approach support multiple areas for children/youth and families including:  prevention, mental health and placement stability, permanency, quality assessment/safety, and family engagement.

**Calendar Year 2023 Results:**
• 202 families comprised of 385 children enrolled in 2023 and received services through this approach.
• 937 non-custodial families comprised of 1,933 children have received services through this approach since it began.
• 133 custodial families comprised of 200 children have received services through this approach since it began.
• Since implementation, the approach has served a total of 1,070 families comprised of 2,133 children.

**Family Perspective involvement in MAC**
The approach continues to yield a high level of satisfaction from families who utilized the MAC approach. Electronic surveys are offered to families following each Child and Family Team Meeting to obtain feedback on their experience and use that information to inform practice. Families consistently provide positive feedback about their experiences. Surveys given to families over the course of 2023 yield overall 80% favorable results outlined below.



Helped My Family Get to a Stronger Place
Always 50%  Often 30%  Rarely 20%  Never 0%  Sometimes 0%

Treated Me With Respect Including Being Open and Honest
Always 70%  Often 20%  Rarely 10%  Never 0%  Sometimes 0%

Made It Easier for Me to Access a Wide Range of Services
Always 60%  Often 20%  Rarely 10%  Never 0%  Sometimes 10%
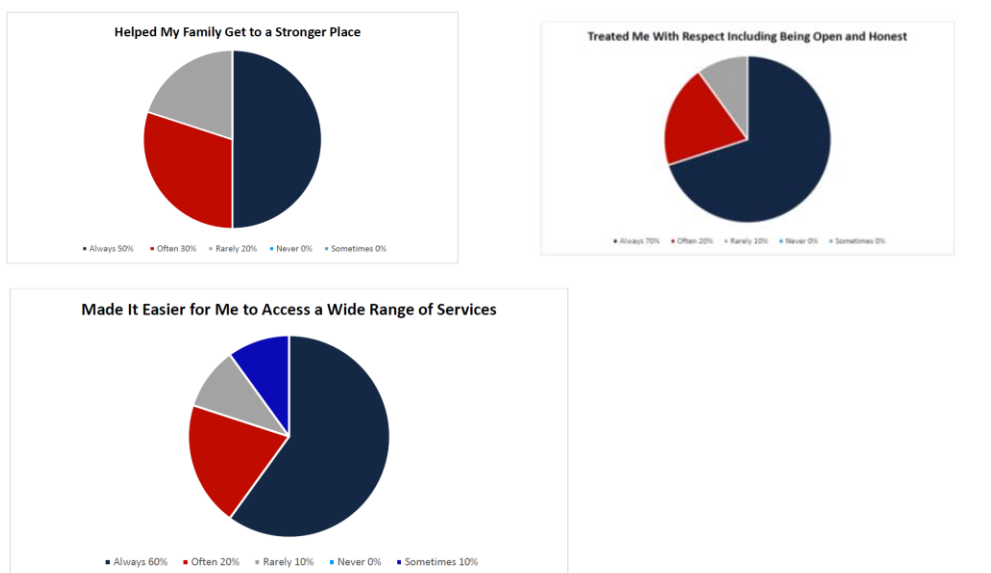
**"My team is already helping me achieve my goals."**
**"The CFTM has shown the possibly of progress on the road to success of our family."**
**"Provider is great!"**

**Parent/Caregiver Perspective**

A survey was distributed in Spring 2023 to parents/caregivers who were or currently are involved with the agency either through a non-custody or foster care case.

**Survey Response**

The services I am getting are helping me achieve my goals.

113 out of 154 (73%) agreed

**Parent Perspective on Services through CFSR Round 4 interviews with parent/caregivers:**

During CFSR Round 4 interview responses with parents and caregivers in FY 2024 were collected and entered into a database to quantify results.  A total of 41 responses (24 foster care and 17 In-Home) were analyzed on the question:

*The services I am getting are helping me achieve my goals.* (59%) of parent/caregivers involved in an In-Home case and (43%) of parent/caregivers involved in a foster care case agreed.

Parent and caregiver results have declined in feeling the services they are getting are helping. This supports the need to reinforce the utilization of the MAC approach across the state. The MAC approach ensures all service providers and the family strengths and needs are built into the team and participate regularly in CFTMs with the family to ensure all parties communicate and have a shared vision with the parents/caregivers of how services are working and how the family case is progressing.

**Young Adult Perspective**

A young adult who was in foster care expressed how much she wished the MAC approach had been used with her case.  She particularly liked how the approach reduces the number of assessments the family has to complete per service provider and redundancy of having to retell her story every time a service was initiated.  She explained how it was retraumatizing and delayed her wanting to initiate services because of the assessment process and not wanting to retell her story that led to her entering foster care.

**Next Steps**

During the 2024 calendar year, DCS MAC Team will continue providing overall support, hosting check-in meetings throughout the state, and receiving and implementing feedback provided by partners. Thus far in 2024, there has been extensive communication and collaboration with internal and external partners to promote and re-engage regarding this approach statewide.

**Provider Focus Group Feedback**

- Providers are growing capacity to individualize services- growing to be more inclusive, addressing traumatic experiences, providing services in multiple languages, etc. but more work is still needed.
- Agencies are focusing to educate staff and be more inclusive.
- Struggle with population of people with disabilities- there are resources in school system but not many outside of that, and they're not always connected to them. There are many tools available, the issues is whether the school system will use them.

- Virtual options have been successful in some cases as sometimes transportation may be a barrier.
- There is a lack of mental health providers that are willing to work with populations who speak other languages.
- Language services are more available than in the past but still not sufficient to support the amount of families and not enough therapists/counselors who speak other languages.
- Providers are developing strategies that are culturally, and developmentally appropriate services and Trauma informed.
- Some providers have implemented a universal assessment of functioning that is developmentally appropriate for specific age groups.
- Annual cultural humility training.
- Trauma informed care workgroup focusing on bringing in training for staff and built-in trauma informed questions in employment interviews.
- Hiring and using more translators, intentional Diversity Equity and Inclusion work, community partners, cultural traditions, and practices. Some providers created Diversity Equity Inclusion workgroup within the organization but still in planning phase of work.
- Translation services- all community-based services, has many languages available. Across the state for in home-based services, its available in multiple areas. Challenge: Sometimes the translator is a no-show.
- Developed coloring book style intake packet for younger children.

**Mental Health Service Gaps Analysis**
**CFSR Trends in Behavioral/Mental Health Needs**
CFSR Trends for children and youth Mental and Behavioral health needs show overarching areas of needing quality assessments to accurately individualize the service need, insurance barriers for payment of services, and gaps in available mental health services. feedback from partner and provider focus groups informed Tennessee needs more mental health services that are trauma informed. The service gaps analysis for mental health services will be used to expand more community based and in-home mental health services with a focus on trauma informed services.

An additional strategy is currently being conducted using a list of Providers who do different types of psychological assessments for youth and adults to expand this type of service for DCS children and families.  The list was provided by BlueCare Tennessee and are providers DCS does not currently partner with.  A team of DCS staff through the Federal Programs Division is contacting these providers to explore opportunities to provide mental health assessments for children/youth and families involved with DCS and different payment options such as TennCare insurance billing or becoming a delegated authority vendor to get paid through DCS.

The Prevention Workgroup identified a focus on parental substance abuse as a need for improvement.  The following strategies were developed based on feedback from members of the DCS drug team across the state.
**Parental Substance Abuse Strategy**
Parental substance abuse is the primary reason for case opening  for the majority of non-custodial and custodial families served in Tennessee.  Tennessee seeks to increase the collaboration between substance abuse programs across the state.
Improve collaboration with medical assistance (methadone, suboxone clinics).

Increase understanding and use of evidence-based models among providers across the state that work with parents with substance abuse issues.
Provide educational resources for all staff at DCS on working with families that have substance abuse issues, to include treatment and relapse.
Align CPS Drug Teams across the state to better ensure uniform delivery of services to families.

**Continue to expand Safe Baby Court**
As of December 31, 2023, there are thirteen (13) fully operationalized SBC sites statewide. Eight (8) new sites have been identified for implementation and will be operationalized in 2024. Anderson County ended operation in June 2023, but a replacement site will also be identified and operationalized in 2024. The goal is to have a SBC in all 95 counties.

The role of the Safe Baby Court Coordinator includes strengthening partnerships and community awareness to increase the support and availability of resources to those families with young children involved in Safe Baby Court and to create a network to sustain the family after they are no longer involved with the court and the child welfare system.  In addition, Tennessee uses specialized drug teams that provide a more comprehensive and timely intervention and engagement with parents impacted by substance abuse.  This effort has increased and strengthened relationships with local hospitals, substance abuse providers, mental health agencies and others that can support families in recovery. It also provides a team of Family Support Services (FSS) that can provide long term case management due to the complexity of substance abuse and the recovery cycle.  Safe Baby Courts focus on the needs of the vulnerable population of children under the age of four years. The courts work closely with DCS, the AOC and the TDMHSAS for support and guidance as well as with Zero to Three as an external consultant.

*SBC Map*
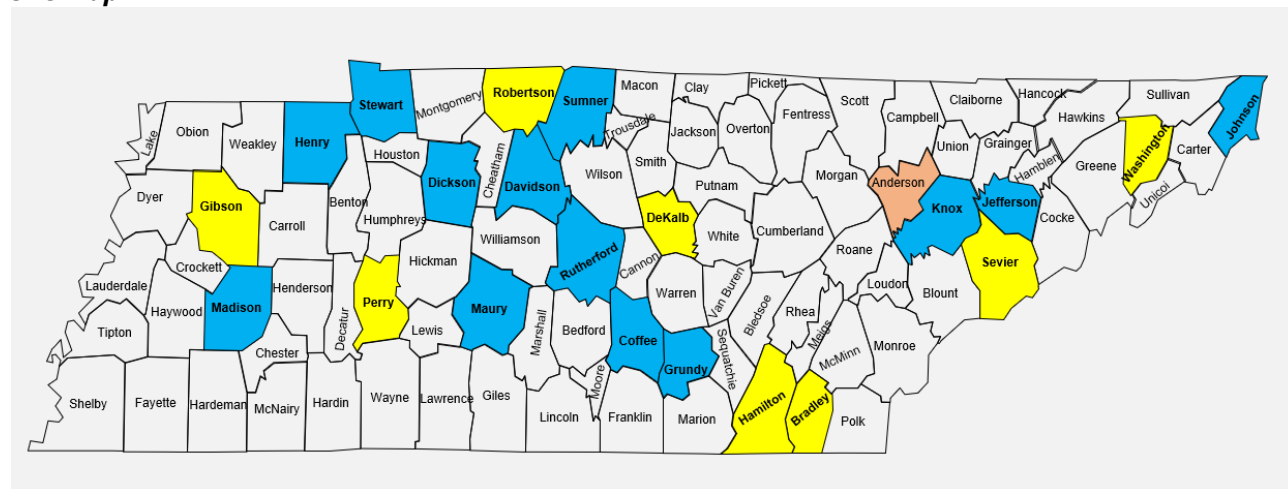


**Infant/Toddler Needs and Strengths (TINS) assessment**
The TINS assessment was developed as the sister assessment to the CANS in 2018 for infants 0 – 3 years old whose parents/caregivers participating in Safe Baby Court Services for alcohol and drug abuse and mental health services. The assessment is to be used to determine the individual needs of the baby and family such as attachment difficulties and development/failure to thrive, substance abuse, and mental health of the parents/caregivers.  An emphasis on parent's past traumatic experiences and cultural needs is included.

Below demonstrates the primary service model process for parents participating in SBC. The model ensures treatment is individualized to support and address mental health trauma such as past child hood abuse and domestic violence and challenges with substance abuse relapse.:
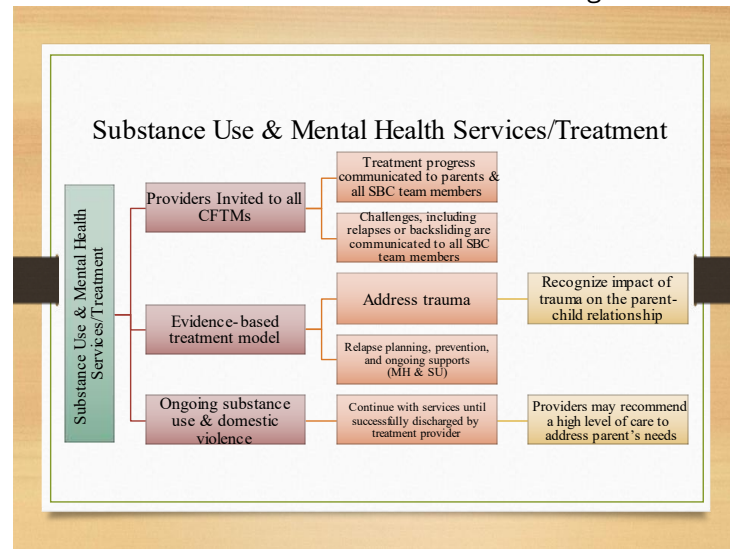


## JUDICIAL PERSPECTIVES FY 2023

"Another year's experience with Safe Baby Court has proven its promise. Cases just simply move faster to a final judicial result using the SBC model. SBC cases require an extraordinary effort from ALL participants, particularly the parents. It becomes evident fairly quickly which parents are serious about addressing the issues that lead to state involvement. This is not always the case in a normal dependency and neglect case. For those parents that are committed, and, more importantly, their children, the SBC process is worthwhile."
*-Judge Andy Brigham,*
*Tennessee Council of Juvenile and Family Court Judges (TCJFCJ) President*
*Stewart County Juvenile Court*

"2023 was my first full calendar year as magistrate for Safe Babies Court. A number of cases were moved to completion, either through return to parent, relative placement, or adoption. I enjoy the work, and feel more than ever that it is of benefit to the families of Davidson County. What I wish most of all is that resources could be found to approach every instance of alleged dependency and neglect in our state with the kind of services that Safe Babies Court can offer. I believe it would make a real difference in identifying and obtaining a path to permanency for Tennessee's children in or at risk of foster care."
*-Magistrate Olen Winningham,*
*Davidson County Juvenile Court*

"In 2023, the Safe Baby Court for Dickson County had some successes that I don't think otherwise would have happened. In particular, one couple finished Safe Baby Court and have their baby back. This particular couple went from having drug addictions and not having a good handle on parenting to both being employed, sober and really good parents. When the case was closed, they were so appreciative of Safe Baby Court and of the foster parent that was involved. They

both agreed and want to talk to people beginning the Safe Baby Court process. It was very moving and is an example of what Safe Baby Court can be. Success stories that WANT to help others in similar circumstances. There are others but that is how we would want to build our program. Success stories helping create more success stories."

*-Judge Jerred Creasy,*
*Dickson County Juvenile Court*

"Every year, Safe Baby Court continues to amaze me. After having Safe Baby Court as part of our county for 7 years, one might think that it would become mundane, but as time passes, the excitement is there for the next success, just as it was for the 1st success. Success doesn't always look the same in every case; however, helping children achieve permanency through reunification, placement with relative caregivers, or adoption is a success. Watching parents reach goals they never imagined, seeing community partners work together toward a common goal, having families/friends rally around participants in the program and provide the support they need, and knowing children's lives are being transformed from such an early age, makes any barrier or challenge that we encounter in Safe Baby Court worth it. We continue to see real change for children and families through this process.

I'm thankful to those in our government who make it possible for Safe Baby Court to expand across our great state. We know that it has worked in our rural county, and we are excited to see the changes it brings for other areas."

*-Judge Trey Anderson,*
*Grundy County Juvenile Court*

"In 2023, Henry County Safe Baby Court had the following selected highlights. We closed three cases with reunification; created an in-office diaper station stocked with various diaper sizes for walk-in needs; and obtained two climate-controlled storage buildings stocked with furniture, appliances, and baby items that can be accessed 24/7. We serviced the largest number of children to date with a high of 12 at one time. We began developing a plan to provide casseroles for foster families on court days and provided box lunches for [SBC team members] on SBC review hearing dates. We increased specific assistance for placement families to supplement what DCS is able to provide. We provided all families with a date planner and a drug lock box. We also provided Christmas gifts for the 6 active families and ended the year with a fun-filled Christmas party in the SBC office, including a visit from the Grinch!"

*-Judge Vicki Snyder,*
*Henry County Juvenile Court*

In Knox County, "...most of our adoptions occur through parental surrenders after parents and foster families develop strong relationships through participation in Safe Baby Court, enabling the parents to have potential for contact with their child/children post adoption. We are also seeing a marked decrease in future involvement with Safe Baby Court graduates compared to regular cases. I believe the hard work of our team is the credit for this."

*-Magistrate Angela Blevins,*
*Knox County Juvenile Court*

"Each year I assess programs in our court to determine their effectiveness.

This ever-changing world makes some projects obsolete and some more important. It is VERY critical we continue our SBC. With the increase in fentanyl, drug exposed babies, and unmet needs of our most vulnerable children, we need more help now than in past years. How could we adequately save our children without this program that meets our needs and goals? Please continue the funding for our babies."

**-Judge Christy Little,**
**Madison County Juvenile Court**

"This was our first full year of actively working with families in SBC. We spent a lot of 2022 planning and preparing, but 2023 was a year of actively engaging, problem-solving, and celebrating with families. I'm thankful for the team we have surrounding these families through the program. Not only do we have wonderful DCS case workers, attorneys, guardian ad litems, and a great coordinator, but we also have tremendous support from our community and service providers, which we couldn't be successful without. The participating families have been very appreciative of the help and accountability that the program has given them. We look forward to making generational changes for the better, with the families we partner with now and going forward."

**-Judge Douglas Chapman,**
**Maury County Juvenile Court**

"We had a great year at Rutherford County Safe Baby Court and continue to be the only court in Tennessee with a sole focus on prevention. This effort reduces further trauma to children and families by preventing children from entering the foster care system and providing non-custodial wraparound services.

All of our families have successful outcomes in Safe Baby Court with children achieving permanency through reunification with one or both parents or with relatives. Children deserve the opportunity to be with their parents and/or family; parents deserve the opportunity to show that they can step up if given the right supports!

The staff at Rutherford County Safe Baby Court work diligently to ensure that each person in this program has individual supports to fit their needs. Not only do we focus on the obvious needs of substance treatment and mental health care, but parents and children receive services like medical and dental care, developmental and physical therapies, budgeting and life skills, co-parenting skills, etc. – skills desperately needed to sustain healthy and happy homes for children.

This past year, our SBC Certified Peer was able to share her life experiences with not only the families in this program, but with new DCS staff during their newhire training, with hopes of teaching child welfare staff a new way of supporting families in crisis.

Our Safe Baby Court ensured that all of the children and families had simple joys in life such as fun family outings in the community, Thanksgiving meals, and Christmas gifts. This is done with the support of our community partners who have stepped up and donated furniture, clothing, food, etc.

Another great partner of our Safe Baby Court is the criminal court system in our county. The Judges see the progress our parents make and consider that when it's time for sentencing.

We are so excited to continue to grow this program in Rutherford County

and see what 2024 will bring to the families we serve. This just leaves us to wonder what it would look like if all families in child welfare were supported like Safe Baby Court families?"
*-Judge Travis Lampley,*
*Rutherford County Juvenile Court*
Sumner County Safe Baby Court has reported seeing "significant improvement in…collaboration since focusing on noncustodial cases" and "significant community support [with a] SBC Coordinator [that] is excellent at identifying and accessing resources."
*-Magistrate Erin Begley,*
*Sumner County Juvenile Court*

**Table Family First Prevention Services Plan**
The table below shows the services/interventions Tennessee implements or is in the process of implementing through the Family First Prevention Plan and rated by the Prevention Services Clearinghouse. In addition, the table indicates their effectiveness with children and families of color
**\*Promising, \*\* Supported, \*\*\*Well-Supported**

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

Casey Family Programs - Interventions Shown to be Effective with Children and Families of Color Being Served with Family First Funding Research Brief – February 2022

## *Agency Responsiveness to the Community*

### Item 31: State Engagement and Consultation With Partners

### Continued efforts during the 2025-2029 CFSP:

Quality Assurance/Quality Improvement (QA/QI) virtual meetings occur every other month and are used to provide updates on initiatives; solicit feedback from attendees; share results from projects and surveys; as well as problem share/solve.  Invited QA/QI meeting attendees are C-BCAP Grantees, Tennessee Dept. of Mental Health & Substance Abuse, Tennessee Association on Mental Health Organizations, DCS staff from all levels, prevention providers, in home services providers, foster care providers, residential treatment providers, and the Administrative Offices of the Courts.  Some examples of the topics covered include:

Trainers and Consultants of the well-supported evidence-based prevention services within Tennessee's Five-Year Prevention Services Plan presented educational and question/answer sessions to help potential vendors understand those programs,

Training on the new Extension of Foster Care expansion,

Presentation from the Department's Racial Justice Taskforce on work being done in Tennessee,

Update on changes to the Qualified Residential Treatment Program process for aftercare, and

Discussion around service array needs across the state.

Child and Family Service Plan/Child and Family Service Review Alignment was a Strategy the Department focused on during the Round Three Program Improvement Plan.  Pieces of this strategy involved including the provider community into the CFSR process.  Members of the Division of Federal Program reviewed Monthly Provider Summaries and provided feedback to provider agencies on the quality of the work completed based on federal standards.  Members of the Division of Federal Programs conducted provider specific mock CFSRs with provider leadership staff to help those agencies better understand not only the process but the expectations of quality assessments and quality case work.  The Department recruited external Partners to go along with CFSR Reviewer dyads to help them understand the expectations of quality and their own roles in child welfare quality.  External Partners that participated as shadows with these Reviewer dyads include:

- Juvenile Court Judge
- Juvenile Court Staff
- Guardian ad Litems
- Parent Attorneys
- Court Appointment Special Advocates
- Administrative Offices of the Courts Staff
- Foster Care Review Board Members
- Foster Parents
- Provider Agencies (Foster Care & Residential)
- University Partners.

