



Department of
Children's Services

**STATE OF TENNESSEE
DEPARTMENT OF CHILDREN'S SERVICES
ANNUAL PROGRESS AND SERVICES REPORT
2014-2015**



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1. General Information and Collaboration

Tennessee's Department of Children's Services (DCS) is responsible for the administration of funding through Titles IV-B (Subparts 1 and 2) and IV-E programs, the Child Abuse Prevention and Treatment Act (CAPTA) and the Chafee Foster Care Independence Program (CFCILP). The Department provides services in twelve (12) regions totaling 95 counties across the state.

The population served by DCS includes children/youth in the custody of the state and their families, and non-custodial children/youth and their families receiving various prevention, and intervention services to ensure overall safety, permanency and wellbeing. Children in the custody of the state include those who are determined to be dependent and neglected, as well as children adjudicated delinquent or unruly by the courts. Non-custodial populations include children and families served through Child Protective Services who receive services through one of the Multiple Response System (MRS) tracks including Investigations, Assessments, Resource Linkage, and ongoing Family Support Services. Through the Independent Living Program, the Department serves youth who have reached the age of majority, have exited care or remain on a voluntary contract. DCS provides services to non-custodial youth and families of youth placed on state probation and aftercare supervision by the courts.


Tennessee DCS uses the Continuous Quality Improvement (CQI) program to involve internal and external collaborators in the improvements planned in the Department's CFSP 2015-2019 and as updated in the APSR FY 2015.

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

In addition to the work of the Senior Leadership team, DCS meets with stakeholders through various CQI teams to obtain input on the Department's work, including stakeholders such as, contract agencies, In Home Tennessee (IHT) partners, Community Advisory Board (CAB) partners, Child Advocacy Centers (CAC), Child Protection Investigation Teams (CPIT), Three Branches Institute (3BI), Court Improvement Plan (CIP), and Citizens Review Panel (CRP). Leadership from all program areas at DCS, Leslie Kinkead with the Court Improvement Program and Toni Lawal with the Citizen's Review Panel are actively involved in the development of this APSR.

Strategies outlined in the Department's Child and Family Service Plan 2015-2019 and Annual Service Progress Report for fiscal year 2015 support the agency in achieving positive outcomes in the Child and Family Service Review planned for 2017.

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

 State of Tennessee Department of Children's Services Strategic Plan 2014-2016				
VISION & MISSION				
Vision: Tennessee's children and youth are safe, healthy and back on track for success.				
Mission: Ensure forever families for children and youth by delivering high-quality, evidence-based services in partnership with the community.				
STRATEGIC PRIORITIES				
1. Safety, Health & Permanency	2. Learning Organization	3. Customer-Focused, High-Performing Workforce	4. Partnerships	5. Communications
STRATEGIC GOALS				
Ensure every child is safe, healthy and supported in a forever home through quality practice and case management	Use data and continuous quality improvement to ensure practices of DCS and its providers are repeatable, sustainable and produce the best outcomes	Ensure high-quality customer service that is responsive, engaged, and customer-focused	Strengthen our work through collaboration with community partners	Foster trust and credibility with internal and external audiences through reliable, accurate, transparent, and timely two-way communication
OBJECTIVES				
1.1 Ensure timely CPS Assessments and Investigations 1.2 Properly assess needs and develop permanency plans unique to each child and family 1.3 Ensure service array and delivery meets the needs of children, youth and families 1.4 Reduce maltreatment, recidivism and reentry through prevention and intervention 1.5 Ensure youth have the resources and support needed to successfully transition to adulthood 1.6 Provide resources and funding to ensure the safety and security of committed youth in YDCs and to support needed physical facility improvements	2.1 Enhance capacity of DCS staff to use and analyze data to inform and improve practice 2.2 Collaborate between Child Welfare Professionals and the Office of Information Technology to build and enhance effective data systems 2.3 Strengthen ability of staff and partners to appropriately identify and implement evidence-based practice 2.4 Ensure DCS policies and procedures are aligned with Best Practice 2.5 Incorporate DCS data systems with other resources to improve data informed decision-making	3.1 Foster a respectful, responsive, engaged, and customer-focused culture of excellence 3.2 Identify and hire the right people in the right job 3.3 Retain and develop quality employees through continuous professional development, coaching and training 3.4 Foster a resilient workforce 3.5 Ensure sustainability of efforts through thoughtful succession planning 3.6 Acknowledge and support well-being of DCS staff	4.1 Work with internal and external partners to promote common responsibility, define shared goals and objectives, and encourage meaningful participation in policy development and decision-making 4.2 Tailor partnerships and services to reflect the unique needs of each community 4.3 Foster a culture among DCS staff that embraces community input	5.1 Ensure communication messages are aligned with the Department's Vision, Mission and Strategic Priorities 5.2 Foster a culture of transparency while ensuring a right to privacy for families 5.3 Build systems to achieve timely response in communications efforts and foster an appropriate sense of urgency 5.4 Tell our story about the achievements and challenges of DCS children, youth, families, staff and stakeholders 5.5 Develop effective two-way communication channels that allow DCS to communicate key decisions, benchmarks, and need for organizational change while soliciting on-going input from stakeholders 5.6 Develop capacity for consistent communications across multiple platforms

Collaboration

Tennessee engages in ongoing collaboration efforts with an array of community partners and stakeholders. For ongoing efforts toward accomplishing the goals set in the CFSP, DCS leadership coordinates with regional agency personnel and community partners from across the state. The department meets regularly with its stakeholders including the Administrative Office of the Courts, representatives from mental health, advocates, and numerous others to discuss initiatives under the CFSP. At these meetings, DCS provides relevant data to topics being addressed on child welfare issues and collaborates to problem-solve barriers. For the development of this APSR, community program contacts and court liaisons were contacted to provide program information, successes, perceived barriers and strategies for improvement. On-going collaboration efforts on a variety of initiatives are incorporated into the narrative.

Court Improvement Program (CIP)

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

Court Improvement Program (CIP) Work Group

In 2005, the Tennessee Supreme Court appointed the CIP Work Group. This is a multidisciplinary group that includes DCS and other agencies and individuals involved in child welfare. In 2013, the Supreme Court requested that the CIP Work Group review and rewrite the Tennessee Rules of Juvenile Procedure (TRJP). These rules govern procedures for children in juvenile court. DCS legal staff participated in the endeavor to overhaul the TRJP that was initially enacted in 1984. The rules are outdated and the CIP Work Group is revamping them to incorporate procedures that reflect changes in both federal and state laws, as well as, child welfare best practices. It is anticipated that the amended TRJP will be submitted to the Tennessee General Assembly in 2016 for approval. A goal of the CIP Work Group over the next year is to amend the state statute to allow foster children to be able to graduate with the state graduation requirements regardless of the Local Education Association (LEA) that serves the child. LEAs have a range of graduation requirements that are not consistent statewide, which affects the graduation rates of foster children who have multiple placements or reach permanency that results in placement served by a different LEA than while in custody. The revised Rules of Juvenile Practice and Procedure are currently being reviewed by the Advisory Commission on the Rules of Practice & Procedure. It is anticipated that the rules are submitted by the Commission to the Supreme Court in the fall of 2015, at which time the Court will publish the proposed rules for public comment. The goal of submitting the rules to the General Assembly in 2016 remains the same. T.C.A. § 49-6-6001 was amended by the General Assembly to require each LEA to provide a high school diploma to any child in or exiting foster care in the 11th or higher grade who meets the graduation requirements of the State Board of Education, whether or not the child has met the graduation requirements of the LEA.

Model Foster Care Review Boards

DCS and CIP engage in ongoing work to make improvements to the Foster Care Review Board (FCRB) procedures and hearings. In 2009, CIP implemented Specialized FCRBs to address the increased number of children in foster care who are 14 years and older and enhance the reviews of cases of older youth. In 2011 DCS created the Program Coordinator position to assist CIP in this endeavor. As a result of this collaboration, DCS and CIP meet regularly to address issues that are identified through the process of implementing the boards.

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

The FCRBs also monitor the education of children and youth in DCS custody. One strategy is to assess school transcripts to track student progress and ensure youth remain or get back on track for timely graduation. The FCRBs also increase monitoring and support for children and youth through review of Individual Education Plans (IEPs) and 504 plans as applicable to the child or youth. FCRBs work with Child and Family Teams to ensure placement changes that minimize impact on academic achievement when possible.

Another focus for the FCRBs is to ensure that referable conditions/recommendations from Early Periodic Screenings, Diagnosis and Testing (EPSD&Ts), also known as well-child check-ups, are addressed. FCRBs also monitor child/youth psychotropic medication prescriptions. The FCRB collaboration works to consider case circumstances and the child's developmental status, when reviewing the status of parent/child visitation.

Currently, there are 16 counties with model foster care review boards, four of which were added this past year. The boards in four other counties are using the model foster care review board forms, but are not model boards. CIP has developed data dashboards for the model boards using the DCS data referred to in the Sharing Data section below. The dashboard includes the summary statistics on the number of children in DCS custody, demographic information, timeliness measures, re-entry rates, custody information, and placement information. The dashboard will soon be sent to the model boards to tailor their practice to correspond with the needs of the foster youth's cases reviewed.

Peer Advocates

Many of the specialized boards (now termed "model" boards) have a peer advocate who is a young adult who was previously in foster care and received extension of foster care services. Peer advocates are trained and supervised by CIP staff. Peer Advocates speak with older youth prior to the youth's FCRB hearings and advocate for the youth at the hearings. Peer advocates are paid a stipend to advocate for foster children at the review hearings and receive on-going training. In 2012, DCS and the AOC entered into a five-year contract to fund the peer advocate program. DCS provides \$55,500.00 per year to compensate the peer advocates, and to provide quarterly training to the advocates. There are currently nine peer advocates serving nine counties. There are openings for four additional advocates. Contracts were completed with five new peer advocates this year. In addition, three retreats that include peer advocate training were conducted.

Sharing Data

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

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

Memorandum of Understanding/Border Agreement with Other States

Over the next five years, DCS and CIP will review and re-activate application of the current Border Agreements between Tennessee/Virginia and Tennessee/Georgia; establish consistent tracking mechanism to support progress made within the agreements; amend both agreements through the local management committee to establish the ability to withdraw from the agreement if data supports; and maintain reporting of activities with the state departments and judiciary. Joint training on the Tennessee/Kentucky/Ft. Campbell Border Agreement was provided in November 2014 with support from Casey Family Programs; operations were effective December 1, 2014. Additional revisions in the TN/KY Border Agreement were implemented effective May 1, 2015.

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

Citizen's Review Panel (CRP)

Tennessee has four (4) CRP's located in Montgomery County (Clarksville), Shelby County (Memphis), Hamilton County (Chattanooga) and the Northwest Region of Tennessee (including nine rural counties). The Office of Child Safety (OCS) works closely with University of Tennessee, College of Social Work Office of Research and Public Service (UTSWORPS) to ensure the CRPs meet federal requirements. Over the last year, DCS has enhanced and strengthened its relationship with the CRPs in a number of areas. Representatives from the OCS attended quarterly CRP meetings in each region to show support and provide statewide updates. Additionally, the Deputy Commissioner of Child Safety met with the Chairs of the CRPs to discuss areas of improvement for collaboration between DCS and the CRPs. This led to a productive Annual Statewide CRP meeting, a new set of recommendations for DCS and a revision of the CRP bylaws.

DCS and CRP continue to collaborate regionally regarding Independent Living services to increase educational and employment opportunities for youth. Hamilton County CRP hosts the annual life skills building simulation call "Reality Check." The CRPs also assisted in revising the Independent Living Handbook.

The CRP has not yet worked to address the language barrier experienced by caseworkers working with Spanish speaking families when engaging and assessing their needs. However, the Montgomery County CRP voted to carry this goal forward for another year at the 2015 Annual Statewide CRP meeting.

Additionally, both the Shelby County and Northwest Region CRPs collaborated with DCS to identify and provide training to DCS staff. DCS regional training coordinators disseminated a survey to staff regarding training interests and shared the findings with the CRPs during the summer of 2014. The following training opportunities were provided to DCS staff based on the feedback from the survey:

- More than 30 DCS staff attended the training on Autism Spectrum Disorders (ASD) in Paris, Tennessee on January 30, 2015.

- Approximately 160 DCS staff attended the Professional Development Training on the roles of school personnel and available programs and services offered by Shelby County Schools and municipal schools. This all-day training was held on September 15, 2014 and again on May 6, 2015 to accommodate the number of staff who expressed an interest in this training.

Finally, each of the CRPs has provided periodic case consultation when requested by the regional DCS CRP representative.

Consultation and Coordination between States and Tribes

Mississippi Band of Choctaw Indians

At this time, there are no federally recognized Native American tribes officially established with the State of Tennessee. The Mississippi Band of Choctaw Indians (MBOC) possess 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. DCS attempted to engage the Mississippi Band of Choctaw on multiple occasions by reaching out to child welfare representatives Mae Bell and Maurice Calistro by inviting them to participate in the CFSP development process on May 27th, 2014 and again on June 19, 2014. DCS Director of Policy and CQI attended the 2014 ICWA Conference in Center Choctaw, Mississippi and met with MBOC leadership at that time. No concerns or immediate needs were identified. The MBOC opted to not participate in the Department's CFSP due to not being a federally recognized tribe in Tennessee and the extremely low population of children (approximately 5-10) that reside on the Mississippi Band of Choctaw land trust in Tennessee. DCS continues to include the MBOC on all activity related to Round 3 CFSP activities. The CIP Director is in communication with the Judge in Lauderdale County, TN to initiate dialog regarding the land trust and to open communication regarding needed supports. In 2014, DCS offered to develop a Memorandum of Understanding to support collaboration regarding Choctaw children who come to the attention of DCS. DCS did not receive a response from MBOC, however is open to all collaborations at any time. DCS currently has policies to ensure proper care of all Native American children residing in Tennessee as required by the Indian Child Welfare Act (ICWA), regardless of whether or not Indian children reside on the Land Trust. DCS follows all ICWA laws and ensure polices meet the standards to support timely collaboration.

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

ICWA Compliance

DCS continues to maintain Policy 16.24: Children of Native American Heritage has not needed revision since January 2010. The policy ensures compliance with the ICWA law as it was submitted with the most recent Title IV-E plan, which was approved in 2012. This approval also granted a retroactive approval to October 1, 2010 for the Fostering Connections Act. DCS enacted new Policy 31.3: Case Transfer Guidelines between Regions, Agencies and Facilities as of November 2013, which demonstrates the Department's compliance to ensure the seamless transfer of Native American children to a Tribal Title IV-E agency or an Indian Tribe with a Title IV-E agreement. DCS continues to make improvements to any policies, procedures or practices as identified throughout the CFSP cycle.

Preventing Sex Trafficking and Strengthening Families legislation

Sex Trafficking Data Collection

DCS Office of Child Safety and Office of Information Technology are working together to develop enhancements to the statewide automated child welfare system (SACWIS), TFACTS to collect and report on victims of sex trafficking. DCS anticipates being able to meet the required deadline of September 29, 2017 to report accurate data to the federal government. These enhancements include AFCARS enhancements and enhancements to track victims who encounter child protective services.

Serving Youth who Run-Away from Foster Care

Currently, DCS is drafting and developing new protocols to improve how the agency addresses foster care youth on and returning from runaway. DCS anticipates that all policies and protocols will be in effect before the September 29, 2015 deadline. This will include notification of law enforcement as required well in advance of the September 29, 2016 deadline.

Sex Trafficking Training

DCS collaborates with community partners including the Tennessee Bureau of Investigations and university partners to develop and deliver training on Preventing Sex Trafficking that will be provided to all DCS case management, supervisory staff, private provider representatives as well as, foster parents as part of their required training curriculum.

Prudent Parenting

DCS is drafting policies and procedures for foster parents that promote prudent parenting. Training for foster parents is being developed and will be delivered. DCS anticipates implementation of the prudent parenting standard by September 29, 2015

Diligent Search

DCS made revisions and implemented changes to Policy 16.48, Conducting Diligent Searches, in February 2015 to be in full compliance with this requirement. DCS also provided an update to the department's Title IV-E plan to reflect these changes as well.

Successor Guardian

DCS made revisions and implemented changes to Policy 15.15, Subsidized Permanent Guardianship (SPG), in April 2015 to be in full compliance to ensure all children who exit custody via SPG have a successor guardian named in the guardianship agreement. DCS also provided an update to the department's Title IV-E plan to reflect these changes as well.

APPLA (Another Planned Permanent Living Arrangement)

DCS made revisions and implemented changes to Policy 16.31 Permanency Planning for Children in Department of Children's Services Custody and Protocol for Planned Permanent Living Arrangement in early 2015 to be in full compliance with this requirement. DCS also provided an update to the department's Title IV-E plan to reflect these changes as well. It should be noted that many states have to significantly adjust practice

and have a substantial number of backlog cases of APPLA case plan goals for children under age 16. This is not the case in Tennessee, as DCS has had long standing best practices regarding APPLA goals, that have historically only been used for youth over age 16 and rare situations for children under age 16 where for treatment and long-term care reasons, APPLA is truly in the child's best interest. At this time there are only 2 of 61 youth in DCS Care under age 16 with a goal of PPLA. Both youth are age 15 and have extenuating circumstances. All youth have regular permanency hearings to document efforts to locate an alternate permanency option prior to selecting APPLA as the goal.

Independent Living

DCS has a Case Closure Protocol that has been in effect since July 2009, which outlines an extensive list of documents and information to be provided to all children/youth and families upon exiting care. The list includes all of the documents in the legislation, in addition to many other important documents.

2-3. Update on Assessment of Performance, Plan for Improvement and Progress Made to Improve Outcomes

Child and Family Outcomes

Safety Strengths and Opportunities

Child Protective Services (CPS) Investigations and Assessments

OCS Investigations and CPS Assessments identified specific data metrics that assist in monitoring, tracking and trending the response timeframes for allegations of abuse or neglect as well as the time it takes to close a CPS case. These metrics are available in regularly produced automated reports and provide data at the individual, supervisor, team, regional, and statewide levels to ensure that compliance requirements are met as well as identify policy and practice needs. Additionally, a contract is awarded to an external vendor to develop a data dashboard for use by all program areas of DCS to track and monitor compliance requirements at all levels and on a daily basis.

The OCS Training and Professional Development Division continue to partner with the Tennessee Bureau of Investigation (TBI) to provide the CPS Investigator Training Academy (Academy). To date, eight classes have graduated from the Academy, which includes over 150 investigations staff. By the end of 2016, it is anticipated that 100% of all investigations staff will graduate. The Academy continues training new CPS Investigations staff and partners twice per year. CPS Investigations staff who graduated from the Academy but want a refresher course can also attend. The Academy is approved by the Peace Officers Standards and Training (POST) Commission, National Association of Social Work (NASW), and Tennessee Commission on Continuing Legal Education and Specialization. With these approvals law enforcement, licensed social workers and attorneys receive continuing education hours for their respective disciplines. Since November 2013, many changes have been made to curriculum content and the overall program agenda. Changes made are based upon feedback provided by Academy participants.

CPSA identified areas of need which led to the establishment of the CPS Assessment Training Academy. DCS entered into a contract with Vanderbilt University to provide the CPS Assessment Training Academy. The Assessment Training Academy provides CPSA workers with skills and knowledge in Structured Brief Intervention and Referral to Treatment (SBIRT) including drug identification, recognizing and documenting drug impairment/use, and the National Child Traumatic Stress Network's Child Welfare Trauma Training Toolkit. It also offers other relevant topics such as understanding and mitigating complex system failures, CPS policies and procedures, juvenile court systems, and motivational interviewing in

child welfare practice. All CPSA staff are required to complete the training by the end of 2018. To date, two (2) classes graduated from the Assessment Training Academy, which includes over 57 assessment staff. The third group is scheduled to graduate in June 2015. CPSA management and regional representatives continue to use forums to work together to pinpoint effective case worker skills used to empower and prepare CPSA workers to meet the needs of children and families. Those forums, along with Academy participants' feedback, have commanded revisions to the structure, the curriculum content, and overall program agenda.

The OCS Community Partnerships Division works with OCS partners around the state. The Statewide CPIT Advisory Board meets regularly to address issues related to the investigative process for the statutorily mandated multi-disciplinary team. Senior leadership from the Office of Child Safety visits CACs to meet with directors, staff, and community partners to discuss emerging issues and then refers them to the CPIT Advisory Board. Since 2013, the leadership team in OCS visited and met with CPIT representatives in 93% of the Child Advocacy Centers across Tennessee (42 of the 45 centers).

Family Advocacy and Strengths Tool (FAST) Assessment

FAST 2.0 rolled out to all but three regions. Those three regions will be trained and rollout the FAST 2.0 by July, 2015. Currently, staff are trained and are use the FAST 2.0 in a database outside of TFACTS, however, DCS is developing FAST 2.0 for TFACTS. Part of the TFACTS development includes incorporating the SDM and the FAST 2.0. Once FAST 2.0 rolls out in TFACTS, the SDM will no longer be used in conjunction with the FAST 2.0. Instead, a portion of the FAST 2.0 will be completed within the SDM time frame and a safety algorithm will be generated to make recommendations regarding whether a child is safe, unsafe or conditionally safe. Staff will then complete the additional FAST 2.0 items within the FAST 2.0 time frame and TFACTS will generate three algorithms upon its completion. The three are safety (upon completion of the entire FAST 2.0, any updates to the safety items will update the safety algorithm), risk and trauma.

There are three phases of FAST 2.0 rollout in TFACTS. The first is the safety/FAST 2.0 merge and rollout. The second is the historical/pre-population component of the FAST 2.0. This allows FAST 2.0 to become more of a living, document. Staff will be able to see prior scores of FAST assessments that were completed and have the ability to update the FAST 2.0 quickly and easily because the last FAST 2.0 assessment will prepopulate and can be adjusted as needed, rather than starting from scratch. This addresses some of the concerns raised by staff, in the past. The third phase includes a summary section of TFACTS. This is still in the design phase, but the ultimate goal of the summary is to allow staff to provide information that eliminates the need for the continued use of the FFA and will provide a bridge between assessment and a permanency/case plan.

In addition to these phases of FAST 2.0 rollout, there will also be a FAST 2.0 application that will be enabled on employee's tablets. This allows staff to complete FAST 2.0 assessments in the field even if internet access is not available. The information entered into the application will be "pushed" into TFACTS when internet access becomes available again. The first phase of FAST 2.0 in TFACTS will roll out by early summer of 2015. The additional phases do not yet have tentative dates. This is due to the TFACTS FAST 2.0 development team's schedule. Once phase one is completed, the team will move to the development of the fiscal components of FAST 2.0. Once that is completed, the team will begin working on phases two and three

Structured Decision Making (SDM) Intake Assessment

The SDM Intake Assessment, developed in collaboration with the Children's Research Center (CRC) in 2008, is a tool that assists the CAH to make screening decisions on child abuse and neglect reports. The screening tool guides the decision in determining if the report meets the criteria for assignment and if so, the appropriate track assignment (investigation or assessment). The tool also assists the CAH in assigning a timeframe for responding to the CPS investigation or assessment. The SDM tool determines what reports are appropriate for Resource Linkage and identifies those appropriate to send to external agencies such as law enforcement or day care licensing.

DCS began a second collaboration with the CRC in November 2013 with a review of the SDM. The CRC held several meetings with the CAH and frontline CPS staff to revise the tool. Inter-rater reliability testing, field testing and staff training occurred between January and October of 2014 and the updated tool was implemented at the CAH on November 3, 2014.