Lived Experience Voice continues to be an area of focus for the Department and new goals and objectives are outlined in the Vision Section to improve engagement of partners with lived experience through a sustainable outreach plan and hiring part-time engagement specialists with lived experience. Extension of Foster Care youth were included in the Round Three CFSR PIP Report Out that occurred in February 2018 and a few of those youth participated in focus groups that

occurred in reviewing data that led to the initial CFSR PIP goal and strategies.  The Division of Federal Programs began including Extension of Foster Care youth in the Annual Joint Planning process during the Spring of 2019.  It was at that Joint Planning Session that the current Child and Family Service Plan was developed through several community café style sessions youth were able to attend.  Extension of Foster Care Youth and Young Adult Advisory Council (made up mostly of EFC graduates) have attended and actively participated in Joint Planning since that time.  Many years those youth have presented during the session.

The Young Adult Advisory Council invites someone from the Division of Federal Programs to a listening session on average once a year.  During a session two years ago the group held a discussion on the difficulties of being an LGBQT youth in care within a conservative state.  This discussion also included how more thought should be put into identifying foster home placements that were more accepting to these youth.  Ensuring that foster home recruitment efforts include specific methods to reach minority populations have been included within the foster home recruitment plan.

Birthparent Survey response rates had been problematic for the Department for several years.  During Spring 2023 the Department contracted out Birthparent surveys to a local university partner to be able to capture the voice of parents outside of a CFSR.

During the 2023 Joint Planning Session two birthparents that were graduates of the Safe Baby Court program participated in a panel discussion of that program.  Those parents also actively participated in breakout sessions on numerous topics during the event.  They were invited again to the 2024 Joint Planning Session. In addition, in 2023 and 2024, relative caregivers and foster parents were engaged in workgroups to help develop the statewide assessment for CFSR Round 4 and the 2025-2029 CFSP.

Parent Leadership Program is funded through C-BCAP and the Children's Trust Fund.  In 2021 the state began using that group to help solicit feedback on needs in our communities.  This program was later expanded in 2022, and now is open to parents of custodial children and youth.  Previously this group only served primary and secondary prevention families.  The intent of this expansion is to further empower parents to share their voice for positive change.

Child and Family Service Plan (CFSP) Advisory Council meets quarterly.  Members of this group include court staff, Administrative Offices of the Courts, Youth with lived experience, foster parents, multiple levels of DCS staff and provider staff.  Each meeting has a focus on specific goals and objectives results/data and allows Partners to provide feedback on progress, as well as changing needs.

JCAMP (Judicial, Court, and Attorney Measures of Performance) is a new initiative within the Administrative Offices of the Courts.  Tennessee AOC asked the Department's General Counsel, Deputy General Counsel, and Director of Federal Programs to participate in this initiative.  Through the initial meetings it was discovered that the JCAMP process mirrors the CFSR Statewide Assessment Process.  The parents with lived experience participating in JCAMP were invited and participated in the 2023 Joint Planning Session.  The Birthparent Survey being completed by a university partner for the Department, was opened up to the Administrative Offices of the Courts who were able to add questions to collect information they needed for this initiative.  Two of the

areas of focus for JCAMP are quality representation for the children and quality representation for the birthparent in court. These are areas also of interest to the Department.

Improved AOC/DCS Collaboration was an area of focus for both agencies over the past three years. DCS Office of the General Counsel staff and the DCS Commissioner have participated at Judge's Conferences hosted by the AOC as speakers, trainers, and attendees. The AOC and Division of Federal Programs partnered to deliver Qualified Residential Treatment Program training to the Judges during 2022 to ensure courts knew their responsibilities with this change. AOC staff have continued to be involved as CFSR Reviewers for Tennessee and the two agencies partner very closely with the Safe Baby Court Initiative. AOC was actively involved on several focus groups in preparation of this Statewide Assessment and picked the legal/court attendees for the 2023 and 2024 Joint Planning Session.

Joint Planning Sessions Beginning in 2024 Joint Planning went back to all in-person. Attendance ranged between 80 and 95 internal and external Partners attending. The Partners invited to Joint Planning purposely match the groups interviewed by the Children's Bureau of the Round Three and Round four Stakeholder Focus Groups.
- Legal/Court (Juvenile Court/CASA/AOC/FCRB/GAL/Parent Attorney)
- Consumers (Youth/Parents/Relative Caregivers)
- DCS Leadership (Executive Leadership)
- DCS Staff (All Levels)
- Providers (Prevention/Foster Care/Residential)
- Foster Parents (DCS/Provider)
- Community Partners (Mental Health/Child Advocacy Centers/Housing)

Improvements have been made in engaging the legal and court Partners, youth with lived experience, and parents with lived experience. In addition, the structure of the meeting includes breakout groups with topics tied to specific CFSP goals and objectives. Data is shared and included in the discussions. An excellent example of how some of this information has been used in the past was from the 2021 Joint Planning Session. During that session one of the breakout groups focused on improving assessment quality and one on improving placement stability. These are areas monitored not only by the CFSR PIP but included in the CFSP. From those two breakout groups an idea about family foster homes that could function as assessment centers. These would be family centered places children could go to have numerous assessments completed that could be incorporated with the informal assessments of the foster family. Those assessments could then play into determining the correct and best placement to meet the needs of the child/youth and help them reach their permanency goal. These ideas came from the Partners present and then through additional meeting became the specialized assessment foster home program Tennessee has today in partnership with Harmony.

Minutes are collected from the breakout sessions that occur during Joint Planning. Those minutes not only capture partner input but allow the Department to assess current progress on items and ideas on making needed improvements. This information is useful not only for the APSR, but for making decision in other federal programs areas such as FFPSA, CJA, C-BCAP, etc.

Family First Prevention Services Workgroups were initially two large groups one focusing on prevention services and the other on congregate care. These workgroups began meeting in January

of 2020.  All providers and community Partners were given the option to participate.  The Department partnered with the Tennessee Alliance for Children and Families who participated in all workgroup meetings.  These workgroups included DCS frontline and other level employees, Administrative Office of the Courts, Child Help USA, Alternative Youth Services, Meritan, Inc., Youth Villages, Monroe Harding, Systems of Care Across Tennessee, United Health Services, Camelot, Agape, Bethany Christian Services, Porter-Leath, TN Children's Home, Holston Home for Children, Omni Vision, Frontier Health, Florence Crittenton Agency, Upper Cumberland Human Resource Agency, and Steppen Stone. Once the Family First Prevention Services Plan was approved this group was merged with the QA/QI Group noted above.

As Tennessee prepared to implement Family First Prevention Services Act (FFPSA), workgroups were assembled to assist with the planning and preparation.  The Prevention workgroup worked to identify evidence-based prevention services, develop a timeline and action plan to operationalize prevention services in Tennessee, and develop a timeline and action plan to develop and implement a comprehensive, statewide plan to prevent child abuse and neglect fatalities.  Members of the workgroup included representatives from both the private and public sector, parents with lived experiences, and service providers.  This work supports the CFSP service array objectives and collaboration updates in the APSR.  Data used by these groups when they were meeting, such as the Family Advocacy and Support Tool (FAST) data, continues to be used to make program decision on expanding the service array for the state.

Racial Justice Workgroup continues through the Office of Training and Development.  The purpose of the workgroup is to collaborate with internal Partners on all staff levels to discuss and learn to create awareness on how to engage families from all cultural differences. A staff member from the Administrative Office of the Court is also an active member. The group partners with Casey Family Programs, Chapin Hall and Vanderbilt University who provided racial disparity data and resources. In addition, a Director from the Federal Programs Division of DCS began providing data from the TN Supplemental Context Data to share trends over the last 5 years of disproportionality in foster care data. This data was also shared with Executive Leadership Team (ELT) to demonstrate the need for the workgroup and gain support from ELT to sustain the work. Vanderbilt University also hosted a cultural bias training available to all department staff. The workgroup members are informed of the federal initiatives and focus on improving equity in child welfare practice. They are updated on APSR goals and objectives so the group can provide feedback and develop strategies and focus for the workgroup. Current subgroups that focus on specific areas to ensure creating awareness is effective and the department policies are inclusive to all cultures and beliefs include:
•         Racial Justice Policy
•         Racial Justice Assessment
•         Racial Justice Marketing

Joint Task Force and Citizen's Review Panels are active in Tennessee and funded through the Children's Justice Act.  The Director of Federal Programs is invited annually to each group to present updates around the Child and Family Service Plan, Child and Family Service Review, and Family First Prevention Services Act.  This allows that group to provide feedback to the Department on areas outside of the groups traditional scope and helps them better align their own initiatives.

Memorandums of Understanding are in place with two agencies in Tennessee that received with the Regional Partnership Grants (RPG) from the Administration for Children and Families.  Helen Ross

McNabb Agency received a grant to be used at their Great Starts program, an in-patient substance abuse facility in Knoxville for mothers with children, where the children can often stay with the mothers while they receive treatment. Part of the grant money will be used to create Plans of Safe Care for all families served at Great Starts. Helen Ross McNabb uses Safe Families to provide respite care for children who cannot be with their mothers at the Great Starts facility. The Knox DCS Resource Linkage Coordinator has their Site Director on the Community Advisory Board and the Knoxville Safe Families office applied for and received pandemic money from the Governor's Office. Helen Ross McNabb and DCS East and Knox regional Office of Child Safety staff are working on additional partnerships. Great Starts serves the Smoky Mountain, East Tennessee, and Knox County Regions.  There are two other similar programs to Great Starts in Tennessee that serve Nashville and Memphis.

Community Based Child Abuse Prevention (CBCAP) Advisory Board continues to function under the Division of Federal Programs.  The quarterly agenda includes an item for updates on CFSP/APSR, CFSR results and PIP strategies, and the Statewide Assessments.  There is one member with lived experience who is given opportunity to provide feedback and consult with DCS and other board members on the status of goals and objectives.

**Continued Efforts during the 2025-2029 CFSP**
The table below shows how DCS will continue to engage multiple Partners in consultation in the provision of the CFSP/APSR goals and objectives and the frequency of each method.

| Stakeholder | Consultation Method | Frequency |
|---|---|---|
| Juvenile Courts | Child Protection Investigation Teams (CPIT), Joint Planning, CFSP Advisory Board | Ongoing, Quarterly, annually |
| Community Action Boards and Intercommunity agency meetings | Community Resource Meetings | Monthly at least quarterly |
| 52-Child Advocacy Centers | CBCAP grantee meetings, Joint Planning, Child Abuse Awareness Campaigns | Quarterly, annually |
| Citizens Review Panels | Hamilton, Montgomery, Shelby, and Northwest Region Panel Meetings, Joint Planning | Annually |
| Court Improvement Program of the Administrative Offices of the Courts | Tennessee has three employees that participate: General Counsel; Deputy General Counsel; Director of Federal Programs | Ongoing |
| Administrative Office of The Court | Court Improvement Projects, Joint Planning | Ongoing |

Partners unable to attend meetings, meeting minutes will be  shared with the group.  Often presentation material is also shared if those meetings included training or updates.  Most groups check in periodically with participants to ensure that the meeting day/time is still working for them. For instance, at the end of each calendar year the Division of Federal Programs reaches out to the QA/QI Team to update attendee lists and ensure that the day and time for the meetings are still the

best for most participants.  If changes are needed those are made prior to the new meeting appointments for the year are sent.

DCS will continue efforts to engage two Eastern Band of Cherokee Indians Tribal members and will invite them consistently to the CFSP Advisory Council and Joint Planning but at this point they have not attended. A challenge has been turnover in the point person and keeping the communication to get those updates.  In addition, since DCS children/youth are less that 1% of tribal affiliation there does not seem to be too much interest in them wanting to participate except on a case-by-case basis.

## Partner Perspective

### Parent with lived experience Feedback
Stakeholder Feedback Received 2/3/23 during the Community Based Child Abuse Prevention (CBCAP) Advisory Board meeting from the one board member with lived experience.

How do we work together to meet the needs of children, youth, and families who are involved in child welfare services?
**Strength:** facilitate trainings, provide support

How do you know what the needs for children, youth, and families are?  Examples, data/reports, statewide/regional meetings, etc.
**Strength:** Meeting in person with families, use annual reports

As we look to identify needs of children, youth, and families, how can we be mindful of the needs of minority populations and underserved communities?
**Limitation:** Partner with other organizations to help access resources in underserved communities. Need more literacy programs for families.

What gets in the way (administrative barriers) of addressing the needs of children, youth, and families?
**Limitation:** It takes more than just a parent to raise healthy families.  Lack of volunteers to advocate and need to do more with current volunteers to raise resources. New parent mentor program needs more collaboration with volunteers.  Davidson County has a lot of volunteers but there is a challenge to recruit in the rural areas.

### Provider Focus Group Feedback
Facilitated on 4/25/23 with seventeen (17) Providers across the state through a virtual platform.

**Strengths**
- Describe various opportunities to meet with other child welfare service providers to discuss and create solutions.
- Mutual grants enhance collaboration on various projects.
- Safe babies court teams involve collaboration.

- MAC Multi Agency Collaboration - It is extremely helpful as they have providers from every area, not territorial. Everyone on the team jumping in to meet the needs, such as connecting families to services (housing, insurance, etc.) to meet needs faster. Through this process DCS does good assessment of needs and connecting to appropriate resources. Get better buy-in from families and families tend to be more cooperative than families who chose not to participate.
- Regional meetings hosted by DCS is an opportunity to learn more about other providers and services.
- Collaboration of DCS with TennCare to fill service gaps for FFPSA.
- The Utilization Review process is another resource to learn about resources. Spearheaded residential services and learned a lot about other providers and collaborated. Significant impact on moving kids through to permanency.

What are the primary ways that your agency engages with DCS to plan and meet the needs of children, youth, and families?
- Reached out to DCS and offered tours of facility. Many state folks came, shared strengths and weaknesses and what they need to serve kids. Meeting on a consistent basis.
- A lot of support from state office on what they're trying to accomplish with kids. Welcoming DCS feedback. Takes feedback to improve.
- Quarterly treatment plans, monthly contact, professional meetings, building relationships with our frontline staff, monthly updates, advocating for families together.
- CQI meetings, Grand Regional Meetings, Child and Family Team Meetings, TN Alliance for Children and Families, TN Council on Children and Youth.

Are there any CFSR reviewer partners that have shadowed?  Has this been good experience?
*One provider Staff from Centerstone a CFSR certified reviewer Response*
Absolutely. One of the most positive experiences.
What made it a positive experience?
- It is looking at cases through different lens. In this job folks get tunnel vision and set on how they want it to go. Get different perspectives, some skills and knowledge to take back and share with other people. And to be able to think of thinks objectively vs subjectively has been one of the greatest aspects.
- There's a commitment to it. Work seems heavy but they get true collaboration, teaming to complete the process.

Do providers feel like DCS engages partners in larger planning processes?
- DCS consistently reaches out to have somebody from the agency to attend planning meetings as a stakeholder.

**Limitations**
Do providers feel like DCS engages partners in larger planning processes? Do partners know what strategic plan is? Are partners included in updates of goals and objectives?
- Information is second hand or has already been decided and starting behind the ball to get services implemented without provider's input.
Are you familiar with Tennessee's state plan?  If so, describe your agency's involvement, if any.
- Planning meetings are often broad, and you can't tell which sector someone works in.
- Not familiar with the plan.

Thinking about all of the Child Welfare system partners, are there any groups or service area that is not represented that should be?

- Early intervention
- Childcare providers and schools
- Early child mental health
- Relative care givers

## Item 32: Coordination of CFSP Services With Other Federal Programs
**Continued Efforts during the 2025-2029 CFSP:**

Through an innovative approach to helping the Department improve recruitment and retention of front-line staff and create solutions for placement issues, the Governor developed Unified Command in September 2022.  Unified Command is led by the Chief of Staff for DCS.  Unified Command requires certain state agencies meet frequently to support DCS.  Partnerships with the Tennessee Department of Human Resources (TDOHR) during Unified Command helped alleviate some of the barriers that were causing delays in hiring and allowed the Department to onboard employees quicker and expand recruitment methods.  TDOHR also played a significant role in helping the Department raise the starting pay for Case Manager 1 to $50,600 per year.

Through Unified Command, the Department was able to partner with the Department of Intellectual and Developmental Disabilities (TDIDD).  TDIDD was able to open up an additional group home that would service dual diagnosis youth that are a challenge to secure placement.  The Department and TDIDD also partnered to streamline barriers to referring youth that will need DIDD services after reaching age 18 years old.

Another example of Unified Command successes includes a partnership with the Department of General Services (TDGS).  This partnership allowed the Department to speed up the process from contracting with TDGS Central Purchasing Office (CPO).  This allowed DCS to move a Request for Proposals (RFP) to contract some case management services out to a provider up to a priority.  This helped that RFP to be posted about three-months earlier than it would have normally taken.

Other state agencies meeting with the Department and offering support through Unified Command include the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS); Tennessee Department of Education (TDOE); Tennessee Department of Health (TDOH); Tennessee Department of Corrections (TDOC); and Tennessee Department of Finance and Administration (TDF&A).

The Department continues to have ongoing partnership with other state agencies that work with the same population as listed in the table below.  The Department and the Tennessee Department of Human Services (TDHS), that oversees Day Care Licensing and Day Care Assistance, worked closely during 2022 on a new project that would allow more foster youth, as well as relative caregivers to access free day care services.  The Department and TDHS also partnered to use additional pandemic funding to provide six months of day care to certain families that were receiving in home services. Through this partnership the Department identified the families and paid for the day care services. However, TDHS processed the applications, made referrals, and managed the day care services.

The Department worked with numerous HUD programs across the state to ensure that youth receiving extension of foster care or LifeSet services for those exiting care have access to housing.

The Resource Linkage Coordinators in the twelve regions also partner on an ongoing basis with HUD to assist families that come to the attention of the Departments.

TennCare partners with the Department on a daily basis. As the Medicaid administrator for the state, TennCare and DCS meet on an ongoing basis to discuss needs and brainstorm possible solutions. TennCare has a team that is assigned to only work DCS cases including a point person that serves on numerous DCS committees and board, such as the Community-Based Child Abuse Prevention Advisory Board.

In accordance with Tennessee Code Annotated 33-1-312, DCS, along with the Department of Mental Health and Substance Abuse Services, the Department of Human Services, the Department of Health and the Bureau of TennCare, actively seeks and applies for federal, private or other available funds and actively directs available state funds for the development of recovery programs for Tennessee residents who are pregnant or are women with children to assist those residents by providing substance-abuse disorder treatment and wrap-around services to support life skills development in outpatient treatment facilities, in residential treatment facilities or through home visitation programs.

**HomeBuilders Intensive In-Home Services**
Tennessee Department of Mental Health and Substance Abuse Services was the agency who received the second RPG. TDMHSAS in collaboration with Centerstone currently provides Home Ties in home services within the Department's South Central Region. Through this RPG they are transitioning to the HomeBuilders Intensive In Home Services model. The Department is working with TDMHSAS and Centerstone to fund training for the HomeBuilders model out of FFPSA Transition Act. However, the bulk of the actual services for families will be paid by the RPG. This will be the first HomeBuilders site up in Tennessee. However, the state is currently actively recruiting providers to serve other regions. Those providers will be paid through FFPSA IV-E prevention funds.

**Multi-Agency Collaboration (MAC) Approach Oversight**
The mission and vision of each state agency has been further promoted and achieved because of the relationships through this approach. The Steering Committee for this approach continues to be comprised of high-level management from Department of Intellectual and Developmental Disabilities, Department of Education, Department of Health, Department of Human Services, Department of Children's Services, Department of Workforce and Labor Development, Division of TennCare, MCOs that are contracted by TennCare, and Community Partners (service providers, community mental health organizations, alcohol and drug treatment centers). Please Service Array Section for results.

**Memorandum of Understanding Agreements**
The Department maintains Memorandum of Understanding (MOU) agreements with Department of Human Services, Department of Corrections, Department of Mental Health and Substance Abuse, TN Bureau of Investigation, and Social Security Administration to share information and data between agencies to support children and families receiving services and referral for services. These agreements allow the Department to streamline services across the state. For example, when a child comes into state custody the Department's Maximization Specialists are able to access information from the TDHS system to determine IV-E eligibility. Also, the Department can use the

TBI database to review criminal background checks prior to making relative placements.  Having MOUs for these systems prevents county or regional access issues.

**Coordination Efforts with Other Federal Programs**
The table below outlines Tennessee's coordination efforts and frequency with each federal program partner to ensure that DCS services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

| Federal Programs | Coordination Efforts | Frequency |
|---|---|---|
| Department of Mental Health and Substance Abuse | HomeBuilders Intensive In Home Services Program in South Central Region, Safe Baby Court, CFSP Advisory Board Member, Joint Planning, Regional Partnership Grant Advisory/Implementation Board Meetings, licensure for level 3 and 4 placements, FFPSA Workgroup/QA/QI Call, CBCAP Advisory Board; grant funding for community mental health services accessible to families. | quarterly, annually, and ongoing, twice monthly |
| TennCare | CBCAP Advisory Member, Joint Planning. Partner with 12/12 regions to provide medical, dental and mental health provider network, DCS liaison team dedicated to work just with TennCare to ensure timeliness of services and appeals.  Targeted Case Management services billing. FFPSA Workgroup; Joint Planning | Weekly, quarterly, monthly |
| Department of Human Services | Joint Planning, CFSP Advisory Board Member. DHS coordinates the child only grants which many of our relative caregivers qualify for, day care vouchers, in-home cases day care determinations, TANF and DHS prioritizes our cases, child support. FFPSA Workgroup, CBCAP Advisory Board | Annually, monthly, quarterly, and ongoing |
| Department of Health | DCS refers clients to DOH grantees for services, co-funder with CBCAP funded providers, Joint Planning, CFSP Advisory Board, CBCAP Advisory Board, | Two times monthly and quarterly, annually |

| | FFPSA Workgroup | |
|---|---|---|
| Department of Intellectual Developmental Disabilities | Partnership for shared homes and there is a process in place for young adults for when they turn 18 to receive services through<br><br>DIDD. Opened a new group home for under 18 with complex medical conditions hard to place and safely discharge from hospitals. | Ongoing |
| Department of Human Resources | Racial Justice Workgroup Policy Reform Subgroup/Determines compensation planning and job specifications for DCS positions | Annually |
| Department of Corrections | Partners for security and training at Wilder Youth Development Center | Ongoing |
| Department of Education | CBCAP Advisory Board, FFPSA Workgroup | Monthly, quarterly |
| TN Council on Children and Youth | CBCAP Advisory Board, CFSP Advisory Council, Joint Planning | Quarterly, annually |
| TN Bureau of Investigations | Child Protective Services Staff Academy Pre-Service Training. fingerprinting, background checks for potential placements with relatives. Consultant to build human trafficking team for children and youth providing specialized training to the staff who will carry only human trafficking cases. | Ongoing |
| Housing and Urban Development | coordinates and partners with Independent Living to assist families with FUP vouchers for housing, 12/12 Resource linkage helping families in need of affordable housing. | Ongoing |

## Stakeholder Experience

Stakeholder Feedback Received on 2/3/23 and 5/12/23 during the Community Based Child Abuse Prevention (CBCAP) Advisory Board meetings from federal program agency board members.

How do we work together to meet the needs of children, youth, and families who are involved in child welfare services?

**TN Care Feedback:** Meet regularly on ICPC cases before child/youth moves out of state to ensure health and dental care is coordinated. Round reviews - Meet two times a month on complex cases with DCS medical staff to remove health and mental health barriers. Work well together on medical fragile cases (10 to 20 cases) and non-custodial cases when there are health advocacy needs.
**TN Department of Health Feedback:** Collaboration and support DOH can give DCS in implementing FFPSA services based on knowledge of geographical areas in greatest need.
**TN Department of Mental Health and Substance Abuse Feedback:** Collaboration on grant funds for Homebuilders Services.
**TN Department of Human Services Feedback:** Supporting DCS families and children/youth with childcare assistance and working together to ensure there are slots available. Ensuring DCS families and children receive priority assistance from DHS.

How do you know what the needs for children, youth, and families are? Examples, data/reports, statewide/regional meetings, etc.
**TN Care Feedback:** Receive quarterly reports from DCS on EPSD&T eligibility. DCS does well getting us information and we always feel up to date.
**TN Department of Health Feedback:** Sharing information at state agency meetings, posting information where it is easily accessible.

As we look to identify needs of children, youth, and families, how are we mindful of the needs of minority populations and underserved communities?
**TN Care Feedback:** There is a need for more caseworkers and therapists who speak more than one language. Most information is already translated in Spanish but need other language translations. Challenges with provider network (when providers retire or stop taking new patients). 44% of the network either had one provider in the area or were not taking new patients). Challenges with dental providers across the state. TN Care works to raise awareness with the need to the providers and circulates across DCS regions on dental resources to make sure DCS children and youth are a priority. It was identified in the CFSP strategy development workgroup that waitlist for community based mental health is continuing and sessions are reducing to 30 minutes due to shortage of therapists. A root cause is when therapist complete their licensure process they leave for opportunities for better pay. TN Care is also currently working with community based mental health providers to support therapist retention by negotiating higher payment rates. TN Care appreciates the relationship with DCS and letting them know where and when there are issues.
**TN Department of Health Feedback:** Has good understanding of where there are gaps in underserved communities for in-home services that is shared with DCS.

What gets in the way (administrative barriers) of addressing the needs of children, youth, and families?
**Feedback from all departments represented:** Budget constraints, legislation, federal regulations, rates determined for Case Management Services.

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

Tennessee is in the planning stages of revamping its foster parent recruitment and retention process in partnership with The Contingent consultants to launch the initiative ***Every Child TN***. Every Child strives to increase the recruitment and retention of families who are willing to open their home to children in crisis. The strategy invites people to contribute to the need in their community by supplying tangible goods or services, volunteering, or caring for a child. By providing simple ways to engage, community members who likely never would have become foster parents are now interacting with child welfare in meaningful ways.

The Contingent is a venture non-profit focused on holding initiatives to empower leaders and mobilize communities for the common good.  This is done with a commitment to using smart digital strategies combined with empathetic relationships formed through a commitment to equity. Strategies are developed in collaboration with those experiencing the problems who are best to design the solutions—listening before creating.

**2025-2029 CFSP Improvement Strategies**
**Recruitment Phase**
The Contingent is completing a gap analysis comparing our current foster home population to our population of children in care to identify the biggest area of need. Once the analysis is completed targeted recruitment will occur in those areas 3-5 at a time.  Recruitment efforts will continue statewide but putting more focus on the higher level of need. The gap analysis is scheduled to be completed later in summer 2024. The expectation is this will include concentration in recruiting culturally diverse homes who more closely resemble the population being served.

Once the gap analysis is complete, The Contingent will engage a group of foster parents who are more successful in Tennessee and create a marketing prototype to steer marketing towards individuals who would be likely to successfully foster.

**Strategies to reach out to all communities:**
Engage the church to help serve in a variety of capacities.  The Governor's Office of Faith Based and Community Initiatives is partnering with an organization called Promise 686 which will train churches on how to do wrap services for foster families. Promise 686 also has accompanying software that will help organize the work and make serving easy for congregations to get involved. Additionally, there is a partnership with Care Portal that will allow social workers to post needs for families or children in the community which can be met by anyone, including the faith community. This is mostly geared towards tangible goods like beds, food, medical needs, etc.
The Every Child TN webpage will also house an area for organized volunteerism to connect people where they can help.  Volunteer efforts are focused on all four of the priorities.
Tennessee Kids Belong assists the agency by also engaging the church and helping recruit for adoptive families.  They support wrap teams statewide and create videos highlighting children in full guardianship so they can tell their story.  The videos are used for recruitment through webpages.
Regional staff and providers are continuing to recruit using methods outlined in the Foster Parent Recruitment Target Plan Appendix A. In FY 2023 DCS recruited 571 new approved foster homes. This does not include providers.

**Methods of disseminating information about being a foster parent:**
Focused marketing with clear intent through The Contingent
Through faith communities with the help of the Governor's office
Web page adjustments
Partnering with providers to recruit together
Sharing new kinship guidelines
Customer service team with Every Child TN
Equitable fee structure
Timely recruitment of adoptive homes: AUK


**Recruitment Strategies to Support Retention**
**Establish Readiness**
During the 2025-2029 CFSP Tennessee plans to develop a process that will establish if a person is ready to move forward with becoming a foster parent.  Research shows it takes 12 touch points about fostering before a person will move forward with foster parenting training.

**Establish Opportunities to Reconnect**
Drip messaging will be established through Contingent marketing. A Drip Campaign, whether sent via email or text marketing, is a time-released set of automated communications. These messages are cued by specific triggers, from click-throughs and sign-ups to a series of messages sent out according to a scheduled calendar.

**Foster Parent Training**
Current foster parent training curriculum is four years old. An assessment of training and its effectiveness will be completed to determine if any modifications are needed.

**Specialized Foster Homes**
DCS plans to recruit eight-five (85) Specialized Foster Homes for high needs children/youth or medically fragile through a provider agency.  This will provide an opportunity to place high need kids coming into custody or stepping down out of provider placement. These foster parents will be professionally paid so they do not have to work and can dedicate their time fully on the needs of the children and youth residing in their home.

**Strategies for assuring that all prospective foster/ adoptive parents have access to agencies that license/approve foster/adoptive parents, including location and hours of services so that the agencies can be accessed by all members of the community.** Tennessee plans to redesign foster parent information on the TN internet webpage in FY 2025 and will include links to all agencies that license and approve foster/adoptive parents available to the public in the redesign.

**Strategies for dealing with linguistic barriers.** Tennessee utilizes interpreter services when needed. In addition, recruitment efforts include identifying families that have at least one parent that speaks other languages. Foster parents can complete an accommodations form used to identify needs that includes linguistic services. Every Child TN recruitment tool is available in other languages as well.

**Procedures for a timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided that such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.** Tennessee recruiting efforts includes targeting foster parents culturally similar to children and youth in each region based on the demographic needs assessment identified in the recruitment and retention plan. In addition, Tennessee utilizes Adopt Us kids and other virtual platforms that includes videos of children and youth. Adoptive foster parents are Identified within a pool of current foster parents and DCS continually works on increasing the pool of diverse foster parents. Most children are adopted by the foster parents they are placed with.

**External Assessment Services**
This will be available to any foster home who needs intensive services for the children or youth placed with them to ensure the placement can remain stable.  DCS will pay for any level of service the child or youth needs at the request of the foster parents.

**Identify Root causes of reduction in Foster Parent Supply**
- Conduct a contributing factor analysis to determine why more white people are applying then individuals of other races/ ethnicity.
- Leverage relationships through GFBCI to have conversations with leaders of churches who represent other populations to find out what it would take to increase foster parent interest from people who represent other populations.
- Suspended Admissions- adjustments are being piloted currently for foster homes on suspended admissions. The focus of the pilot is to not put every home on hold just because a case is open, but rather based on the seriousness of the allegations and a follow up assessment of safety in the home.

**Relative and Kinship Foster Home Improvement Process**
In March 2024 Tennessee revised the process for relatives and kin to become an approved foster home in order to make it more desirable and in turn improve the number of children placed with relatives.   This is supported by policy 16.20 which gives guidance to DCS staff on how to follow the new process. https://files.dcs.tn.gov/policies/chap16/16.20.pdf

**RELATIVE AND KINSHIP**
**Before & After Comparison**
**FOSTER HOMES**

| BEFORE | AFTER |
|--------|-------|
| Expedited Home Study<br>* Includes one visit prior to placement | Relative Home Study<br>* Includes one visit prior to placement |
| Pre-Service Training | Post Approval Individualized Optional Training Plan |
| Home Study<br>*Includes three visits with a home study writer | Not Required<br>*providing a cost savings of over 400,000 annually |
| Medical Evaluation | Not Required |
| Background Checks | Background Checks |
| IVE Match<br>*120 days or more after placement | IVE Match<br>*As soon as home study and background checks are complete |
| Board Rate<br>*Reduced board rate until fully approved | Board Rate<br>*If all board rate could begin as soon as the first day of placement |
| Paperwork for Parent<br>*17 forms that kinship parent signs | Paperwork for Parent<br>*Reduction to 6 forms that kinship parent signs |

TN Department of Children's Services

## Foster Parent Recruitment and Support Strategy Development Workgroup Discussion:

The Foster Parent Recruitment Workgroup reconvened with the same members from the statewide assessment Foster Parent Workgroup last year.  The feedback remained the same with very little updates.  Overall, they noted improvements are still needed in recruitment and retention and are supportive of the initiative with the Contingent.  The providers continued to report feeling standards are equitable in the approval process. Licensing process and background check process continue to be strong processes with no recommendations for changes.

## Provider Feedback on Recruitment Strategies
## Strengths

- A lot of events setting up booths and tables. Tap into events across the state as often as we can.  Focus recruiting families that are open to LGBTQ population of kids.  Attend different churches to try to recruit families that are open to having kids of different religions.  Providers feel they do a good job on recruitment efforts.
- Providers reported doing a lot of strategic planning around recruiting. One main factor that brings in a lot of inquiries for foster parents is outdoor advertisement such as placing yard signs strategically in those areas where there is an increase in custody numbers.  The best outcome for children is to try to give the child a sense of familiarity. So, staying in the same school system, the same neighborhood could potentially help with reunification as well as stabilization.  Providers stated they investigate what events are taking place in those same areas, set up booths, or talk to the community leaders.  Informational presentations during classes or local churches in these same areas.
- Review custody data including race, ethnicity, and any kind of cultural needs (special needs and medical needs, etc.) in specific areas.  It helps with developing the strategic plan. A deeper review into the data identifying the LGBTQ community, or youth that have specific needs and pinpoint events that may be directed towards that population.  It begins as an overall recruitment but gets drilled down to the needs of the child.

- From a stability standpoint providers reported following the plan in place to make the first placement the best placement. Providers are seeing some improvement and continue to focus on improving to get more specific matches for the youth that are coming in the custody.

**Challenges and Areas Needing Improvement**
- Getting families to finish the licensing and training process and take the therapeutic kids with tough behaviors.
- The number of homes on suspended admission is high. When a home is on suspended admissions it involves an investigation by the investigator. Depending on if it meets the criteria, it goes through the Foster Home Quality Team and then a decision is made. Most investigations do end up going through the Foster Home Quality Team. It can take a while especially if there's staff shortages and delays in foster parents completing FHQT recommendations.
- To maintain objectivity, the foster home review process is conducted by the CQI team, not the Foster Home Division. It was discussed, however, that, by including a representative from the provider in discussions, additional insight could be gained, and the investigation could be expediated.

**Foster Home Safety Planning**

**Strength**

Providers report a strength with not a lot of interaction with the Foster Care Quality Team. But a helpful process if safety issues do need to be addressed. Typically, providers do a pretty good job of trying to get onboard at the beginning and do safety planning, or retraining when things come up that might be lacking in the process before it reaches investigation status.

This table shows that .3% of Tennessee children in foster care were maltreated in FFY 2021. Definition: Measure 2.1: "Of all children who were in foster care during the year, what percentage were the subject of substantiated or indicated maltreatment by a foster parent or facility staff?" Reduce the Incidence of Child Abuse and/or Neglect in Foster Care (NCANDS and AFCARS Foster Care File)

| 2.1 Maltreatment in Foster Care | 2019 | 2020 | 2021 |
|---|---|---|---|
| Children malteated while in foster care | 0.17 | 0.29 | 0.30 |
| Children not maltreated while in foster care | 99.83 | 99.71 | 99.70 |
| Number | 14,371 | 14,674 | 14,588 |

Source: ACF Child Welfare Outcomes Data: **https://cwoutcomes.acf.hhs.gov/cwodatasite/methodology**

The table below from the CFSR Data Indicators Supplemental Context shows that in 2021 foster parents and group home staff represented about 4.3% of all maltreatment in care.

| Victims counts and percents by perpetrator relationship - 2021 | | |
|---|---|---|
| *Perpetrator relationship type* | *Victims* | *% of total victims* |
| **Total** | **255** | **100.0%** |
| Father only | 24 | 9.4% |
| Mother only | 11 | 4.3% |

| | | |
|---|---|---|
| Two parents of known sex | 24 | 9.4% |
| Multiple perpetrators with at least one parent | 31 | 12.2% |
| Unmarried partner of parent | 1 | 0.4% |
| Legal guardian | 2 | 0.8% |
| Other relative (non foster parent) | 25 | 9.8% |
| Relative foster parent | 19 | 7.5% |
| Nonrelative foster parent | 0 | 0.0% |
| ==Foster parent, relationship unknown or unspecified== | ==0== | ==0.0%== |
| ==Group home or residential facility staff== | ==11== | ==4.3%== |
| Child daycare provider | 0 | 0.0% |
| Other professionals | 2 | 0.8% |
| Friends or neighbors | 15 | 5.9% |
| More than one category of nonparental perpetrator | 10 | 3.9% |
| Other | 79 | 31.0% |
| Unknown or missing | 1 | 0.4% |

Source: Tennessee – Supplemental Context Data – February 2024.xlsx, prepared by the federal Children's Bureau.

**Childcare Institution Rules and Licensing Standards Process**

Issuance of a license is contingent upon 100% compliance with all licensing rules, regulations and statutes applicable to a particular agency or facility; therefore, any findings identified during the course of our reviews must be addressed through corrective action before a license is issued. During FY 2024, all (100%) licenses remained in good standing.

The table below lists the type of license The Department of Children's Services regulates a brief description and the link to the standard for each type of childcare institution license:

| Type of License: | Link to Licensing Standards: |
|---|---|
| Child Placing Agencies<br>http://publications.tnsosfiles.com/rules/0250/0250-04/0250-04-09.pdf | Residential Care, Foster Care and Adoptions |
| Family Boarding Homes<br>http://publications.tnsosfiles.com/rules/0250/0250-04/0250-04-02.pdf | Residential Care serving 1-6 children/youth |
| Group Care Homes<br>http://publications.tnsosfiles.com/rules/0250/0250-04/0250-04-02.pdf | Residential Care serving 7-12 children/youth |
| Residential Child Care Agencies<br>http://publications.tnsosfiles.com/rules/0250/0250-04/0250-04-05.pdf | Residential Care serving in excess of 12 children/youth |
| Maternity Homes<br>http://publications.tnsosfiles.com/rules/0250/0250-04/0250-04-07.pdf | Residential Care serving 2 or more pregnant clients |
| Juvenile Detention Centers | Hardware secure temporary residential care |

| | |
|---|---|
| http://publications.tnsosfiles.com/rules/0250/0250-04/0250-04-08.20170615.pdf | |
| Temporary Holding Resources    Hardware secure/non-secure temporary residential care<br>http://www.state.tn.us/sos/rules/1400/1400-02.pdf | |
| Child Abuse Prevention Agencies   Educational programs and other abuse-prevention services<br>http://publications.tnsosfiles.com/rules/0250/0250-04/0250-04-11.pdf | |
| Runaway Houses                    Temporary/emergency non-secure residential care<br>http://publications.tnsosfiles.com/rules/0250/0250-04/0250-04-10.pdf | |

The DCS Office of Child Welfare Licensing conducts an annual licensing evaluation to ensure compliance with statute and with state licensing rules and regulations. In addition to the annual evaluation, the DCS Office of Child Welfare Licensing conducts a minimum of one unannounced visit annually to all DCS-licensed programs: and a minimum of two unannounced visits to programs providing direct care to children and youth. To make sure all agencies have the requisite number of visits each year, an internal peer review process was put into place earlier this year and prior to that the QA division did an external file review on files each quarter. These processes are designed to ensure that 100% of required information is in each file.

All rules and regulations are minimum standards applied uniformly across each licensing category, regardless of any contractual affiliation with the department. State licensing rules and regulations are reviewed, revised and promulgated every four years through a committee of partners, advocates and other appropriate persons appointed by the regulatory authority's Commissioner, and are subject to public hearings and legislative review.


# Partner Experience:
**Foster Parent Perspective**
Foster Parent Survey Results from April 29, 2023, Spring Conference.  Results from seventy-two (72) DCS and Contract Agency foster parents.

Survey Question: In your experience, are the initial and on-going foster home approval processes sufficient to support the safety of children/youth while placed in the home?
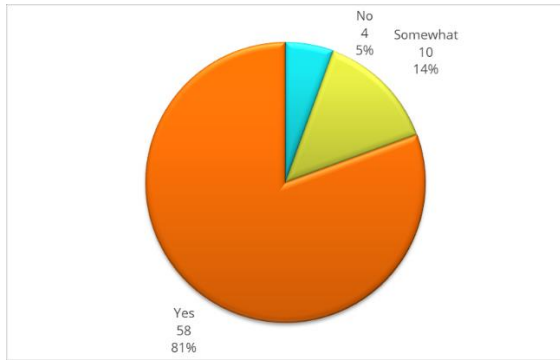
Survey Question: Based on your experience, does the agency recruit and/or retain a sufficient number of foster parents that match the unique characteristics of the children/youth in foster care? (Including race/ethnicity, LGBTQ, children with disabilities, older youth, etc.)
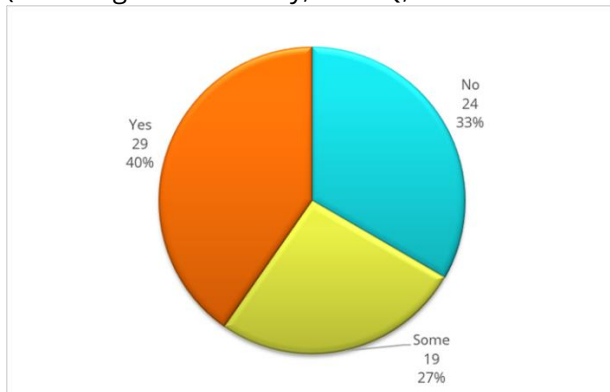


Need more foster homes for teens, who are more trauma informed on how to deal with severe behaviors.
Need more foster homes with families of color.
Need more homes for LGBTQ+ children and youth.
Caseworker turnover and shortage of staff has been a barrier to retention due to the lack of support especially for new foster parents and foster parents who foster children with severe behaviors and trauma.
Need more recruitment strategies in churches and community organizations.

## Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

On March 15, 2024, the TN ICPC office shared a memo with all ICPC member jurisdictions to notify them that Tennessee adopted kin-specific licensing standards through Policy 16.20. That policy provides guidelines to ensure identified relatives and kin are equipped to provide care and meet the minimum guidelines to become a foster parent. This policy is also applicable to relatives and kin who are prospective placement resources for children under the **Interstate Compact on the Placement of Children**.

Several efforts have been made to improve the processes and timeliness of home studies requested by other states. The Safe and Timely Interstate Placement of Foster Children Act of 2006 requires

states to complete a home study and provide a written report to the sending state within 60 calendar days of receiving a placement request. If the placement decision (approval or denial) is not given within 60 days; the state must provide a written status update every thirty (30) days until a decision is issued. In March 2024 the TN ICPC team began using uniform messaging when assigning ICPC home study requests.  Information is shared with the caseworker/receiving state regarding due dates and the need for a preliminary home study report if the home study is not completed by the deadline.

In 2023 and 2024 Safe Measures added data tracking mechanisms for ICPC cases.  Since January 2024, every Monday the TN ICPC Director sends a list of home studies that are due that week to the ICPC team.  The ICPC team in turn requests an update to the home study from the caseworker/state who is assigned the home study.

The integration of the National Electronic Interstate Compact Exchange (NEICE) into the TFACTS clearinghouse system was fully implemented throughout this review period.

In response to those efforts, TN is making progress in completion of incoming ICPC requests.  In 2023 the timely completion rate was 30% and to date in 2024 the timely completion rate is at 65%. The data trend is moving in the right direction.  With the improvements we continue to make this year, we anticipate the data trend to continue.


**2025-2029 CFSP Strategies:**
The TN ICPC team added 1 Program Coordinator position in February 2024.  This additional team member supports specialized ICPC processes (private/independent adoptions and Court jurisdiction only requests) and provides supervision to 1 Program Specialist who processes residential treatment requests.  The TN ICPC team is also fully staffed which allows cases to be processed timely and increases timely communication.

On November 27, 2023, the U.S. Administration for Children and Families (ACF)  **Separate Licensing or Approval Standards for Relative or Kinship Foster Family Homes** final rule went into effect.  That rule explicitly gives all Title IV-E child welfare agencies the option to use kin-specific foster care licensing or approval standards. This change allows more children to be cared for by those they know and love and be financially supported.  Tennessee adopted kin-specific licensing standards March 2024.  Policy 16.20  provides guidelines to ensure identified relatives and kin are equipped to provide care and meet the minimum guidelines to become a foster parent.  This policy is also applicable to relatives and kin who are prospective placement resources for children under the **Interstate Compact on the Placement of Children**.  Tennessee uses the broad definition of the term "kin" to be inclusive of all "individuals related to a child by blood, marriage, tribal custom and/or adoption and other individuals who have an emotionally significant relationship with the child or the child's parents or other family members".  We anticipate this new process will minimize the processing time for children awaiting permanency and look forward to sharing that data with CFSR next review cycle.