Structured Decision Making (SDM) Safety Assessment

The SDM Safety Assessment, developed in collaboration with the CRC in 2008, is a tool that guides CPS Investigators and Assessment workers in decisions regarding the immediate safety of a child. The tool, used within the first 72 hours after the initial contact with the family, guides and assists the CPS worker in assessing the safety of the child. With this tool, the CPS worker is able to make decisions regarding the intact family, alternative placement for children with safety concerns or custodial care when there are no other alternatives. In 2009, DCS implemented the use of the Family Advocacy Support Tool (FAST), to aid workers in risk recognition and service planning. A revised FAST 2.0 is being piloted with the expectation that the safety elements already in this tool can be extracted and used when the initial assessment of child safety is made, therefore eliminating the need for the SDM Safety Assessment tool that is currently being used. By creating such a fluid decision making support tool, the safety of the child will be assessed with the information that is collected initially and that information will be incorporated into the second portion of the tool, which involves service planning and risk reduction.

Child Death and Near-Death/Safety Analysis

The department reports on all investigated child deaths at this website: <http://www.tn.gov/dcs/topic/child-death-and-near-death-public-notifications>. The department examines child deaths that are the result of abuse or neglect when the department has prior history. The DCS Child Death Review process involves a comprehensive, multidisciplinary review of child death and near death cases. The process uses a true systems approach to better understand those factors which influence the quality and delivery of service provided to children and their families. The systems approach guides reviewers to analyze incidents as emerging from interactions of components and processes within systems. It contributes to organizational learning, addressing issues discovered in individual events, and understanding the underlying systemic issues that influence adverse outcomes. Also, critical to the process are debriefings conducted on each case.

Debriefings are conducted with frontline staff and supervisors involved with the subject case. These debriefings explain actions, decisions and provide a comprehensive understanding of case context. Additionally, debriefings promote a safe environment for staff to revisit cases with Safety Analysts and review their work. This provides critical learning opportunities for all staff involved through this robust process.

In 2014, 149 cases were reviewed. 348 debriefings were conducted and during these debriefings, 625 different findings were discussed. Based on the 149 cases reviewed, 3 key areas of improvement were identified and acted on. These three areas included: coordination between CPS and health units, system variability specific to background checks and system constraints specific to medical record obtainment.

SAFETY Outcome 1: Children are first and foremost, protected from abuse and neglect.			
Measure of Progress	Baseline FY 2014	Actual 2014 - 2015	Target/Goal
Timeliness of Priority Response 1	78% CPSI 86% CPSA	79% CPSI 88% CPSA	75% by Jan 2015 80% by Jan 2016 85% by Jan 2017
Timeliness of Priority Response 2	75% CPSI 75% CSPA	77% CPSI 82% CPSA	75% by Jan 2015 80% by Jan 2016 85% by Jan 2017
Timeliness of Priority Response 3	74% CPSI 76% CPSA	75% CPSI 86% CPSA	75% by Jan 2015 80% by Jan 2016 85% by Jan 2017
Timeliness of classification for CPSI	Still in Development	Still in Development	Tentative 80%
Timeliness of classification for CPSA	Still in Development	Still in Development	Tentative 80%
Average time to case closure for CPSI/% overdue	25.6%	31%	<20%
Average time to case closure for CPSA/% overdue	7.7%	6.6%	<20%
Improve the number of calls to the Child Abuse Hotline answered in 20 seconds/Average answer time under 20 seconds	89.7%	86.6%	80%
Recurrence of Maltreatment (TN Data Profile 2013)	97.6%	No new data	94.6%
Incidence of Maltreatment while in DCS Custody (TN Data Profile 2013)	99.89%	No new data	99.68%
Safety QSR Scores	98%	96%	100%

SAFETY Outcome 1. Goal/Strategy 1. Ensure timely investigations.

Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>Child Protective Services 1. OCS Investigations leadership will hold weekly conference calls with all Investigations Coordinators to focus on areas of improvement, report % of overdue cases, #s of cases closed</p>	Office of	Ongoing	<p>Child Protective Services 1. Weekly calls take place between OCS staff in Central Office and the Investigation and Program Coordinators in the Regions. The format has shifted to allow each Grand Region time to discuss local issues and statewide issues. The use of an Activity Management Report assists in streamlining the ability to gather and report information regarding overdue cases, case</p>

<p>weekly, cases classified within 30 days, successful actions taken and the plan for going forward.</p> <p>2. CPS Assessment Central Office leadership will hold monthly conference calls with identified CPS regional staff to focus on areas of improvement, report % of overdue cases, #'s of cases closed weekly, cases classified within 30 days, successful actions taken and the plan for going forward.</p> <p>3. Regions were divided and assigned to OCS Investigations leadership for mentoring and monitoring.</p> <p>4. The OCS Internal Quality Control division will complete a weekly trending report to inform OCS leadership the overall trending data of overdue cases as well as cases that were compliant with classification requirements and priority response timeframes.</p> <p>5. The OCS and CPS Assessments will receive a weekly report regarding the # of overdue cases and compliance in response timeframes regionally.</p> <p>6. The OCS will develop a spreadsheet</p>	<p>Child Safety and Child Programs-Assessments</p>	<p>Ongoing</p>	<p>closures and classification compliance.</p> <p>2. Information and data are shared and discussed at the monthly Policy and Practice (P & P) meetings. Central Office staff and regional staff focus on the areas of improvement and brainstorm methods to make advances. The P & P meetings allow for face-time with regional staff, which has proven to be more effective than standard conference calls. In addition, conference calls are held between Central Office and regional leadership to address specific areas of need.</p> <p>3. The twelve regions of DCS are currently divided among four Regional Investigations Directors (RIDs). Under this structure, there are 12 Investigations Coordinators, one in every region, that directly supervise the Lead Investigators, who supervise the frontline Investigators. The model has shifted from the original two RIDs to allow for more face to face contact and allowing more time and focus by management to be spent in each region.</p> <p>4.The OCS Internal Quality Control division developed a monthly trending report, known as the Activity Management Report, to inform OCS leadership of the overall trending data of overdue cases, priority response timeframes, and caseload activity. Additionally, CPSA developed an Activity Management Report that is used to inform Central Office and regional leadership of the data related to caseloads, new referrals, and number of cases closed. This report also displays data to reflect the number and percentage of overdue cases and cases classified within the required timeframe.</p> <p>5. The OCS Investigations and CPSA receive a weekly report with regional data regarding the number of overdue cases and compliance in response timeframes.</p> <p>6. A contract was awarded to an external vendor to develop a data</p>
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<p>to use consistent statewide reporting information for classification dates.</p>			<p>dashboard for use by all program areas of DCS to track and monitor compliance requirements at all levels and on a daily basis. Additionally, the compliance for classification is tracked monthly on the Activity Management Report.</p>
<p>7. The OCS and CPS Assessments have requested that the Office of Information Technology develop a classification report for statewide monitoring and trending.</p>			<p>7. A report has been built to track classification compliance but to date has not been tested for validity.</p>

SAFETY Outcome 1. Goal/Strategy 2. Reduce repeat maltreatment through prevention and intervention services that are delivered effectively.

Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>Child Protective Services 1. All OCS investigators and supervisors will complete the CPS Investigator Training Academy. 2. All CPS Assessment staff and supervisors will complete the CPS Investigative Assessment Training Academy 3. Review and revise the Structured Decision Making (SDM) Intake Assessment Tool for the Child Abuse Hotline.</p>			<p>Child Protective Services 1. To date, eight (8) classes have graduated from the CPS Investigator Training Academy which includes over 150 Investigations staff (both frontline Investigators and their supervisors). By the end of 2015, over 60% of required staff will have graduated with 100% completion of Investigators by the end of 2016. 2. DCS and Vanderbilt University entered a contract that will allow CPSA staff access to training that sharpens skills necessary to conduct quality CPS assessments. To date, there have been two (2) graduating classes from the CPS Assessment Academy, which accounts for 57 graduates (frontline staff and supervisors). Group 3 is currently in session with a total of 36 staff enrolled. This class is scheduled to graduate in June 2015. All CPSA staff are expected to complete this training by 2018. 3. DCS partnered with the Children's Research Center (CRC) to review and revise the SDM Intake Assessment for the CAH. The review began in December of 2013 and included several meetings to revise the tool with participation from the CRC, DCS field staff and the CAH. Inter-rater reliability testing, field testing and staff training occurred between January and October of 2014, and the updated tool went live at the CAH on November 3, 2014.</p>

<p>4. Revise policy, deliver training and implement the revised SDM Intake Assessment tool at the CAH.</p> <p>5. Review the SDM Safety Assessment Tool and develop recommendations for revisions and congruency with Family Advocacy and Support Tool 2.0 and other assessment tools.</p> <p>6. Adapt the Case Process Review tool and develop a process for OCS and CPS Assessments to methodically review cases utilizing CQI to determine action plans.</p> <p>7. Review the IPA and develop recommendations for revisions to the IPA and non-custodial removal process, forms, and provide training to enhance understanding and</p>			<p>After the SDM Intake Assessment was implemented, feedback was gathered from field staff, evaluated by DCS and CRC, and adjustments were made to the tool. The final SDM Intake Assessment draft was dated February 15, 2015.</p> <p>4. As a result of the new SDM intake assessment implemented November 3, 2014, the CAH is screening intakes strictly through the use of policy, Work Aid 1, and the SDM manual, eliminating the use of regional agreements, protocols or directives. This has led to more consistent screening decisions. Additionally, OCS is partnering with CPSA to systematically update all CPS related policies to ensure that best practice and consistency is reflected in departmental policy. OCS and CPSA are also engaging frontline staff and community partners to solicit feedback for policy revisions.</p> <p>5. The FAST 2.0 has been revised and will include a Safety Assessment algorithm that will inform safety decisions. When this tool is finalized, it will replace the existing SDM Safety Assessment Tool and will integrate information into the FAST 2.0.</p> <p>6. The Director of Internal Quality Control for OCS developed and implemented quality review tools that monitor compliance in hotline and investigative protocols, procedures and documentation quality within those divisions. The Director provides consistent oversight to these internal reviews and provides information to established CQI teams within OCS. The CQI teams address results of the internal reviews and develop quality improvement plans to improve practice. Currently, CPSA staff use the Case Process Review (CPR) tool and the Fidelity Reviews as methods to gather information and address areas of needed development and improvement. The Director of Internal Quality Control and the Director of CPSA collaborate in the use of the quality review tools for CPSA.</p> <p>7. After several CPS workgroup sessions at the monthly Statewide Policy and Practice meeting, OCS developed draft revisions to the IPA policy, forms and associated non-custodial language. OCS is in the process of partnering with CPS Assessments and the Office of the General Council to review these draft revisions for additional changes to policy, forms and training and associated</p>
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<p>consistency.</p> <p>8. Conduct a sustainable evaluation that measure fidelity to IHT</p> <p>9. Define and communicate fidelity and practice expectations.</p> <p>10. Develop a process to ensure fidelity reviews are embedded into DCS work.</p> <p>Child Death and Near Death Review and Safety Analysis</p> <p>1. Safety Analyst in collaboration with Regional Nurses will obtain and review case histories, summaries and</p>			<p>the non-custodial language.</p> <p>8. As of May 2015, six regions held fidelity reviews, and the remaining regions are scheduled to undergo the review throughout the rest of the year, into 2016. During the last several months, the In Home TN (IHT) unit partnered with Vanderbilt COE to improve the quality of the review, as well as the ease of obtaining and manipulating outcome information. After the last of the 12 regions holds the fidelity review, the reviews will be sustained through the IHT Demonstration Project. The IHT Demonstration Project consultants and IHT staff use the fidelity tool as a baseline for creating a revised evaluation tool for these non-custodial cases.</p> <p>9. As of May 2015, six regions have held fidelity reviews, and the remaining regions are scheduled to undergo the review throughout the rest of the year, into 2016. Prior to each region's review, IHT staff hold individual meetings with regional staff to prepare them for the review and conduct training on the tools and software. During this time, IHT staff continues to use community meetings, quarterly IHT Project Lead meetings, leadership meetings, etc. to communicate current happenings with the reviews, as well as the future intentions and expectations with the reviews.</p> <p>10. After the last of the 12 regions holds the fidelity review, the reviews will be sustained through the IHT Demonstration Project. The IHT Demonstration Project consultants and IHT staff will use the current fidelity tool as a baseline for creating a revised evaluation tool for these non-custodial cases. The results of each fidelity review are shared with regional leadership and will be combined into a statewide report to share with Central Office senior leadership as well as the training division. Discussions around any needed process/procedural adjustments or additional/enhanced trainings will then be informed through the fidelity process.</p> <p>Child Death and Near Death Review and Safety Analysis</p> <p>1. These activities are completed for each case meeting CDR criteria. All cases are currently within compliance.</p>
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<p>medical notes for the development of a Child Death Review (CDR) Report for presentation at a CDR meeting.</p> <p>2. Death and Confirmed Near-Death cases will be reviewed on a monthly basis in every region within the state of Tennessee.</p> <p>3. A quarterly report will be created to present preliminary finding determined during CDR's.</p> <p>4. A yearly report presenting CDR statistics, findings and recommendations will be generated and published on the web to support continuous transparency.</p> <p>5. Quality assurance process will be developed to audit all necessary functions of CDR.</p>			<p>2. Cases are reviewed at least monthly in each region as needed.</p> <p>3. Quarterly reports are developed and distributed to the Commissioner within given timeframes.</p> <p>4. The 2013 CDR Annual Report was completed last year and is currently posted to the DCS website. The 2014 CDR Annual Report is being developed on schedule and will be posted to the DCS website following Commissioner and stakeholder review.</p> <p>5. A quality assurance process is currently under development. The process needed to be revisited following enhancements to the CDR process implemented January, 2015.</p>
<p>SAFETY Outcome 1. Goal/Strategy 3. Ensure children will be safe from harm while in DCS custody.</p>			
<p>Objectives/Action Steps</p>	<p>Responsible</p>	<p>Date By</p>	<p>FY 2015 Update</p>

<p>CPS Special Investigations Unit (SIU) 1. The OCS is reviewing and revising the Special Investigations Unit's safety and risk assessment tool to better identify and address immediate safety concerns and ongoing risks to a child in custody during an investigation.</p>	<p>Office of Child Safety, SIU</p>	<p>June 2015</p>	<p>CPS SIU 1. A review of the Safety and Risk assessment has been initiated. The tool is being assessed to determine if it can be enhanced to address each of the placement types (congregate care, YDC, foster home, etc.) investigated by SIU.</p>
<p>PREA 1. PREA Self Assessments and Mock Audit at each YDC 2. PREA Audit</p>	<p>Office of Quality Control – Accreditation</p>	<p>Annually</p>	<p>PREA 1. Completed PREA Self-Assessments at all three YDCs 2. Mountain View YDC completed PREA audit June 2014. Mountain View YDC is certified as PREA compliant. Wilder YDC scheduled to complete PREA audit June 9-10, 2015.</p>
<p>ACA 3. Annual ACA mock audits at each YDC 4. ACA Audit</p>	<p>Office of Juvenile Justice</p>	<p>December 2019</p>	<p>ACA 3. Annual inspection conducted at Wilder April 15-17, 2014, and at Woodland Hills October 28-30, 2014. No safety concerns noted. Mt. View's annual inspection to be conducted June 2015. 4. Completed Wilder mock audit April 8-9, 2015.</p>
<p>Foster Home Quality Team 1. The Foster Home Quality Practice Team will meet weekly to review the findings of SIU cases to make decisions regarding resource homes to ensure safety of children.</p>	<p>Office of Quality Control – Accreditation</p>	<p>Weekly</p>	<p>Foster Home Quality Team 1. Formalized FHQT continues to meet weekly to make decisions regarding resource homes to ensure safety of children. Analyze closed resource homes that request to re-open. Develop a quarterly report that tracks trends of allegations by agency and region.</p>
<p>SAFETY Outcome 1. Goal/Strategy 4. Ensure that "high risk" youth are appropriately placed to improve treatment outcomes and reduce the risk of abuse of other youth.</p>			
<p>Objectives/Action Steps</p>	<p>Responsible</p>	<p>Date By</p>	<p>FY 2015 Update</p>
<p>1. Provide existing high risk reports to all appropriate DCS and Vanderbilt COE staff.</p>	<p>Office of Child Programs-</p>	<p>December 2015</p>	<p>1. Report is generated and shared every two weeks.</p>

<p>2. Update existing reports to add additional information that will ensure the high risk report is as helpful as possible.</p> <p>3. Address provider's responsibility with high risk placements and ensure it is clearly defined in policy.</p> <p>4. Complete safety plans for all high risk youth in foster homes and those that are stepping down from residential placements to resource home placements.</p> <p>5. Ensure foster parents are knowledgeable of what is expected while fostering a high risk youth.</p> <p>6. The Placement Specialist 2.0 course is designed to help staff understand levels of care and use steps in the referral process to know placement considerations. This course helps staff gain a better understanding of their role in Child and Family Team Meetings; how to engage providers; and how to interface with Central Office and Placement Services, especially where the placement of high risk youth is concerned.</p>	<p>Network Development</p>		<p>2. Once the report is received additional columns and highlights are added to show which youth are new for that two week period of time, which youth have a CANS coming due soon and which youth have an overdue CANS.</p> <p>3. Providers receive formal notifications from Network Development regarding youth placed with them that are deemed high risk. There are expectations and next steps in the notification. Language is drafted for the provider manual to define the expectations for high risk. The language includes additional information about safety plan expectations. This recently changed, so all of the updates will be done at once.</p> <p>4. The formal notifications sent to providers include youth placed in all levels of care and in all settings. For youth placed in residential treatment centers, providers are asked to generate a safety plan prior to the youth stepping down to a resource home. In addition, each provider with high risk placements receive a copy of the high risk report sent to regions every two weeks. This version contains not only youth placed at their agency, but is an entire list of all youth who are deemed high risk, regardless of how long. These youth remain on the high risk spreadsheet until the youth exits custody or have an updated CANS that shows the youth are no longer high risk.</p> <p>5. This is done through the safety plan. A new statewide safety plan is about to be rolled out. This safety plan provides clarity about what action steps will take place and who is responsible for the action steps.</p> <p>6. The placement specialist training exists, but there are plans to make enhancements with emphasis on youth considered high risk. There is collaboration with the training division to accomplish this goal.</p>
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Safety Outcome 2: Children are safely maintained in their own homes whenever possible and appropriate.			
Measure of Progress	Baseline FY 2014	Actual 2014 - 2015	Target/Goal
Juvenile Justice Recidivism	22% (2010, 2011, 2012)	22% (2010, 2011, 2012)	<20%
Timeliness of Safety SDM Assessment	Still in Development	Still in Development	TBD Jan 2015
Timeliness of FAST (initial and re-assessment)	Still in Development	Still in Development	TBD June 2015
SAFETY Outcome 2. Goal/Strategy 1. Ensure strengths-based in-home practice is focused on engagement.			
Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>In Home Tennessee (IHT)</p> <p>1. Continue to support and sustain IHT practice through adaptations to the framework as needed.</p> <p>2. Incorporate IHT training into existing trainings.</p> <p>3. Support the development of a state-wide coaching culture.</p>	Office of Child Programs-Network Development	December 2015	<p>In Home Tennessee (IHT)</p> <p>1. In Home Tennessee (IHT) Central Office staff continues to provide consistent and ongoing technical assistance to regional staff leading the enhancement within each part of the state. Each region relies on the IHT Implementation Teams to continue to use the data collect from the service array assessment meetings to create and maintain workgroups to address service/practice gaps. The Central Office IHT staff revises the IHT framework, with regional input, as needed.</p> <p>2. To ensure strengths-based in-home practice is focused on engagement and incorporated into existing trainings, pre-service and in-service material was reviewed and comparisons made. The major practice components of IHT are incorporated into Pre-service training, CPS Specialty week training, and Assessment and Planning Integration training. A train-the-trainer event for all trainers is scheduled for July 2015. By the beginning of FY 2015-2016, IHT will no longer be offered as a stand-alone training.</p> <p>3. Coaching began as a component in the In Home Tennessee training curriculum. The objective supports the development of a coaching culture in through thoughtful reflective practice and promotes continuous learning and improvement. All supervisors receive the skill building training as part of the In Home Tennessee project. DCS meets the objective and action steps to promote and sustain a coaching culture which supports workers and supervisors in promoting best practice principles around the practice wheel indicators (Engagement, Assessment, Teaming, Planning, Plan</p>

<p>4. Conduct a sustainable evaluation that measure DCS organization use of implementation drivers.</p> <p>Enhance the work of Resource Linkage to prevent children from entering custodial care.</p> <p>1. Develop quality measure for monitoring resource linkage work.</p>		<p>December 2015</p>	<p>Implementation, and Tracking). Currently, supervisors receive coaching as a component of the Certification process. Coaches model the coaching and educative approach affording supervisor's the experience from a coachee perspective. Once certified, supervisors participate in the coaching training to develop their coaching skills. With these new skills and perspective supervisors are able to model and support a coaching approach with their direct reports. Coaching components are implemented in training curriculums to further strengthen skills.</p> <p>4. Since the initiation of In Home Tennessee with regional staff in 2010, surveys of DCS staff have been conducted with each region to measure the use of implementation drivers, overall regional knowledge, and regional leadership support. Going forward in 2015, a modified, more streamlined survey evaluation of these items will continue, with the assistance of the pre-existing surveys conducted by the Continuous Quality Improvement (CQI) unit within Central Office.</p> <p>Enhance the work of Resource Linkage to prevent children from entering custodial care.</p> <p>1. In an effort to monitor and measure the quality of work across the State, Resource Linkage has implemented monthly and quarterly staff meetings that include each Regional Resource Linkage Coordinators across the State. Conference calls are held each month to discuss any barriers or improvements that coordinators are experiencing in their region. Resource Linkage Coordinators held a second Statewide In-Service Training on October 8 - 9, 2014 in Nashville, Tennessee where two days of training, presentations by Central Office Staff and a visit from Commissioner Henry were conducted. The training and presentations during these dates focused on those areas of need for Resource Linkage Staff going forward such as Close File Management and Destructions, Fiscal Accessibility and Accountability and Public Perception. The outcome of these monthly and quarterly staff meetings has resulted in the development Workgroups in the areas of TFACTS, Resource Linkage Case File Management and Destruction, Public Communications in the regions and Resource Linkage Data Collection. One example of the work that has been done in these Workgroups has been in the area of TFACTS</p>
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<p>2. Enhance current data collections to ensure consistency across the state.</p> <p>3. Expand at Central Office level support and advocacy work for the role resource linkage staff complete.</p>			<p>2. In an effort to enhance Resource Linkage Data Collections to ensure consistency across the State, a Workgroup was developed consisting of Leadership and Support Staff from Network Development and key Regional Resource Linkage Coordinators from established and experienced regions. This Workgroup developed a system with the use of SurveyMonkey for collecting regional and statewide data as it relate to Regional Resource Linkage activity and CAB's statewide. Also, policies and procedures, training and a process to monitor the system were developed by this Workgroup. The system is currently being piloted in selective regions of the State, and the Workgroup continues to have ongoing meetings to refine the system.</p> <p>3. In an effort to expand at Central Office the level of support and advocacy work for the role resource linkage staff complete, Network Development Leadership have been meeting, working and sharing the mission of Resource Linkage and Community Advisory Boards with the Commissioner, Regional Administrators, Fiscal Directors, and other Program and Departmental Directors in Central Office. Through these efforts on the part of Network Development Leadership the Staff of Resource Linkage are able to build relationships with Central Office. This relationship is successful in that Resource Linkage Staff coordinates with Program and/or Departmental Directors from Central Office to provide training, presentations during staff meetings and expertize during Work/Focus Groups. Also, Commissioner Henry supports Resource Linkage and Community Advisory Boards as he has attended several meetings and events across the State and voiced his support and commitment. During the Statewide Regional Resource Linkage Coordinators In-Service Training on October 8 - 9, 2014, he learned that the Resource Linkage Staff were presenting and sponsoring varies activities and events across the State of Tennessee without appropriate equipment and materials for their presentations. As a response, he committed that he would use his own budget to get them what regions needed so that staff could successfully carry out their work. Within several weeks, each Region received a very nice banner depicting the Department's Logo and a picture of a family or children.</p>
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<p>4. Develop a triage/consultation arena of identified staff to provide expertise and case direction when families have come to the attention of the Department numerous times.</p>			<p>4. The OCS and CPS Assessments (CPSA) will begin a process to triage and review abuse/neglect cases of repeat maltreatment. This process is referred to as Safety Roundtables, which was introduced to DCS by Casey Family Services. DCS met with Casey Family Services to design a safety process specific to Tennessee's child welfare system. In Fall 2014, OCS and CPSA staff visited Florida to view their Safety Roundtables system to gather additional ideas for improvement and application. DCS is currently narrowing down the preferred population and assessing data compiled from TFACTS. Safety Roundtable pilot regions are identified and are currently involved in the preparation process for rollout, scheduled for Fall 2015. OCS and CPSA monitor and adjust age criteria and regional structure to ensure sustainability, while Casey develops a team to provide DCS with critical technical assistance.</p>
<p>SAFETY Outcome 2. Goal/Strategy 2. Children and families will be assessed to determine service delivery needs and ensure the stability of families who can be maintained together safely.</p>			
Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>FAST 1. As DCS continues to pilot the FAST 2.0, ensure that the time frames set forth by the FAST 2.0 workgroup are proper and sustainable. 2. As FAST 2.0 rolls out across the state, ensure staff is trained on policy surrounding the timely completion of the FAST 2.0 assessments. 3. Develop FAST 2.0 reports that provide information helpful for consistent timeliness. 4. As FAST 2.0 rolls out to other regions across the state, ensure that staff are supported through regular</p>	<p>Office of Child Programs-Network Development</p>	<p>March 2016</p>	<p>FAST 1. The FAST pilot was successful. There are only three regions left to rollout FAST 2.0. Staff in those regions will all be trained within the next few months. 2. This is part of standard training and subsequent "refresher" trainings. 3. The fact that assessments are being completed in a database outside of TFACTS has presented some issues with us understanding how many cases should have a FAST 2.0, etc. Chapin Hall has provided this data recently and it will be done for all regions as FAST 2.0 rolls out. One issue with this data is that it is a few months behind and it is received quarterly. Because of that other options are being considered with the Vanderbilt COE. 4. DCS continues to have FAST 2.0 Leadership calls each month. This meeting is for regional leadership, the Vanderbilt COE Consultants and Central Office to discuss any ongoing issues, barriers to timely completion, training needs,</p>