The Protocol for ICPC and Unique Care Agreements was updated effective April 2024 to give additional clarity and guidance to regional staff when an out of state placement involves

circumstances in which a higher level of supervision and support may be necessary due to the therapeutic/medical needs of the child.

The Family First Act of 2018 requires that all states join the national electronic interstate system for processing ICPC cases by 2027; NEICE is the only system meeting this description.  TN DCS joined in December 2022.  Forty-four (44) jurisdictions are fully implemented and 5 more have signed MOUs. The TN ICPC office has found that NEICE reduces paperwork and contributes to faster turnaround times.  Our first round of data since implementation shows an increase in timely completion of home studies to 65%.

Tennessee and Missouri had three (3) meetings to create a new border agreement.  The draft was completed, and feedback has been requested.

**Challenges**

Challenges exist with delays for the timely response from internal home study writers and other states home study writers.  Depending upon the circumstances (foster parents' timely completion of tasks, fingerprinting, Adam Walsh checks, etc.), it may take longer for states to be able to make a final decision about whether to approve placement.  We plan to track data with the implementation of the updates to policy 16.20 to determine if that reduces barriers to timely placement decisions.

The integration of the National Electronic Interstate Compact Exchange (NEICE) into the TFACTS clearinghouse system has created some challenges of transmissions of requests due to technical difficulties. All NCH 1.0 states (Idaho, Indiana, Kentucky, Maine, Minnesota, Missouri, North Carolina, Ohio, and West Virginia) have been meeting monthly to work together towards successful conversions.  As of date 7 out of 9 states have converted to 2.0.  Converting to 2.0 will help bring all states closer to a standardized use of NEICE by adding 2.0 data fields for the 100A form.

Data reporting is an issue with the integration of NEICE into TFACTS.  The received date does not automatically populate for outgoing cases so tracking timely completion of home studies is a barrier internally.  This was identified and a workgroup met to develop a remediation for this.  This fix is still pending on the date of this report.  Tetrus/NEICE was able to pull this data for this report.

## Process for using Cross-Jurisdictional Resources for timely Permanency outside the State

Tennessee utilizes the AdoptUSKids (AUK) website to recruit families nationwide or children in full guardianship. All children awaiting permanent placement are registered on AUK through a national photo listing, including the child's photo, video, and profile narrative. Families nationwide can search for children and make inquiries through the AUK system, and Caseworkers can search the national AUK photo listing to match children with families who are approved to adopt from foster care. AUK is an effective recruitment tool for matching and securing permanent placements for children awaiting permanency in Tennessee. The utilization of AUK as a recruitment tool resulted in permanency through adoption for approximately 77 children and youth in SFY 2023.   This was an increase of 24 children from the SFY 2022.

Tennessee currently has Border Agreements with Kentucky, Georgia, Virginia, and Alabama. These Border Agreements allow children to be placed within identified counties during child protective services investigations. These agreements allow for children to remain with these identified individuals either through granting custody, or through utilizing the Interstate Compact for the Placement of Children upon closure of the investigation. Children placed through a Border Agreement remain with the prospective resource and/or custodian during the expedited process.

Since December 16, 2022, ICPC has been utilizing the National Electronic Interstate Compact Enterprise (NEICE) to electronically communicate with 44 other jurisdictions. NEICE allows electronic transmissions of out of state requests and allows for timelier review, assignment, and placement decisions.

To improve the success of interjurisdictional placements through the Interstate Compact on the Placement of Children (ICPC) process, a protocol was established to assist regional staff in making referrals that require the services of private provider agencies by way of a unique care agreement.

Primary and back-up Regional ICPC representatives have been identified in each region to assist with proper planning prior to and during the placement. The identified Regional ICPC Representatives have received training in relation to the Interstate Compact on the Placement of Children, IVE eligibility and obtaining insurance coverage for children once placed.

The position of ICPC Medical Coordinator was created in 2021to support the medical well-being needs of children placed out of state.  Since that time, the role has expanded.  TN ICPC Medical Coordinator receives form CS-1234 from the caseworker to identify needs.  The ICPC medical coordinator attends CFTMs to address medical needs and issuance of insurance which may depend upon the receiving state's policies and procedures.  After assessing out of state needs the ICPC medical coordinator seeks out potential providers in the other states.  This increases the medical and behavioral support of children placed out of state.  Ensuring financial and medical needs are met for children and their prospective families can lessen the possibility of disruptions and provide stabilization to the placement where permanency can be reached.

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

TN ICPC processes an average of eighty-five (85) outgoing requests each month. Over half (50%) of these requests are for placement with identified relatives for permanency.

*ICPC requests for home studies received from other states*

| Year | Incoming Requests | Denied | Approved | Compliant (Met timeframes) | Total Placements | Adoption | Parent/ Relative/Foster |
|------|-------------------|--------|----------|----------------------------|------------------|----------|-------------------------|
| **2023** | 1216 | 172 | 654 | 533 (65%) | 489 | 171 | 318 |

Any child/youth identified to possibly be or is affiliated with a tribe policy 16.24 Children of Native American Heritage which provides guidance to all rules, regulations and laws governing the Indian Child Welfare Act of 1978.

**Process for sending ICPC Home Study Requests to other states**

Primary and back-up Regional ICPC representatives have been identified in each region that have been trained to review and assist regional staff with ensuring all necessary items are addressed and included with the request for an out of state placement. The regional staff enter the request into TFACTS as an ICPC Outgoing Instance and assign the request to an ICPC Administrator for review. All necessary documents are uploaded into the request and once reviewed, the request is submitted to the receiving state. Depending on the receiving state's mode of communication, the request is submitted electronically through NEICE, the Secure Document Portal, or via email. ICPC Administrators oversee requests by assignment of the receiving state. They continue communication with their state counterparts to ensure timely responses to requests.

Though there continues to be some technical difficulties, the implementation of NEICE in December 2022, has assisted with the timelier submission of ICPC requests to other states. Communication through NEICE for additional information or lacking documents can be accomplished through the database for immediate attention.

*ICPC Request for Home Studies to other states*

| Year | Outgoing Requests | Denied | Approved | 60-day Timeframe | Total Placements | Adoption | Parent/ Relative/Foster |
|------|-------------------|--------|----------|------------------|------------------|----------|-------------------------|
| **2023** | 976 | 194 | 531 | 472 (65%) | 325 | 89 | 236 |

## ICPC Home Study Process

Instate placement requests are received via NEICE, the Secure Document Portal, or by email, depending on the sending state's mode of communication. Each request is assigned to a TN ICPC Administrator that oversees the sending state's request. The request is reviewed for completion and if the request is for a home placement, it is assigned to regional staff that have been identified by the Regional Director. Regional staff complete the home evaluation, depending on the type requested, and provide a decision to the assigned ICPC Administrator once the potential resource has met all criteria for placement. The placement decision is entered into TFACTS, and the obtained documents are uploaded within the ICPC Instance. Depending on the sending state's mode of communication, the decision is submitted through NEICE, the Secure Document Portal or via email. Any requests for Residential or Private Adoption placements are reviewed by TN ICPC Administrators and submitted to the appropriate agency.

The TN ICPC office received survey responses from 7 out of 12 regions. We reviewed the feedback below and found trends related to Adam Walsh checks, UCAs/service agreements for children with higher level of care needs and communication.

| a | There really isn't an issue when it is a relative study. There is frustration from other states when delays happen due to the foster classes taking a while. This will likely resolve itself with the kinship home policy. It would be amazing if there was a way to have clearer directions for staff when a contract is needed with an agency for a higher-level needs child. The ones that are often most difficult are the ones we have to deny for a higher level of care request. I believe that it is because we do so few of those where the family or |
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| | the sending state follows through with submitting. The family continues to feel that you are their contact person, and it can be difficult to explain how the process works with an agency setting up their home directly with the sending state.<br><br>The biggest one regarding ICPC outgoing studies is the amount of time it takes for a study to reach the other state once completed.  At times the study seems to sit with for a while before being sent on.<br><br>Overall, it's a positive experience working with our ICPC families. Most express relief that the home study has been received in our state;  as it's been a long process in the sending state.  The team continues to learn the new way to process 16.20's for ICPC families.<br><br>I've mostly had experience with Florida, and they are very disorganized. I think this has to do with privatization, as only their ICPC administrator seems to know what's going on. On one particular ICPC, Florida led this relative to believe that they would receive a board payment to reimburse for youth's care, and the child has been there for a year without the first payment. They also want to proceed with TPR and having the relative adopt; however, they won't ever provide answers regarding the family's ability to receive a subsidy post adoption. They just keep scheduling court dates despite the relative and my asking them to hold off until these questions are answered.<br><br>One of the major concerns I have experienced over the years has been there does not seem to be any expediency on behalf of the sending states for permanency of their children. Once the home study is completed and the child is sent to Tennessee from another state it appears that the case just lingers. |
| **b** | Biggest barriers are fingerprint results being delayed or the family just not having a sense of urgency.<br>It would be amazing if there was a way to have clearer directions for staff when a contract is needed with an agency for a higher-level needs kiddo.<br>Prior to the new 16.20 policy it took a while to get families through training and home study. I am hopeful that they can be turned around more quickly with this new policy.<br>Aside from the time issue the only other barrier would be the length of time it takes for Adam Walsh results to come in or the family taking a while to initiate things or follow through.<br>We would like to request that Adam Walsh checks be completed by the requesting state when the relative or parent has lived there and that these checks are included in the packet request for study.  Many times we get study requests for an Aunt or Uncle that is in TN but lived in the requesting state for a considerable amount of time before coming to TN.  We then have to send an Adam Walsh check request back to that state and incorporate the results as part of our study.  It would make much more sense if that was already part of the packet.  In the case of parental studies, sometimes the request is on the removal parent but there is nothing in the packet showing the parent's history with the requesting states child welfare agency.  While Adam Walsh checks are not required of parental studies, we cannot approve a parent |

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| | without knowing that history.  In which case, we again are sending off for an Adam Walsh check on the parent in the requesting state.  That should be part of the packet to request the study.  Even if it is not the removal parent and the parent lived in that state for a considerable amount of time, we are needing their history as well.<br><br>Sometimes it's a barrier to work through getting families to understand our TN approval process and requirements;  and that they might have been told something different from the sending state.  We have had several ICPC request for where families have moved to TN from sending states and already approved to foster.  Requesting these Adam Walsh checks have been a challenge; it would be helpful if the family has lived in the sending state for the past 5 years to include this background check in the initial paperwork.<br><br>No, Tennessee DCS has their stuff together.<br>As far as barriers to complete the home studies, I have found the only issue has been setting up the initial visit. I have had to make several attempts to reach out to contact prospective custodians to get a day and time to make the initial home visit. This can be frustrating when you are up against time constraints. In one instance, I found the custodian's home number had changed and the new number was not listed on the forms sent to me. I had to reach out to the sending state for additional contact information to reach the party. |
| c | We have historically had more problems communicating and receiving what is needed, in general, from the state of Florida.  No other patterns have been identified. Knox County is a one county region, so there are no geographical issues. FSW is able to make appointments with families relatively quickly.<br>I will usually contact foster/relative studies within a day or two of receiving. I take a little longer on parent studies because I want to have time to read through all of the information thoroughly. The most recent relative study I completed was under the new policy. It took about a month and a half to get it ready to send a response back in. A parent study would take me longer.<br>This one is an isolated incident but has been going on for over a year now.  Response from the FPS staff:  Timeframes are lengthy when sending approved studies on to the requesting state once sent to TN ICPC.  I sent a study to TNICPC on 4/1 and it still is not processed.  It was initially delayed due to a NEICE error where a new case ID was entered.  This went for months before being corrected and the request from FL could be entered but study still not sent on.  The child has been in full guardianship for years and needs permanency.<br>Staff try to contact ICPC families within a week of being assigned the request.   The delay in completion is the family not returning the paperwork timely to start the process.<br><br>Florida due to de-centralization<br>CA and KY incoming cases have lingered for adoption.  In both instances the pre adoptive parents were very frustrated with the process and voiced their displeasure in the lengthy delays. I personally believe there should be a hard and fast rule on how |

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| | long we should supervise a youth and that no youth should have to be supervised for more than six months. |
| **d** | I get calls when entering an ICPC about what to pick for sending a youth to RTC out of state. Clearer options as opposed to "licensure" would be great. It has also been difficult to get documents linked into the ICPC instance when already uploaded to TFACTS. I often have to re-upload so they are a more recent document.<br>I don't really have any comments on this one.<br>If they could incorporate the ability to request AW results through this for ICPC cases it would be phenomenal. With the system as it stands I can look to see if my responses have been submitted to the sending state (or what they may have submitted as well).<br>The last one is not incoming ICPC's rather outgoing.  FPS staff response: Timeframes are long on getting approved studies from other states.  We have a child who has been in full guardianship in TN since April, 2023, ICPC request to NC made in August 2023 for an adoptive home study on the child's foster home.  The home study writer in NC has told the FSW that the study has been completed and she is surprised the region doesn't have it.  Most recent NEICE requests for update from NC have not been answered.<br>Teams are still learning how to pull information out of the NEICE system; it has been a little challenging.<br>Do all staff PRS and caseworkers have access to the same information that the ICPC team has?<br>I am appreciative of the NEICE system now in place. It has expedited the process in submitting home studies. |
| **e** | It would be amazing if there was a way to have clearer directions for staff when a contract is needed with an agency for a higher level needs kiddo.<br>he recent wording on "foster" study requests, while still calling them a 16.20 study was confusing, but this may already be resolved.  It is helpful if the request can simply include if the compact requires (or is requesting) a 16.20 or 16.4 study.<br>It would be nice to have responses when we submit decisions for our studies so we don't have to check back or resend multiple times.<br>I think the biggest issue overall has been the financial/medical plan stating one thing and the family never receives the assistance they were promised from the other state.<br>Sometimes I find out at a visit that he child I am seeing has either been adopted or placed in permanent guardianship the month before. In both instances the caregivers have shown me copies of court orders from the sending states verifying this information. When I contacted ICPC in Nashville and I was informed they were not aware of any court actions in this regard. I have had to make copies of the paperwork and send it to Tennessee ICPC.<br>No response<br>No response |

The information provided was thoughtfully reviewed and is being included in the ICPC manual revisions.

The ICPC Procedures Manual was last updated in 2018.  On 4/10/24 the ICPC manual workgroup met to begin revising the manual and ICPC forms.  Workgroup members include the ICPC Deputy Compact Administrator, ICPC Administrators, ICPC regional representatives, ICPC medical coordinator, legal/ICPC senior associate counsel, home study writers and workers who supervise children placed on ICPC.  The workgroup is meeting monthly as a large group.  Smaller workgroups were formed and meet more often.  One workgroup was tasked with updating the ICPC forms.  The forms were updated, sent to the forms committee for review and approval, and posted on the server.  The manual is expected to be completed by July 2024.  Training is planned for July 23rd, 24th and 30th in each grand region.  An ICPC overview is scheduled to take place virtually on August 22, 2024.

# Plan for Enacting the State's Vision

To support Tennessee's Vision of *Children First!* Three key focus areas were identified by DCS Executive Leadership to improve over the next five years. 1. Prevention, 2. Workforce Investment, 3. Lived Experience Engagement.
**Rationale**
**Prevention -** DCS leadership has identified a need to put more focus on prevention and is in the beginning stages of developing strategies to reduce the number of children/youth entering and/or reentering foster care.
State Map Foster Care Entry Rate for the Counties with the Highest Number of Entries Admissions between October 1, 2022-September 30, 2023 and Reentry percentage over five years.
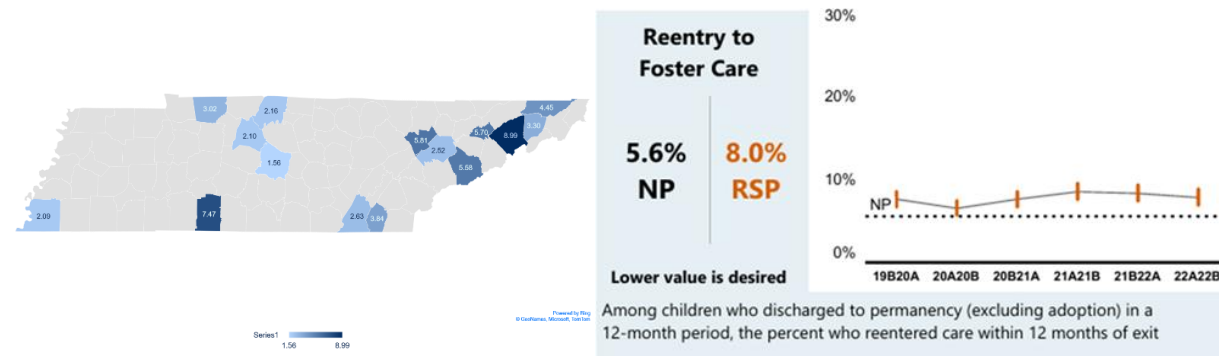


**According to the state map fifteen (15) counties represent 50% of entries, statewide (2,464 entries) four of those Counties have entry rates lower than the national rate: Shelby, Davidson, Rutherford.  Reentry rates over five years show a worse RSP percentage compared to the national performance but has improved over the five years represented in the graph above.**
DCS contracted with the University of Tennessee College of Social Work in January 2024 to hire a Prevention Specialist for each of the twelve service regions.  These specialists are charged with providing training and consultation to caseworkers and supervisors on appropriate prevention services for families within the region; mapping out available prevention services in each region; and conducting reviews on a sample of the prevention assessment (Family Advocacy and Support Tool).  These specialists should help support effective prevention services to prevent custody.  DCS also contracted with University of Tennessee College of Social Work to facilitate a Prevention

Collaborative project that will work with other state agencies receiving federal funding for prevention services (TANF/SAMHSA/MIECHV) and the providers receiving those grants to have a unified definition of prevention and comprehensive prevention plan.

**Workforce Investment** – The significant staff shortage DCS experienced after the pandemic created high caseloads for caseworkers and supervisors and performance practice declined and continues to be a need for Tennessee to focus.  The Commissioner has worked diligently in improving incentive to increase the pool of applications for the caseworker series.  Recently significant salary adjustments have created more interest in people applying and reducing turnover.  The pre-service training program was restructured, as was the new employee mentoring program.  New caseworkers now have a case limit of ten cases for the first year of employment.  New entry-level Case Manager 1 starting salary was increased to $50,600 per year.  Once caseworkers complete one year of service the position the position is upgraded to Case Manager 2 and another salary increase is provided.  The salary adjustments have created more interest in people applying and reducing turnover. Tennessee is beginning to see improvements in vacancy and turnover rates:
**FY 2024**
Total Case Management vacancies (as of 6/14/22)   630
Total Case Management vacancies (as of 6/20/23)   408
Total Case Management vacancies (as of 6/3/24)      180
Case Management turnover (as of 5/31/22)            27%
Case Management turnover (as of 5/31/23)            19%
Case Management turnover (as of 4/30/24)            14%

**Lived Experience Engagement** – DCS has been focused in improving collaboration with different types of partners with lived experience in its planning processes over the last several years.  Some improvement has been made however, DCS recognizes more focused strategies are needed to increase engagement ongoing and to have a more formal standardized system for partners with lived experience to be reached and engaged.  DCS contracted with two non-profit community organizations to hire six lived experience engagement consultants in March 2024.  Four of those six consultants have been hired and are in place providing valuable input into polices, training, and planning.  Two of the consultants are young people who were in the foster care system in Tennessee as teenagers.  One of the consultants is a birthparent whose children recently were reunited with her from being in foster care.  One consultant is a very experienced foster parent.  Currently, a relative caregiver is in the interview process with one of the organizations and will be hired pending clearing that organization's required background checks.  DCS continues to fund a Parent Leadership Program through the Community-Based Child Abuse Prevention program that was recently expanded to serve the entire state.  DCS Independent Living Program continues to operate a very successful Young Adult Advisory Council (YAAC) that has provided input to several committees at DCS.  Several members of the YAAC were invited to meet with the Governor of Tennessee to provide input on program needs across the state.  Individuals with lived experience were invited to and attended the 2024 Joint Planning Session and several workgroups that were held between January 2024 and June 2024 to provide input and craft a new Child and Family Service Plan and Child and Family Service Review Program Improvement Plan.  As a result of these workgroups, DCS is in process of building a Lived Experience Committee that will meet quarterly and provide input on service gaps and needs across the state.
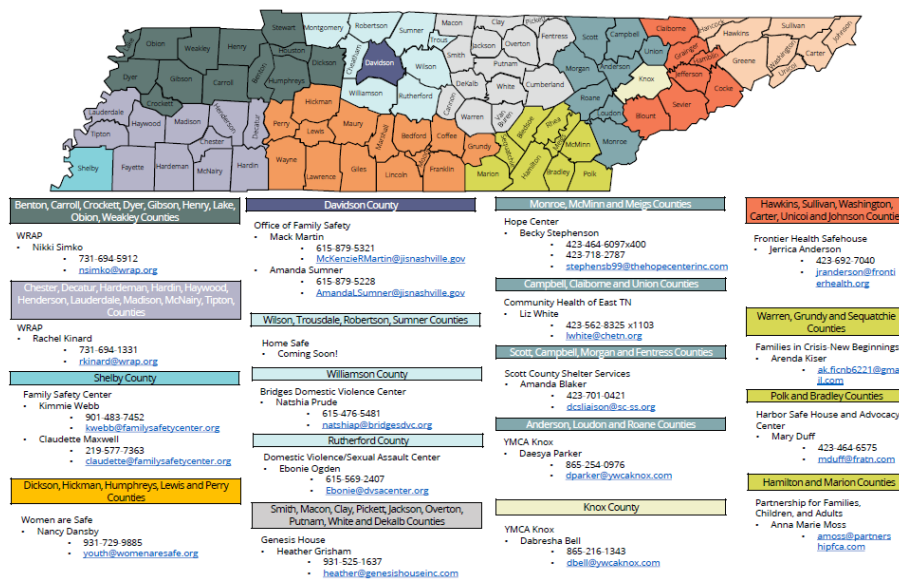
**Goals, Objectives, Measures of Progress, & Benchmarks**

| Key Focus Areas | Goals | Objectives | Measure of Progress | Benchmark |
|---|---|---|---|---|
| Prevention | Improve family support through prevention services Improve prevention service array | Prevention Conference Prevention Specialist. (12) Specialists were hired to support regional staff in identifying and utilizing prevention services for families D.V. Liaison prevention approach. Currently in 66 counties **Rationale** A focus on prevention will assist the state in developing resources for families that will enable them to remain together without state agency involvement. Aligning federal and state and private funding currently available to assist families upstream preventing future need for tertiary prevention and custodial services. Please see FFPSA table in service array for services Tennessee implements that are culturally, and linguistically appropriate. In addition, the service array gaps analysis improvement strategy in the service array systemic factor will support implementing services in underserved communities, as well as, partnering with universities linguistic | Entry/re-entry rates (As of June 2024 Prevention Specialists have consulted on 10 cases) 19 Liaisons currently available. One position vacant. Tennessee is currently in the process of developing and negotiating the CFSR PIP. These strategies will be aligned in the three counties Tennessee is proposing to implement the PIP. | Prevention Conference will be held in April 2025 Hiring complete already established in the regions. Expansion will depend on funding availability |

| | | departments such as U.T.'s TN Language Center. | | |
|---|---|---|---|---|
| Workforce Investment | Improve vacancy rate in Case Manager series<br>Improve retention rate<br>Improve family support practice | New hire process 4 cohorts per year<br>Reorganizational Design will improve regional support by restructuring regions from 12 to 8<br><br>**Rationale**<br>A focus on workforce investment will improve DCS' system capacity for direct services to children and families served in all program areas. focus -1. Raise salaries and incentives; reduce caseloads; increase quality supervision and support. For new hires align pre-service to better equip and support them in the first two years of employment to engage them in the mission and vision of the department and the work we do with families. 2. New supervisors will go through training focused on supervisory support and coaching of their employees. The restructure is designed to streamline the work processes so supervisors will focus on the work of children and families and support processes and administrative duties will be streamlined under central office.  The vision is the regional staff will focus only on the work and direct support to children and families. In addition, it aims to reduce silos | Number of new hires, retention rates | Implementation of Reorganizational design will begin in October 2024 |

| | | between program areas to better support each other. | | |
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| Lived Experience Engagement | Improve engagement in meaningful collaboration Utilize the young adult members of YACC to support Engagement. | Hire (5) PT Lived Experience Engagement Specialists Develop a formal Outreach/Engagement Plan **Rationale** Improve delivery of services and interventions to children and families to better meet individual needs.  Focus professional development training to provide feedback in pre-service on how quality assessments and visits should look like and help train foster parents to help new foster parents to understand how foster parents impact the children placed in their home and provide feedback on what is missing in the training. Participate on the policy review committee, councils, etc. to provide practical feedback on the child, parent, and foster parent perspective on what they feel is or isn't working in policies. Be involved in existing lived experience structures such as YACC and parent leadership to give feedback on how to better retain people in those groups and what the focus should be. Participate in funding announcement review processes to help DCS better understand services needed and issues with existing service types. | Number of partners with lived experience participating in planning processes

The training strategies are currently being identified as part of developing the CFSR PIP. Also please see collaboration section that identifies how the lived experience engagement people will be involved in monitoring the CFSP and PIP strategies. | Position filled by July 1, 2024. Plan completed by the end of 2024 Plan Implementation begins in 2025. |

## DCS DV Liaison Map

**Benton, Carroll, Crockett, Dyer, Gibson, Henry, Lake, Obion, Weakley Counties**

WRAP
- Nikki Simko
  - 731-694-5912
  - nsimko@wrap.org

**Chester, Decatur, Hardeman, Hardin, Haywood, Henderson, Lauderdale, Madison, McNairy, Tipton, Counties**

WRAP
- Rachel Kinard
  - 731-694-1331
  - rkinard@wrap.org

**Shelby County**

Family Safety Center
- Kimmie Webb
  - 901-483-7452
  - kwebb@familysafetycenter.org
- Claudette Maxwell
  - 219-577-7363
  - claudette@familysafetycenter.org

**Dickson, Hickman, Humphreys, Lewis and Perry Counties**

Women are Safe
- Nancy Dansby
  - 931-729-9885
  - youth@womenaresafe.org

**Davidson County**

Office of Family Safety
- Mack Martin
  - 615-879-5321
  - McKenzieRMartin@jisnashville.gov
- Amanda Sumner
  - 615-879-5228
  - AmandaLSumner@jisnashville.gov

**Wilson, Trousdale, Robertson, Sumner Counties**

Home Safe
- Coming Soon!

**Williamson County**

Bridges Domestic Violence Center
- Natshia Prude
  - 615-476-5481
  - natshiap@bridgesdvc.org

**Rutherford County**

Domestic Violence/Sexual Assault Center
- Ebonie Ogden
  - 615-569-2407
  - Ebonie@dvsacenter.org

**Smith, Macon, Clay, Pickett, Jackson, Overton, Putnam, White and Dekalb Counties**

Genesis House
- Heather Grisham
  - 931-525-1637
  - heather@genesishouseinc.com

**Monroe, McMinn and Meigs Counties**

Hope Center
- Becky Stephenson
  - 423-464-6097x400
  - 423-718-2787
  - stephensb99@thehopecenterinc.com

**Campbell, Claiborne and Union Counties**

Community Health of East TN
- Liz White
  - 423-562-8325 x1103
  - lwhite@chetn.org

**Scott, Campbell, Morgan and Fentress Counties**

Scott County Shelter Services
- Amanda Blaker
  - 423-701-0421
  - dcsliaison@sc-ss.org

**Anderson, Loudon and Roane Counties**

YMCA Knox
- Daesya Parker
  - 865-254-0976
  - dparker@ymcaknox.com

**Knox County**

YMCA Knox
- Dabresha Bell
  - 865-216-1343
  - dbell@ywcaknox.com

**Hawkins, Sullivan, Washington, Carter, Unicoi and Johnson Counties**

Frontier Health Safehouse
- Jerrica Anderson
  - 423-692-7040
  - jranderson@frontierhealth.org

**Warren, Grundy and Sequatchie Counties**

Families in Crisis-New Beginnings
- Arenda Kiser
  - ak.ficnb6221@gmail.com

**Polk and Bradley Counties**

Harbor Safe House and Advocacy Center
- Mary Duff
  - 423-464-6575
  - mduff@fratn.com

**Hamilton and Marion Counties**

Partnership for Families, Children, and Adults
- Anna Marie Moss
  - amoss@partnershipfca.com

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As noted above the D.V. Liaisons are currently positioned in 66 counties based on current funding. However, Prevention Specialists will provide technical assistance to regional staff on how to utilize prevention services and what is available in their area to prevent entry when it is not necessary. Currently there are 12 specialists available as needed.

A Prevention Implementation team is currently planning an evaluation component for the prevention focus goals and objectives.

**Evaluation Questions**

Where is prevention happening well? What is not happening well? How do we know?

What are the strengths of prevention in TN?

What are the gaps or needs of prevention?

How have caregivers and families experienced prevention? How have these experiences impacted service?

**Evaluation Activities**

Analyses of FAST, CANS, FSS, CPS, and FCIP Data

Analyses of Kids Count and Census Data

Monthly meetings and reflections with SWORPS Prevention Consultants

CAB and regional meeting observations

Interviews with providers

Planning interviews with families or caregivers

Literature Review

***Workforce Investment –*** The Training Department revamped the Pre-Service curriculum to support the new workforce in readiness for the job. Please see Staff Provider Training Systemic Factor Section and Appendix D Training Plan.

***Lived Experience Engagement –*** Once the positions are filled Engagement Specialists will attend new hire training through the provider agencies as well as trainings provided by DCS. Examples of DCS

trainings will include CFSR overview and case review shadowing, CFSP overview and expectations of Engagement Specialists role in the monitoring of the CFSP.

## *Implementation Supports*

***Prevention –*** FFPSA funding is used to secure a contract with U.T. SWORPS to support the implementation of the D.V. Liaison positions, Prevention Specialists and Implementation Team. DCS will partner with four other state agencies (DMHSAS, DHS, DOH, DOE) in sessions facilitated by UT SWORPS to develop a collaborative approach to better align prevention services. The Conference in April 2025 we will have expert speakers and ACF to provide training to attendees who intend to continue partnership with Casey, Vanderbilt, Chapin Hall, in analyzing data to make informed decisions.  PRAED foundation to redesign our FAST, TINS assessments with input from Lived Experience experts to better fit the needs of families. Continue to work with FRIENDS, CBC, as well as, CBC courts, AOC, and OCAN for technical assistance. Most of the prevention work DCS plans to focus on is also supported through CJTF, and citizen review panels.

***Workforce Investment –*** KPMG is currently providing implementation support for the reorganization through data analysis, discussions with each division and ensuring an equitable workload across all staffing positions. APSHA conducted focus group with frontline staff to provide recommendations on value added work and what processes caseworkers do that could be streamlined or taken away because it does not add value. Deloitte please see Information System Systemic Factor. This is also an area in the customer focus plan through the governor's office that provide support in ensuring successful implementation.

***Lived Experience Engagement –*** Family and Child Services and Youth Villages Providers are responsible for ensuring Engagement Specialist positions are filled and FFPSA funding is used to pay the specialists. Extension of Foster Care/Independent Living YAAC, and the Capacity Building Center for States is providing support to develop and implement the Engagement Plan. Will continue to partner with CBC, university partners, and YAAC.

## *Staff Training, Technical Assistance and Evaluation*

DCS provides training, technical assistance and evaluation to partners through the following methods:

- DFP CFSR Team provides training to providers as requested on the CFSR process and federal expectations.
- DCS partners with AOC to provide ongoing training to judicial and legal staff through judges' conferences and in local counties that includes, safe baby court, QRPT, CFSP, FFPSA, as requested.
- DFP staff provide technical assistance to CBCAP grantees and Family Preservation Contract providers. As well as providers interested in implementing an evidenced based service available in the Tennessee Family Services Prevention Plan.
- DFP team conducts evaluation reviews on applications for grant awards and contract bids.
- DFP team is positioned across the state and provides technical assistance and training to the regional staff in understanding the improvement strategies, including quality assessments, quality contacts,
- DFP team will begin facilitating trainings in pre-service on IV-E funding and CFSR,
- Vanderbilt conducts virtual "lunch and learns" to all DCS staff on assessments, mental health,

- UT Prevention Specialists provide technical assistance on FAST assessments and in-home case best practice.
- DCS provides training to the Citizen's review panel and Joint Task Force on the goal and objectives of the CFSP, and CAPTA updates.

# Services

## *Child and Family Services Continuum*

Please see the Services Description Section and the Chafee Section that address Tennessee's Child and Family Services Continuum.

## *Service Coordination*

Describe who participates in the coordination process and provide examples of how the process led or will lead to additional coordination of services.

Please see Collaboration Section for participants in the prevention workgroup and service array workgroup table.

Discuss the approach to include, and the involvement of, other federally funded programs (e.g., Temporary Assistance for Needy Families, Medicaid, Child Care, Head Start, Supplemental Nutrition Assistance Program, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, programs funded by the Substance Abuse and Mental Health Services Administration, the Family Unification Program (FUP) vouchers, programs coordinated or funded by the Office of Juvenile Justice and Delinquency Prevention at the U.S. Department of Justice, and the Social Security Administration, etc.).

Please see Agency Responsiveness to the Community Coordination with other state agencies and Chafee Sections.

## *Service Description*

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

### Services for Children Adopted from Other Countries

Tennessee provides post-permanency Adoption Support and Preservation (ASAP) services through a statewide contract with Harmony Family Center.  ASAP provides evidence-based, trauma-informed, therapeutic, and educational services that are individualized to meet the needs of the child and family. Post-adoption services are delivered by a master's level clinician who is versed in evidence-based practices and works with adoptive families to make referrals to other community-based agencies when needed. These services are at no cost to families that adopt from Tennessee's public child welfare agency.  Families who adopt through private, domestic, or intercountry channels are eligible for services on a sliding scale fee basis.  The continuum of services provided through the

Adoption Support and Preservation program includes crisis intervention, case management, in-home therapeutic counseling, parent coaching, respite team building, family and day camps, training, and educational advocacy.  At the beginning of the CFSP Tennessee has no plans to change contractual services provided through Harmony.

Data associated with services offered by Harmony indicates that less than 1% of the families served by this agency result in adoption dissolution.  During the State fiscal year 2023 the number of children who were placed with Tennessee licensed agencies through adoption from other countries totaled 45 children. Of those children placed for international adoption through licensed agencies, 1 was an infant to two years of age, 41 were ages two to six, and 3 were ages seven and older. All referrals to Harmony are tracked and the DCS Licensing Division regulates all international adoption agencies operating within the State of Tennessee through regular inspections and licensing evaluations. Tennessee Child Placing Agency Rule 0250-04-09-.09, currently Adoptive Services, has recently been amended so that the title of the rule shall now be International Adoptions. The rule is currently awaiting promulgation, with regard to provisions for international adoption. Most of the changes involve addition of Hague-related provisions and increased accountability for agencies providing these services.

## Services for Children Under the Age of Five

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

DCS workers across the state can access age-appropriate therapies for children, as needed, regardless of the CPS substantiation. CPS often develop a Family Plan that will outline the need for services and can assist in providing case management and monitoring improvements.  These plans can be dissolved at the conclusion of a CPS case or can be included in a petition before the juvenile court and ratified into a court order.  They can also be the initial plan that is revised if a child enters into state custody.  DCS expanded the existing permanency planning process to incorporate Plans of Safe Care.  The TFACTS system allows for the designation of specific family and infant needs as meeting the population definition of the Comprehensive Addiction and Recovery Act (CARA).  These needs are then discussed in the Child and Family Team Meetings where the Family Permanency Plan is created.  The Family Permanency Plan then becomes the Plan of Safe Care in one streamlined document for families, DCS staff and courts rather than creating a duplicate workflow.  This process is followed whether the infant enters foster care or is supported in the community through non-custodial services. More attention has been given in the non-custodial work through the expansion of specialized Drug Teams within Child Protective Services who investigate cases involving drug exposed infants ages 0 to 3 months.

Many local mental health providers can provide therapy to children as young as age three.  In cases where it is difficult to locate a provider for intensive needs, DCS staff has access to five Center of

Excellence (COE) locations statewide.  Each COE provides consultation, evaluation, and assists with coordination of services for children and youth in DCS care with unique mental health needs. Services can also be accessed for severe abuse cases through more than 47 Child Advocacy Centers located across the state. Rural counties tend to have more difficulty accessing services due to multiple issues such as provider capacity (lengthy waiting lists) and transportation barriers.  DCS has worked diligently with communities to identify gaps in services and to coordinate efforts to minimize those issues.  This can include coordinating efforts with other state agencies such as the TN Department of Mental Health and Substance Abuse Services, Department of Health, private providers, faith-based organizations, and local school systems to identify strategies to increase service provision for families within a community. Each region has a DCS resource linkage coordinator that also assists with community resources benefitting both custodial and non-custodial children and families.

The first Infant Court (later named Safe Baby Court) was established in Davidson County through Building Strong Brains:  Tennessee's ACEs Initiative.  Initiated in October 2016, the court offers specialized, frequent contact to encourage affirmative interaction by biological parents with the infant who is in foster care or to determine that the child will not be with the biological parent so that bonding with an adoptive family occurs early.  The purpose is to achieve permanency as quickly and safely as possible.  A second court was developed in Grundy County, an impoverished rural county, that started in 2017. Legislation was passed in July of 2017 mandating the Department of Children's Services, in collaboration with the Administrative Office of the Courts (AOC) and the Department of Mental Health and Substance Abuse Services, to establish Safe Baby Courts in five jurisdictions by January 2018 and five additional jurisdictions by January 2019.  The courts are modeled after the Zero to Three core components focusing on babies from the age of birth to three years old with the goal of reducing the time to permanency, reducing repeat maltreatment, reducing trauma, and increasing resource capacity.
13 Safe Baby Court (SBC) sites are currently operating in juvenile courts across Tennessee.
The current SBC sites are Coffee, Davidson, Dickson, Grundy, Henry, Jefferson, Johnson, Knox, Madison, Maury, Rutherford, Stewart, and Sumner Counties. Anderson County ceased operation as of June 30, 2023, and did not have cases in progress in 2023.

The SBCs served a total of **384 children** in 2023. The table below shows the number of cases and children each SBC served.

| Counties | Children Served |
| --- | --- |
| Coffee | 40 |
| Davidson | 41 |
| Dickson | 25 |
| Grundy | 46 |
| Henry | 14 |
| Jefferson | 37 |
| Johnson | 15 |
| Knox | 35 |
| Madison | 40 |
| Maury | 21 |
| Rutherford | 31 |
| Stewart | 25 |
| Sumner | 14 |

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

Special education services are provided by public school systems beginning at age three for children who demonstrate need.

Early Head Start:  Pre-natal to age three if the family is economically qualified.

Books from Birth:  program providing one free book per month for children under the age of five regardless of income.

Even Start:  An education program for economically qualified families that is designed to improve the academic achievement of young children and their parents, especially in the area of reading. Serves children through age seven.

Pre-Kindergarten Programs:  Voluntary public-school programs serving four-year olds.  DCS has priority status for child placement in these programs.

Tennessee Head Start-School readiness program for children age four through age five.  DCS has priority status for child placement in these programs.


## Efforts to Track and Prevent Child Maltreatment Deaths

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

DCS worked with external partners and developed a comprehensive Child Death Review (CDR) process and policy.  The process dictates activities required related to notifications, case oversight, and data collection.  Additionally, the policy includes a robust review protocol, which culminates into an annual report.  The CDR process includes participation of external partners and DCS staff. Additional staff positions were created to support the entire review process and training was created and delivered to every person at DCS.  In the area of promoting greater transparency for child protection in Tennessee, a method for sharing child death and near-death information publicly was executed using the DCS website in Q4 2013.  In 2014, DCS began posting, as available, preliminary information on child deaths to its website within two business days.  Additionally, upon case closure, fully redacted death and near-death case files are published for public view on the DCS website. Transparency is also supported through child death and near-death notifications by DCS to members of the state senate and house of representatives representing the child, to the committee of the house of representatives having oversight over children and families, and the district attorney for the judicial district in which the child was located. These notifications occur within 10 business days of the fatality or near fatality report to DCS. The process for publicly sharing child death and near-death information was enshrined in state law as part of TCA 37-5-107(c)(4); child deaths and near deaths meeting criteria for legislative and DA notifications is defined through TCA 37-5-124.  Quarterly and Annual Death and Near-Death Summaries and redacted, closed case files are

updated and posted quarterly on the DCS website. The Child Death Review Triage team completed 189 death and near-death case reviews in CY 2023. As a result of the reviews, trends were identified leading to statewide system improvements; including a focus on sentinel injuries and nutritional neglect and an increased knowledge and understanding of medical records as it applies to investigations. The Child Death Annual Report for 2024is currently pending due to a data cleanup currently in process. Once completed it will be posted for public view https://www.tn.gov/dcs/program-areas/child-safety/cdnd-pn/current-year.html

The "Child Death Annual Report." Is developed by the DCS CDR Team each year. This report only includes the child deaths/near deaths that the team reviews, which are the ones that meet certain criteria (criteria: when there was DCS History within 3 years, the death allegation was substantiated, and/or it was a custodial death, and all confirmed near deaths). So the deaths/near deaths in the CDA Report do not represent the totality of all the deaths/near deaths investigations that were assigned that year. However, the DCS public site (and the quarterly and annual summaries listed within it) do include ALL the deaths/confirmed near deaths investigated by the Department for each year. As for the Child Death Annual Report from the DDR team, there has been a delay in approval for the last few years and is why 2022, 2021, 2020 still show as "Pending" on the public site for that particular report.

When you click on the link inserted above it goes to the public site 2023/current calendar year. From there you can click on 2023 Deaths to see a list of all deaths for this year so far. Or you can click on 2023 Summaries and Reports. On the Summaries and Reports page it's broken down into Quarterly Summaries and Annual Summaries. The quarterly summaries are posted on a 1-quarter delay and include only the Non-Custodial deaths and near deaths. The Q1 2023 non-custodial deaths summary is currently posted. Q2 2023 will be available during the next APSR cycle. For previous periods post July 2022 quarterly and annual summaries for Q3 and Q4 2022 and past periods up to 10 years prior for that  go to the Previous Years page https://www.tn.gov/dcs/program-areas/child-safety/cdnd-pn/previous-years.html and click on 2022 or whichever year to see those summaries/data.

Note: When viewing the various data links there are several past periods still marked as (Pending) for the following reasons:

Non-custodial near deaths are not posted until the final case of that type has closed for the calendar year.  For example, if there are currently 17 non-custodial near deaths in 2023 and the last of these closes in Q2 of 2024, then the data for those cases would not be posted until Q3 2024. The reason for this is unlike the death cases where we post them all no matter the classification, on our Near Deaths, we only post those that were confirmed as near death, and the case has to close before that confirmation process can be completed. By TCA statute a confirmed near death occurs when the child was medically confirmed as being near death (Assistant Commissioner of Child Health confirms by review of medical records) AND if the allegation was substantiated. So any calendar quarters/years with an open near death case will note "pending" beside that link.
This also applies for custodial deaths within the annual summaries. DCS only post them at one time when the final custodial death for that calendar year has closed. This is because on our custodial deaths DCS also provide cause of death within the annual summary, so the investigation has to be closed and autopsy back before reported for each case.

There have not been any updates to the methodology and planning section since 2013. This process was vetted heavily when developed and with the TCA code and legal parameters guiding it (which have also not had any major revisions) so the Department has strictly maintained these procedures to help ensure compliance, consistency, and transparency from year to year.

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

**Collaborative efforts to involve and engage relevant public and private agency partners in the prevention effort.**
A recommendation from the Safety Action Group, requires CPS Directors to engage local hospitals regularly due to the trends in a delay in reporting Drug Exposed allegations prior to discharge creating a hardship in locating families. This has hindered the ability to ensure safety timely. DCS also facilitates the mandated reporter training for schools.