<p>collaboration calls.</p> <p>5. Continue ongoing collaboration with the COE to ensure potential barriers and needs are addressed.</p> <p>6. As FAST 2.0 rolls out across the state, ensure staff and supervisors are trained consistently on what constitutes a quality assessment.</p> <p>7. Continue to work with the Vanderbilt COE to ensure quality assessments are being completed and what barriers may need to be addressed.</p> <p>8. As FAST 2.0 rolls out across the state, request facilitators attend training to ensure that FAST 2.0 assessments are completed prior to or at the time of the CFTM. This will also help to ensure that the FAST 2.0 is incorporated into the family case plan.</p> <p>9. Conduct regular case reviews to assess the current use of this practice.</p> <p>10. Meet regularly with regional and central office management to strategize ways to improve in this area.</p> <p>Safety SDM Assessment</p> <p>1. Revise policy, deliver training and implement the SDM revised tool at the CAH.</p> <p>2. Review the SDM Safety tool and develop recommendations for</p>		<p>June 2015</p>	<p>etc.</p> <p>5. This happens regularly. DCS works side by side with the COE on a daily basis for FAST 2.0 collaboration.</p> <p>6. This work takes place through regional supervision; COE consults with staff, monthly FAST 2.0 Leadership calls, FSAT 2.0 Refresher Training sessions, a FAST 2.0 guide that is put out monthly by the COE and other communication within the regions, Central Office and the COE.</p> <p>7. This work takes place through regional supervision; COE consults with staff, monthly FAST 2.0 Leadership calls, FSAT 2.0 Refresher Training sessions, a FAST 2.0 guide that is put out monthly by the COE and other communication within the regions, Central Office and the COE.</p> <p>8. This helps to ensure that the FAST 2.0 is incorporated into the family case plan. There are facilitators who attend FAST 2.0 trainings which contributes to the success of the plan.</p> <p>9. This is done within regions, through supervision and case consults with COE consultants.</p> <p>10. Meetings are held on a very regular basis to discuss progress and barriers. Because FAST 2.0 is the first intervention for the IV-E waiver, this is addressed in those meetings as well.</p> <p>Safety SDM Assessment</p> <p>1. - 2. The SDM Safety Assessment, developed in collaboration with the CRC in 2008, is a tool that guides CPS Investigators and Assessment workers in decisions regarding the immediate safety of a child. The tool, used within the first 72 hours after the initial contact with the family, guides and assists the CPS worker in assessing the safety of the child. With this tool, the CPS worker</p>
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<p>revisions and congruency with FAST and other assessment tools.</p>	<p>Office of Child Safety</p>		<p>is able to make decisions regarding the intact family, alternative placement for children with safety concerns or custodial care when there are no other alternatives. In 2009, DCS implemented the use of the Family Advocacy Support Tool (FAST), to aid workers in risk recognition and service planning. A revised FAST 2.0 is being piloted with the expectation that the safety elements already in this tool can be extracted and used when the initial assessment of child safety is made, therefore eliminating the need for the SDM Safety Assessment tool that is currently being used. By creating such a fluid decision making support tool, the safety of the child is assessed with the information that was collected initially and is incorporated into the second portion of the tool, which involves service planning and risk reduction.</p>
<p>SAFETY Outcome 2. Goal/Strategy 3. Reduce recidivism of Juvenile Justice youth through prevention and intervention.</p>			
<p>Objectives/Action Steps</p>	<p>Responsible</p>	<p>Date By</p>	<p>FY 2015 Update</p>
<p>To fund programs that has been shown to Juvenile Justice reduce recidivism by the on-going evaluation of the program content, dosage and fidelity.</p> <p>1. Identify the primary programs and services currently offered to youth adjudicated delinquent in residential care/custody.</p>	<p>Office of Juvenile Justice</p>	<p>December 2015</p>	<p>Recidivism by definition for the Office of Juvenile Justice, Department of Children's Services (DCS) is "A juvenile offender referred to the Office of Juvenile Justice or Juvenile Court for a law violation within a two year period of release from DCS custody, which results in the re-adjudication, or return to a Youth Development Center (YDC), contracted facility, or DCS/private provider Resource Home. This also includes youth released over age 19 who are committed to the adult court system within two years of their release date."</p> <p>1. The Office of Juvenile Justice oversees the operation of three youth development centers (YDC) that are secure residential treatment facilities that provide delinquent male youth, ages 13 up to age 19 with 24-hour supervision and care. In 2012, DCS began contracting with G4S Youth Services, a 24-bed residential program to provide services for delinquent females ages 13-18 in need of level III care. There are no secure facilities for females in Tennessee. The YDC's use the following programs and services to include screening and assessment, case management, individualized planning for youth, education through an on-site accredited school program, medical and dental care, individual and group counseling , Aggression Replacement Training (ART), Individual and Family Therapy, psychiatric services : evaluations, monitoring, and medication management, Level I and II Alcohol and Drug Treatment, Structured Youth Work and School-to-Employment programs for eligible students, structured indoor and outdoor recreational activities and religious</p>

<p>2. Match existing services with categories of services known to meet evidence-based standards through research evidence.</p> <p>3. Data collection of program dosage.</p> <p>4. By using the Standard Program Evaluation Protocol (SPEP) determine the average level of recidivism expected from each program/service based on implementation.</p> <p>Promote a balanced and restorative approach to casework.</p> <p>1. Develop an in-service training curriculum on the balanced and restorative approach.</p> <p>2. Add an overview of the balanced and restorative approach case manager pre-service – juvenile justice specialty week.</p> <p>3. Investigate implementing the Victim Impact curriculum at the YDCs.</p>			<p>services.</p> <p>2. Services and categories were matched in 2009, this step is completed.</p> <p>3. Data is currently being collected by all programs housing delinquent youth bi-annually. In calendar year 2013, DCS recognized and documented 82 categories of service provided in the state. To date, all three YDC's and 29 of the 36 agencies that provide or contract with residential facilities have sent us data in some form.</p> <p>4. There are challenges with collecting some data due to the availability of risk assessment scores. Troubleshooting is occurring, however, a final report is not complete at this time.</p> <p>Promote a balanced and restorative approach to casework.</p> <p>1. Currently, a course does not exist, however; one has been located and will be implemented into the Juvenile Justice In-service Training Program. This action step will be tracked through the Juvenile Justice Training Plan.</p> <p>2. An overview of the balanced and restorative approach was added to the juvenile justice specialty week curriculum in June 2013.</p> <p>3. The YDC programs are transitioning to a more therapeutic treatment model. The victim Impact Curriculum will be incorporated into the new model.</p>
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Permanency Strengths and Opportunities

Kinship/Relative Caregiver

The Relative Caregiver program is managed by a Program Coordinator that provides oversight and support to eight contractors that offer the actual programmatic services statewide in all 95 counties. The program was piloted in three selected regions beginning in June of 2000 and was adopted into legislation and offered statewide in July of 2006.

The purpose of the Relative Caregiver Program is to provide relative caregivers and the children in their care support in order to prevent the children from entering state custody and/or support children and families after children exit to the custody of relatives and prevent the re-entry into the formal child welfare system. Services provided through the Relative Caregiver Program include support groups, information and referral, education workshops, family advocacy/short-term case management, respite and enrichments, material assistance, groups for children and teens and emergency financial/start-up assistance. Other services such as Individual and Family Counseling, Mentoring, Legal Assistance and Tutoring are provided through lead agencies and Partnerships between other community stakeholders. Current challenges to this program include limited funding to the contractors and the families that are caring for their relatives. Financial support to families is critical to long-term sustainability, and this program is only available to coordinate and support referral to other financial programs including Families First (TANF) and Food Stamps (SNAP). In recent years, the State General Assembly considered ending this program. The department continues to advocate for this program and identify how to provide more financial support and assistance to families in local communities, as well as grant funding opportunities for service providers.

Permanency

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

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

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

Parent/child visitation remains an ongoing challenge as parents' barriers prevent them from remaining actively involved reunification efforts. Ensuring workers have the resources and skills to support parent/child visitation is part of ongoing work. DCS continues to make use of the CQI

program through regional permanency CQI teams to address improvements in this area. Currently, there are efforts to enhance TFACTS reporting on parent/child visitation, CQI teams working to identify barriers to both ensuring visits and the needed documentation of those visits.

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

Adoptions

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

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

The employees within the Division collectively team together to ensure that DCS has exemplary adoptive outcomes for children and families. Some of the successes DCS has experienced include; leading the nation in timeliness to adoptive permanency (NCANDS data), limiting adoption dissolutions to less than 2% for children that receive adoption support services, the implementation of a new HART gallery in Tennessee, and limiting audit findings related to the adoption assistance and guardianship subsidy programs.

Adoption Registration Unit

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

Access to Sealed Records and other Services

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

Interstate Compact on the Placement of Children (ICPC)

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

Putative Father Registry

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

Permanency Outcome 1: Children have permanency and stability in their living situations.			
Measure of Progress	Baseline FY 2014	Actual 2014 - 2015	Target/Goal
More than 2 placement moves (TN Data Profile 2013)	59.8%	No new data	<50%
% of children in custody less than 24 months	82.8%	80.7%	85%
Exits to adoption in less than 24 months	46.2%	No new data	50%
Exits to adoption Median length of stay	25.1 months		<24 months
Time to Reunification within 12 months	59.7%	59.9%	80%

(TN Data Profile)	73.2%	No new data	75.2%
Stability QSR Scores	78%	88%	70%
Appropriateness of Placement QSR Scores	96%	97%	70%
Long Term View QSR Scores	47%	57%	70%
Successful Transitions QSR Scores	68%	73%	70%
Permanency Planning QSR Scores	65%	75%	70%
Implementation QSR Scores	64%	79%	70%
Tracking and Adjustment QSR Scores	70%	85%	70%
Reentry within 12 months of exiting custody (TFACTS)	4% Brian A 11.7% JJ 12.5%	6.7% Brian A 19.2% JJ No new data	<5% <10% <9.9
(TN Data Profile 2013)			
Youth discharged at age 18 shall have earned a GED, graduated from high school, enrolled in high school or college or alternative approved educational program for special needs children, currently enrolled in vocational training, or employed full time.	84%	92% Brian A 84% Brian A and JJ	90%

PERMANENCY Outcome 1. Goal/Strategy 1. To ensure all children and families have permanency plan goals and action steps that fully incorporate the strengths and needs identified in their assessments.

Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<ol style="list-style-type: none"> Assess casework across the state to better understand the barriers to incorporating assessments into plans by conducting regular case reviews to assess the current use of this practice. Meet with regional and central office management to strategize ways to improve the TFACTS system to better integrate permanency planning with assessments. 	Office of Child Programs- Network Development	June 2015	<ol style="list-style-type: none"> Regions conduct Case Process Reviews quarterly to assess integration between the assessments and the permanency plan. DCS is currently redesigning the assessment and permanency planning modules in the TFACTS system to better integrate the work that occurs between assessment and planning. The redesign will create a seamless flow between the case assessment and the permanency plan.

PERMANENCY Outcome 1. Goal/Strategy 2: Adoptive placements will be successful.			
Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>Adoptions</p> <p>1. Improve/Refine existing work in Finding Our Children Unconditional Support (FOCUS) program to ensure that children in full-guardianship are moving to adoption or another positive permanency outcome.</p> <p>2. Create additional data to track progress of children moving to adoptive permanency to ensure that cases are being reviewed timely and children are moving expeditiously to permanency.</p>	Office of Child Programs – Adoptions	December 2015	<p>Adoptions</p> <p>1. The FOCUS process reviews children in full guardianship on a monthly basis to determine if a permanent family is identified. This review team consists of Central Office staff, DCS regional staff, provider agencies, and Harmony Adoptions. If a family has been identified, the FOCUS team works to ensure permanency occurs in a timely manner. If a permanent family has not been identified, steps are taken to identify a family which include developing and Individual Recruitment plan, completing and Archeological Dig, registering the child on AdoptUsKids, and ensuring that there is a strong and well-functioning team, which includes partnering with provider agencies. To ensure the quality of the case work, Central Office began a series of targeted case file reviews. The most recent review occurred during the fall of 2014. The review specifically focused on the development of Individual Recruitment Plans for those children without an identified family, Archeological Digs/Diligent Search for placement and lifelong connections, registration of children on AdoptUsKids, the Child and Family Team, and partnership with providers. The overall finding of the review was that children in full guardianship with no family identified are routinely receiving the special attention and diligent casework that the FOCUS process was intended to ensure. The specific tasks mentioned above are occurring for those children who have no family identified. These ongoing efforts along with monthly reviews of all children in full guardianship have resulted in legal permanency and lifelong connections for children and youth.</p> <p>2. November 2014, the Division of Foster/Relative Care and Adoption worked directly with the Office of Information Services (OIS) to develop reports related to tracking children that exit to adoptive permanency. Currently, the division uses the TFACTS (SACWIS system) mega-report to identify all of the children in full-guardianship, by region, in order to have monthly conversations to support/facilitate the individual adoptive permanency work. With the new reports that will be generated, it will simplify the identification of each of the kids that are on track for adoption and provide the ability to assess the # of days it takes to achieve adoption. The new report will also allow us to identify higher-performing private providers and others where</p>

<p>3. Participate in a formal evaluation by the National Resource Center for Adoptions at Spaulding of post-adoption services program and receive feedback from service recipients.</p> <p>4. Increase usage of the SACWIS system to determine and document eligibility of adoption assistance and guardianship subsidies.</p> <p>5. Work closely with the Departmental OIS staff to assess and plan to automate the SACWIS system for determinations of subsidy eligibility.</p> <p>6. Review and provide modifications to the agency's Adoption Best Practice Guide to better reflect practice changes and new innovative approaches that support best practice to provide better guidance to Field and Central Office staff.</p>			<p>additional support or training may be needed. The report development has been completed, and is now awaiting prioritization, testing, and completion.</p> <p>3. & 10. Last Fall, the Division of Foster Care worked with the National Resource Center for Adoption at Spaulding to create a survey for post-adoptive family to assess their access and needs for post-adoption support. Letters were mailed to over 3000 adoptive parents inviting them to complete the internet survey. In February, the survey was "closed", feedback is being analyzed . It is expected that a report of the survey findings will be drafted and completed in May of 2015. It is the expectation that the analysis of the data from the survey will provide the Department with some new strategies to support adoptive families.</p> <p>4. 5. & 6. Central Office Adoption Subsidy staff and Child Welfare Benefits Counselor staff now create and determine eligibility for Title IV-E Adoption Assistance (AA) in TFACTS for children placed in a Tennessee Licensed Child Placing Agency (TLCPA). This enhancement allows for a determination of Title IV-E Adoption Assistance eligibility, but it also rectifies a federal AFCARS Review finding. TFACTS now automatically generate an eligibility determination outcome for youth who are between the ages of 18 -21 and who have been determined eligible for Title IV-E Fostering Connections, Title IV-E / State Funded Adoption Assistance, or Title IV-E / State Funded Subsidized Permanent Guardianship. This enhancement is based on federal and state program requirements in effect at the time of the youth's adoption or exit to guardianship. Because of this enhancement Tennessee is at a much reduced risk of federal and state audit findings. TFACTS will now display a Title IV-E Fostering Connections eligibility funding status in the initial Adoption Assistance Subsidy Record and all Subsidy Reviews. TFACTS now allows for the entry of an expected graduation date within a child's subsidy review record and will automatically set the end date for the subsidy to that expected graduation date. Subsidy eligibility reviews may be completed to extend the expected graduation date as necessary and will in turn extend the subsidy end date accordingly. This enhancement will reduce the risk that subsidy payments will be generated after the youth meets the educational</p>
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			<p>requirement. TFACTS now provides the ability to set an Adoption Assistance Review or Subsidized Permanent Guardianship Review to a 'Created in Error' status. This enhancement will alleviate the need for data fixes to correct errors. A child can now be determined eligible for Subsidized Permanent Guardianship if the child is 12 years of age or older and has been consulted regarding the relative guardianship arrangement and meets all of the other Subsidized Permanent Guardianship requirements. Now, before subsidy payments for a child are generated, the subsidy record must be set to a "Finalized" status. This enhanced functionality serves as a system control to ensure payments are validated through supporting documentation and that the supporting documentation has been uploaded to the subsidy record. TFACTS now provides the ability to document Medical/Rehabilitative Care Needs within the subsidy record for children and youth who are determined eligible for an Adoption Assistance Subsidy. This enhancement assists the Child Welfare Benefits Unit in certifying Medicaid Eligibility for youth determined eligible for Title IV-E Fostering Connections, Title IV-E, and State Funded Adoption Assistance. TFACTS now provides the ability to modify a subsidy rate type through the completion an Adoption Assistance/Subsidized Permanent Guardianship Subsidy Review. This enhancement ensures that the appropriate rate type is assigned to the child's subsidy payments. TFACTS now prevents the entry of a subsidy rate higher than the allowable rate for the child's age group and rate type selected by the user. This enhancement will decrease the likelihood of overpayments. For newly created subsidy eligibility determinations, TFACTS will now prevent the entry and approval of a subsidy rate that exceeds \$60.00 per diem. For deferred Adoption Assistance eligibility determinations, TFACTS will now prevent the entry or approval of a rate higher than \$0.00. This enhancement ensures that payments are not inadvertently generated for deferred adoption assistance. TFACTS will now display Title IV-E Eligibility information through a link within the child's Subsidy Record. The information accessed through this link will reflect the child's Title IV-E eligibility status during the foster care episode. This information will be used by the Child Welfare Benefits Unit to assist in the determination of eligibility for Title IV-E Fostering Connections, Title IV-E, or State Funded Adoption Assistance. TFACTS now provides the ability to modify the Resource linked to child's Subsidy record</p>
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<p>7. Create a process within the SACWIS system to assign subsidy cases directly to the unit rather than track them on a separate document.</p> <p>8. Work closely with the National Resource Center for Adoption to enhance the process for providing full-disclosure to adoptive families.</p> <p>9. Work closely with the OIS division to create reports related to adoption assistance and guardianship subsidy for improved support to staff and work management.</p> <p>10. Assess and Identify innovative ways to support adoptive families.</p> <p>11. Ensure that every child that does not have an identified adoptive family at full-guardianship has a functioning Individual Recruitment Plan, a functioning child and family team, and a thorough "archeological dig" of the</p>			<p>without the need to request a data fix. TFACTS now enforces that a response be entered for all potential special needs factors for a child. This enhancement ensures that every special needs factor is reviewed and assessed to determine if it is applicable to the child.</p> <p>7. With the December 2014 TFACTS Enhancement release, TFACTS now has functionality to assign subsidy records based on the subsidy specialist role assignment. Future enhancements are needed to create subsidy reports based on case assignment and required work items which will allow the subsidy worker to utilize the report in managing their day to day job responsibilities. Supervisory staff within the division of foster care and adoption subsidy unit will work with OIS to design and implement the needed enhancements.</p> <p>8. DCS began working with the NRCA during the early part of 2014 on developing policy and best practice around Adoption Full Disclosure. The direct work with the NRCA ended in the fall of 2014, and resulted in a new policy specifically for adoption related disclosure. This is the first policy for DCS that specifically outlines the purpose of full disclosure, the process, and is directly in line with the state's statute on full disclosure. Statewide training on the policy and best practice began in March 2015.</p> <p>9. & 10. The Division of Foster Care and Adoption has worked closely with the division of OIS to design the following TFACTS Subsidy Reports; 1) Monthly Entry to Custody Report of Children with a Finalized Subsidy; 2) Children with a Finalized Subsidy Agreement who Exit Custody; 3) Finalized Subsidy Recipients with TPR or Voluntary Surrender Activity Monthly Report; 4) Children with Active Subsidy Agreement who are Placed at Home Monthly Report. Supervisory staff within the Division of Foster Care and Adoption Subsidy Unit will work with OIS to finalize and implement these reports.</p> <p>11. Through the FOCUS process, all children in full guardianship are reviewed monthly, and when no family has been identified, an Individual Recruitment Plan (IRP) is developed for those children in full guardianship. During the most recent case reviews 47 children were open to adoption, and 45 of the 47 children who were open to adoption had IRP's. One of the two who did not have an IRP had been on runaway for 18 months at the time of the</p>
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<p>case record.</p> <p>Adoption Registry Unit</p> <ol style="list-style-type: none"> 1. Eliminate remaining backlog registration of closed adoption records striving to achieve currency of registration of all closed adoption records within 3 months of receipt. 2. Maintain scheduling/delivery protocol to receive closed adoption records for registration from DCS/ Contract Providers and Private Licensed Child-placing agencies. 3. Address "backlog" of loose court documents, petitions/final orders and determine secure disposition of the documents--either registration or if duplicate, secure destruction which is available with additional staffing received in 2014. 4. Cross -train staff in registration of closed records to determine action to be taken on backlog of court 			<p>review. The other youth had moved from a pre-adoptive home to a kinship home, so the team did not feel there was a need to recruit. The children reviewed had strong functioning Child and Family Teams that consisted of DCS staff, provider staff, formal supports, and informal supports. Out of 75 cases reviewed, 70 children were interviewed and engaged by the team regarding permanency options, the child's wants/needs, etc. Those children who were not engaged were either low functioning or had been placed in a pre-adopted home. Archeological Digs and Diligent Searches were conducted in 70 of the 75 cases reviewed. Of the five who did not have a recent dig or ongoing search, there were factors such as stabilization concerns, and inability to locate sealed records or information related to birth family.</p> <p>Adoption Registry Unit</p> <ol style="list-style-type: none"> 1. Registration of closed adoption records remaining in the backlog will be completed by no later than Sept. 1, 2015, preserved in State Storage with Richards & Richards. 2. Quarterly scheduling for each DCS Region to submit 25 -30 closed adoption records to Adoption Registration for seal. Option for more frequent delivery by DCS Regions if needed. Private Licensed child-placing agencies may deliver periodically by setting up an appointment. Registration of closed records received will be accomplished within 3 months of receipt. 3. The plan for implementation of review and registration of loose court documents, petitions/final orders was initiated in March 2015 with addition of two CM2 staff members. Anticipated target for registration or supplements registration of these documents is 300-400 per quarter with review of these targets for adjustment by no later than Sept. 1, 2015. 4. Cross-training each staff person in Registration provides for a total of 3 to be registering records.
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<p>documents to support efficient program management.</p> <p>5. Continued participation with OIT to implement a separate Web based data system application, Phase 2-4, for tracking of Contact Veto Registry/Advance Notice Registry and the Services array, i.e.</p> <p>Access and Search Capability</p> <p>1. With support of the Office of Communications, establish a separate distinct "tab" entitled "Access to Adoption Records" on the TN DCS Web Site which would include a brief explanation of statutory basis for the access, and the services available to eligible individuals. The Site would allow the public to access information needed to file a request for access or search of a sealed adoption record, including forms, their instructions for completion, fees or waivers of fees and processing time.</p> <p>2. Implement Policy for Access to Sealed Adoption Records for the Department.</p> <p>3. Cross -train each staff person in determination of eligibility and search in order to provide more efficient management of the program.</p>			<p>5. This project is ongoing and on track.</p> <p>Access and Search Capability</p> <p>1. Distinct Tab entitled "Access to Record" under Adoption on TN DCS Web page reviewed; was released by April 15.</p> <p>2. On-going.</p> <p>3. Completed /Posted effective 1/2015. Cross training of newly employed CM2 implemented 2/2015 in eligibility and search. Replacement of Program Specialist in the program area anticipated by 5/15/2015.</p>
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PERMANENCY Outcome 1. Goal/Strategy 3: Ensure quality transitions for all youth aging out of foster care including; limited appropriate use and proper approval of Planned Permanent Living Arrangement.

Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>1. Collaborate regarding Independent Living services to increase youth educational and employment attainment by holding regular meetings with the Director of Independent Living and staff will be held to assess needs, research best practices and identify community champions for this ongoing effort.</p> <p>2. The CRP and DCS will meet with Hamilton County Chamber of Commerce, Hamilton County local government, secondary and post-secondary schools and other stakeholders to discuss ways to collaborate and utilize existing services to connect youth to career exploration, job shadowing, and summer employment. This can then be extended with the other regions.</p> <p>3. CRP and DCS will update the foster youth handbook, a comprehensive manual to empower youth in their transition from foster care.</p>	<p>Office of Child Programs-Independent Living, and Citizen's Review Panel</p>	<p>June 2019</p>	<p>1. The Department continues to believe that the best strategy for ensuring that older youth in foster care develop the independent living skills and have the supports and opportunities needed for a successful transition to adulthood is for them to achieve permanency and be part of a well-functioning family. For this reason, the Department continues its emphasis on finding permanency for older youth.</p> <p>2. Since 2012, Hamilton County CRP and DCS worked closely with several community partners to provide youth who come to the attention of the department with an annual life skills development day called "Reality Check". "Reality Check" is a life skills simulation activity that places the participating youth as the head of a household on a set budget determined by varying levels of education. Community partners include but are not limited to the following: Chamber of Commerce, Chambliss Shelter Center, Juvenile Court Judge, and Partnership for Families, Children and Adults. Representatives from local colleges and universities and armed services also attend the event to provide information on career opportunities and education. Youth participation for 2015 was 51. Additionally, Hamilton County CRP met with representatives of the University of Tennessee, Chattanooga Center for Community Career Education Programs. The representatives shared information about federal TRIO programs and services offered by the university that specifically target youth in foster care and homeless youth.</p> <p>3. Between June 2014 and January 2015, the CRPs partnered with DCS staff to update the Independent Living Handbook. Former foster care youth were also given the opportunity to provide suggestions for improving the handbook. The revisions are complete and the handbook can now be found at: http://state.tn.us/youth/fostercare/IndependentLivingHandbookToolkittoSuccessFinal.pdf</p>

<p>4. Review of PPLA goal requests and approval of all PPLA goals will be provided in writing within 2 weeks of receiving request based on thorough review of the request to ascertain if it meets criteria and is in the best interest of the youth. If approved, a CFTM will be held to change the goal on the Permanency Plan.</p>	<p>Office of Child Programs – Permanency Planning</p>	<p>Ongoing</p>	<p>4. From January 1, 2014 – April 15th, 2015, there were 87 requests for the goal of PPLA sent to CO. Of those requests, 76 were approved by CO staff, 5 were denied and 6 are pending a decision. Of the 76 cases, 49 of the youth are asking for the sole goal of PPLA and 27 for the dual goal. The number of PPLA requests being received for youth with the goal of Full Guardianship is on the increase. Due to PPLA request files not being complete when sent to CO for review, the approval or denial 2 week time frame expectation was met approximately 60% of the time.</p>
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Permanency Outcome 2: The Continuity of family relationships is preserved for children.			
Measure of Progress	Baseline FY 2014	Actual 2014 - 2015	Target/Goal
% of Parent/Child Visitation Brian A	37.7%	43.8%	50%
% of at least one Sibling Contacts for siblings not placed together	55%	60%	90%
CPR -The worker asked the child to describe visits with the family and how those visits are going from the child's perspective?	83% Brian A 75% JJ	90% Brian A 87% JJ	80% 80%
CPR the worker asked the mother/father/other caregiver to talk about how visits with the child are going from her perspective?	Brian A 68% Mother 45% Father 82% Other JJ 65% Mother 45% Father 64% Other	Brian A 71% Mother 50% Father 79% Other JJ 80% Mother 51% Father 71% Other	80%
Family Connections QSR Scores	63%	77%	70%
Prospects for Permanence QSR Scores	50%	60%	70%
% of Children placed with Kin	17%	11.1%	20%
% of Siblings NOT Placed together	22.3%	20.93%	<20%
Relative Caregiver Annual Report	Report	Report	Report

Diligent Search Audit Data	Report	Report	TBD
Youth Connection Scale	Report	Report	Report
Kinship Status Report	Report	Report	Report
PERMANENCY Outcome 2. Goal/Strategy 1: Ensure child and family involvement in the CFTM process and case planning.			
Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>1. Currently Diligent Search Audits are being completed across the State to verify compliance with the Adoption and Safe Families Act.</p> <p>2. Follow-up trainings are being offered that focus primarily on diligent search being more than just activities but about finding, engaging and building relationship with absent/un-involved parents, grandparents, relatives/fictive kin as a way of building a support system around the child and family that can sustain outside of DCS custody.</p> <p>3. A Diligent Search Enhancement Project is underway to the SACWIS system that will make it easier for workers to document their efforts</p> <p>4. A Trauma Focused CANS Assessment is being developed for the 0-4 year old population.</p> <p>5. A Permanency Plan Enhancement SACWIS Project is schedule for the 2014-2015 year</p> <p>6. Enhancements to the SACWIS Assessment Module/Assessment Tools and the Child and Family Team Meeting Module is scheduled for</p>	Office of Child Programs - Permanency	January 2015	<p>1. and 2. From April 2014 – August 2014, CO staff conducted Diligent Search Audits and Trainings for DCS staff in 11 of the 12 Regions Statewide. The NW Region chose to opt out of the audit and training due to preparation for COA.</p> <p>3. A Diligent Search Enhancement Project was created with OIT in May of 2014. It was ready for development however placed on hold due to other priorities.</p> <p>4. DCS actively works with Vanderbilt on the development of CANS 2.0. This version will include a module to assess 0 to 4 year olds. This version of CANS could be rolled out by the close of calendar year 2015.</p> <p>5. Initial planning meetings started in March of 2015.</p> <p>6. The Child and Family Meeting Module will be a part of the Permanency Plan Enhancement Project of 2015-2016.</p>

<p>2014-2015</p> <p>7. A Diligent Search report is being developed that will track all diligent search efforts and will track when there are exceptions to those efforts</p> <p>8. Training developed to help workers create Permanency Plans that are clear, meet the needs of the child and family, use the results of the assessments in the plan and creates a clear pathway to permanency.</p>			<p>7. Because the DS Enhancement Project did not occur, no DS report was developed. Currently alternative means of capturing Diligent Search efforts are being explored that would allow OIT to develop and run reports on Quantitative data.</p> <p>8. Permanency Plan training is on hold until the completion of the Perm Plan Enhancement Project of 2015-2016.</p>
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PERMANENCY Outcome 2. Goal/Strategy 2: Ensure visitation occurs as required by policy.

Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>1. Request development a FSW/Parent visitation report so central office and regions can monitor casework contacts with parents.</p> <p>2. Regional Permanency CQI teams will continue to work on challenges to parent/child visitation occurring and being documented correctly.</p>	<p>Office of Child Programs – Permanency</p> <p>Office of Quality Control</p>	<p>September 2015</p> <p>Ongoing</p>	<p>1. The FSW/Parent visitation report is not out of development as of yet.</p> <p>2. The CQI Division provides routine regional support regarding work to ensure and maintain parent/child visitation. Regional CQI teams focus on Permanency outcomes routinely review data monthly regarding parent/child visitation to ensure all children who should be routinely visiting with their parents are visiting and that those visits are documented properly. In the Fall of 2014, the Brian A Monitors, in collaboration with the CQI Division, conducted a quality case review of 95 cases. This review verified that DCS Staff were ensuring and documenting parent/child visitations in compliance with the Brian A lawsuit standard. The findings over a 3 month period included that children were visiting 2 or more times per month 46-48% of the time, with another 14-18% visiting at least monthly. Approximately 29-31% had “good reason” not to visit, such as court order, therapist recommendation, exceptional distance, or missing/avoidant parents. The remaining 4-10% had no visits with unclear reasons why visits did not occur. This data has been used to help staff better understand parent/child visitation reports from TFACTS that seek to identify that visits occurred twice</p>

			each month on at least 50% of cases, and work to identify solutions toward achieving that goal through accurate documentation.
PERMANENCY Outcome 2. Goal/Strategy 3: Ensures children are placed with family/kin whenever appropriate and possible. When family/kin placements are not possible, children will be placed in the most appropriate placement based on their needs.			
Objectives/Action Steps	Responsible	Date By	FY 2015 Update
Continued ICPC compliance with DCS policy and practice with a particular focus in the following areas: 1. Medical benefits and financial benefits allowed for children placed into or out of the state of TN including application of the Affordable Care Act in receiving States for placements who are state funded and Adoption Assistance ; identification and documentation such benefits in the referral process and secure implementation of these benefits on behalf of the child in the receiving state to promote social and emotional health and well-being for children in foster care with the ICPC model; 2. Development of contracting capability within DCS Regions to enter into an agreement with an authorized private agency in the receiving state to support such services as home study or up-dated home study and supervision and case management as well as treatment in support of TN DCS placement (NRC AdoptUSKids Project initiative);	Office of Child Programs- ICPC, Adoptions, and Relative Caregiver	June 2016	Continued application of ICPC compliance into DCS policy and practice with a particular focus in the following areas: 1. Coordination with DCS Director Child Welfare Benefits Unit and Bureau of Medicaid to review current Federal and State policy regarding medical and financial benefits allowed for children who are in custody /guardianship of Public Agency and are those children placed into another jurisdiction pursuant to ICPC, Article V. Includes IV-E, Non-IV-E, SSI, SSDI EPSDT, Adoption Assistance and SPG and processes to "transfer" child benefits. Also includes review of foster board support for relative/kin and Resource Homes. Current ICPC Medical/Financial Plan has been updated: changes in practice based on review of the federal/state policy will be published in ICPC Practice and Procedure Manual. (Sept. 2015) 2. Contract Guidelines/Protocol established through Foster Care Adoption Programs are incorporated into ICPC Practice and Procedure for Regions in support of Article V(b) . The Office of Child Programs/ICPC developed a protocol outlining the process when placing a child in another state for the purpose of adoption. The protocol distinguishes the process from when the family from the receiving state is with a private licensed placing/adoption agency vs the public child welfare agency in that state. By developing a protocol, staff may better navigate the ICPC process, and reduce barriers and delays in permanency. The Office of Child Programs/ICPC strengthened its capability through engagement with fiscal and the contracts unit to provide support to the regions on entering into agreements with private agencies who work with families in other states.

<p>3. Clarification of the role of ICPC in the extension of services to Youth over 18 and Independent Services program pursuant to Fostering Connections and Independent Living;</p> <p>4. Clarify ICPC and the legal applications, including judicial authority in tandem with DCS custodial responsibility and the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) and judicial authority; support national and state initiatives around "Re-Homing" and human trafficking;</p> <p>5. Implement of the ICPC Practice and Procedure Manual, the ICPC Judiciary Bench book and the ICPC Manual for Private and Independent Adoption onto appropriate Web sites including TN DCS and the AOC;</p> <p>Kinship/Relative Caregiver</p> <p>1. Support TN DCS ICPC incorporation in the National Electronic Interstate Compact Enterprise developed to automate the ICPC administrative process within all party States. Activities include:</p> <p>a. TFACTS (SACWIS) ICPC Data-Base and Reporting Elements: Implementation of</p>		<p>3. Clarification of ICPC Jurisdictional requirement under Article V(a) in collaboration to Fostering Connections continues at both national and state levels.</p> <p>4. ICPC and the role of UCCJEA and judicial authority is addressed on a case by case basis in consultation with Departmental/Regional legal and program personnel; proposal pending to train on the issue; (b) Human trafficking/"re-homing" AAICPC Committee established goals/objective to present to State administrations during fiscal year 2016 regarding ICPC/Re-homing which includes clarification of Article 10; development of a public awareness campaign and identification of available post-adoption services in each state that can be accessed by adoptive parents struggling with children. In support of NASAP peer to peer forum 2/2014, reporting of Rehoming Interagency Working Group and Center for Adoption Policy, will be anticipating sharing of accounts of rehoming cases that have come to the attention of the ICPC offices.</p> <p>5. Win initiation of vetting process for manuals 2/2015, ICPC Judiciary Bench book, ICPC Manual for Private and Independent Adoptions, and two Protocols one for Private and Independent Adoptions for attorneys and private licensed child-placing agencies and the other for Residential Treatment Facilities is anticipated to be formally filed by April, 2015 with posting approval by June, 2015.</p> <p>Kinship/Relative Caregiver</p> <p>1. The TN DCS IPCP integration into the National Electronic Interstate Compact Enterprise project is currently on hold in order to determine programmatic and SACWIS compatibility and reduce duplications.</p>
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<p>ICPC Data Reporting through TFACTS (SACWIS)</p> <p>b. Support for Department Project to establish all forms in an electronic format.</p> <p>c. Maintain scan capability over secure network.</p> <p>2. DCS continues to assist the Relative Caregiver Program (RCP) in supporting relatives who take on the responsibility of raising related children when birth parents are unable to do so. The RCP provides access to resources and services that prop up the families in order to deflect the need for custodial services. The RCP services increase stability and safety for at risk children while supporting them in the care of their relatives. RCP collaboration with contracted providers continues in each region.</p> <p>3. Kinship placements and the kinship resource home approval process will continue to go through modifications to improve the timeliness to approval and to provide financial assistance within a shorter period of time. There is a drive to increase the number of Kin/Relative placements within each region and statewide.</p>			<p>2. The Department recently instituted a payment plan for kin/relative expedited resource homes as of March 1, 2015. These approved kinship Resource homes receive the state rate (7.06) per day per child during the length of the approval process. It is determined this will assist Kin and Relatives in caring for their relatives while the process is completed to gain a daily per diem. This process is working well at this time and most relatives agree to accept the state rate during approval.</p> <p>3. Process for initial referrals for children entering care:</p> <ul style="list-style-type: none"> ▪ Expedited approval process is initiated by the regional staff. Areas of concern are identified at the point of approval and discussed within one working day of placement of the child with the Kinship Coordinator and the CANS consultant. ▪ CANS completed within 5 days/Trauma Screening tool used for children under 5 ▪ CANS consultant include Kinship Coordinator on e-mail that the CANS is complete and identify actionable items ▪ Kinship Coordinator completes orientation with the family within 10 days of expedited approval. The Kinship Coordinator reviews the CANS, if available, prior to conducting the orientation. If no CANS is available the Kinship Coordinator follows up with CANS Consultant ▪ The decision to route referral to the pilot is made in the context of the
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<p>4. A pilot program is initiated in Shelby County with the goal of decreasing the time for approval for kin/relative caregivers that have decided to become fully-approved/licensed resource parents. This effort includes a condensed version of PATH training that can be completed in 2 weekends, offering day care services to applicants in order to support attendance at weekend trainings, and providing meals during training sessions. If successful, this model of delivery could be replicated in all other areas of the state.</p> <p>5. Permanency for Older Youth is learning collaborative under the auspices of Casey Family Programs. This collaborative consists of several states including Tennessee that meet every 6 months to plan and address permanency for older youth. The states are gathering information with</p>		<p>CFTM and will occur no later than the 30 day permanency plan meeting.</p> <p>4. Children identified for a step-down from residential treatment for which a potential relative/kinship resource has been identified may also be considered for referral to the kinship pilot. Referrals to providers (Youth Villages and Omni Visions) will occur on an alternating basis.</p> <ul style="list-style-type: none"> ▪ Exceptions may be made to support continuity if cases appropriate for the pilot that are currently being served through one of the provider's existing programs or who have been served by them within the recent past. For example, families receiving in home services through Life Care will be routed to Omni and those served by Intercept will be routed to Youth Villages. <p>The referral packet includes the expedited summary packet completed on the kinship family at the time of expedited approval and the child placement referral information as outlined in policy 16.46. Providers review referrals and notify the region of their acceptance within 2 business days. DCS and the provider agency coordinate to provide for the family's needs as identified in the CFTM while the provider works to complete full approval of the kinship resource. The provider completes the approval process for the identified kinship family within 30 days of acceptance of the referral. The provider and DCS will coordinate a meeting to discuss barriers for any approvals occurring or anticipated to occur past 30days. Once the kinship resource is fully approved the child(ren) identified as having level 2 or above needs are authorized into the provider continuum contract.</p> <p>5. The collaborative with Casey Family Services involving permanency for Older Youth evolved into focusing on not just permanency options with kin and relatives; but all permanency options. The collaborative resulted in Tennessee implementing Permanency Round Tables (PRT) for youth between the ages of 14 and 17. The South Central Region has become the first region in the state to implement these round tables, which are structured, professional case consultation that result in plans to expedite permanency through reunification, adoption, or guardianship. The PRT's</p>
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<p>strategies to be developed in support of finding permanency for older youth. The permanency can come in the form of Legal or "relational permanency". These strategies will involve working closely with relatives and kin in uncovering potential long term supportive relationships for youth</p> <p>6. The agency engages contracted, placement providers to assess ways collaboration can be improved to assess supports to children in out of home care, including possibilities for placements with kin and relatives.</p> <p>7. The agency continues to assess the practice of completing diligent search for kin and relatives on behalf of children in care. For the period of this plan, DCS participates in case file reviews and delivers training to direct-service staff on searching, identifying, and documenting the results of diligent search efforts. Congruently, DCS also works with the OIT division to enhance the SACWIS system to better reflect and document efforts in this practice area.</p>			<p>also identify systemic barriers that impact permanency. During the PRT process kin/relatives are identified and engaged, if indicated, as potential placements, supports, or connections. The Knox region will begin the PRT process during the summer of 2015.</p> <p>6 & 7. In October, the Department partnered with Omnivisions, Youth Villages, and the Foster Family Treatment Association (FFTA) to host a two-day Kinship Summit. The goal of the summit is to have national presenters, representatives from private providers, and staff from the Tennessee agency present data and information on the need/desire to further support the placement of children in foster care with the relatives and kin. The event was held at the Youth Villages office in Nashville and was attended by representatives from community private providers, DCS staff (Kinship Coordinators and RA's), and other community-based providers. As a result of that summit, 3 additional pilot projects have evolved in the Tennessee Valley, East, and Upper-Cumberland Regions. The project in Upper-Cumberland has made the most progress, at this point. Upper-Cumberland continues to lead the state by placing over 30% of their children in out-of-home care with relatives and kin. The region has partnered with Omnivisions and Youth Villages for their pilot project. The agencies will be utilizing the CANS scores of individual children to determine when there may be a need for therapeutic foster care. At that point, staff is engaging the potential relative/kin caregiver about the child's needs and the need to be trained as a therapeutic caregiver. If the family chooses, they can enter into the pilot project that support completion of PATH training and home study within 30 days of the child's entry into care. During the approval process, the family will receive the state portion of the foster care board payment in the amount of \$7.06. It is expected that the projects in East TN and TN Valley will be a hybrid of the Shelby and Upper-Cumberland Pilots.</p>
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PERMANENCY Outcome 2. Goal/Strategy 4: Increase and improve father involvement.

Objectives/Action Steps	Responsible	Date By	FY 2015 Update
*See above diligent search efforts.			

<p>Training 1. <i>Engaging Fathers</i> course is designed to help staff identify the barriers for father involvement and develop concrete strategies to address the barriers that will define ways fathers can be more engaged with their child(ren).</p>			<p>Training 3. <i>Engaging Fathers</i> is a course delivered 8 times throughout the year to regional staff who requested this professional development.</p>
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Well-Being Strengths and Opportunities

Physical and Mental Health

The Office of Child Health works closely with the regions to ensure that Well-Child check-ups occurs via the EPSD&T initially within 30 and annually thereafter at a rate of 95% or greater, and screened for dental needs every six months with follow-up services. The Department maintains these rates consistently enough to vacate the John B. lawsuit. The Department is now shortening the window to 72 hours, consistent with COA standards. Beginning in 2015, 72 hour EPSD&T screenings were successfully piloted in all 12 regions.

Child Health is central to the identification and implementation of a new treatment model for Tennessee's three Youth Development Centers. Historically, therapeutic services were provided through a mix of community agencies and independent providers. Although in most cases services are located onsite, they are not fully integrated with facility programming. Students were pulled out of their routine for group, individual, and psychiatric services as if they were visiting a provider in the community. The new model combines the safety and security of a hardware secured facility with the consistency and structure of well-trained staff working in direct contact with small groups of students. This balance between correctional and therapeutic approaches supports a culture where staff and students feel safe to work and improve.

Approximately 28% of youth in Tennessee's child welfare system are treated with a psychotropic medication. To address the unique needs of this population and respond to the psychotropic monitoring and consent item of the Brian A settlement DCS is implementing a two part solution; 1) improve current training and practice with foster parents and case management staff, 2) develop a special medication monitoring program at Vanderbilt University.

Education

The Education Division is charged with ensuring that the educational needs of students in state custody are met in both the Juvenile Justice and Social Services areas. Its major responsibilities include: 1) operating a state approved special school district for three (3) Youth Development Centers (YDCs); 2) in collaboration with the DCS offices of Quality Control, Risk Management and Child Programs, overseeing and monitoring on-site schools within congregate care programs operated by DCS provider agencies, and 3) advocating for students in state care by attending

educational meetings, consulting with DCS staff, resource parents, and schools, and providing educational training to departmental personnel and to schools. The division is led by the Director of Education and includes 15 regional Education Specialists, 5 Central office consultants, and 2 support staff.