Additionally, and ongoing, from internal case reviews (48hr Debriefs with CPS staff and cases that meet criteria for the Child Death Review process) and data tracking (monitoring cause and manner of death, injury types and situations, etc.) Child Safety implements staff education/training, policy/procedure updates, etc. from these reviews and pulls data. The education/training is dispersed to staff through our multiple yearly child death certification trainings and through subsequent debriefings with our CPS teams. The knowledge base/skillset continues to build through these methods over time. Our CPIT Partners, law enforcement, medical personnel, medical examiner, DA office, are included in both presenting and participating in our certification training, with our agencies learning from each other's expertise. Examples include:

- Statistical increase in firearm related deaths, response was linking to TN Dept of Homeland Security free gun cable lock program, ensuring staff and families served are aware of the program and process for picking up locks at distribution sites across the state.

- Increase in fentanyl related exposure/deaths for young children. Educate staff through CPIT partners, LE, to have conversation with family's regarding risk of fentanyl exposure, medication storage, Narcan availability, drug screening, etc.

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

**Promoting Safe and Stable Families -** Please see TN FY2024 CFS 101 for the demographics and number of families served for FY 2023-2024.
**Family Preservation and Family Support Services (30% Title IV-B Funding)**
**Time Limited Family Reunification Services (20% Title IV-B Funding)**
**Adoption Promotion and Support Services (20% Title IV-B Funding)**

### Family Preservation
Under the family preservation umbrella, the provision of funding continued for the Annie E. Casey model of Teen Connect. Teen Connect Parenting Support Group is available virtually statewide to any interested parent of a teen experiencing challenging behaviors. The goal is to provide a safe space and supportive skills to help build stronger relationships with parents and teens.
The state's family preservation contracts include family violence intervention, family visitation, multi-agency collaboration (care coordination) and family support services. Contracted agencies currently provide these services to children and families across the state. Family Visitation Services are provided to enhance the opportunities parents have to practice parenting skills and demonstrate their ability and to help build safe and healthy relationships. Family Visitation staff deliver services including preparing the child, parents, and siblings for the visit, facilitating appropriate child/parent interaction during each supervised visit, and providing feedback and coaching to parents during and after each visit.
Family Violence Intervention Services are designed to help end the debilitating effects of the cycle of violence within families by promoting the five protective factors. Services also work to empower individuals to become self-sufficient and develop a capacity to maintain a violence-free lifestyle. For DCS cases involving family violence, there is an increased concern that abuse suffered by the victims can seriously compromise the safety of children in those families. Family Violence Intervention Services work to meet the multiple needs of families that are affected by both child maltreatment and family abuse.
Family Support Services encompass a wide range of flexible and responsive services tailored to the individual child and family's strengths and needs.  Specific services include, but are not limited to parent skill building, teaching, and modeling, advocacy, crisis management, anger management, stress reduction, conflict resolution, interpersonal communication, utilizing community resources and other services not covered by TennCare.
MAC/Care Coordination Services provide a direct support to the family and assist with implementing & participating in services identified through the Child and Family Team Meeting (CFTM). This approach works with various state agencies and community partners to provide services to the family. Representatives from each of these agencies, multiple community partners, and a contracted care coordinator participate in Child and Family Team Meetings (CTM) to contribute to creating plans for families that outline services that each agency can provide. The care coordinator shall provide direct support to the family and assist with implementing and participating in services identified through the CFTM. This can include in-home visits, therapeutic services, scheduling and attending appointments, requesting records, arranging needed services outlined in the plan such as substance abuse treatment and/or medical care and coordinating with community partners to maintain continuity of care.

**SFY 2023 (most recent data available) results for Family Preservation Services are below:**
897 clients were served through Family Support Services
1,278 clients were served through Family Visitation Services
447 clients were served through Family Violence Intervention Services
Caregivers Served by Race/Ethnicity
828 Caucasian
356 Black/African American
41 Hispanic
57 Multiracial
14 other

## Time Limited Reunification Services
Under the PSSF objective to address time limited family reunification in instances where children have been removed and placed in foster care, the Department will discontinue to utilize funding to contract with a current service provider for assessment homes effective 7/1/24.
Time Limited Family Preservation and Reunification services are provided from the Department, primarily, through either the Foster Care Placement Continuum or a contract with Youth Villages Inc. and their Intercept Program.  The Youth Villages Intercept in-home services program provides treatment to troubled children and families in their own homes at times convenient for the families. The program serves children of any age (infant to age 18) who have serious emotional and behavioral problems.

Intercept specializes in diverting youth from out-of-home placements such as residential treatment facilities, foster homes, psychiatric residential treatment centers, hospitals, or group homes, and in successfully reuniting children with their families in the community.
Diversion services generally last four to six months, while reunification services generally last six to nine months. Intercept family intervention specialists are skilled at reuniting families even when the child has been out of the home for an extended period.
All treatment is family-centered and includes strength-based interventions. Intercept's comprehensive treatment approach includes family therapy, mental health treatment for caregivers, parenting skills education, educational interventions, development of positive peer groups, and extensive help for families and children in accessing community resources and long-term, ongoing support.

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

## Adoption and Guardianship Support and Preservation
ASAP and GSAP services are provided statewide through a contract with Harmony Family Center, which is based in East Tennessee.
Adoption and Guardianship Support and Preservation (ASAP|GSAP) services help adoptive and guardianship families succeed on every level by providing a statewide, seamless system that

supports children and families with pre/post adoption and pre/post guardianship services that promote permanency and also helps communities nurture families.

ASAP|GSAP provides evidence-based, trauma-informed, therapeutic, and educational services that are individualized to meet the needs of the child and family. Post-adoption and guardianship services are delivered by a master's level clinician who is versed in evidence-based practices and works with adoptive families and permanent guardians to make referrals to other community-based agencies when needed. These services are at no cost to families that adopt or obtain guardianship of children from Tennessee's public child welfare agency.  Families who adopt through private, domestic, or intercountry channels are eligible for services on a sliding scale fee basis.

ASAP|GSAP services include in-home therapeutic counseling, monthly parent/guardian support groups, community social events, adoption and guardianship preparation training, weekend family camps and day camps, animal-assisted therapy, educational advocacy, parent coaching and training webinars for caregivers. Combined, these programs serve over 3,000 parents/guardians and children annually.

ASAP|GSAP requires that contact be made with families within 24 hours of receipt of the referral and Family Therapists make every attempt to schedule a face-to-face meeting with the family within 48 hours of case assignment.  ASAP|GSAP Family Therapists utilize a variety of treatment modalities in their work with clients that permeate clinical practice from assessment and treatment planning to supervision.  All ASAP|GSAP clinicians are certified in the NMT (Neuro-sequential Model of Therapeutics), which is a promising evidence-informed tool designed to assess where children have been, where they are now, and where they need to grow.  Once the NMT Metric assessment is completed, a brain map and recommendations for the client are provided to the caregiver(s), which help inform what treatment approach will be most beneficial based on the child's neurodevelopmental level and related functioning.  SMART (Sensory Motor Arousal Regulation Treatment) and EMDR (Eye Movement Desensitization Reprocessing) are treatment modalities utilized by the majority of ASAP|GSAP Family Therapists as they support and complement the findings and recommendations from the NMT assessment.

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

In FY 2022-2023, the ASAP|GSAP program provided in-home services to 407 children and their families, with an average length of 8 months in treatment.  For pre-adoptive children, there was a disruption rate of 0% among families served and for post-adoptive families, a less than 1% disruption rate.

In FY 2023-2024 (through April 2024 as of this report) the ASAP|GSAP program provided in-home services to 322 children and their families, with an average length of 7.6 months in treatment.  For pre-adoptive children, there was a disruption rate of 0% among families served and for post-adoptive families, a 1.3% disruption rate.

All staff providing ASAP|GSAP services participate in agency-wide diversity, equity, and inclusion training and training on serving LGBTQ2S+ children and families. The agency also meets any requests from families who need services in other languages, including translating materials and using interpreters.

Information about the post-permanency support program is shared through the following outreach efforts:

- Announcements at the required Adoption and Guardianship Preparation Training class
- Sharing of program information at adoption finalization
- Inclusion in a newsletter sent twice a year to all families receiving adoption or guardianship assistance.
- Social media outreach
- Web advertisements
- Distribution at recruitment events
- Staff outreach to community organizations

The program served 407 families with in-home counseling services, 893 Adoption/Guardianship Preparation Training completions, and 212 therapeutic camp attendees in fiscal year 2023.

As a partner agency in the newly launched (October 2023) National Center for Enhanced Post-Adoption Support, Harmony's role includes development of a Post Permanency Support Model, and provision of technical assistance to states, tribes and territories who want to build a more robust post-adoption/post-guardianship program.

The Post-Adoption Center is a hub for universal and on-site technical assistance and other resources to support states, tribal nations, and territories (sites) as they develop, implement, and sustain comprehensive, culturally responsive, and accessible post-permanency services.

The Post-Adoption Center provides access to various resources that will enable sites to provide practical, culturally responsive services to families that have achieved permanency through adoption or guardianship. Services provided by the Post-Adoption Center are free of charge, collaborative and driven by justice, equity, diversity, and inclusion.

The Adoption Assistance agreement, Subsidized Permanent Guardianship agreement, and the Harmony website all refer adoptive and subsidized permanent guardianship (SPG) families to the ASAP and GSAP programs. DCS Permanency Specialists begin talking to families about these services prior to adoption or guardianship and register DCS families for Adoption & Guardianship Preparation Training (AGPT), an 8-hour group offering. The four sessions of AGPT training are dedicated to caregiver psychoeducation. The optional four sessions of child-specific, in-home counseling are focused on their child's specific story and trauma history. Completion of the training is mandatory for any DCS parent/guardian prior to the finalization of adoption or permanent guardianship. Number of Caregivers who attended AGPT:

| Fiscal Year | Adoption/Guardianship Caregivers |
|---|---|
| FY 2022 - 2023 | 893 |
| FY 2023 - 2024 | 725 (Through April 2024 time of this report.) |

Monthly FUSE (Families-United-Supported-Engaged) support groups are offered in each of the 12 DCS regions throughout Tennessee. FUSE groups are provided for pre/post adoptive and

guardianship families as well, as their children. Number of Caregivers and Children who attended FUSE:

| Fiscal Year | Adoption/Guardianship Caregivers |
|---|---|
| FY 2022 - 2023 | 341 |
| FY 2023 - 2024 | 241 (Through April 2024). |

TN DCS remains committed to making Adoption Support and Preservation Services available to adoptive families in Tennessee and our partnership with Harmony Family Center is now being recognized at the national level.  In 2023 Spaulding for Children, in collaboration with Harmony, Child Trends®, the Center for Adoption Support and Education (C.A.S.E.), the National Adoption Association and Raise the Future, received a five-year, cooperative agreement with the Children's Bureau of the Administration for Children & Families in the United States Department of Health and Human Services. Funded at $4 million per year for a total of $20 million, this grant will facilitate the establishment of a National Center for Enhanced Post-Adoption Support.
The National Center for Enhanced Post-Adoption Support (Post Adoption Center) will partner with the three other Centers (the Center for Workforce Equity and Leadership, the National Center for Adoption Competent Mental Health Services, and the National Center for Diligent Recruitment) established by the Children's Bureau to offer comprehensive technical assistance to states, Tribal Nations and territories. These Centers are key components of the Children's Bureau's commitment to helping child welfare systems enhance safety, permanency, and well-being for children and families.

This investment of funds and expertise heralds a new era of ensuring that U.S. states, Tribal Nations and territories have the capacity to provide practical, culturally responsive services to families that have achieved permanency through adoption or guardianship.  Services provided by the Post-Adoption Center are free of charge, collaborative and driven by justice, equity, diversity and inclusion.

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

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

the family is significant when identifying the appropriate resources and items to help with the alleviation of risk of harm or custody.

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

Tennessee's CBCAP program receives consistent funding from federal and state-matched dollars which are distributed through publicly available child abuse prevention grants. The grants are specific to delivering primary and secondary prevention services. Community-based agencies are free to develop a program specific to the needs of their community as long as it meets the following scope of service requirements: Developing, operating, expanding, and enhancing evidence-based and evidence-informed, community-based programs and activities designed to strengthen and support families to prevent child abuse and neglect that are accessible, effective, and culturally appropriate, and built upon existing strengths that:

a. Offer assistance to families;

b. Provide early, comprehensive support for parents;

c. Promote the development of parenting skills, especially in young parents and parents with very young children;

d. Increase family stability;

e. Improve family access to other formal and informal resources and opportunities for assistance available within communities;

f. Support the additional needs of families with children with disabilities through respite care and other services;

g. Demonstrate commitment to involving parents in planning and program implementation of the Department of Children's Services and entities carrying out local programs funded under this Title, including meaningful involvement of parents of children with disabilities, parents with disabilities, racial and ethnic minorities, and members of underrepresented and underserved groups; and

h. Provide referrals to early health and developmental services.
Oversight is provided by DCS Program Monitoring and Evaluation Team through annual audits and by the CBCAP Program Manager who conducts site visits and analyzes quarterly provider reports. Forty-one (41) contracts for Stewards of Children, Nurturing Parenting and Parent Leadership were funded through CBCAP from July 1, 2023, to current. In September of 2022, 30 more contracts were added through the American Rescue Plan Act funds (CBCAP expansion) which were allocated to providers to expand Nurturing Parenting and Stewards of Children as well as new prevention services. Below are the number of individuals who received public awareness and/or public education activities (including Darkness to Light's Stewards of Children) aimed at preventing child abuse and neglect funded by a Community-Based Child Abuse Prevention Program (CBCAP) Grant during SFY 2024:

| Quarter 1 | 22,371 |

| | |
|---|---|
| **Quarter 2** | 716,032 |
| **Quarter 3** | 335,859 |

**Darkness to Light's *Stewards of Children*** is an evidence-informed sexual abuse prevention training program designed to educate adults to recognize, prevent, and react responsibly to child sexual abuse. This 3.5-hour, discussion-based training is administered by trained facilitators.  Currently the training is offered through 21 sites across all 12 regions of the state.

**Parent Leadership Services** are designed to increase and enhance parent leadership involvement and activities across the state with an emphasis on preventing occurrences of child abuse and neglect before it starts.  At the core of this contract is a team of parent leaders located across Tennessee who focus on building a strong network of statewide and national collaborations to advocate parental involvement throughout various activities. During this APSR cycle 5 parents were nominated or referred to the Tennessee Parent Leadership Team.

**The Nurturing Parenting Programs** target all families at risk for abuse and neglect with children birth to 18 years. The programs feature activities to foster positive parenting skills with nurturing behaviors, promote healthy physical and emotional development, and teach appropriate role and developmental expectations. Lessons can be delivered in a home-based setting, group-based setting, or combination of home and group settings. Results for three quarters during the SFY 2024:

| Questions | Quarter 1 | Quarter 2 | Quarter 3 |
|---|---|---|---|
| Total number of families who began receiving preventative direct services through a CBCAP funded Nurturing Parenting Program during the identified quarter | 702 | 340 | 825 |
| Total number of parents/caregivers who began receiving preventative direct services through a CBCAP funded Nurturing Parenting Program during the identified quarter | 922 | 602 | 943 |
| Total number of children who began receiving preventative direct services through a CBCAP funded Nurturing Parenting Program during the identified quarter | 996 | 567 | 1003 |
| Number of Adult Participants who saw an improvement in ALL five Constructs (A, B, C, D, or E) | 69 | 48 | 79 |

| from their Pre-Test (Form A) to their Post Test (Form B) | | | |
|---|---|---|---|

Nurturing Parenting Model:
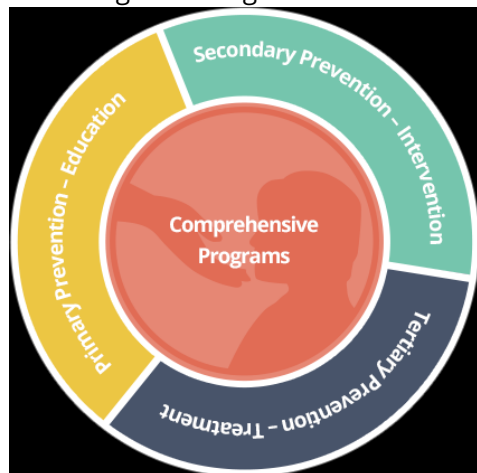


As a part of Tennessee's Children's Trust Fund, Tennessee continues looking for opportunities to expand prevention-related activities and services through publicly available grants and increase funding for CBCAP programs. the Department is still exploring opportunities to utilize the supplemental CBCAP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

## Populations at Greatest Risk of Maltreatment

*66,731 Child Protective Services Cases were assigned in FY 2023.*

**Drug Team**
The specialization of drug teams has been implemented in 8 regions across the state.   The specialized approach to addressing the population of infants born affected by substance abuse involves creating stronger relationships with hospitals, doctors, social workers, substance abuse treatment providers and mental health agencies.  The approach is more intensive due to the dynamics of working with a family suffering from addiction. The case management is also longer due to the complexity of the treatment, relapse, and recovery.
The partnership with Omni Health continues in the eastern regions and an additional provider resource has been engaged to provide services in the middle and western portion of the state specifically related to long term oversight for families impacted by substance abuse. It is recognized that more intensive oversight and case management is needed with this population to ensure

compliance with the services and child safety is not impacted or compromised.  Building capacity and developing networks for the family to sustain progress is also a critical component to reduce the risk of further child welfare involvement.  In jurisdictions where there is a Safe Baby Court, there has also been a collaboration between the drug teams and the Safe Baby Court initiative.   There are currently thirteen (13) established Safe Baby Court sites in Tennessee, with 2 new sites beginning implementation this year.  Zero to Three continues to be a key partner in supporting the existing sites and onboarding the new sites to assist in strengthening the capacity to serve children ages birth through three years. The focus on infant mental health and the importance of attachment and bonding are critical components for the family and the Safe Baby Court team that supports them. Increasing community awareness and capacity to support these families is also a focus to meet the goals of reducing the number of children entering custody or to reducing the length of stay for those that must enter foster care.

**Human Trafficking Team**
A Human Trafficking (HT) Team was fully instituted in 2023, and provides coordinated investigations to victims of HT. This is in collaboration with local law enforcement (LE), state and federal agencies, and non-governmental organizations. DCS updated TFACTS in the CPS case, Non-Custodial Assessments and the CANS tool used by Juvenile Justice and Foster Care to identify youth who have been trafficked as well as those at risk of being trafficked.  The Department maintains workgroups across the state and have joined the Office of Criminal Justice Programs in crafting best practice guidelines and rules for state level grants for service providers working with those who have been trafficked. The department also joined with TBI on the development of a Best Practice Guide for Law Enforcement Agencies and sat on an OCJP Grant Review Committee reviewing proposals for service delivery projects within the state. The Department continues to sit on the statewide Human Trafficking Advisory Council and is an identified agency to join a new Human Trafficking Taskforce modeled on the successful Drug Taskforce to decrease systems barriers in responding to reports of human trafficking.


**Domestic Violence Liaisons**
A multidisciplinary approach between DCS and community agencies for the prevention and intervention of domestic violence (DV). Liaisons, employed by the Domestic Violence Shelter and co-located within DCS offices and DV Shelters, assist families and community agencies in supporting and seeking assistance for DV victims. As of January 2024, twenty (20) DV liaisons positions from sixteen (16) agencies serve sixty-six (66) counties.

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

Tennessee continues its focus on enhancing and evaluating the kinship navigator program referred to as the Relative Caregiver Program (RCP).  Central office maintains regular correspondence with RCP providers via monthly conference calls where program updates and challenges are discussed.  The goal of a continued partnership with Redcap is to have a streamlined process of entering information and retrieving outcomes. The aggregate data housed in RedCap is utilized and coupled with extracted details from TFACTS to meet the RCP reporting needs.
The Relative Caregiver Program (RCP) is an option offered in all 95 counties to relatives who care for noncustodial children who require out-of-home care. Children and relative caregivers receive supportive services geared toward self-sufficiency and stability to ensure the child can stay within the   family instead of entering foster care. The family must be related to the child through blood,

marriage, or adoption, and meet financial guidelines to be eligible for the RCP program. Typically, the family does not receive a monthly stipend or grant, but rather has access to several other opportunities for support. For the FY 2023 RCP Served 2,478 Eligible Children and 1,421 Caregivers. Tennessee does not plan to apply for IV-E Kinship Navigator funds. The current Relative Caregiver Provider information can be found at https://www.tn.gov/dcs/program-areas/prevention/relative-caregiver.html.

## Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

States are required to ensure the total number of monthly caseworker visits is not less than 95 percent of the total visits that would be made if each child were visited once per month. In addition, at least 50 percent of the total number of monthly visits made by caseworkers to children in foster care must occur in the child's residence. Over the last three years Tennessee has exceeded both standards remaining around 97% face to face monthly visits and increasing from 82% to 91% of those visits occurring in the child's foster care placement. The grant supports strengthening DCS' infrastructure to develop and continually review policies and protocols that provides guidance to caseworkers on how to conduct a quality visit that includes training as needed. In addition, it supports the time to develop and utilize a tracking a system that reports caseworker visit results sent to all levels of leadership monthly to ensure visits remain above the federal standard.   This further supports the effectiveness of DCS leadership's focus and strategies to ensure case worker visits with children in foster care were seen monthly and that visits occurred in the child/youth's placement. DCS policies and protocols outline the minimum guidelines for maintaining contact between case workers at DCS and children placed in foster care. In November 2021 the policy was updated, and a Visitation Guide was added to the policy.  The Visitation Guide provides an outline of different circumstances (visit type), time frame and location requirement. To provide clear and concise instructions for case worker visits, the guide describes the people responsible for the visit, and the purpose of the visit including discussion points to be covered. In addition, Face to Face observation checklists is provided for different circumstances. For example, requirements for face-to-face visits with children/youth in congregate care vs. face-to-face visits with children/youth in a provider foster home.  Along with prescribed visitation frequencies, policy also requires that children are visited no less than is needed to assess their progress and ensure their needs are met.  The policy and guide require that during each face-to-face visit the caseworker, whether DCS or Private Provider, should speak with the child privately for at least some portion of the visit.  The policy and guide outline the requirements of case manager contacts with service providers and birth parents. DCS also requires that face-to- face visits and other contacts with children, families, service providers and/or courts be documented.  The documentation includes identified strengths and needs related to the case, a description of the discussion, observations, and any next steps to be completed. Tennessee has seen continued improvements in quality caseworker visits with children/youth in foster care which is attributed to Quality Contacts and Team Leader CFSR Mentor initiatives implemented during the CFSR PIP as well as updates to the policy. Tennessee continues to monitor monthly caseworker visits monthly through the Federal Programs Division and is sent out to DCS Leadership to monitor federal compliance.  DCS has continued to exceed the federal expectation on both data points. through ongoing CFSR reviews (please see well-being outcome 1 for results and trends). Also, DCS continues to publish Regional Scorecards with aggregate data regarding monthly casework contacts.  Monthly Provider Summary reviews occur quarterly, and providers are given

feedback on the quality of the documentation in those summaries, as well as the quality of visits between the contract agency caseworker and the child. During FY 23 to ensure DCS caseworker visits with children are of quality DCS trained new caseworkers and ongoing with existing caseworkers on the policies and procedures that outline elements of a quality visit as referenced above.  In addition, supervisors and mentors shadowed or role modeled visits with children for new caseworkers and ongoing with existing caseworkers and review policy expectations through employee monthly performance briefings.