Child Adolescent Needs and Strengths (CANS) Assessment

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

The focus with CANS is on implementing, acceptance and consistent use of the tool which is crucial to successful data quality. However, there is an opportunity for growth as the agency encourages staff to integrate the CANS assessment result into the development of family plans. Since the CANS is used to determine the level of care for a youth, once the CANS has been completed and approved the use of it does not always extend beyond that outcome. While it is a key function of the CANS, the individual items that provide insight on strengths and needs of the youth and family. Those individual items are then incorporated into the planning and monitoring of those cases will become more relevant and using the CANS assessment as a driver of placement decisions.

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

Family Functional Assessment (FFA)

The Family Functional Assessment "FFA" is a written record that explains the information attained through the successful engagement of family members, the findings of official DCS assessment tools and service provider reports, and the continual assessment of case progress. The FFA when updated regularly provides a great deal of concentrated information about a case. Through thoughtful reviews and discussion with staff, DCS management has determined that the FFA lacks accessibility to needed information. The department is developing better ways to gather this information and make it available to others. With the implementation of FAST 2.0 and the initial stages of CANS 2.0 development, DCS is actively seeking to eliminate the need for the FFA in the future.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.			
Measure of Progress	Baseline FY 2014	Actual 2014 - 2015	Target/Goal
Family Functioning and Resourcefulness QSR Scores	54%	54%	70%
Caregiver Functioning QSR Scores	96%	97%	70%
Formal and Informal Supports QSR Scores	65%	77%	70%
Caregiver Supports QSR Score	94%	96%	70%
Brian A F2F worker/child w/ at least 2 contacts (DCS/Provider)	87.8%	86.3%	80%
JJ worker/youth w/ at least one F2F (DCS/Provider)	97.3%	95.1%	90%
Caseworker contacts with parents	TBD June 2015	Still in Development	TBD
Independent Living needs assessed (CPR) (Baseline 2015)	81%	81%	
Independent Living with plan in case file (CPR) (Baseline 2015)	93%	93%	
Engagement QSR Scores	78%	87%	70%
Teaming QSR Scores	72%	82%	70%
Voice and Choice QSR Scores	73% Overall 85% Child 56% Mother 52% Father 87% Other	81% Overall 88% Child 56% Mother 45% Father 87% Other	70%
Ongoing Assessment QSR Scores	61%	73%	70%
Permanency Planning QSR Scores	65%	75%	70%
Implementation QSR Scores	64%	79%	70%
Tracking and Adjustment QSR Scores	70%	85%	70%
Use of assessments in case planning (CPR –Agree and Partially Agree)	95% Brian A 94% JJC 83% JJP 79% CPSI 85% CPSA	90% Brian A 79% JJC 73% JJP 59% CPSI 73% CPSA	80%
Timeliness of Initial CANS within 30 days	82% Initial	85%	80%
Well-Being Outcome 1. Goal/Strategy 1. Ensure timely assessments that properly assess and develop permanency plans to meet each child and family's unique needs.			
Objectives/Action Steps	Responsible	Date By	FY 2015 Update
CANS 1. Provide DCS staff and Vanderbilt	Office of	June 2015	CANS 1. There are two CANS related reports that are shared with regional and COE

<p>COE staff with access to existing CANS reports.</p> <p>2. Develop additional reports that provide timeliness information for all other (non-initial) CANS.</p> <p>3. Assess staff across the state to better understand the barriers to timely assessments.</p> <p>4. Conduct regular case reviews to determine what barriers may have been present.</p> <p>FFA 1. Develop TFACTS reports that provide FFA timeliness data. Assess staff across the state to better understand the barriers to completing the FFAs timely.</p>	<p>Child Programs- Network Development</p>	<p>December 2015</p> <p>June 2014</p> <p>June 2015</p> <p>December 2015</p>	<p>staff. This report provides three tabs that give staff different types of information. The first two tabs related to youth that have not yet had a CANS assessment initiated, and those with a CANS assessment initiated, but not yet approved. The third tab provides a list of all youth that have an approved CANS assessment. This can be used to see which youth have a CANS coming due soon.</p> <p>2. Continuous improvements are ongoing in these reports over time to tailor the reports to staff needs. In addition, DCS has recently been working with Vanderbilt to create a spin off report from an existing report that gets to case manager specific information. This helps regions see where to target their improvement efforts. DCS began working with one region and by the end of April the report will go to all regions. DCS works to get CANS timeliness numbers within compliance.</p> <p>3. The training adequately covers what makes a quality assessment, and it continues to be monitored and update it as needed.</p> <p>4. As part of a CANS and Permanency Plan review process done last year, around 100 cases were reviewed to look at CANS assessments, quality of assessments and integration of assessments into permanency planning. It was found that in almost all cases, all actionable items on the CANS were addressed in the permanency plans. In addition, it was also found only a handful of youth that were placed outside of their CANS recommended placement. The quality of assessment and how it is being used in permanency plans is an ongoing goal that will probably always have some room for improvement.</p> <p>FFA 1. & 2. Through thoughtful reviews and discussion with staff, DCS management has determined that the FFA is just not providing us with what it was initially set out to do. While pieces of what is being captured in the FFA are necessary, it was realized there are better ways to gather this information and make it available to others. With the implementation of FAST 2.0 and the initial stages of CANS 2.0 development, DCS is actively seeking to eliminate the need for the FFA in the</p>
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<p>2. Engage QSR to determine how regional leadership is utilizing their findings. Engage regional and central office leadership to discuss FFA barriers and determine what options should be considered.</p>		<p>June 2015</p>	<p>future. The details of how this will function are not completely determined yet, but DCS has been brainstorming with the subject matter experts in the field, OIT and Central Office, to find the best solution. DCS plans to ensure assessments become integrated into permanency plans and information gathered at assessment intervals will be used to help share family story and provide snapshots of the family at various stages of the case.</p>
<p>Well-Being Outcome 1. Goal/Strategy 2. Ensure quality assessments are being completed.</p>			
Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>CANS 1. Assess staff across the state to better understand the barriers to quality assessments. 2. Continue to work with the Vanderbilt COE to ensure quality assessments are being completed and what barriers may need to be addressed. 3. Ensure current training adequately covers what makes a quality assessment.</p> <p>Ages 0 to 4 CANS Assessment 1. Continue collaborating on the Breakthrough Series Collaborative for Age 0 to 4 CANS. 2. Meet regularly with regional and central office management to discuss the BSC and determine what option, if any, best meets the assessment of needs.</p> <p>FFA 1. Conduct regular case reviews to</p>	<p>Office of Child Programs- Network Development</p>	<p>June 2014 June 2015 December 2015 December 2015</p>	<p>CANS 1. The COE works closely with all staff in each region. The consultants provide suggestions and feedback when scoring assessments. 2. In addition, the COE trains and certifies all staff to complete CANS assessments. 3. DCS will continue to monitor the training and update it as needed.</p> <p>Ages 0 to 4 CANS Assessment 1. The Vanderbilt COE and DCS have begun working on developing CANS 2.0. At this point, plans include a 0 to 4 years module, so all youth in case have a CANS 2.0 assessment. This is still in the early stages of development. The BSC also continues to work on options for assessing youth of this age range. Explore Ages 0 to 4 CANS assessment opportunities. 2. The work being done by the BSC is ongoing and a lengthy process. The group continues to work with staff to determine various ways to obtain assessment information for the youngest youth. While DCS does not yet have recommendations, plans continue to move forward with the development of CANS 2.0.</p> <p>FFA DCS is working on options to eliminate need to complete FFAs in the future.</p>

<p>determine what barriers are present. 2. Assess staff across the state to better understand the barriers to quality FFAs. Engage regional and central office leadership to discuss FFA barriers.</p>		<p>June 2015</p>	<p>The department's ability to limit use of the FFA is based on a summary being developed for FAST 2.0 and eventually CANS 2.0.</p>
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Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Measure of Progress	Baseline FY 2014	Actual 2014 - 2015	Target/Goal
Learning and Development QSR Scores	90%	90%	70%
Results from monitoring visits to in-house schools	100%	100%	100%

Well-Being Outcome 2. Goal/Strategy 1. Education Division will provide advocacy services for all students in state custody attending public school.

Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>1. An average of at least 140 student education files will be reviewed each month to ensure that appropriate education services are being provided in the schools. Results of the files reviews will be reported to regional FSWs and Team Leaders each month.</p>	<p>Office of Child Health - Education</p>	<p>Annually</p>	<p>1. The Education Division reviewed an average of 183 educational files each month. A checklist was completed for each file to indicate items that were needed to complete it. These results were emailed or given to the FSWs and Team Leaders so that the missing items could be obtained. The education specialists assist staff as needed in obtaining records.</p>
<p>2. A minimum of 170 education trainings will be provided annually to DCS staff, public and private schools, and other stakeholders to assist them in becoming better advocates for students in state custody.</p>		<p>Annually</p>	<p>2. For the first 3 quarters of the 14-15 fiscal year, 135 educational trainings have been provided for 1860 foster parents, FSWs, schools and surrogate parents. These trainings teach participants how to work with public schools and provide basic knowledge of DCS educational policies, special education, and when to contact the Educational Specialist for assistance.</p>
<p>3. The education division will attend an average of 170 student centered education meetings per month to advocate for students.</p>		<p>Ongoing</p>	<p>3. The Education Division attends an average of 325 student-focus education meetings per month. These include CFTMs, IEP meetings, 504 meetings, foster care review board meetings, and disciplinary meetings. The purpose is to advocate for students in custody to ensure that they are receiving appropriate educational services. Feedback indicates that the Educational Specialists assistance is greatly valued by both DCS staff and the schools.</p>

Well-Being Outcome 3: Children received adequate services to meet their physical and mental health needs.			
Measure of Progress	Baseline FY 2014	2014 - 2015	Goal
EPSD&T Report	95%	94%	95%
Dental Report	83%	85.1%	85%
Health and Physical Well-being QSR Scores (2014)	97%	100%	70%
Behavioral and Emotional Well-being QSR Scores (2014)	91%	91%	70%

Well-Being Outcome 3. Goal/Strategy 1. Children will receive quality mental health services.

Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>1. Visit each provider identified and review their clinical programming, particularly EBPs in use.</p> <p>2. Disseminate information about the providers' clinical programming and EBPs used to DCS staff.</p> <p>3. Provide clinical technical assistance to providers around EBP implementation, as needed.</p>	Office of Child Health and Office of Child Programs, Network Development	January 2019	<p>1. Within the Network Development Unit, the Director of Network Services visited 28 residential providers and met with their clinical and program leadership to gather qualitative data about their clinical services. Based on this information, program descriptions were written that highlighted the populations and the evidenced-based treatments delivered by the provider. These descriptions were disseminated statewide to placement and well-being staff, in order to help clarify the potential child-facility fit when making a placement referral in the field.</p> <p>2. Based on information collected through the Request for Qualifications (RFQ) process, the Director of Network Services evaluated providers' reported evidence-based services by using the online California Evidenced-Based Clearinghouse for Child Welfare.</p> <p>3. To date, the Director of Network Services has worked with 3 residential providers in-depth to develop trauma-informed programming on their campuses. He has partnered with the clinical leadership from these providers around conceptualizing the program enhancements. He has also monitored implementation of the changes in the milieu and provided technical assistance, when needed.</p>

Well-Being Outcome 3. Goal/Strategy 2. Older youth will transition from health insurance provided during custody to TennCare MCO plans for which youth are eligible through age 26.

Objectives/Action Steps	Responsible	Date By	FY 2015 Update
1. Include easy-to-understand insurance information and process requirements in independent living	Office of Child Health	June 2015	<i>1. Tips for Youth About TennCare</i> , developed to address youth aging out of foster care but eligible for TennCare up to age 26 under the Affordable Care Act, addressed (a) eligibility and how to apply for insurance benefits and (b) how to

<p>trainings.</p> <p>2. Negotiate possible definition of youth in extended foster care and independent living as a "special population" which would allow for continued insurance coverage by TennCare Select.</p>			<p>access help in applying for TennCare. Information was made available in independent living trainings. The Division of Independent Living does work with the Response.unit.tennCare.gov when an eligible young person is identified as not having insurance and needing assistance in getting TennCare.</p> <p>2. TennCare declined to extend the definition of "special population" to youth in extended foster care for purposes of continued coverage by TennCare Select.</p>
<p>Well-Being Outcome 3. Goal/Strategy 3. Children will continue to receive quality health services.</p>			
<p>Objectives/Action Steps</p>	<p>Responsible</p>	<p>Date By</p>	<p>FY 2015 Update</p>
<p>1. As laid out in the attached Health Care and Oversight Coordination Plan.</p>	<p>Office of Child Health</p>	<p>June 2019</p>	

Systemic Factors

Information System Strengths and Opportunities

SACWIS Assessment Review Activities

The US DHHS Administration for Children and Families (ACF) conducted a SACWIS Assessment Review of TFACTS in April through June, 2013. The purpose of the review is to ensure that all aspects of the project described in the approved Advance Planning Document (APD) have been completed and to assess the system's conformance with applicable regulations and policies. The review was comprised of three major components 1) SACWIS Assessment Review Questionnaire and related documentation, 2) system demonstration and detailed functional walk through, and 3) interviews with Central Office staff and system users. The State responded to ACF's draft report and received the final report from ACF in May 2014.

Summary of ACF Findings:

- 39 of the implemented functional areas are SACWIS compliant
- 12 requirements to be non-conforming with the SACWIS requirement.
- 26 requirements to be conditionally conforming, where the implemented function is either unclear, problematic, or represents some degree of concern.
- 78 specific findings were noted related to the 38 partially and non-conforming requirements

Remediation of the non-conforming and partially conforming requirements has begun, with several findings having been addressed by Incident Reporting and Case Assignment Role projects. There are 40 findings that have not yet been remediated. For these findings, the State must document and submit action plans that outline the tasks involved in the work to remediate the finding, which will perform the work and a general timeline for the completion of that work. All actions plans must be completed and submitted to ACF for approval by May 31, 2015.

Health/Well Being Bundle This project implements several pieces of functionality in TFACTS needed to support DCS's Health Staff. The specific functionality for each delivery date is as follows.

- Release 1 – The ability to enter ICD10 codes and include them on case information that is transmitted to TennCare (Medicaid). Projected for implementation in June 2015.
- Release 2 – The ability to track psychotropic medication and monitor medication information; includes Informed Consent process. Projected for implementation December 2015.
- Release 3 – This phase will include several enhancements that have been identified and prioritized and approved by the Health Program Review Committee (PRC)

Fiscal Enhancements

- Release 1 includes the TFACTS modifications that are needed to support Client Benefits. For example, automating and maximizing the use of Client Benefit funds, issuing SSI/SSA refunds, and implementing a general ledger interface with the State's accounting system.
- Release 2 includes the TFACTS modifications that are needed to support payment adjustments due to events such as a change in a child's placement, a subsidy record effective date or rate, or a case service. The enhancement will allow resulting over- and underpayments to be automatically processed in TFACTS and in the State's accounting system.

Permanency Plan Enhancements This project represents the integration and standardization of information between case planning modules in TFACTS, including Assessments, Child and Family Team Meetings (CFTM's), Strengths and Concerns, Permanency Goals, Visitation Plans, Permanency Plans and Case Services. This streamlines the case planning and permanency plan creation workflows, reduce duplicate data entry and improve the consistency of information between modules. Modifications will include:

- Partial re-design of the CFTM module to facilitate the use and sharing of Strengths and Concerns information. Currently, no Strengths/Concerns information is passed from Assessment Tools to CFTMs or vice versa, and Strengths/Concerns information on the CFTM is captured in narrative form instead of discreet data fields which are necessary to accommodate effective reusability of the information.
- Passing information from the qualitative assessments to CFTMs and/or to the Strengths and Concerns module.

- Adding the ability to perform a 'service review' to determine effectiveness of specific case services in addressing identified concerns. This involves linking of case services to concern records.

Mandatory Race Field

Modify TFACTS so that Race is a mandatory field by requiring the entry of that information in one of four checkpoints. This will improve the quality of this data, which is included in AFCARS and other state and federal reports. This implementation is projected for July 2015.

In-Home Tennessee (approved IV-E Waiver Project)

Modify TFACTS to support the operation of a Title IV-E waiver child welfare demonstration that expands and enhances the State's existing In-Home Tennessee initiative, which seeks to develop a wraparound service framework to prevent out-of-home placement among children referred to the State's child welfare system for alleged maltreatment.

Child Abuse Hotline Referral & Tracking (CARAT) Website

This project will implement a web referral application to allow users to complete a child abuse referral online. Once the referral form is submitted, the information is populated to TFACTS by way of a web service and an intake ID is returned to the user. The Child Abuse Hotline can then process the referral.

Child Death/Near Death Workflow

The Deputy Commissioner for Child Safety is obligated to provide timely and accurate reporting on the deaths of children where there has been an allegation of neglect or abuse, or the child is in the custody of the Department at the time of their death. Today, that reporting obligation is difficult to fulfill due to the use of a partly automated, partly manual process set which hinders the routine, standardized production of these vital reports. This project will eliminate the largest part of the manual effort, including the elimination of spreadsheet-based program and quality control practices, thereby enhancing the overall quality and timeliness of reports to the legislature, media and other interested parties.

Other projects have been identified but not yet scheduled. The current project schedule and the projects in the pipeline are reviewed on a regular basis to determine when additional projects may be initiated, based on resource availability. Following is a list of projects that are expected to be reviewed and prioritized in 2015.

Court Enhancements (Phase 1)

This project is to streamline the court, removal record and legal status functionality in TFACTS. It will involve substantial and widespread work within TFACTS. For example, it will modify screens and logic associated with recording legal pleadings and other documents, court orders, and court hearings. It also will modify the way current status is handled for children, guardians, and court orders. The project will provide case manager efficiencies and provide additional court-related data for reporting and analytics.

Resource Home Redesign

This project request is to improve the Resource Home (RH) functionality in TFACTS. The first phase will allow RH workers to print a summary report of their notes. The content of subsequent phases will be determined after a careful analysis of the current functionality, agreement with the business owners on improvements, estimation of the work required to implement the modifications and dependencies on other approved projects.

Streamline Education / DOE Interface

This project request is to modify TFACTS to require the user to indicate whether the child/youth had to change schools as a result of a placement move, and force the end user to enter school information for a child/youth. The project will also include a review of current education screens to identify data elements that need to be added and/or removed. These modifications will facilitate the capture and tracking of education information for children/youth so that the data may be used by Education staff to ensure the educational needs of the children/youth served by the Department are being met.

Placement Exception Request

Fix/enhance the Placement Exception Request functionality in TFACTS. TFACTS should require completion of a Placement Exception Request when any of the following child placement criteria are met:

- Placement is not within a child's home region or within 75 miles of the removal address.
- More than three (3) children under age three (3) are in the resource home.
- More than three (3) foster children are in the home.
- More than six (6) total children are in the home.
- Siblings are placed apart.
- Children under age six (6) are placed in congregate care setting.
- Child placed in a residential treatment center or group care setting with capacity in excess of eight (8) children.
- More than two (2) therapeutic children in a resource home.
- Shelter placement in excess of thirty (30) days.
- Multiple shelter placements.
- Separation of minor mother and baby.

Diligent Search

Streamline the capture of absent/alleged parent/relative information as it relates to Diligent Searches, and add the ability to select multiple children and effort types per diligent search record created. This project is expected to significantly improve the entry of Diligent Search data into TFACTS.

Juvenile Justice CANS Enhancement

The department plans to enhance current CANS assessment in TFACTS by replacing current Juvenile Justice-related questions with the version piloted during the Tennessee Court Screening and Referral Project. JJ custodial youth who have a CANS assessment, are using the full CANS version that SS cases are using. JJ requests to disable parts of the current CANS assessment that are not utilized in the Court Integrated version which is attached to this report. This would be for any case that has a Delinquent adjudication. In addition to the Court Integrated CANS (JJ CANS), need to keep the Sexually Reactive Behavior and Acculturation Sections in the current CANS version. This type of CANS was piloted in 12 counties across TN with positive success and it is believed that other juvenile courts will follow suit. DJJ wants the regions to be consistent with court systems.

Juvenile Justice Violation Report Enhancement

Automate the Violation Report function in TFACTS. Information will be derived from TFACTS and output in a standard Violation Report form format. This will eliminate a current manual process.

Credit Checks for Youth

Congress enacted a law in 2011 mandating that: "Each child in foster care under the responsibility of the state who has attained 16 years of age receives without cost a copy of any consumer report (as defined in Section 603(d) of the Fair Credit Reporting Act) pertaining to the child each year until the child is discharged from care and receives assistance (including, when feasible, from any court-appointed advocate for the child) in interpreting and resolving any inaccuracies in the report."

- Goal 1: Ensures that youth transition out of the system with a clean credit report as well as strong financial knowledge and skills about issues such as credit, banking, savings, assets, etc.
- Goal 2: Agency disputing all information with creditors and CRAs directly on a youth's behalf, regardless of age at the time of dispute, based on his or her status as a minor if the account arose prior to the youth turning 18.
- Goal 3: In the case of identity theft or fraud, agencies may wish or be required by state law to take action beyond simply disputing an account on a youth's report.

Reporting/Data Extracts

Federal Reports, AFCARS, NCANDS, NYTD, are being developed in the data warehouse to allow proactive monitoring of progress and data quality. This will also allow preservation of historic submissions. The Child and Adolescent Needs and Strengths (CANS) extract is also currently being developed in the data warehouse. The current versions of the Child and Family Team Meeting (CFTM) battery of reports were developed in MicroStrategy, which is a shared service. The cost has eclipsed \$30,000 per month. These reports are being redeveloped in the new Data Warehouse in order to eliminate this cost as well as improve the quality of the product.

Student Trust Accounting

Create a web based application that will support tracking, calculating and reporting of student trust accounts. This replaces a FoxPro application that is currently being used for this function.

Electronic Forms (ECM)

Implement ECM technology to more effectively and efficiently manage select document storage for the Department. Need Project for Electronic content Management created. Enterprise Content Management (or ECM) is an umbrella term covering document management, web content management, search, collaboration, records management, digital asset management (DAM), work-flow management, capture and scanning. ECM is primarily aimed at managing the life-cycle of information from initial publication or creation all the way through archival and eventual disposal. ECM applications are delivered in three ways: on premise software (installed on the organization's own network), software as a service (SaaS) (web access to information that is stored on the software manufacturer's system), or a hybrid solution composed of both on premise and SaaS components. DCS has the potential to be a significant consumer of ECM services, but cost and functionality of the State's current standard is prohibitive when considering the volume of the Department's case files, education records and adoption records and needed features such as automated redaction.

Disaster Recovery/Business Continuity

Update/revise the DCS Disaster Recovery/Business Continuity Plan and conduct tests to ensure critical systems and functions are supported with little to no interruption of service.

Sex Trafficking

Enhance TFACTS in order support H.R.4980 - Preventing Sex Trafficking and Strengthening Families Act.

Consent-based SSN Verification

The Social Security Administration is offering a new Consent Based Social Security Verification Service (CBSV) to provide real-time verification of social security numbers. The current fee is \$3.10 per transaction, and DCS submitted approximately 83,000 queries in the past year. Note that the SSA is encouraging DCS to implement a direct verification portal instead of continuing to use the Tennessee Department of Human Services' (TDHS) portal. (ISP Project CS5103)

The project will provide real-time response to DCS requests for verification of social security numbers in order to determine benefits, process claims for federal funding and TennCare, and process payments to contract providers. The Social Security Administration is encouraging DCS to discontinue use of the TDHS SSN verification portal.

TFACTS Infrastructure Enhancements

- Upgrade the TFACTS databases to Oracle 11G or 12C.
- Implement Oracle Middleware Components such as WebLogic Suite, Service-Oriented Architecture (SOA) Suite, and Business Process Management (BPM) Suite for simplifying and streamlining IT operations and business processes.
- Secure TFACTS database environments by implementing Oracle Audit Vault, Database Masking and Advanced Security Option (ASO).
- Implement an Oracle Identity Governance solution to simplify and streamline IT operations and identity life cycle management processes.
- Upgrade TFACTS servers and operating system software.
- Replace the existing TFACTS search engine.

TFACTS Security Enhancements

During the past reporting period, the Department also focused on improving the reliability, stability and access of TFACTS. Steps have been taken to remediate all of the high priority findings from a third-party security audit and the Department will continue to address areas of risk. An additional audit is planned during the next activity period. The findings will be reviewed with the MAC and action plans will be developed based on their prioritization.

Measure TN (TLDS)

DCS will attempt to interface with the Tennessee Longitudinal Data System to create real time web services to access education data, grades, classes, schools for client children. This will also allow tracking children after exit with visibility into higher education and the Department of Labor.

Information System Strengths and Opportunities				
Measure of Progress	Baseline FY 2014		Actual 2014 - 2015	Target/Goal
Data Quality Reports will be produced monthly for clean-up efforts	Reports		Reports	Reports
Systemic Factors: Goal/Strategy 1. Collaborate between IT and child welfare professionals to build and adjust effective data systems.				
Objectives/Action Steps	Responsible	Date By	FY 2015 Update	
1. Incident Reporting enhancements.	Office of	September	1. Web application implemented in September 2014; project approved and	

<p>2. Case Assignment</p> <p>3. Death/Near-death workflow improvements.</p> <p>4. Health/Well-being enhancements.</p> <p>5. Permanency Plan enhancements.</p> <p>6. Payment adjustments improvements.</p> <p>7. SACWIS Remediation.</p> <p>8. AFCARS Remediation.</p>	<p>Information Technology, Child Safety, Child Health, Child Programs, Quality Control, Fiscal</p> <p>Office of Information Systems, Office of Child Programs,</p>	<p>2014</p> <p>January 2015</p> <p>September 2014</p> <p>December 2014</p> <p>March 2015</p> <p>March 2015</p> <p>March 2015</p>	<p>closed In March 2015.</p> <p>2. Enhancements implemented in December 2014.</p> <p>3. This project was to have been developed by a 3rd party vendor (NIC). However, after multiple project schedule overruns and failed attempts to produce a working application to meet business need, a 'stop work order' was issued to NIC in February 2015. DCS Office of Information Technology has taken over responsibility for the development of this project and is currently in the process of gathering requirements. Estimated project timeline TBD.</p> <p>4. This project was divided into 3 phases: ICD-10, Psychotropic Meds/Informed Consent, General enhancements. OIT resources currently focused on ICD-10; projected implementation is in Q2, 2015. OIT currently in process of gathering requirements for Psychotropic Meds/Informed Consent. Projected implementation is Q3, 2015.</p> <p>5. Project kick-off was March 2015. Project team has been divided into specific program areas and a requirement gathering with each group is currently underway. Projected implementation is March 2016.</p> <p>6. On hold pending resources - Office of Information Technology resources earmarked for this project were reallocated to develop and implement TFACTS enhancements required to support the IV-E Waiver project. Projected implementation date for IV-E Waiver enhancements is in Q2, 2015. At that time, resources will resume work on Payment Adjustments and Client Benefits enhancements.</p> <p>7. Office of Information Technology is currently in the process of documenting Action Plans to address 40 review findings. These Action Plans must be completed and submitted to ACF by May 31, 2015. Additionally, the SACWIS Assessment Review Guide (SARGe) must be updated to detail all enhancements that have been made to TFACTS since the document was originally submitted in May 2013. Projected timeline for SARGe update and submission is July 2015.</p> <p>8. Office of Information Technology submitted updates to the AFCARS Improvement Plan in July and December 2014. Next update is due June 1, 2015. In addition to multiple changes to the AFCARS extraction code, OIT also completed several TFACTS application enhancements in response to AFCARS review findings. Those enhancements were focused on the capture of Race</p>
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<p>9. Mandatory Race data entry project.</p> <p>10. CARAT- Child Abuse Reporting and Tracking to allow clients to look-up status of child abuse reports assignments and screen-outs.</p> <p>11. SDM Intake Assessment Tool revisions and enhancements.</p> <p>12. Court Order Entry Reminder</p> <p>13. YLS/CMI Assessment Approval Process</p> <p>14. TFACTS Monthly Releases</p> <p>15. Improved TFACTS Reliability, Stability and Access</p>	<p>Office of Child Safety, Office of Juvenile Justice</p>	<p>March 2015</p> <p>September 2014</p> <p>December 2014</p>	<p>and Ethnicity data. Next AFCARS data submission due May 2015.</p> <p>9. In Progress - Requirements have been completed. Projected implementation date is July 2015.</p> <p>10. Third-party vendor is responsible for the development of this project. Project implementation dates have been missed five times. Recent requests for additional features/functions have resulted in additional delays; those change requests have been developed and are currently undergoing test. No new implementation date has been set at this time.</p> <p>11. Third-party vendor is responsible for the development of this project. Project implementation dates have been missed five times. Recent requests for additional features/functions have resulted in additional delays; those change requests have been developed and are currently undergoing test. No new implementation date has been set at this time.</p> <p>12. Complete - Case recordings with Location Type = 'Court' will generate prompts/reminders to worker to enter court orders.</p> <p>13. Complete - Streamlines the approval process for the YLS assessment.</p> <p>14. On-going - During this reporting period, TFACTS application releases were implemented at least monthly to address approximately 270 reported TFACTS incidents and service requests.</p> <p>15. On-going - During the past reporting period, the Department also focused on improving the reliability, stability and access of TFACTS. Steps have been taken to remediate all of the high priority findings from a third-party security audit and the Department will Continue to address areas of risk. An additional audit is planned during the next activity period. The findings will be reviewed with the MAC and action plans will be developed based on their prioritization. In January 2015, the Department implemented a key TFACTS infrastructure improvement that allows the Child Abuse Hotline staff to continue to work in TFACTS during maintenance outages. The long-term goal is to expand this capability to all TFACTS users so staff will be able to work in TFACTS during maintenance outages. The technical team also remediated eight TFACTS data models to stabilize the Optimal product so that development, test and production environments could be synchronized.</p>
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Systemic Factors: Goal/Strategy 2. Build staff capacity through data analytics.

Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>1. Develop Data Warehouse enhancements.</p> <p>2. Fully implement use of Reports Center of Excellence Catalog.</p> <p>3. Develop data Dashboards at the individual level to provide data analytics regarding individual performance.</p> <p>4. Determine what data is needed in a "dashboard" to improve practice; what population needs which data, and at what frequency.</p> <p>5. Identify what information can be compared.</p> <p>6. Improve ability to cross-reference data.</p> <p>7. Develop Core Brian A Reports Augmentation (complete reports with Oracle Business Intelligence (OBIEE) tools.</p>	<p>Office of Information Technology</p> <p>Office of Information Technology, Office of Child Programs, Office of Juvenile Justice, Office of Child Safety</p>	<p>June 2015</p>	<p>1. On-going – The TFACTS Data Warehouse foundation was completed in Dec. 2013. The first set of reports produced from the Data Warehouse in Sept. 2014. Enhancements to the Data Warehouse will continue in order to incorporate more reporting capabilities and to reflect on-going changes to the TFACTS application.</p> <p>2. Complete – The Reports Center of Excellence Catalog was fully implemented Statewide in April 2014. This catalog provides a central list of available DCS reports with a link to the reports and their respective requirements. Reports can be located with keyword search, by clicking a tab, by entering a filter or by scrolling through the list of reports one at a time.</p> <p>3. In Progress - The first TFACTS Data Dashboard presenting children in custody by region was made available in January 2015. DCS management identified three additional metrics – Adoptions by Month, Custody Entries/Exits and Trial Home Visits –for which data dashboards were available within a few business days. The Department's goal is to establish two additional dashboards by the end of March 2015. The Management Advisory Committee (MAC) will identify and prioritize additional key performance metrics for inclusion in existing or future data dashboards. Select data that are refreshed daily stream via URL and display on a 55" monitor in the DCS Central Office Suite.</p> <p>4. 5. 6. In Progress – The Management Advisory Committee (MAC) will identify and prioritize additional key performance metrics for inclusion in existing or future data dashboards.</p> <p>7. In Progress – Six (6) core Brian A reports were developed with OBIEE and were delivered in December 2014:</p> <ul style="list-style-type: none"> ▪ Caseload Summary Report ▪ Caseload Threshold Compliance Detail Report

<p>8. Data quality reports will be developed monthly to provide staff with data gaps including, Mega Report (gaps in demographic data), timely placement entries, cases without permanency plans, missing race data, missing education information data, cases without adjudication data, missing NOA, relative caregiver approval data, etc. These reports will all be utilized for data clean-up efforts by the regions monthly.</p>			<ul style="list-style-type: none"> ▪ Supervisory Caseload Compliance Summary Report ▪ Supervisor/Employee Report ▪ Private Provider Employee Assignment Report ▪ Caseload Threshold Compliance Periodic Comparison Report <p>Addition reports are currently under development. DCS Executive Leadership continues to review and prioritize legacy reports. These reports will be developed using OBIEE according to priority and resource availability.</p> <p>8. On-going – Data Quality reports are currently being produced monthly/weekly. These reports are posted on the Department's SharePoint site. Staff is able to access these reports via Reports Catalog.</p>
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Systemic Factors: Goal/Strategy 3. Ensure staff has technology available to support performance and timeliness of duties.

Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>1. Deploy 2600 tablets to frontline staff statewide.</p>	<p>Office of Information Technology</p>	<p>January 2015 June 2019</p>	<p>1. Complete - After concluding a successful pilot in the previous reporting period, the MAC approved a project to deploy up to 2,600 tablet devices to case management staff across the state. This project leveraged the TFACTS enhancements completed during the pilot project.</p> <p>After extensive planning and preparation, the project team began an aggressive deployment schedule in November 2014. As of March 20, 2015, a total of 2, 145 tablets have been distributed. The ability to access and enter case data at any time has improved both service delivery and the quality of the data entered in TFACTS. It also positions the Department to provide alternative work schedules and work-at-home opportunities. A number of states and Tennessee state agencies (including New York, California, and Tennessee's Department of Environment and Conservation) have made</p>

<p>2. Deploy additional mobile Devices as funding is available.</p> <p>3. Enhance video-conferencing capabilities to increase collaboration during statewide meetings and as a way to enhance casework/child contact as a supplement to face to face contacts.</p> <p>4. Provide technology supports to enhance tele-work program.</p> <p>5. Develop DCS Mobile so TFACTS and other applications function on tablet/phone applications.</p> <p>6. CISCO IPT implementation</p> <p>7. Printer replacement project</p>			<p>inquiries and comments regarding the success of the Tablet project.</p> <p>2. On-going - Office of Information Technology worked with the Office of the Commissioner and Fiscal Services to establish a process for requesting tablet devices for DCS staff. The employee's supervisor will work with the appropriate property officer to enter a "request" in the agency's ticketing system. The "ticket" will be routed for the appropriate approvals and once approved the ticket will be assigned to Asset Management who is responsible for provisioning equipment. Asset Management will coordinate with Desktop Support Services who is responsible for the delivery of the equipment to the approved staff member. Desktop Services will validate that staff receiving the tablet is able to utilize all the mobile functionality.</p> <p>3. Video Teleconferencing has been set up in Central Office and in Knox Region for training. OIT has requested a waiver from the IT-ABC to roll Skype out to all DCS case workers who have a need to use Skype for face to face video visits. DCS currently has 6 Juvenile Justice case workers utilizing Skype for family visits. There is an ongoing pilot project using VTC for a Judge to interact with children at Wilder YDC.</p> <p>4. In Progress - OIT has researched and identified four main use cases for telework.</p> <ul style="list-style-type: none"> ▪ Court to YDC youth teleconferencing ← Cisco Jabber Video ▪ Family members teleconferencing with YDC youth that was transferred to Texas ← Skype, limited exception approved by IT-ABC ▪ DCS employee to DCS employee teleconferencing ← Cisco Jabber Video ▪ DCS employee to non DCS employee (F2F) ← Skype, in process of requesting exception, should receive status on approval 4/15 <p>5. In Progress - TFACTS was designed to work properly in the Internet Explorer 8 web browser.</p> <p>With the deployment of approximately 100 iPads and over 2200 Windows 8 tablets, there were hundreds of modifications needing to be done to allow TFACTS to work properly in the Safari and Internet Explorer 11 web browsers. TFACTS was modified, extensively tested, and is currently being used by DCS's mobile workforce on iPads and Windows 8 tablets.</p> <p>6. Internet Protocol Telephony has been implemented in all but twelve DCS offices; remaining offices expected to be completed by the end of June 2015.</p> <p>7. As of March 2015, 183 new Canon Printer/Copiers have been installed in</p>
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<p>8. Migrate to Oracle 12c</p>			<p>DCS county and regional offices across the state.</p> <p>8. In Q1 2015 the department completed the application of the Oracle patch levels required to begin the planning, testing and migration to Oracle 12c. This migration will require extensive testing and validation to prevent performance degradation and identify any application modifications that will need to be implemented as a result of the upgrade. Additionally all the supporting development, testing and training environments will be migrated so the same database version is active in all environments. The initial planning for this project is underway and the project team is developing a comprehensive project plan/schedule.</p>
<p>9. Server consolidation</p>			<p>9. DCS is consolidating servers and are planning to migrate off of 10 of the 22 servers by June 2015. The remaining servers are currently being evaluated for consolidation.</p>
<p>10. File Migration</p>			<p>10. DCS is consolidating servers and are planning to migrate off of 10 of the 22 servers by June 2015. The remaining servers are currently being evaluated for consolidation. Complete – Classrooms at the DCS Youth Development Centers were</p>

Case Review System Strengths and Opportunities

Quality Service Review

The Quality Service Review has completed all twelve service regions and two of three Youth Development Center (YDC) reviews as of June 30, 2015. Each review includes a regional sample of 24 cases (except Woodland Hills YDC, which only includes 10) for a total of 346 cases reviewed annually.

TNDCS has set the benchmark goal of 100% acceptability for Safety and 70% acceptability for all other indicators. TNDCS has seen an increase in performance on most QSR indicators over the past three QSR seasons. Vanderbilt University Centers of Excellence continues to complete an annual Inter-rater Reliability Review during the QSR process. Vanderbilt employees shadow review dyads for thirty or more cases each QSR season to determine if the Reviewers are scoring cases within the guidelines of the protocol. Vanderbilt University Centers of Excellence also completes an annual assessment of the QSR process to assist the QSR Director in determining what/if changes are needed in the QSR process.

The Quality Service Review team has been able to surpass the goal of external QSR participants. The team has experienced an increase in the number of community partners participating. However, DCS has seen a slight decrease in the number of TNDCS provider agencies willing to participate. The QSR team has maintained its current level of Certified Lead Reviewers during the 2014/2015 season. Several Certified Leads left

employment with DCS, promoted within DCS, or transferred into positions where they were no longer able to review. However, a number of new Reviewers have been recruited from TNDCS service regions.

The Quality Service Review team will be conducting Developing Lead, Certified Lead, and Coach trainings during the months of May and August 2015. A special team was formed by the Quality Service Review team to evaluate improvements needed for the QSR Stories. This team will also create training recommendations that will be incorporated into the Certified Lead and Coach trainings. QSR Stories are also being utilized as a part of the ComStat Reviews that are being conducted twice each year (two cases per region annually) to assist regions in gaining a greater understanding of those cases.

Due to the similar structure of QSR and CFSR, the Department plans to fold in preparations for the 2017 CFSR into QSR process. DCS has developed a list of staff that has been given access to the CFSR Portal to complete the CFSR On-Site Review Instrument (OSRI) training and tool. The department will prepare CFSR Reviewers throughout the 2015-2016 Fiscal Year by conducting a review using the OSRI on a subset of cases from the QSR sample. The Department will then make plans for the FY2016-2017 review season to modify the QSR Schedule to accommodate the CFSR OSRI case reviews.

Case Process Reviews (CPRs)

Case Process Reviews (CPRs) are conducted quarterly statewide on a five percent (5%) sample of cases open during the period under review. Foster care (including kinship and pre-adoptive) cases, Juvenile Justice, Youth Development Centers, Resource Home, Adoption Assistance and Subsidized Permanent Guardianship cases must be open for 45 days, while CPS Investigations and Assessments and Special Investigation Cases must be opened 30 days during the period under review to be included in the sample. These reviews are conducted to provide the various program areas with performance measures in regard to case records and worker documentation. Over the last year, frontline managers have worked with frontline staff to focus efforts on making improvements to CPR outcomes that are documented on Case Process Review Performance Improvement Plans (CPR PIPs).

Permanency for all Children in Tennessee (PACT)

Commissioner Henry charged DCS and Private Providers with ensuring timely permanency for children in care. The Tennessee Alliance for Children and Families (TACF) began working on a collaborative effort to achieve that objective. This effort was named Project "PACT" (Permanency for All Children in Tennessee). Initially, the TACF worked with the provider agencies to develop a list of youth who may be able to exit custody more quickly, if DCS teamed up to address a specific barrier for that youth. Project PACT was extremely successful, so DCS agreed to continue this effort for another year. DCS has set another goal of finding permanency for 500 additional youth and hope to achieve it by October of 2015. In addition to the overall goal, DCS has also begun projects like the adoption convening and provider collaboration on adoption paperwork preparations. DCS is hopeful that all of these efforts will lead to timely permanency for children and youth. Much of the work done within Project PACT is through joint utilization review collaboration between regional and provider staff. As DCS continues to move forward with Project PACT, it continues to be an enduring component of the statewide utilization review process.

Case Review System			
Measure of Progress	Baseline FY 2014	Actual 2014 - 2015	Target/Goal
% of cases reviewed quarterly for CPRs	5%	5%	3%
Child has a written plan that is developed jointly with the child's parents/Family participated the CFTM (TFACTS)	Initial Meeting 35.2% Child age 0-11 77.2% Child age 12+ 65.9% Mother 39.6% Father Initial Perm Plan 30.9% Child age 0-11 72.8% Child age 12+ 61.9% Mother 29.6% Father Placement Stability 27.4% Child age 0-11 77.1% Child age 12+ 39.9% Mother 15.5% Father	Initial Meeting 30.7% Child age 0-11 65.8% Child age 12+ 68.9% Mother 30.8% Father Initial Perm Plan 26.7% Child age 0-11 72.7% Child age 12+ 66.3% Mother 33.5% Father Placement Stability 26.7% Child age 0-11 72.5% Child age 12+ 42.5% Mother 17.1% Father	40% Child 0-11 70% All others
Periodic review for each child occurs no less frequently than once every six months either by court or administrative review (CPR)	72% Brian A 41% JJ	71% Brian A 80% JJ	80%
A Permanency Hearing occurs no later than 12 months from the date the child entered foster care and no less than every 12 months thereafter. (CPR)	77% Brian A 76% JJ	82% Brian A 82% JJ	80%
The filing of TPR proceeding occurs within 15 of the last 22 months or compelling reasons is documented. (TFACTS)	90.5%	79%	95%
Documentation of all contacts for notification of CFTM either in Case Recordings or Notification Section of CFTM in TFACTS (CPR)	55% Brian A 57% JJ	72% 76% JJ	80%
Documentation that Resource Parents were notified in advance of all CFTM's, FCRB's and Court Hearings (CPR)	76% 87% JJ	76% Brian A 87% JJ	80%
Case Review System: Goal/Strategy 1: DCS will ensure a quality case review process.			
Objectives/Action Steps	Responsible	Date By	FY 2015 Update

<p>4. Continue to document efforts to highlight progress and challenges.</p> <p>DCS/CIP FCRB CQI Team Collaboration</p> <p>1. DCS and CIP will work collaboratively in the FCRB CQI Team to improve family involvement in case planning.</p> <p>2. Identify ways to improve the quality and occurrence of FCRB and Permanency Hearings.</p>	<p>Provider Agencies</p>	<p>Ongoing</p>	<p>permanency success.</p> <p>4. Twice monthly, regions, providers and central office staff meet regarding Project PACT. This group discusses progress and barriers and next steps. All of that is documented in the minutes. In addition, weekly Project PACT reports are generated and shared with the Project PACT workgroup, upper management within Central Office, the regions and providers. These reports track weekly progress and over extended time. This information captures both the statewide data, as well as regional specific data. Commissioner Henry has also held Project PACT meetings with providers. For the purposes of those meetings, additional reports have been created to highlight the strengths and weaknesses for each of those providers. That information has been shared.</p> <p>DCS/CIP FCRB CQI Team Collaboration</p> <p>1. DCS recognizes the enormous task of working to improve one board at a time; and the need to address issues on a larger scale. As a result, a statewide FCRB CQI team was developed. The Statewide CQI team will meet monthly to address issues and barriers that result in lagging performance. DCS liaisons to the board and regional support staff will make up the majority of the CQI team. Another opportunity to address systemic issues will be during the 2nd Annual Statewide Foster Care Review board meeting. The meeting is scheduled for May 5, 2015. The Statewide FCRB meeting will involve internal and external stakeholders from across the state. The agenda includes a break out session that will allow each Region an opportunity to discuss areas of improvement and develop plans to ensure better outcomes for FCRB.</p> <p>2. The Foster Care Review Board (FCRB) Liaison, observes/participates in at least 3 FCRBs a month to include a brief written assessment of strengths and challenges. A written assessment is shared with Regional Leadership to identify training needs and areas of improvement. There is a monthly collaboration with AOC's statewide FCRB Coordinator/CIP to address common observations, concerns, training needs, etc. Quarterly, the liaison collaborates with designated DCS regional staff to problem solve; and provide training or technical assistance.</p>
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Quality Assurance System Strengths and Opportunities

Continuous Quality Improvement

DCS has a strong foundational administrative structure for CQI across Tennessee. The Director of CQI in Central Office maintains oversight of the statewide CQI program, which includes a Program Manager located in the Central Office that serves as the liaison to the Administration for Children and Families, as well as routine quality assurance and improvement responsibilities. The Director provides oversight for three Case Manager 4s and eight Case Manager 3s who act as CQI Coordinators for each of the twelve regions. The Director of Accreditation provides oversight for the three Case Manager 3s who act as CQI Coordinators for each of the agency's Youth Development Centers.

The statewide CQI program has a structure that is common across the state and allows for communication to flow between various levels. The CQI Coordinators are responsible for working with the regional and facility CQI Teams to develop Program Improvement Plans for Quality Service Review and Case Process Review Results. The CQI teams work on making improvements to a variety of compliance data provided on scorecards, in addition to improving processes to ensure timely services and outcomes for children and families. CQI referrals are used to resolve problems statewide. Nine CQI referrals have been resolved at the Central Office level and 16 are in progress.

In FY 2014-2015, the CQI team began tracking and monitoring data clean up reports which include:

- Cases with no permanency plan after 60 days
- Clients with no race
- Clients with no SSN
- Clients under age 6 in Congregate Care
- Undocumented clients with SSN
- Clients in custody Missing Adjudication

The CQI team was initially charged with assisting with the "Cases with no permanency plan after 60 days" report. Significant improvements have been seen in January and February 2015. Of the 9 cases that have remained on the list for more than 2 months in February, 5 are TFACTS errors, 3 are youth on runaway and 1 is due to legal issues. Helpdesk tickets have been called in to address the TFACTS errors. At this point there are no "trends" in reasons for cases not being updated timely in TFACTS.

The following clean up reports will be addressed in the coming fiscal year:

- Clients in Custody with no Education Information
- Brian A. Clients in Detention placements
- Clients who have aged out of care
- Cases with Missing Caretaker Address

The CQI unit is also responsible for using Six Sigma Lean facilitation to streamline departmental processes and procedures to maximize effectiveness. In 2014-2015 the following Lean Events were conducted:

- Health Records
- CPS Case flow
- Volunteer Services
- ROLS Security Access Set-up and Termination
- Davidson County Juvenile Court Intake and Assessment (community partner)

Also in the coming fiscal year, the CQI team will begin monitoring IV-E Waiver data and working with CQI Teams to ensure steps are taken to make needed improvements or maintain performance once goals are achieved.