## *Monthly Caseworker Visit Data*

| TN Department of Children's Services | **Tennessee Federal Caseworker Face to Face Visits Federal Fiscal Year 2023** |
|---|---|
| **12561** | **The aggregate number of children in the data reporting population** |
| **97202** | **The total number of monthly visits made to children in the reporting population** |
| **100788** | **The total number of complete calendar months children in the reporting population spent in care** |
| **90639** | **The total number of monthly visits made to children in the reporting population that occurred in the child's residence** |
| **96.45** | **Percentage of visits made on a monthly basis by caseworkers to children in foster care** |
| **93.24** | **Percentage of visits that occurred in the residence of the child** |
| | |
| | |
| * | Population is sourced from the AFCARS 23A & 23B submission files |
| ** | Data as of  12/10/2023  Database Instance eidwprd |

## *Additional Services Information*

### *Adoption and Legal Guardianship Incentive Payments*
The state will spend Adoption Incentive and Legal Guardianship Incentive funds to provide services that are provided under Part B or E of the Title IV of the Social Security Act. During FY2023, DCS spent Adoption Incentive and Legal Guardianship Incentive Payments for supporting 1,055 finalized

adoptive families with Pre and Post Adoption Services.  Services include evidenced based trauma informed therapeutic services, in-home case management services, crisis intervention, parent education, and family focused counseling. In addition, 277 custodial children reached permanency through guardianship. The state does not expect any challenges in expending adoption incentive funds in a timely manner in FY 2025.

### *Adoption Savings*

The state provided children and families with pre- and post-adoption services that promote permanency and also help communities nurture adoptive families.  These services were provided to Tennessee families who have either made their intent to adopt known or who have already finalized adoptions through Tennessee Department of Children's Services.  In FY 2023 the state provided Family Support Services and Family Crisis intervention services to 1,543 children and their families with the purpose of minimizing risk to children by addressing identified needs within the family, thereby enhancing well-being and permanency and delivering continuous support and guidance designed to stabilize crises that impact children and their families. The state provided various support services for custodial and non-custodial children. The department is extending funding for pre- and post-adoption services for FY2023. Current trends show that approximately 80% of adoption finalizations are with caretakers who have fostered for the child or youth being adopted. The Department, therefore, has an ongoing priority to increase the pool of quality foster homes and to provide adequate support to those homes.  The state will spend the Savings accumulated from the previous year in the current year. Our strategy has been to keep the balance of current year.  For example, we plan to use the accumulated balance for FY24 in FY24.  There are no challenges by the department in accessing and spending adoption savings funds.

### *Planned Permanent Living Arrangement*

Planned permanent living arrangements is administered in a way that sustains and supports permanency with a committed adult, often a foster parent who can provide ongoing life support when the youth is not open to or accepting other options such as adoption. Kinship care services, which are always the first option explored when children enter custody, are supported through state funded reimbursement to kin families until fully approved and eligible for IV-E reimbursement.
7/1/2022-6/30/2023:
    Approved: 27
    Total Requests Submitted: 35
7/1/2023-April 2024:
    Approved: 20
    Total Requests Submitted: 28 (2 of these are in pending status.)

## *Family First Prevention Services Act Transition Grants*

Tennessee Department of Children's Services implemented the Family First Prevention Services Act on July 1, 2021.  The Department partners with the Institute for Family Development to provide Home Builders prevention model training, coaching, and implementation in collaboration with the Tennessee Department of Mental Health and Substance Abuse Services for an organization providing that model in the South Central Region.

Currently the Department has the following well supported, FFPSA services available across the state:
1.) Multi-Systemic Therapy (MST) - Statewide
2.) Home Builders – South Central Region
3.) Parent/Child Interaction Therapy (PCIT) – Northeast, Smoky Mountain, Knox County, East Tennessee, Tennessee Valley, Mid-Cumberland and Davidson County Regions
4.) Intercept – Statewide.

The Department uses FFTA funding to support two contracts with the University of Tennessee Social Work Office of Research and Public Service.  One contract is for implementation and fidelity monitoring for Intercept, PCIT, MST, and Home Builders.  The second contract placed a Master of Social Work level Prevention Specialist in each region, employed by the University, to provide training, coaching, and support to staff on the available prevention service in that region.  These Prevention Specialists also are mapping out all available prevention services by county to determine service gaps and the need for additional supports. The Department entered into an additional contract with two not for profit child welfare organizations to hire six individuals with lived experience (three youth, one relative caregiver, one birthparent, one experienced foster parent) on a part-time basis to provide the voice of lived experience in FFPSA program selection, polices, planning, and support the engagement of families in helping identify service gaps, effectiveness of services, and service fit.  Tennessee intends to spend all of the FFTA funding prior to September 30, 2025.

Currently all of the evidence-based services in Tennessee's Plan are rated well-supported in the Clearinghouse.  Tennessee is potentially looking to add another service that was recently added to the Clearinghouse as well-supported, 30 Days to Family.  The need for this service was identified through workgroups during the development of the new CFSP.


### FFPSA Qualified Residential Treatment Placements (QRTP)

Tennessee Department of Children's Services implemented Family First Prevention Services Act (FFPSA) on July 1, 2021.  In addition to implementing prevention services, the Department opted to pursue reimbursement of title IV-E foster care maintenance payments for children/youth in the Department's custody being placed in settings other than family foster homes. In calendar year 2023 there were 567 youth placed in a QRTP.    Prior to the implementation of FFPSA in July 2021, the Department developed a Protocol for Placing Children/Youth in a Qualified Residential Program. To help implementation go smoothly and to familiarize staff with the protocol, each of the 12 regions spent time practicing following the protocol in the months leading up to the July implementation.  Since the July 2021 implementation, when the Child and Family Team are considering placing a child in a QRTP, this protocol is followed.  Two of the requirements for placing a child/youth in a QRTP is that there must be an assessment by a qualified individual within 30 days of the date of placement and that qualified individual must participate in the CFTM in which the decision to place the child/youth in a QRTP is made.  The Department utilizes the Child Adolescent Needs and Strengths (CANS) as the assessment tool to meet the 30 day assessment requirement. Since 2007, the Department has utilized the CANS assessment and has partnered with the Vanderbilt Medical Center of Excellence to have Assessment Consultants in each of the state's 12 regions as the final approver of the CANS assessment.  For purposes of QRTP placements, the Assessment Consultants serve as the required qualified individual approving the CANS and

participate in the Child and Family Team Meetings (CFTMs) to approve placements in QRTP settings. Each CANS is initiated by the assigned FSW, routed to the supervisor for review, then to the assigned Assessment Consultant for consultation and approval. Once the CANS is approved, the CFTM, in which the Assessment Consultant is involved, is held to discuss the child/youth's placement in the QRTP. The actionable Needs on the CANS are discussed. Based on those needs, the Assessment Consultant either agrees or disagrees with the placement in a QRTP. The third requirement for placing a child/youth in a QRTP setting is a court review of the placement. After the CFTM, if the Assessment Consultant is in agreement with the QRTP placement, the FSW is responsible to provide the CFTM minutes and CANS assessment to regional legal staff for the information to be presented to the court for the QRTP review hearing.

The department has developed a QRTP CFTM and Court Hearing Report in order to track each region's compliance with the FFPSA QRTP placing requirements. This report can be accessed on the Department's shared drive at any time. Each week, the Federal Programs Division reviews the report, indicates steps that are needed for placements to be complaint for IV-E reimbursement, and sends the report to staff in each region for review and follow up. In addition to sending the weekly report to each region, the Federal Programs Division also supports compliance activities by sending an additional email each week regarding steps to be taken for placements to be complaint with steps listed in order of urgency for completion. The Federal Programs Division compiles quarterly compliance information and shares with Department Leadership as well as Regional Leadership.

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

## *Foster Care/Continuum of Care*

Children entering foster care receive services based on a level of care determined by the needs of the child through assessments and finalized in the Child and Family Team Meeting. Levels of services include Levels 1 - DCS and Contract Agency Resource Homes, Level 2 and 3 – Contract Agency Resource home and Congregate Care, Level 4 – Acute Psychiatric Hospitalization, and Hardware Secure placement types. DCS currently maintains a network of 28 private agencies providing foster care and services to children in the custody of the Department and services to their families. Continuum contracts allow both providers and regions to coordinate services to children and their families while providing the flexibility to customize service delivery on an individual, child-specific basis.

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

In general level 1 services are provided in a least restrictive, home like environment such as a foster home.  The higher levels of care can be provided in a variety of settings including foster home, group care, residential treatment and hardware secure depending on the individual behaviors of the child, age and treatment needs of the child Level 2 services are characterized by a lower level of mental health and behavior service needs.  In general, the child may need primarily individual and or group counseling in combination with basic behavior management.  These services can usually be provided in a least restrictive setting such as a foster home where in-home counseling services are provided to the family.  In-home services bring services into the home/family setting so that the child/youth's behaviors are addressed within the family setting and foster parents can learn how to manage behavior and how best to deal with mental health issues that may be causing the behaviors. These types of settings and services are best suited to younger children and children in sibling groups where the children may display some aggressive behavior toward siblings or non-compliance with the rules/structure of the foster home.

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

Some level 2 services may also be delivered in a congregate care setting. These are sometimes used as step downs from level 3 services where the mental health treatment needs have decreased, and the child/youth is preparing to return to their family.  Like level 2 services in a foster home setting the services focus on milder mental health and behavioral needs.  Teens with ties to biological/kin families may be placed in these settings which allow them a least restrictive community setting while integrating back into society.

Level 3 services have a wide range of placement alternatives from foster home to intensive residential treatment programs. The level 3 service provider is required to provide individual, family and group counseling in prescribed dosages and adhere to programs that are evidence based as well as a behavior modification component that addresses behavior issues such as non-compliance

with rules, fighting, etc.   Level 3 services can be specific to the type of needs and behaviors of the child such as a level 3 sex offender program or a level 3 alcohol and drug treatment program.  Level 3 services can also be provided in a foster home setting for youth who can be maintained in a family setting.

Level 3 Juvenile Justice enhanced services were specifically developed to serve only juvenile justice youth who have a more extensive delinquent history than the child described above. Level 3 Juvenile Justice enhanced services described above.

In general, the level 3 congregate care programs described above are considered "staff secure" meaning that the ratio of staff to youth and the construct of the facility provide the security for the facility.

All hardware secure facilities provide level 3 mental health services (individual, group and family counseling, evidence-based programming, education, etc.) but the setting provides for maximum security.  A hardware secure facility is characterized by individual locked at all points of the buildings.  Egress from the buildings must always be controlled by staff.  This is the most restrictive setting available to DCS.  All services are provided in-house including routine health and dental care.  These youth are considered a risk to the community and must be securely housed.

Level 4 sub-acute services are designed for children/youth who are exhibiting a high level of mental health disturbance or have diagnosed syndromes that require intermittent psychiatric hospitalization.  Like psychiatric in-patient, level 4 is meant to be short term and designed to stabilize the behavior/mental health condition enough to step the child down to a lower level of care in a least restrictive environment.  Level 4 programs are by their nature secure due to the volatile nature of the behaviors.

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

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

***Agency Administering Chafee (section 477(b)(2) of the Act)***
The TN Department of Children's Services provides the John H. Chafee Foster Care Program for Successful Transition to Adulthood through its Office of Independent Living Division and Extension of Foster Care (EFC) Services. As a part of the federal mandate, this Division is charged with building a network of appropriate supports and services for youth transitioning out of care and for those who are likely to remain in care.  The Department's goal is to provide each young person in foster care, age 14 or older, with supports, services, experiences, and opportunities that are individualized based on the strengths and needs of each individual youth, that are important to healthy adolescent development, and that will help the youth successfully transition to adulthood.  The strengths and

needs of a 14-year-old who is four years from legal independence are generally different than that of a 17-year-old who is facing the imminent assumption of adult rights and responsibilities, and so the planning and services are tailored on that basis.

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

### *Five Year Strategic Plan Progress during the 2025-2029 CFSP*
Strengthen procedures for youth exiting foster care to continue to receive Medicare streamlined and ensure young people understand their Medicare options.
Ensure that young people understand the services, supports, and opportunities that are 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.
Continue evaluation and improvement to the transition planning process.  The Office of Independent Living and the Department will conduct ongoing reviews to determine areas of improvement within transition planning.
Increase Youth Engagement activities, events, and life skill instruction that promote positive youth development, peer to peer engagement, and future goal exploration and planning.
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.
Increase engagement with foster care placement providers and residential facilities to ensure consistent Independent Living service delivery, life skill instruction, and youth engagement activities are occurring.
Continue to fund the Jim Casey Resource Centers and increase youth involvement.
Tennessee intends to cooperate in any national evaluations on the effects of the programs in achieving the purposes of Chafee.

### Engaging Youth and Young Adults
The Department has developed a youth engagement model that promotes meaningful youth-adult partnerships that supports system and organizational change while providing opportunities for youth to develop, master and apply leadership skills. The Department has worked with young leaders who serve on advisory boards to implement youth voice in areas of advocacy, policy improvement, as well as organizational change.  The statewide Young Adult Advisory Council "YAAC" has regular monthly meetings where the group shares input on policies and legislative changes that would improve outcomes for youth in foster care and those aging out of foster care.  The council

contributed to the development of above mentioned 5-year plan.  In addition to the 5-year plan development the council launched a Spotlight on Youth webinar series in collaboration with the Department of Children's Services training division.  The webinar series highlights one young adult with lived experience in foster care each month and is targeted for frontline child welfare and foster care provider agency staff.  The young adult shares their experience aging out of foster care to include supportive services and individuals that were valuable during their transition as well as challenges they faced during their transition out of foster care and into their early adulthood years. Members of the YAAC continue to be engaged with the DCS training division as they routinely sit on foster parent panels for newly approved families.  Two members are serving in the role of co-facilitators of training classes for new foster parents.  A new young adult advocacy group, Project Instar established during FY 24 to engage current foster youth in DCS custody.  The group meets quarterly with teenagers in foster care to discuss the transition into adulthood and to encourage them to remain engaged in Extension of Foster Care, Chafee Services, and other supportive services in their area.  Going forward we will continue to strengthen youth and young adult partnerships and include youth and young adults in our planning process to help guide our future steps around increasing youth voice, practice improvement, and to help drive our NYTD work.  Youth and young adults are provided with a Leadership Stipend for their contributions in meetings and panel events.

**Plan to strengthen the collection of data over the next 5 years.**
Historically, Youth Villages staff have kept contact information sheets on the youth surveyed. While surveying a youth, YV staff ask for as much contact information as possible. This includes the youth and their family members' addresses, phone numbers, email addresses, and social media accounts. Another effort to maintain contact with these youth is by enrolling them into the LifeSet Program and providing case management services for Extension of Foster Care.  A recent meeting between DCS and Youth Villages resulted in planning to include YV Scholars young adults with helping with engagement efforts or doing an annual in person gathering. Other discussions included sending out birthday cards each year.

| **NYTD Data Quality Improvement Plan** |
|---|
| There is still work to be done to improve data entry and overall improve data quality in identified areas, and to include young people more significantly in the NYTD process. The following outlines the areas still requiring remediation identified on the QIP and what is needed and planned to resolve these issues: |
| ***The state must revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DCS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).  DCS needs to develop a way for placement providers and others that the Office of Independent Living has direct contracts with, such as Youth Villages and the Resource Centers, to document such services and educational information for youth served external to DCS.  It will need to be included in contracts.  Need documentation regarding the state's action plan, RE: business process plan, data quality reports or plan.*** <br> A challenge continues to be provider agencies having their own systems, as most of the documentation of "soft" services such as non-paid, life skills related activity is documented in narrative form and not as data sets.  A CCWIS financial enhancement implemented in November 2021 has focused attention on issues related to paid service delivery, and so non-paid services have not taken center stage. Since then, the opportunity for a new CCWIS has emerged, and |

the need for enhancements to improve the entry of NYTD services was part of the requirements discussions.  Efforts were made to update TFACTS to ensure all life skills related services are available to enter, and certain independent living staff were designated to start entering such services delivered by the Resource Centers and select residential facilities. While not comprehensive, this is a step toward improving the accuracy of such reporting for the served population. Youth Villages  continues entering services paid out of their LifeSet contract, in TFACTS.

***The state should consider expanding training opportunities for state staff involved in administering the NYTD survey in order to improve its survey participation rate.***
Youth Villages, a private provider agency, continues to be contracted to administer the NYTD survey in Tennessee. DCS case workers do not administer NYTD surveys. Independent Living Program Specialists do help obtain surveys on occasion and are provided targeted assistance as needed. Tennessee DCS requests that this finding be considered remediated.

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

Updates include Youth Villages implementing weekly meetings with their staff who manage the NYTD survey process to discuss strategies, ideas, and efforts surrounding NYTD. Youth Villages staff participate training opportunities focused on NYTD offered by CWCBC/ACF. Strategies Youth Villages uses to maintain connections with youth from the baseline population through Follow-Up include sending annual birthday cards, creating NYTD youth ambassadors to assist when trying to reach surveyable youth, having a social media app/website to keep youth engaged over the years, and development of an information repository on each NYTD youth. An increase of cost per gift cards, an incentive used to promote NYTD survey completion, was approved.

***The state is strongly encouraged to develop and implement a systematic effort to analyze NYTD data to assess youths' access to services and the quality of services.  The state should engage young people in developing and implementing these plans.  Please provide more information about the NYTD data analysis conducted and shared with partners.***
NYTD data continues to be included in the annual Youth Transitions Advisory Council report, released annually.  This report is also provided to the Tennessee legislature, and agency partners and stakeholders, and the public.  Progress has still not been made to include more detailed information about NYTD on the DCS Independent Living website. Collaboration with the DCS Communications office and youth leaders will be scheduled to discuss and implement an enhanced NYTD presence. NYTD data has been used more specifically this year to identify service needs to support employment readiness, attainment and sustainability for youth and young adults. This resulted in the addition of such services to a delegated authority, which allows DCS to pay vendors who deliver such services. NYTD data is also being reviewed to support efforts to increase services for youth with a history of incarceration. Requests to update the state's NYTD website were submitted to include NYTD 2024A data and to also update the NYTD 6-part video series.

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

Tennessee no longer utilizes the QSR process. Discussions are under way to transition to use of the CFSR, and development of a CQI process to monitor NYTD quality more comprehensively. Please see the Quality Assurance section for information about efforts to include NYTD in the DCS review process.

***The state is to add supervisory controls to ensure that information on a youth's tribal membership is entered/updated timely.***
Tribal membership historically represents a very small percentage of the applicable population in Tennessee. There are CCWIS enhancements anticipated related to new reporting requirements for ICWA that have made it necessary to make some changes to how AFCARS data is captured (TFACTS AFCARS 2.0 project), which will also impact NYTD.

***The state is to establish supervisory controls to ensure that information on a youth's education record is entered/updated timely, especially for youth who are no longer in the state's custody (this includes special education/IEP data).***
Educational records are manually entered in TFACTS, which is cumbersome, time consuming and prone to human error. No automated interface with the state's Department of Education is currently possible, and any kind of data transfer from post-secondary programs is not currently feasible either.  The CCWIS development project includes identifying needed interfaces, and this is one of them. Enhancements that allow for timely and accurate education data will be included in requirements gathering and development discussions.

In addition to continuing efforts to complete the corrective action items in the QIP, Tennessee will continue working on improving ongoing monitoring of reports generated from the TFACTS database. A focus will continue to be on using reports to monitor identification of the baseline population and their survey status and improving the ability of the provider agency contracted to obtain surveys to get participation from this population using such reports. Movement in and out of foster care and changes in foster care placement status during the survey time frame makes tracking this population challenging, and refinement of reporting will help ensure better participation rates. Getting such monitoring reports into production, so that program leadership can access them on demand, is still needed. Tennessee DCS will reach out to the federal NYTD team to request a current review of Tennessee's NYTD QIP status, and to discuss the aforementioned options for capturing data in ways that are allowable but also provide flexibilities for the state as well as provider agencies.