Accreditation

DCS is working to achieve accreditation by the Council on Accreditation. The COA accreditation process involves a detailed review of the agency to include the programmatic functions of the administration, the service delivery environment and the service standards which include Foster care/ Kinship care, Adoption, Juvenile Justice, Child Safety, and the Youth Development Centers. The council utilizes a set of standards which are internationally approved and researched as best practice. In order to achieve COA accreditation the agency must first complete a self-study to assess compliance with the standards. Then a group of certified reviewers complete site visits where staff reviews data outcomes, conduct file reviews, and interview stakeholders, agency personnel, and children and families. Based on the findings of the reviewers COA's Pre- Commission Review Committee and/ or the Accreditation Commission determine whether the agency is in compliance with the standards. A regional compliance report is sent to each region that includes scores for each standards, overall strengths and opportunities that the region is expected to address. As of January 2015, all site visits have been completed. Central Office, Northwest, East, Southwest, Tennessee Valley, Upper Cumberland, Northeast, Mid-Cumberland and Knox regions have all received the regional compliance report. Shelby, Smoky Mountain, Davidson, Wilder YDC, Mt. View YDC, and Woodland Hills YDC have not yet received their compliance reports.

Licensing

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

Because DCS licensing also regulates private residential providers that do not contract with the department; as well as all international and domestic adoptions and child abuse prevention services offered within Tennessee's communities, these much needed revisions in the state

regulations will protect not just children in DCS-contracted agencies but also children in residential care not otherwise subjected to oversight by the department, as well as consumers within the community.

Quality Assurance System			
Measure of Progress	Baseline FY 2014	Actual 2014 - 2015	Target/Goal
Timeliness of case recordings	83.2%	89.6%	90%
% of Brian A custody cases with at least 2 Face to Face Contacts by worker	88.1%	86.3%	85%
% of JJ custody cases with at least 2 Face to Face Contacts by worker	97.8%	95.1%	
Committee convene; rules revised and promulgated Jan. 2015 and Jan. 2017	In Progress	In Progress	Task Complete
Successful Sunset Review Calendar Year 2017	2014 Report	NA	2017 Report
Publish case reviews on Department website	TBD	NA	Task Complete
Engagement QSR Scores	78%	87%	70%
Teaming QSR Scores	72%	82%	70%
Voice and Choice QSR Scores	73% Overall 85% Child 56% Mother 52% Father 87% Other	81% Overall 88% Child 56% Mother 45% Father 87% Other	70%
Ongoing Assessment QSR Scores	61%	73%	70%
Permanency Planning QSR Scores	65%	75%	70%
Implementation QSR Scores	64%	79%	70%
Tracking and Adjustment QSR Scores	70%	85%	70%
Quality Assurance System Goal/Strategy 1: DCS will expand the CQI Program responsibilities to aid in quality data collection, analysis and dissemination of quality data.			
Objectives/Action Steps	Responsible	Date By	FY 2015 Update

			<ul style="list-style-type: none"> ▪ CQI Tools, which addresses Six Sigma tools such as Lean, 5S, SIPOC, Affinity Diagrams, PDSA cycle, and other concepts, such as, defining the problem, writing SMART goals, Driver Diagrams and Idea Boards. ▪ Using Data to Make Decisions, which includes information on data cohorts, in versus end data, compliance data, and outcome data. <p>These CQI Trainings will be presented at each of the YDCs by July 1, 2015.</p>
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Quality Assurance System Goal/Strategy 3: Provide opportunities for meaningful participation of customers in policy development and decision making.

Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>1. The Policy Development Unit will streamline policy development process, shorten steps and increase frequency in which policies are updated. Policy Review Committee will continue to include key stakeholders and will transition to monthly meetings to improve frequency and timeliness of policy updates. (Policy)</p> <p>2. Policies will continue to go on preview on the DCS internet site in advance of finalization/commissioner approval to receive feedback and prepare staff for pending changes. (Policy)</p>	Office of Quality Control – Policy	December 2014	<p>1. The Policy Development Division developed and implemented a new Policy Review process in mid-2014 that provided a 2.5 month policy review cycle from time of submission deadline to final approval and posting. Previously this process took nearly five months to complete. Also, the five month cycle was only run three times annually. The new 2.5 month process runs monthly. This new process better serves the field's need for timely policy changes. The process includes posting of policies on preview, which highlights the changes coming so staff statewide can anticipate and prepare for the changes, in addition to a final posting.</p> <p>2. In addition to changes in timeframes, the Policy Division also increased the number from 88 to 219 external stakeholders who are invited to participate in Policy Review process. These stakeholders are included in being notified of changes prior to policies becoming final and are able to provide feedback and input on policy revisions.</p>

Quality Assurance System Goal/Strategy 4: Ensure DCS policies and procedures are aligned with best practices (i.e. – COA, ACA, PREA standards).

Objectives/Action Steps	Responsible	Date By	FY 2015 Update
The Department established standards and guidelines regarding specific placement situations for children in foster care that include limitations, permissible exceptions to those limitations, for some situations. When DCS Staff must make placements that do not meet certain	Office of Quality Control – Policy	December 2014	

<p>best practice standards, a Placement Exception Request must be made and approved by the Regional Administrator (RA).</p> <p>1. Implement interim plan for Regions to upload PERs into TFACTS. (Quality Control)</p> <p>2.Update/Revise Policy 16.46 Child/Youth Referral and Placement (Quality Control)</p> <p>3.Implement PER form in TFACTS which will enable us to develop and run reports (Quality Control)</p> <p>4. Develop PER Qualitative Review Tool and implement routine evaluation of PER use. (Quality Control)</p> <p>Aggression Replacement Training (ART) An evaluation tool is provided to youth at the Department's three Youth Development Centers in order to measure the level of fidelity to the evidence-based practice model.</p> <p>1. Collect the dosage logs of sessions provided to youth and Compile monthly participation report that tracks the number of sessions delivered compared to the sessions required to meet fidelity by facility at the Youth Development Centers on a weekly basis.</p> <p>2. Evaluate the Youth Surveys and How</p>	<p>Office of Quality Control-Program Evaluation and Office of Juvenile Justice</p>	<p>June 2015</p>	<p>1.Plan has been implemented and regions have the ability to upload PERs into TFACTS</p> <p>2. Policy 16.46 is updated</p> <p>3. PER form is not implemented in TFACTS at this time.</p> <p>4. Qualitative Review Tool is not developed at this time. DCS is in the planning stage to work with the TAC to develop a review tool. A workgroup currently reviews the quantitative data quarterly. The information is shared with the RAs and placement staff.</p> <p>Aggression Replacement Training (ART)</p> <p>1. Dosage logs are compiled monthly and a quarterly report is provided to the leadership of the Juvenile Justice Unit for usage in determining needed changes.</p> <p>2. HIT surveys are tracked and data is collected and provided to the leadership</p>
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<p>I Think Surveys (HIT) completed by the youth at the Youth Development Centers to measure the youth's perception of the service and their behavior risks.</p> <p>3. Utilize the Quality Service Review process at the Youth Development Centers to determine the effectiveness of the ART program through the Emotional/Behavioral indicator.</p> <p>4. Conduct Perception of Care Surveys in person at each Youth Development Center in January and July each year, providing results to Juvenile Justice Leadership and DCS Senior Leadership Team.</p> <p>5. Conduct employee survey on an annual basis and provide data to each region and the State CQI Team to set improvement goals.</p> <p>6. Conduct birth-parent, youth, foster parent and contract providers annually, and provide results for the Continuous Quality Improvement Coordinators for usage in Quality Circles and Quality Practice Teams.</p>			<p>of the Juvenile Justice Unit on a quarterly basis.</p> <p>3. During the Youth Development Center QSRs held in June and July 2014 an additional question about evidence-based practice was added to the protocol and collected for the leadership of the Juvenile Justice Unit.</p> <p>4. Perceptions of Care Surveys are conducted in-person with youth in January and July each year at each Youth Development Center. Results are then entered into the SurveyMonkey account and results are provided to the YDC Superintendents and the DCS Senior Leadership Teams.</p> <p>5. Employee Survey was sent to all DCS staff with state e-mail during December 2014. During January 2015 hard-copy surveys were distributed to the YDC staff that do not have e-mail addresses. Those surveys were collected and entered into SurveyMonkey. The data was then combined and a report was provided to Senior Leadership and the CQI Director to utilize in planning needed improvements. A Focus Group will be held during the months of May and June 2015 to determine employee engagement opportunities for the department.</p> <p>6. Birth-parent, youth, and foster parent surveys are conducted by the QSR unit. The contract provider survey responsibility was assumed by the Office of Network Development in 2014. Survey data is provided to Senior Leadership and CQI Coordinators.</p>
<p>Quality Assurance System Goal/Strategy 5: DCS will work with the community and other partners to instill a sense of common responsibility.</p>			
<p>Objectives/Action Steps</p>	<p>Responsible</p>	<p>Date By</p>	<p>FY 2015 Update</p>
<p>Improve the development and</p>	<p>Office of Quality</p>	<p>June 2014</p>	<p>DCS had some delays in implementation due to both technical issues (loss of</p>

<p>enforcement of the department's state regulations used to protect children, families and consumers of child welfare-related services.</p> <ol style="list-style-type: none"> 1. Post Proposed Standards Revisions On Groupsite. 2. Convene Standards Revision Committee and Invite Additional Participants. 3. Complete Revisions; send to General Counsel for review 4. Register with TAR, Public Hearings, Government Ops Committee 5. Rules into Effect 6. Compliance Rollout Complete 7. Convene Next Revisions Committee 	<p>Control-Licensing</p>	<p>Ongoing</p>	<p>Groupsite contract) as well as procedural changes regarding the pertinent committees. regional meetings were held in late 2014/early 2015 to garner input from licensed agencies at large.</p> <ol style="list-style-type: none"> 1. There are delays in implementation due to both technical issues as well as procedural changes regarding the pertinent committees. 2. The department no longer has a manager for the online Groupsite program that would inform the committee meetings; therefore DCS moved to Adobe Connect to continue to allow committee members the freedom to participate from a remote location while still allowing for real-time updates of the standards documents. <p>A decision was likewise reached to form a separate committee for revising standards around hardware secure programs. That committee has been established; along with the child welfare standards committee.</p> <p>Each goal/strategy will go along the following timeline:</p> <ol style="list-style-type: none"> 1. June 15, 2015 2. June 30, 2015 3. Sept. 1, 2015 4. Oct 15, 2015 5. Jan 1, 2016 6. June 30, 2016 7. Jan 1, 2017 <p>Finally, in an effort to offer ample opportunity for participation among all licensed agencies, the licensing division held a series of statewide meetings with regional licensees covering all 9 sets of regulations in late 2014/early 2015. All standards are now updated and prepared for committee review. The process will begin in May and conclude by June 30th, 2015. Promulgation through the Tennessee legislature and Tennessee Secretary of State should be completed by late Fall, 2015.</p>
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<p>Three Branches Institute Support the common agenda adopted by the Three Branches Institute administratively to assure Institute members' familiarity with, influence on and support of efforts to improve the child welfare and juvenile justice systems.</p> <ol style="list-style-type: none"> 1. Engage Institute members to identify interest areas and participate in issue-focused workgroups supplemented by content experts for reports to full Institute. 2. Report benchmark results of 3BI activities as results and accomplishments quarterly. 3. Engage newly formed East, Middle and West Grand Region Institutes on matters of importance unique to the three Regions. 4. Report activities of regional 3BIs to the statewide Institute and vice versa to assure good flow of communication among Institutes. 5. Communicate brief results of Institute meetings to the members shortly after quarterly meetings to keep members informed and motivated and staff accountable for forward movement on 	<p>Commissioner's Office</p>	<p>Ongoing</p> <p>June 2015</p>	<p>Three Branches Institute</p> <ol style="list-style-type: none"> 1. The Institute completed recommendations on Recidivism and Blended Sentencing issues and in October 2014, re-set its agenda to focus on Termination of Parental Rights issues and exploration of Youth Challenge, a program in conjunction with TN National Guard, among other matters. 2. Following a round of quarterly meetings, a one page communications piece, <i>Keeping Up With 3BI</i>, is sent to members of the statewide and regional 3BIs summarizing their work, status of agenda items and next meetings. 3. Institutes are established in Grand Regions. Each has met at least twice. Regional foci are the following: East: NAS babies and In Home TN; Middle: Resource distribution & special attention to Family Visitation Centers and fathers' engagement; West: Truancy and gang activities. 4 & 5. Reference <i>Keeping Up With 3BI</i>, referenced in 2 above.
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<p>Institute(s) interests.</p> <p>6. Synchronize Institute activities with other related groups like the Children's Cabinet and Governor's Sub-Cabinet on Safety.</p> <p>7. Provide technical assistance to other states/jurisdictions as requested by Casey Family Programs and NGA.</p> <p>DCS/CIP FCRB CQI Team Collaboration</p> <p>1.The team will meet at least quarterly to work on items discussed in Case Review section of this plan</p> <p>2. Develop strategies to ensure DCS staff is well trained and prepared to present effectively at FCRB.</p> <p>3. Develop strategies to address underlying issues that result in</p>	<p>Office of Child Programs, Office of Quality Control- CQI, Court Improvement Program/AOC</p>		<p>6. Agendas, documents and participation in the Children's Cabinet and Governor's Sub-Cabinet on Safety are cross-referenced.</p> <p>7. Casey Family Programs-sponsored Appalachian Commissioners Conference and other incidental matters as requested by CFP and NGA.</p> <p>DCS/CIP FCRB CQI Team Collaboration</p> <p>1. The Foster Care Review Board (FCRB) Liaison, observes/participates in at least 3 FCRBs a month to include a brief written assessment of strengths and challenges. A written assessment is shared with Regional Leadership to identify training needs and areas of improvement. There is a monthly collaboration with AOC's statewide FCRB Coordinator/CIP to address common observations, concerns, training needs, etc. There are collaborations DCS regional staff to problem solve; and provide training or technical assistance.</p> <p>2. Together, the AOC and DCS are provides training and technical support to DCS Regional staff and Model FCRBs across the State. This past year, technical assistance & training is provided to Maury, Blount, Dyer, Haywood and Sullivan Counties. Later this year, DCS will collaborate with the AOC to provide technical assistance and training to Perry, Shelby, Montgomery and Wilson Counties. In February of this year, DCS assisted with training the peer advocates during their quarterly retreat. In collaboration with the AOC, DCS presented how to interpret the CANS assessment.</p> <p>3. DCS recognizes the enormous task of working to improve one board at a time; and the need to address issues on a larger scale. As a result, DCS developed a statewide FCRB CQI team. The Statewide CQI team will meet monthly to address issues and barriers that result in lagging performance. DCS liaisons to the board and regional support staff will make up the majority</p>
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<p>unfavorable findings during FCRB.</p> <p>Child Advocacy Centers 1. DCS coordinates with Child Advocacy Centers to co-locate the various disciplines involved in the investigation of child abuse and neglect. Co- location will increase communication between the disciplines and result in more seamless investigative outcomes and service delivery to children, families and the community.</p> <p>2. The Office of Child Safety, Community Partnerships Division, is revising and monitoring the contracts DCS has with the Child Advocacy Centers and Forensic Interviewers. The revision of the contracts ensures there are outcome based quality measurements and that there is regular oversight to ensure expectations are being met.</p>	<p>Office of Child Safety, and Child Advocacy Centers</p>		<p>of the CQI team. Another opportunity to address systemic issues will be during the 2nd Annual Statewide Foster Care Review board meeting. The meeting is scheduled for May 5, 2015. The Statewide FCRB meeting will involve internal and external stakeholders from across the state. The agenda includes a break out session that will allow each Region an opportunity to discuss areas of improvement and develop plans to ensure better outcomes for FCRB.</p> <p>Child Advocacy Centers 1. Currently, 75 CPS Investigators are co-located with Child Protective Investigation Team (CPIT) partners in 12 CACs or Family Justice Centers across the state. By the middle of 2015, DCS anticipates having over 100 CPS Investigators co-located at 17 CACs or Family Justice Centers across the state.</p> <p>2. The Executive Director and Director of Community Partnerships for OCS successfully worked with the CACs across the state to revise all contracts. This included changes to Forensic Interviewer Contracts as well. All contracts have been fully executed and are now in the monitoring phase.</p>
<p>Quality Assurance System Goal/Strategy 6: DCS will maintain accreditation through the Council on Accreditation.</p>			
<p>Objectives/Action Steps</p>	<p>Responsible</p>	<p>Date By</p>	<p>FY 2015 Update</p>
<p>Council on Accreditation 1. DCS will complete 13 site visits to</p>	<p>Office of</p>	<p>December</p>	<p>Council on Accreditation 1. DCS completed 13 site visits to include Central Office, 12 regions and 3 YDCs</p>

<p>include Central Office, 12 regions, and 3 YDCs by December 2014. 2. DCS will utilize the Pre-Commission report if necessary to make identified changes to practice to meet the standards. 3. DCS will provide ongoing progress reports if necessary according to the Final Accreditation report to ensure improvement in practice. 4. DCS will complete annual Maintenance of Accreditation Report. 5. DCS will complete on-going required self-reporting as outlined in the Accreditation Policies and Procedures manual. 6. Prior to a lapse in accreditation DCS will complete a self-study and site visits according the cycle time identified by COA.</p>	<p>Quality Control-Accreditation</p>	<p>2014</p> <p>December 2015</p> <p>Annually</p>	<p>by December 11, 2014. 2. DCS has submitted all regional evidence required for the Pre-Commission reports by March 30, 2015. DCS will submit YDC evidence by May 30, 2015. 3. As of this date the Final Accreditation report has not been received therefore a response is not necessary. 4. DCS completed the annual Maintenance of Accreditation report as required by COA. 5. DCS routinely self-reports as required by the Accreditation Policies and Procedures manual. 6. DCS is currently negotiating with COA timeframes to achieve accreditation for the regions and the YDCs.</p>
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Employee Training and Professional Development Strengths and Opportunities

Training

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

Pre-Service Training: This fiscal year the Office of Learning & Development has increased the number of offerings of Pre-service training from 21 to 24. This 9 week process includes 5 weeks of classroom training, 3 weeks of OT, and two assessment panels – one to assess the candidate’s grasp of classroom content and a final one, based on the candidate’s performance during OJT, to certify the candidate as a case manager. As of this date, between July 2014 to April 10, 2015, 194 trainees began Pre-Service. As of April 10, 94 had completed the process and been certified. There are currently 89 participants in the process. 11 separated before completion. Most participants complete the pre-service process within the time frame, as follows:

56 completed it within 9 weeks; 28 more completed it between 1-30 days of the deadline; and, 10 completed it between 31-60 days after the deadline. The Office of Learning & Development produces monthly reports to each region tracking the progress of each new hire through the process.

DCS has also eliminated two days of on-line reading and added OJT to those days, to better integrate OJT with what is being covered in the classroom. The use of Video Conferencing equipment to reduce the travel time required for some new hires to complete classes is being explored

In-Service Training: This fiscal year DCS added the following In-service courses for staff:

Casework Training

a CPS Assessment Academy was launched in collaboration with Vanderbilt University to equip CPS Assessment staff to better serve clients in the community. It is delivered 2 days per month over 4 months via classroom, with conference calls between sessions using a learning collaborative model. It will be made available to all CPSA staff over the next 4 years. Topics include Trauma, Motivational Interviewing, and Drug Identification, Court presentations, Mental Health issues and Domestic Violence.

SBIRT and Motivational Interviewing was provided statewide by the TN Dept. of Mental Health and Substance Abuse. DCS adapted these curricula and provided a Train-the-Trainer session for a one day delivery for DCS custodial staff. The TN Dept. of Mental Health and Substance Abuse also provided 3 sessions on Methamphetamine and Prescription Drugs.

A Trainer's Summit in July of 2014 brought all trainers together and provided train the trainer instructions and new interactive learning activities...

Juvenile Delinquency and Gangs

Professional Documentation in Child Welfare

Major SACWIS rebuild regarding how cases are assigned and all relevant staff trained on TFACTS Case Assignment by program area

Major SACWIS rebuild on incident reporting and all relevant staff trained

Human Trafficking (Numerous vendor training on Human Trafficking offered so far, in-house Human Trafficking course is being piloted for Juvenile Justice staff and being adapted for child program staff)

Best Practices in Adoption (3 courses currently being rolled out: Adoptive Permanence, Adoption Related Disclosure, and Adoption Subsidy Training)

Major rebuild in Records Management software and all relevant staff trained

Safe & Sound: Case Worker Safety in the Delivery of Child Services

Child Welfare Trauma Toolkit - Train-the-trainer has been provided and is rolling out

Mentoring (To enhance skills of Peer Mentors assigned to new case managers)

Searches, Restraint & Transportation

Budgeting 101

Placement Specialists training developed and delivered to all placement staff

Concurrent Planning, Train-the-trainer provided and rolled out

Defensive Driving training for YDC staff

Child Passenger Safety training for caseworkers

Changes in Training for the Youth Development Centers

The DCS Office of Juvenile Justice (OJJ) supports an atmosphere that promotes positive behavior of the students in the Youth Development Centers and minimizes the use of restrictive behavior management interventions. This program model creates and maintains a culture that promotes respect, healing and positive behavior, and assist students in positive ways to manage their behavior by employing strategies to maintain a safe environment for students and staff.

The new curricula:

- Behavior Modification Program Training
- Working with LGTBI Youth in the Juvenile Justice System
- Non-Violent Crisis Prevention

CBTs

11 new CBTs have been created and 9 more have been updated.

Supervisory Training and Certification:

Facilitated Learning Discussions that build on Tim Nolan's supervisory training provided last year are currently launched in 5 regions with 3 more planning to participate by June 30.

DCS has strengthened the Supervisory Certification process with frequent, enhanced reports and clearer protocols. This required close collaboration with HR, Legal, regional staff and TSEA to accomplish. The Professional Development Plans will be reviewed when needed, and 1:1 coaching to regional staff on how to write them, what developmental activities could be used, how to monitor, etc. will be provided

Leadership Coaching training was rolled out statewide. Coaching is a required component in the Supervisor Certification process. Candidates participate in coaching sessions with their direct supervisor. The goal of coaching is for the Candidate and their direct supervisor to enter into a thoughtful, creative process that encourages reflective practice and continuous learning and improvement. Through this process, coaches seek to elicit solutions and strategies from the Candidate's experiences and newly acquired knowledge. The coaching requirement lends itself to the creation of a supportive relationship with the Candidate where learning and skills mastery can occur.

Coaches use the skills mastered in the "Child Welfare Supervision in Action" training to support the candidate through the entire certification process. Coaches model the coaching and educative approach affording Candidates the experience from a coachee perspective. Upon successful completion of the Supervisor Certification process, candidates participate in the "Child Welfare Supervision in Action" training to develop their coaching skills. With these new skills staff is able to model and support a coaching approach with their direct reports.

All supervisors are required to take three statewide Department of Human Resources courses.

These are:

- Respectful Workplace
- Performance Management
- SMART Performance Planning

Each course is required once. In addition, DCS requires that staff take the Respectful Workplace course every two years. The Performance Management & SMART Performance Planning courses were redesigned last year, and all supervisors were required to complete them. However, in many regions, the two courses were provided at the same time, so these courses are combined to determine compliance for the 2013-2014 fiscal year. The state Enterprise Learning Management System does not provide a precise method of determining all DCS Supervisors; however, most supervisors can be captured based on job title. Therefore, regional and program leadership are responsible for ensuring that all supervising staff under their reporting structure have completed the required courses.