***Collaboration with Other Private and Public Agencies (section 477(b)(2)(D) of the Act)***
The primary mechanism for Tennessee DCS to collaborate with other agencies regarding youth transition issues is via the legislatively mandated Youth Transitions Advisory Council. The council's membership includes representation from state departments such as the Department of Mental Health, Department of Intellectual and Developmental Disabilities, the Bureau of TennCare, and other agencies such as the Tennessee Association of Mental Health Organizations, Workforce Investment, provider agencies with contracts or other initiatives in place to serve transitioning youth such as Youth Villages, the Oasis Center, Helen Ross McNabb, Monroe Harding, Partnership for Families, Children and Adults, and South Memphis Alliance, representatives from the Tennessee Children's Cabinet, and other entities who request attendance. Much of the membership of this current forum were instrumental in passage of legislation to extend foster care to age 21 in Tennessee, and successfully obtaining approval from the state's Department of Safety to provide free photo identification cards to all youth in state's custody age 16 and older, and young adults receiving Extension of Foster Care Services.  DCS contracts with four Resource Centers across the

state to serve as a one-stop shop for service coordination and life skills class delivery to youth and young adults.  The centers include South Memphis Alliance-Dream Seekers in Memphis, TN, Monroe Harding-Youth Connections in Nashville, TN, Partnership for Families, Children and Adults-River City Youth Collaborative in Chattanooga, TN, and the McNabb Center-Project Now in Knoxville, TN.  Each center offers the Jim Casey Opportunity Passport financial literacy classes which includes an asset match component.  The Department of Children's Services has developed a strong partnership with the Tennessee Governor's Office of Faith-Based and Community Initiatives to support youth in transition.  The collaboration will launch Every Child Tennessee in August 2024 which includes Transition as one of four priority pillars of the initiative.  A partnership with Belmont University's Innovation Lab to develop a project to assess and determine the needs of transitioning foster youth by evaluating the current landscape of services and enterprises through a three-step process: Stakeholder & Youth Journey Map, Impact Strategy, and Investment Prospectus.

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

***Coordinating Services with other federal and state programs for youth***
The U.S. Department of Housing and Urban Development Family Unification Program is currently administered through partnerships with the local housing authorities in Nashville, Memphis, Knoxville, and Chattanooga.  Young adults between the ages of 18-24 that have left foster care and are homeless or at risk of being homeless are eligible for a voucher.  Partnerships have been obtained with the Memphis, Knoxville, Chattanooga, Nashville, Morristown, and Oak Ridge housing authorities for HUD's Foster Youth to Independence voucher program.  Eligible young adults are currently being referred to obtain these vouchers.  The Department of Children's Services continues to administer the federal Personal Responsibility Education Program to support the Oasis Center's implementation of the Wyman's Teen Outreach Program (TOP®), an evidence-based Positive Youth Development model, in selected Level II and III residential treatment centers, at John C. Wilder Youth Development Center, through Metro Nashville Juvenile Court and in a Metro Nashville schools.  This program in TN is designed to target Juvenile Justice and Delinquent youth.  TOP® takes a broad youth development approach to the prevention of pregnancy and other risky behaviors by engaging youth in curriculum-guided discussion groups that are active and engaging as well as youth-driven community service-learning projects.  In addition to the Teen Outreach Program, the federal Personal Responsibility Education Program supports the implementation of the Love Notes, Manhood 2.0, and  Sisters Saving Sisters Program at the four resource centers across the State of Tennessee (Helen Ross McNabb, Monroe Harding, Partnership for Families, Children and Adults, and

South Memphis Alliance). Sisters Saving Sisters aims to address the higher risk of HIV/STDs in Latina and African American female adolescent populations. The program is designed to reduce frequency of unprotected sexual intercourse (with and without drug and alcohol use), number of sexual partners, and incidence of sexually transmitted infections. Sisters Saving Sisters is a skills-based risk- reduction intervention administered in small groups of female adolescents and led by trained facilitators. Lastly, the Personal Responsibility Education Program supports Harmony's implementation of the SHARP Program which includes sexual health and family planning curriculum that is offered during Leadership Academy Camps. During the camps youth participate in a spectrum of events around team building, IL skill development, sexual health and family planning, and fellowship with other foster youth. Additional activities during the camps include ropes courses, wall climbing, equestrian therapy, swimming, hiking, preparing meals, and campfires and s'mores. DCS has current contracts with partner agencies Omni Visions, Monroe Harding, Chambliss Center for Children, Holston, Partnership for Families, Children, and Adults, Freewill Baptist, Tennessee Children's Home, and Wayne's Halfway House to provide Supervised Independent Living Programs through a combination of Title IV-E and state funding. There are current plans towards expanding to implement a Supervised Independent Living Program in Memphis, Tennessee for females. DCS also contracts with Youth Villages for the LifeSet program with includes a housing component to assist youth with locating and maintaining housing stability.

### Access to Medicaid for Former Foster Youth

DCS has developed a strong partnership with the Tenn Care Bureau who is the Tennessee Medicaid agency to ensure youth aging out of foster care continue to receive Medicaid and youth that aged out of foster care in another state, but currently reside in Tennessee has access to Tennessee Medicaid. DCS and TennCare met to discuss the requirements of the SUPPORT Act. The team made revisions to the DCS website that provides guidance to staff and young adults of the actions needed to obtain Medicaid in Tennessee. For youth aging out of foster care in Tennessee they may receive a ward of court letter produced by the DCS records division to verify their eligibility for the purpose of obtaining Medicaid in another state. This information is provided to the youth or young adult during their Child and Family Team Meetings. Additionally, DCS contracts with the Youth Villages LifeSet program who serves youth and young adults up to age 23 with intensive case management and life skills coaching who provides assistance to young adults with obtaining Medicaid.
https://www.tn.gov/dcs/program-areas/youth-in-transition/youth-resources/tenncare.html

### Serving Youth Across the State

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

Tennessee collects and reports data related to participation and retention related to young adults receiving Extension of Foster Care Services by region and even by county. Although data reporting has been done this way at times on general Chafee or ETV administration, when requested by stakeholders such as state legislative representatives, it has not been a part of the consistent reporting. Tennessee commits to including data reporting of this type, to include NYTD data as current and applicable, in ongoing, standardized reports including the APSR.

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

The 17 and up group is subject to federal Permanency plan, Independent Living plan, and Transition plan requirements, which prescribe a set of domains that must be addressed in planning and suggest a related range of services that they might need to successfully transition. The Department addresses not only the federally prescribed domains and services but expands the scope of transition planning for youth.  Transition planning for all young people in DCS custody addresses Social Skills, Life Skills, Education, Housing, Employment, Essential Documents, Credit Check, Health, Finances, and Transportation.  Additionally, special concerns including immigration and pregnant/expectant and parenting are included in the transition planning process when appropriate.  For this group, the Department has developed a partnership with the Youth Villages LifeSet Program. Youth Villages has taken on a very special role and responsibility--both in understanding the range of services that this group needs and in ensuring that each young person they work with has access to the specific services and supports he or she needs.  The Youth Villages LifeSet Program employs weekly case management services and engagement of experts in the areas of finance, education, and access to community resources to teach clients the necessary skills to achieve economic self-sufficiency, develop lasting relationships, and succeed independently. The Youth Villages LifeSet services are available for Chafee eligible youth who moved to Tennessee after exiting foster care in another state.  In addition, the LifeSet services are extended to age 23 utilizing Chafee support.  The Department has expanded the LifeSet contract with the program to include case management for Extension of Foster Care Services.

The second group is the 14-16-year-old, for whom federal law is less prescriptive in the number of domains to be addressed in IL planning.  For this group, normal adolescent development requires increasing levels of responsibility for taking care of themselves and learning some basic self-care skills (cooking, cleaning, health and hygiene habits), introductory budgeting, and opportunities for social interaction, recreational activities, and pursuit of interests that build relationships, confidence and competence.  Opportunities for these young people should be shaped by individual interests, levels of maturity, and functioning—the normalizing experiences that would characterize what we expect a younger adolescent to experience in a reasonably well functioning, intact family. Tennessee includes a breakout of Chafee services provision in standardized data reporting that differentiates the Extension of Foster Care Population (EFCS) from the youth population still in DCS custody, youth who exited foster care to adoption or subsidized permanent guardianship at or after age 16, and other eligible populations who receive Chafee-based services from contracted providers. This reporting, such as in the APSR, does include measures and outcomes for youth served by the Youth Villages LifeSet grant, which is the largest recipient of general Chafee funds and serves the most youth outside of the EFCS young adult population.

**Table 1: Independent Living Wraparound Services Extension of Foster Care Population July 1, 2023 to April 30, 2024:**

| SERVICE RATE DESCRIPTION | NUMBER OF SERVICES | NUMBER INDIVIDUAL YOUTH | COST |
|---|---|---|---|
| Auto Insurance | 1 | 1 | $600.00 |
| Child Care Assistance | 2 | 2 | $250.00 |
| Driver's Education | 11 | 11 | $6,010.00 |
| Educational Fees | 1 | 1 | $494.00 |
| Extra-Curricular Leadership Activity/Membership Fees | 5 | 5 | $1,000.00 |
| Good Grades Incentive | 4 | 4 | $250.00 |
| Graduation Package | 11 | 9 | $2,853.99 |
| Honor/Senior Class Trip | 1 | 1 | $500.00 |
| Housing Start-up Cost | 14 | 11 | $10,821.95 |
| IL Class Stipend | 5 | 5 | $250.00 |
| Other Special Needs | 1 | 1 | $165.90 |
| Testing fees (GED, SAT, ACT) | 1 | 1 | $62.00 |
| Transportation Grant | 27 | 15 | $1,540.00 |
| Yearbooks | 2 | 2 | $193.00 |
| Youth Leadership Stipend | 20 | 18 | $1,000.00 |
| **Total** | **106** | **87** | **$25,990.84** |

**Table 1: Independent Living Wraparound Services Custodial Population**
**July 1, 2023 to April 30, 2024:**

| SERVICE RATE DESCRIPTION | NUMBER OF SERVICES | NUMBER INDIVIDUAL YOUTH | COST |
|---|---|---|---|
| Driver's Education | 36 | 35 | $19,030.00 |
| Extra-Curricular Leadership Activity/Membership Fees | 11 | 11 | $3,423.54 |
| Good Grades Incentive | 11 | 11 | $820.00 |
| Graduation Package | 15 | 11 | $4,292.04 |
| Honor/Senior Class Trip | 3 | 2 | $665.00 |
| IL Class Stipend | 15 | 15 | $650.00 |
| Other Special Needs | 1 | 1 | $35.00 |
| Yearbooks | 6 | 6 | $558.50 |
| Youth Leadership Stipend | 24 | 24 | $1,200.00 |
| **Total** | **122** | **116** | **$30,674.08** |

**Due to limitations with TFACTS payment records accounting for payment card transactions, the following Independent Living Wraparound Services and payments cannot be determined on the basis of population.**

| Service Description | Number Services | Number Individual Youth | Cost |
|---|---|---|---|
| | | | |

| | | | |
|---|---|---|---|
| Educational - Extra-Curricular Leadership Activity/Membership Fees | 21 | 8 | $2,606.18 |
| Educational - Graduation Package | 102 | 65 | $28,010.02 |
| Educational - Post Secondary Application/Registration Fees | 7 | 7 | $3,876.66 |
| Educational - Testing fees (GED, SAT, ACT) | 2 | 2 | $223.00 |
| Educational - Yearbooks | 17 | 17 | $1,569.87 |
| Housing - Household Furnishings | 13 | 11 | $6,691.57 |
| Housing - Housing Start-up Cost | 13 | 7 | $2,311.96 |
| Housing - Post-Secondary Housing Application Fee | 2 | 2 | $200.00 |
| Other Discretionary Aid - Other Special Needs | 8 | 8 | $1,766.79 |
| Transportation Aid - Auto Insurance | 12 | 11 | $5,383.09 |
| Transportation Aid - Driver's Education | 26 | 24 | $13,905.83 |
| Transportation Aid - Vehicle Repairs | 2 | 2 | $1,499.84 |
| Total | 225 | 164 | $68,044.81 |

**Table 3: Adoption/SPG: Education and Training Voucher, Bright Futures Scholarship, IL Wrap-Around Services: Participation, Instance of Services, and Expenditures 7/1/23 to 4/30/24:**

| | |
|---|---|
| Number of youth and young adults who received Education and Training Voucher Funding: | 17 |
| Instances of Service: | 29 |
| Total Expenditures: | $66,849.83 |
| | |
| Number of youth and young adults who received Bright Futures Scholarship Funding: | 1 |
| Instances of Service: | 1 |
| Total Expenditures: | $2500.00 |
| | |
| Number of youth and young adults who received Independent Living Wraparound Services: | 1 |
| Instances of Service: | 2 |
| Total Expenditures: | $675.25 |

**Citation A: Youth Villages LifeSet Services 7/1/2023 to 4/30/2024:**

Since the inception of the grant in December 2006, Youth Villages has served a total of 13,613 youth in the LifeSet program in Tennessee. Of those youth, 8,866 were served under the DCS grant for the LifeSet program, excluding youth who also received the Extension of Foster Care Services.  From July 1, 2023 to April 30, 2024, 756 youth were served in LifeSet funded by the DCS grant, with 351 of those youth still enrolled at the end of April.  An additional 426 privately funded youth participated in the program in FY24 (through April 30). Across all funding sources, 1,176 youth have participated in LifeSet in Tennessee in FY24 (through April 30) (note that some youth may have been funded by different funding sources at different times, and therefore the sum of the two funding sources will be greater than the total number of youth served). An average of 340 youth were served daily on the DCS grant in FY24 (through April 30).

Upon discharge from the LifeSet program, on any funding source (data for 7/1/2023-4/30/2024):

86.3% of young adults live with family or independently

94.7% of young adults are satisfied with the Youth Villages LifeSet program

At one-year post-discharge, on any funding source (data for 7/1/2023-4/30/2024):

93 out of 101 (92.1%) are living successfully with family or independently

76 out of 92 (82.6%) are in school, or have graduated

54 out of 85 (63.5%) are currently employed at least part time

### *Chafee Training*

Training for the Life Skills 2.0 assessment has continued during this reporting period for all staff in the case manager series of DCS with multiple trainings being offered each month.  The development of this assessment was coordinated with the Office of Independent Living training workgroup and members of the Young Adult Advisory Council.  The Office of Independent Living in collaboration with the Office of Training and Professional Development and the Office of Child Health worked together to develop a computer-based training for staff, providers, and foster parents on preparing for adult transitions.  The training provides detailed information on the difference between Extension of Foster Care, ECF Choices, and Adult Behavioral Health transitions into adulthood.  The goal of developing this training is to raise awareness of the available adult transition options for youth that age out of foster care and to ensure proper planning is in place for the transition into adulthood.  Due to the Extension of Foster Care expanded criteria that launched January 1, 2023, the Office of Independent Living has provided trainings to frontline staff, provider agencies, leadership, CASA, and juvenile court judges on the new criteria.  Additional training is being discussed with the training division.  The Office of Independent Living supports initial and ongoing training regarding the importance of assisting youth in making successful transitions to adulthood needs to a wide range of stakeholders. Training should include information about the availability of Fostering Connections/EFCS and educational, legal, and other services and supports that help young adults navigate the many barriers they face. In addition to the youth themselves, the following stakeholders  will benefit from such training.

- Department of Children's Services staff;
- Juvenile court judges and magistrates;
- Youth services officers and other juvenile court staff;

- Court Appointed Special Advocates (CASAs);
- Guardians ad Litem;
- Attorneys who practice in juvenile court;
- Foster care review board members;
- Foster parents;
- Residential provider agency staff;
- Mental health service providers;
- School guidance counselors/school social workers;
- Peer advocates; and
- Mentors for current/former foster youth.

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

The TN Department of Children's Services is the sole administrator of Education and Training Vouchers. The Office of Independent Living has a Scholarship Coordinator who manages the ETV funds available, and a State Funded Scholarship called Bright Futures. ETV applicants are required to provide documentation along with ETV or Bright Futures Scholarship applications that include the FAFSA SAR, the financial aid package for the programs they are enrolled in, total cost of attendance, and progress reports when applying for subsequent awards. The Bright Futures Scholarship is used for youth who do not qualify for ETVs, or to supplement ETV allocations (not concurrently). These verification documents are reviewed to determine the amount of award needed against other financial aid awards, and to ensure total cost of attendance is not exceeded. The required documentation is scanned and uploaded via the state's CCWIS system. Each ETV and Bright Futures Scholarship award is processed as a service in the state's CCWIS system, with entry, review, and approval of each service by different staff and utilizing standardized payment procedures in the CCWIS and the state's enterprise payment processing system, EDISON. These internal controls guard against duplication of service and exceeding maximum allowable liability. A focus moving forward is to better identify barriers to continued educational progress and program completion, and to build partnerships and implement strategies with post-secondary institutions to improve such outcomes. The Tennessee Department of Children's Services, Office of Independent Living will continue utilizing the following strategies and administrative structures over the next 5 years to run the ETV program efficiently. Tennessee DCS uses various methods to identify students eligible for the Education and Training Voucher (ETV), and has an administrative structure in place for delivery.

A significant way eligible students are identified is by their active participation in Extension of Foster Care Services, who are also enrolled in post-secondary programs. Other populations of eligible students require some different approaches to identify and contact. The Tennessee DCS subsidy unit sends out mailings annually to families of youth who exited DCS custody via adoption or subsidized permanent guardianship at age 16 or older, reminding them of the availability of ETV and who to contact to receive it. Tennessee provides a foster care tuition grant to eligible students, and Tennessee DCS can identify the students in this group who also qualify for ETVs. The DCS Office of Independent Living also consistently receives inquiries from individuals interested in knowing whether they are eligible for ETVs via various means, including an inquiry form available on the Office of Independent Living's website, a hotline, and inquiries forwarded by the DCS Office of Customer Focused Services.

The Office of Independent Living employs the use of its staff to communicate directly with individuals interested in receiving an ETV. General eligibility is determined and, if a student and the respective post-secondary program qualifies, an Independent Living Specialist will assist the student with completion of an application and gathering of required documentation which includes the

FAFSA SAR, total cost of attendance, financial aid award information and, for returning students, progress reports. This application packet is handed off to a Scholarship Coordinator, who works with the student to finalize the ETV award. This includes the cost toward various allowable categories of need including tuition, books and supplies, and room and board.

The Scholarship Coordinator then administers the award to the school, tracks all awards via specified documentation methods and in a coordinated effort with the IL Specialists manages services entry and reviews payment authorization in Tennessee's transitional CCWIS, TFACTS. All documents are uploaded to TFACTS. Post Secondary programs send invoices, up to the allowable amounts, directly to Tennessee Department of Children's Services Finance division for payment processing. All ETV payments can be tracked in TFACTS and a report available via business intelligence application, OBIEE (Oracle Business Intelligence Enterprise Edition). The Scholarship Coordinator and supervisor manage any issues that arise regarding ETV awards, payments and determinations about continuing awards.

Since the enactment of the Supporting Foster Youth and Families through the Pandemic Act, the Office of Independent Living and Youth Villages staff have made efforts to re-engage youth that are disconnected from services.  Eligible youth began receiving the additional ETV funding towards their post-secondary education in July 2021 as a result of completing the pandemic aid application. The additional Education and Training Voucher funding under Division X was used to provide scholarship support to young adults up to age 27 and funding is being applied towards the total cost of attendance as well as paying educational debt to allow young adults to enroll or remain in school. Policy revision was approved to raise the maximum award to $12,000 per year until September 30, 2022, to be in compliance with the law.  This spending limit reverted back to $5000 per year October 1, 2022.

The following shows the number of payment records generated per itemized category and encumbered cost for school year 2022-23, to May 30, 2023, and includes a breakout of itemized awards and encumbered cost for the additional pandemic allocation of ETV as well.

| Service Rate Description | Encumbered Cost | Total Payments | Individual Students |
|---|---|---|---|
| ETV Textbooks and Supplies | $12,764.34 | 30 | 30 |
| ETV Tuition | $864,132.10 | 266 | 188 |
| Total | $876,896.44 | 296 | 189 |

| Service Rate Description | Encumbered Cost | Total Payments | Individual Students |
|---|---|---|---|
| COVID-19 ETV Room and Board | $7,097.75 | 9 | 9 |
| COVID-19 ETV Student Debt | $613.62 | 1 | 1 |
| COVID-19 ETV Textbooks and Supplies | $12,612.12 | 25 | 25 |
| COVID-19 ETV Tuition | $113,015.89 | 38 | 38 |
| Total | $133,339.38 | 73 | 73 |

*Consultation with Tribes (section 477(b)(3)(G))*
All eligible youth of Indian/Native American heritage are provided the same Chafee services and incentives that are available to all other state custodial youth. Reports continue to show that less than1% of the AFCARS reporting population were documented with this Race value.

# Consultation and Coordination between States and Tribes

- Mississippi Band of Choctaw Indian

In May 2023 A Memorandum of Understanding Agreement was proposed and they have voiced interest in moving forward with an MOU with Tennessee. In December the MOU was fully executed with The Mississippi Band of Choctaw Indians (MBOC) possesses a Land Trust in Henning (Lauderdale County), Tennessee on the Mississippi border consisting of approximately 88.15 acres of land; however, the tribe is not established in Tennessee as a federally recognized tribe. The legal department is planning trainings for the hotline staff and regional staff in Lauderdale County to ensure they understand the agreement and follow the proper procedures.
Eastern Band of Cherokee Indian

The U.S. Congress passed a bill on April 16, 2018, to take specified lands and easements in Monroe County, Tennessee, into trust for the use and benefit of the Eastern Band of Cherokee Indians. These lands include the Sequoyah Museum, the Choctaw Memorial, the Tanasi Memorial, and land to provide support for these properties and cultural programs.
On June 18, 2019, the Eastern Band of Cherokee Indians purchased 122 acres of land in Sevier County, Tennessee for $7.656 million with the intent to develop a retail and hotel site. The tribe intends to also use this land for economic diversification.

- Eastern Band of Cherokee

During the 2025-2029 CFSP Tennessee will continue to engage the Eastern Band of Cherokee in the department's CFSP planning process. However, the Department has had to re-establish the engagement multiple times due to changes in contacts. Past efforts include:

During FY2023
The department received a new contact name at the end of the fiscal year to begin engaging and invite to the upcoming Round 4 CFSR/CFSP planning process.

DCS continues to work with the tribe on ICWA cases located within the state currently being serviced by the tribe.

During the 2025-2029 CFSP Tennessee will continue to utilize the DCS policy regarding the Indian Child Welfare Act (ICWA) policy 16.24, Native American Children that has been in effect since January 2012. The state is in compliance with the ICWA law with the most recent Title IV-E plan. This grants a retroactive approval for the Fostering Connections Act, to October 1, 2010, and included a revised

policy 31.3 in 2019, Case Transfer Guidelines Between Regions, Agencies, and Facilities, that demonstrates DCS' compliance to ensure seamless transfer of a Native American child to a Tribal title IV-E agency or an Indian Tribe with a Title IV-E agreement. Tennessee is one of 14 States without a federally or State recognized tribe. Less than one percent (1%) of TN's AFCARS reporting populations continue to have a documented tribal affiliation.