Compliance with the Performance Management/SMART Performance Planning requirements was 87%. Compliance rates for the Respectful Workplace training was 78%. It should be noted, however, that due to a technical problem in the Computer Based Training course (owned by DOHR), many supervisors who actually completed the course, were not given proper credit. As many of these cases as possible were rectified, but it is still very likely that this number underestimates the actual percentage completed. Rates for newly hired / promoted supervisors for the 2014-2015 fiscal year are pending.

Supervisory Certification Report development

The Division generates several reports to monitor the Supervisory Certification Process. CO leadership gets one on individuals overdue; each region receives monthly reports to help RAs track progress toward completing certification; and reports are generated for the Brian A. Monitoring Committee; as well as a Quarterly Supervisory Certification report. The Division partners with DOHR to certify trainers to deliver DOHR supervisory and management training – to date 12 DCS trainers have been certified to deliver their training. Only DCS staff will be allowed to deliver the supervisory training after being certified in the facilitation course.

Responsiveness to In-service Evaluation Data:

Course Reaction Forms provide participants the opportunity to identify topics for additional training. What follows is an analysis of those requests during fiscal year 2014 and responses to date:

Request	Response
Working with children with developmental / learning disabilities	Disability Awareness & Education <i>currently being offered across the state</i>
Working with youth with behavioral problems	Non-violent Crisis Prevention Behavior Modification
Gangs	Working with Gang Involved Youth <i>currently being rolled out across the state</i>
Interviewing skills (including interviewing skills with children)	SBIRT (Screening, Brief Intervention, Referral for Treatment) <i>13 sessions were offered across the state through a partnership with Mental Health and Substance Abuse – SBIRT and Motivational interviewing is included in the new Assessment Academy, in partnership with the Vanderbilt Center of Excellence. A train-the-trainer on Motivational Interviewing has been developed and</i>

	<i>provided to regional trainers.</i>
Microsoft Excel training	DCS submitted a proposal for a contract with Lynda.com to provide a richer array of software training
Medical issues & terminology related to child welfare	DCS does not currently offer training on this topic
Mental health issues & psychotropic medications	DCS currently offers training on psychotropic medications; training on Mental Health Issues among Youth was developed last year and still available; The CPS Assessment Academy includes one session on this topic.
Domestic Violence	DCS currently offers an introductory training on this topic. DCS is in the process of developing more advanced training.
Child sexual abuse and appropriate child sexual behaviors	DCS currently offer training on these topics
Substance abuse and drug treatment	DCS currently offers introductory level training on this topic and are in the process of piloting the National Center on Substance Abuse and Child Welfare curriculum for more advanced topics in this area.
Effective communication & working with difficult staff	DCS currently has offerings available online and through the EAP vendor on these topics
Time management	DCS currently offers training on this topic
Child passenger safety	DCS currently offers a CBT on this topic and some areas have access to a skills-based training through community resources. DCS is in the process of building internal capacity to provide this training.

Annual Needs Assessment: There is a radical change in the 2015 Needs Assessment. In addition to asking respondents to identify general topical areas, it was requested that respondents identify specific concerns related to the general topical area, including whether staff preferred a beginner, intermediate, or advanced level of training on that topic. The new assessment allows a focus on specific requests to support better determinations regarding the depth and breadth of a given topic. Additionally, there is analysis on which program areas are requesting specific training topics. This assessment was recently completed and is in the process of data analysis. However, the preliminary analysis below identifies the most requested topical areas, along with the most requested detailed topics related to the general topic.

- Alcohol & Substance Abuse Issues 72%
 - ◆ Engagement and Intervention with Parents/Youth Affected by Substance Use (Intermediate)
 - ◆ Impact of Substance Use on Relationships and Families (Intermediate)
- Legal Issues 79%
 - ◆ 4th Amendment Issues (Beginner)
 - ◆ Duty to Warn (Beginner)
 - ◆ Diversion, Prevention & Probation (Beginner)
 - ◆ Professional Ethics (Intermediate)

- Youth Issues 73%
 - ◆ Working with Youth with Behavioral Issues (Intermediate)
 - ◆ Working with Youth with Poor Social Skills (Intermediate)
 - ◆ Gangs (Intermediate)
- Mental Health and Disabilities 75%
 - ◆ Effective Use of Medical and Psychological Reports (Intermediate)
 - ◆ Identifying Mental Illness and Accessing Resources (Intermediate)
 - ◆ Understanding Psychotropic Medication (Intermediate)
 - ◆ Understanding the Needs of Youth and Parents with Mental Disorders (Intermediate)
- Safe Crisis Management 70%
 - ◆ Conflict Negotiation (Intermediate)
 - ◆ Managing Safety and Crisis in the Workplace (Intermediate)

Resource Parent Training

There are 943 foster parents participate in a very successful Resource Parent Conference this year. Almost 90 more resource parents attended over the previous year. Total attendance was 1,036, including participants, trainers, staff, vendors, and guests. Parents had the opportunity to attend up to 7 workshops and 2 general sessions, allowing them to receive up to 19.5 hours of training credit. A total of 90 workshops and 2 general sessions were offered.

Other Noteworthy Accomplishments

- In July, a CPS Director was hired with a licensed therapist with over 30 years' experience as a therapist, DCS worker, Executive Director and trainer.
- There is a rich pool of clinical and training expertise among the Central Office staff. Two licensed therapists, 1 PhD, 1 in process for PhD, 1 ABD, and all but 2 central office training staff have a Master's Degree. 12 regional trainers have their Master's as well.
- The Division obtained a new facility with state-of-the-art training space.
- Foster parent training staff has joined program staff to review SIU cases and provide individualized training when needed.
- New software was purchased and implemented to help facilitate the summary of training evaluations and post-tests.
- All private providers' training was reviewed and the Division continues to provide TA and curriculum support in partnership with Network Development and TACF. The Division provides a Train-the-Trainer session on Pre-Service Training for selected providers.
- The Division monitors the Job Shadowing project initiated by Commissioner Henry in the summer of 2013.
- The implementation of In-Home TN training is completed in all regions.
- DCS has transitioned to a single PATH provider, which will enable us to monitor performance more closely and ensure consistency in Resource Parent training across the state.

Employee Training and Professional Development				
Measure of Progress	Baseline FY 2014		Actual 2014 - 2015	Target/Goal
Retention Rate	CM1 61.6%		75.58%	TBD
	CM2 88%		88.1%	
Attrition/Turnover	CM1 28.61%		37.57%	TBD
	CM2 11.14%		11.87%	
Employee Training and Professional Development Goal/Strategy 1: Acknowledge and support the well-being of DCS staff.				
Objectives/Action Steps	Responsible	Date By	FY 2015 Update	
1. Employee Satisfaction Survey	Commissioner's Office, Office of Human Resources, Quality Control, and Office of Training and Curriculum Development	December 2015	1. The employee satisfaction survey was e-mailed via a Survey Monkey link in December 2014. Employee Surveys were taken in person to the three Youth Development Centers during the month of January 2015. Surveys were processed and sent to the Regional Administrator, Central Office Senior Leadership, and YDC Superintendents for processing. The Quality Service Review team assisted two of the YDCs in developing next steps for their employee satisfaction and engagement.	
2. Develop Employee recognitions/rewards program			2. Employee recognition and reward programs are based in the regions and headed by Regional Administrators. Activities include Employee of the Month, Workers' Day Outs and annual picnics.	
3. Communicate and Coordinate EAP services in CO and Regions Kim Yap			3. EAP is routinely communicated to employees at all levels through email and mail announcements. (samples attached) In addition, the agency has brought EAP on site to provide employee support during critical incidents or significant events (e.g. after child death, when reduction in force announced, etc.)	
4. Promote Healthy Work Place practices Promote Safety in the Work Place			4. The Department's Employee Assistance Program offers counseling and health coaching. The insurance program ParTNers for Health offer health coaching as well as employee benefits including discounts on health club memberships. The training division has trainings including Blood Borne Pathogens and Worker Safety. There are Blood Borne pathogens in each office.	
Employee Training and Professional Development Goal/Strategy 2: Identifying employees who are a good fit for child welfare work can be challenging. DCS has diverse entry level positions in various program areas. Source and hire the right people in the right job.				
Objectives/Action Steps	Responsible	Date By	FY 2015 Update	

<p>1. Hire HR Manager in Central Office HR to focus on talent acquisition. 2. Realign HR Team and structure. 3. Reporting – design and roll out reporting on Attrition, Open Position/Time to Fill. 4. Revise Hiring Procedure and redesign and roll out use of Behaviorally Based Interviewing based on Competencies.</p>	<p>Office of Human Resources, Training and Commissioner Office</p>	<p>February 2014 August 2014 July 2014 September 2014</p>	<p>1.Complete February 2014 2.Complete August 2014 3. In process - Began July 2014, ongoing revisions; May 2015 revisions and data validation with internal customers, planned roll out July August 2015. 4.Complete September 2014</p>
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Employee Training and Professional Development Goal/Strategy 3: Retain and develop quality employees through continuous professional development and training.

Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>1. Analyze data to determine professional development needs and training.</p> <p>2. Work with DOHR to develop a Leadership Academy</p> <p>3. Review satisfaction survey data from Pre-Service and In-Service Trainings. Develop action steps and planning based on survey results.</p>	<p>Office of Training and Curriculum Development Commissioner's Office</p>	<p>August 2014 July 2014 Annually</p>	<p>1. Professional development needs are assessed and prioritized in a variety of ways including: needs identified from data reviews (such as QSR, CQI), those identified through COA reviews and findings, those related to policy or procedure changes (including changes in the SACWIS system), and those identified by staff through course reaction surveys and through the training needs assessment survey. See the narrative for more detail on results.</p> <p>2. The DOHR Cornerstone Leadership Academy was initiated in October, after a competitive application and selection process. 44 participants representing every region and program area have responded with excellent evaluations and active participation on workgroup projects.</p> <p>3. Pre-Service Survey Data: During fiscal year 2014-2015, a Pre-service survey was issued to new hires that have been on the job for at least 6 months. The primary focus of the survey was to ascertain the new hires' perception of how well the current Pre-service curriculum prepared them for their job. The survey was distributed in two waves. The first wave closed, September of 2014; captured employees certified June 1, 2012 through June 30, 2014,</p>

			<p>yielded 140 responses. A major reoccurring theme noted in the first wave is for some new hires, given their experience and education prior to coming to DCS, the Core Curriculum (the first 3 weeks of class) was redundant. In response an updated Waiver process was developed, using an Experienced Worker Test to allow experienced workers to "test out" of the Core classes and go directly to their program Specialty Week training. In addition, the protocol and Memorandum of Understanding was updated to clarify the responsibilities of the Team Leader in the preparation and onboarding of new caseworkers.</p> <p>The second wave closed in February 2015; captured employees certified July1, 2014 through December 31, 2014, yielded 34 responses. 64.5% of respondents report that the classroom component was either extremely or moderately helpful in their preparation for the job. Other contributing factors to success and most helpful on the job were the mentor and supervisor. The feedback also indicated that trainees would prefer less information in the Core curriculum and more focus on their specialty training.</p> <p>Moving forward this survey will be issued on an annual basis and the data will be used to analyze inform revisions to pre-service curricula and delivery methods over the coming years.</p> <p>Pre-Service Course Reaction Data:</p> <p>Each delivery of Pre-service affords participants opportunities to share their reactions to the learning environment through course reaction surveys (CRS). CRS are tracked via computer software, Remark®, which generates reports to track subject matter satisfaction, trainer satisfaction, learning environment satisfaction, etc.</p> <p>Pre-service and In-service CRS reports are run on a quarterly basis; data gathered help inform revisions to delivery methods and facilitators over the coming years. This analysis also gathers trainee recommendations for additional programs. Please see the narrative under Responsiveness to In-service Evaluation Data to see the results and responses over the past year.</p>
Employee Training and Professional Development Goal/Strategy 4: Foster an agile workforce.			
Objectives/Action Steps	Responsible	Date By	FY 2015 Update
1. Engage in research to identify new	Office of	March	1. Revised hiring process in 2014 to provide structured framework for

<p>or emerging issues that affect DCS and Identify community and state partners to work on current and emerging issues.</p>	<p>Human Resources,</p>	<p>2015</p>	<p>consistent/fair evaluation of candidates and well-documented hiring decisions. Review of attrition and turnover data resulted in targeted efforts to determine root cause and intervention. Example is Montgomery county in which amount of separations was cut in half. Changes to the state's performance evaluation system toward a more objective method of performance evaluation required support and coordination with leaders of case management staff as they developed specific standards of performance. Standards are revised annually.</p>
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Employee Training and Professional Development Goal/Strategy 5: Ensure sustainability of efforts through thoughtful succession planning.

Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>1. Coach and develop leaders through available vehicles – currently existing training through DOHR. a) Make DOHR Supervisory Suite required. b) Assure all supervisors receive currently required courses – Respectful Workplace, Performance Coaching, etc. 2. Coach and develop leaders through available vehicles – DOHR Leadership Development Programs – TN Government Executive Institute, TN Government Management Institute, LEAD Tennessee, etc. 3. Develop and implement Commissioner's Leadership Academy. 4. Cross train and empower employees on essential functions.</p>	<p>Office of Training and Curriculum Development Commissioner Office</p> <p>Office of Human Resources,</p>	<p>June 2016</p>	<p>1a. All mandatory courses, DOHR or otherwise, are currently listed in Policy 5.2. 1b. The currently required supervisor courses are:</p> <ul style="list-style-type: none"> ▪ Respectful Workplace ▪ Performance Management ▪ SMART Performance Planning ▪ In addition, Case Management series supervisors are required to take: ▪ Supervising Child Welfare Workers ▪ Child Welfare Supervision in Action <p>2. May 2014, revised selection procedure in place for state-level leadership development programs.</p> <p>3. Leadership Academy is on track to be completed by July, 2015. DOHR worked with the senior leadership to identify the core competencies for this first academy. Among those selected were Customer Service, Driving for Results, Decision-making, Self-Assessment, and Presentation Skills. Participants who were selected applied with a proposal that included a "change project".</p> <p>4. This action step is currently on hold.</p>

Employee Training and Professional Development Goal/Strategy 6: Foster a culture among DCS staff that embraces community input.

Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>1. Establish regional Three Branches Institutes.</p> <p>2. Establish and maintain a Children's Advisory Council.</p> <p>3. Conduct regular Regional Roundtables with provider agencies.</p> <p>4. Support and engage the development of a Statewide Foster Care Review Board organization.</p>	<p>Commissioner's Office, Office of Child Programs, Office of Child Safety</p>	<p>Ongoing</p>	<p>1. Three Branches Institutes, which meet quarterly, were established in Spring 2014 in three Grand Regions of the state: East, Middle, West Region.</p> <p>2. Tennessee Code Annotated (TCA) 37-5-105 section 12(a) empowers the Commissioner of the Department of Children's Services to establish a Children's Services Advisory Council having fifteen members appointed by the commissioner to act in an advisory capacity on any matter within the jurisdiction of the department. Commissioner Henry established the current Children's Advisory Council in August 2013. This council meets quarterly and receives updates on the business of the department including programmatic priorities, budget, and legislative initiatives. In addition, the council engages with senior staff in policy discussions which impact the mission of the department. These robust discussions help guide policy decision making and practice. The council includes representatives from law enforcement, mental health, education, juvenile court, social services, health care, public and private services providers, faith-based organizations and persons with special knowledge of child welfare.</p> <p>3. The first two months of each calendar quarter, Network Development hosts a conference call for provider agencies and DCS staff to discuss salient issues. The third month of each calendar quarter, Network Development hosts Grand Regional onsite roundtables for provider agencies and DCS staff. During 2014 and 2015. topics included interactive and productive discussions about enhancing the Therapeutic Foster Care network, improving collaboration in work related to Project PACT (Permanency for all Children in Tennessee), using regional workbooks produced by Chapin Hall as a Continuous Quality Improvement tool to improve outcomes for children, and using new reports to monitor children deemed to be "high risk".</p> <p>4. On May 5, 2015, DCS hosted the 2nd Annual Statewide Foster Care Review (FCRB) Board meeting. The statewide meeting involved internal and external stakeholders from across the State to discuss foster care review</p>

			<p>boards. The agenda included breakout sessions, which gave each Region an opportunity to discuss areas of improvement and develop action steps for improved outcomes. Next steps include the development of a statewide improvement process. This will be accomplished by hosting quarterly grand regional CQI meetings. Internal and external stakeholders will address issues and barriers that result in lagging performance. The agenda will be comprised of items identified in the May 5th meeting. This process will give us the opportunity to resolve issues and barriers across the State; and allow for more detailed conversations between stakeholders.</p>
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Service Array Strengths and Opportunities

In Home Tennessee

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

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

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

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

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

Evidenced Based Practices

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

Service Array				
Measure of Progress		Baseline FY 2014	Actual 2014 - 2015	Target/Goal
Service gap analysis results		Report	Report	Report
IHT Service Array Data		Report	Report	Report
Service Array Goal/Strategy 1: Ensure service array meets the needs of children, youth and families.				
Objectives/Action Steps	Responsible	Date By	FY 2015 Update	
1. Conduct a Network Needs Assessment to create a Network Advisory Report. 2. Conduct a service array analysis that results in services that meet the needs of families and children. (Network Development) Conduct a state-wide needs assessment regarding contract providers' clinical practices around therapeutic foster care (TFC).	Network Development	Ongoing	1. Network Development completed a needs assessment of regional and statewide general residential and therapeutic foster care capacity in September 2014. 2. Through data analysis, surveys, focus groups, and interviews, the following recommendations for general residential capacity and services included: <ul style="list-style-type: none"> ▪ The Department will continue its efforts to place children and youth within 75 miles of their removal address. These efforts will benefit all children and youth, regardless of adjudication. ▪ The Department will use all available tools to identify the barriers to placing children and youth within the desired geographic radius. 	

<p>3. Work with community partners to gather quantitative and qualitative data regarding TFC practices across the contract provider network.</p> <p>4. Integrate various data sources and write report that includes recommendations.</p> <p>5. Implement a quality improvement project regarding TFC practices, based on recommendations from the needs assessment</p> <p>6. Develop a committee that includes DCS and community partners to work on a plan for implementing recommendations from the TFC needs assessment.</p> <p>7. Based upon the plan for implementation, lead the process of facilitating and monitoring improvements in TFC practices.</p>			<ul style="list-style-type: none"> ▪ The Department will continue its efforts to correct geographic imbalances in service arrays across all Grand Regions. At the same time, it should address existing imbalances in the entry rate per 1,000 in certain geographic areas and work diligently to reduce the length of stay, focusing on improving timely permanency. ▪ Based upon outcomes of various analyses of service gaps and needs, the Department continues to solicit additional business from the private provider network through expansion of the current network or through Requests for Proposal for new providers. <p>3. The therapeutic foster care (TFC) needs assessment collected qualitative and quantitative data from DCS staff, provider staff, and subject matter experts regarding TFC practices. It also examined TFC capacity across the state of Tennessee. Based on the information gathered, recommendations were made regarding improvements to practice.</p> <p>4. The results and recommendations of the TFC needs assessment have been presented at multiple DCS and provider cross-discipline meetings.</p> <p>5,6,7. Network Development is currently partnering with the statewide, university-based Centers of Excellence (COEs) to develop a trauma-informed training for TFC programs, which is planning to be implemented in the 2015-16 cycle. This training will be a quality improvement project that directly relates to a finding from the needs assessment; those working in TFC need more training about trauma.</p>
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Service Array Goal/Strategy 2: Tailor partnerships and services to reflect the unique needs of each community.			
Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>1. Develop and implement streamlined process to assess regional service array with external stakeholders.</p> <p>2. Collect and use service array data to identify and develop strategies to address regional strengths and needs.</p> <p>3. Collect and use service array data to identify and develop strategies to address systemic, state-wide service array issues.</p> <p>4. Strengthen internal process of regions to address service array gaps.</p>	Office of Child Programs- Network Development	January 2015	<p>1. Between 2010 and 2014, the In Home Tennessee (IHT) unit within Network Development guided regional staff in coordinating approximately 34 community stakeholder meetings in order to conduct assessments of each community's local child welfare practices and services available. Questions were asked about the quality, quantity, accessibility, cultural sensitivity, etc. about each service/practice. A second, more streamlined round of these meetings is underway currently (as of March 2015) and will continue through April 2016.</p> <p>2. From the community stakeholder meetings referred to in 1., data will be collected from participant and analyzed by regional IHT Implementation Teams across the state to help inform decisions on addressing service/practice gaps.</p> <p>3. From the community stakeholder meetings referred to in 1., data will be collected from regional participants and analyzed by Central Office IHT leadership in order to review for trends and possible service gaps across the state. This information will be compiled into a statewide report and shared with senior DCS management to further inform decision-making.</p> <p>4. Each region currently uses a team of diverse individuals to address service/practice needs/gaps across the state. Through quarterly meetings and ongoing face-to-face visits, the IHT unit in Central Office provides consistent technical assistance and guidance to regional staff in utilizing and sustaining these teams.</p>
Service Array Goal/Strategy 3: Ensure in home services provided to children and families are of the highest quality.			
Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>1. Develop, implement, and monitor outcome measures for all non-custodial service contracts.</p>	Office of Child Programs- Network Development	December 2014 Ongoing	<p>1. The In Home Tennessee unit within the Network Development division oversees several non-custodial service contracts. These staff revise contract language (including all outcome measures components) as each contract is ready for renewal, collect and monitor outcomes from contractors, partner with regional staff to overcome any problems with these services providers, and oversee any needed corrective action plans.</p>

<p>2. Strengthen CB-CAP programs and expand offering of evidence based interventions.</p> <p>3. Strengthen Community Advisory Boards (CABS) to collaborate with DCS to develop community resources for children and families.</p>			<p>2. CBCAP funds the evidence-based Nurturing Parenting Program and evidence-informed Stewards of Children sexual abuse prevention training.</p> <p>3. In an effort to Strengthen Community Advisory Boards (CAB), to collaborate with DCS to develop community resources for children and families, each Regional Resource Linkage Coordinator has delivered training on the CAB Toolkit to any CAB and its membership that has requested it on-going. Although this training is on a volunteer bases, it is strongly encourage to share this CAB Toolkit with its membership to those CAB's that have continue to be challenged to establish a viable and functional CAB's since the initial rollout of MRS. Also, Regional Resource Linkage Coordinators continue to be active and involved in each County CAB Regular Scheduled meeting by providing assistance, regional information/data, training and identifying or developing local formal or informal services for children and families. The following are examples of those programs and/or services where there have been a strong level of collaboration between DCS and those viable and functional CAB's to develop community resources for children and families: Northeast Region; NE CAB does a free, one day parenting class about twice year. The curriculum has been approved by their local courts and DCS so that it satisfies many (but not all) of the permanency plan requirements. Also, NE CAB does Bags of Love - services all of the NE counties providing material items for new removals: blanket, small toy or journal, toiletries. Southwest Region; SW CAB sponsor a Back to School Fest in each of its counties to provide school supplies to the children in the community. Also, some the counties sponsor a Basketball Camp in the summer for the children in the community. Tennessee Valley Region; TNV CAB sponsor "Bags of Love" for children that are entering custody. These bags have age appropriate items in them, and are labeled for male or female. The intent is to provide some basics (a stuffed animal, some hygiene items, coloring books, etc.) for those children whom have been removed and are experiencing trauma. Shelby County Region; SC CAB is currently sponsoring and responsible for using non-custodial data to drive Prevention work in 38127 zip code area. For</p>
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<p>4. Use the IV-E waiver to expand prevention efforts.</p>			<p>the past fifteen (15) months this area received the highest number of referrals for Lack of Supervision, Physical Abuse and Sexual Abuse. Currently there is on-going work being done with local churches that have agreed to host follow up meeting to assist with developing a plan to lowering referrals in this particular area. South Central Region; SC CAB have partnered with DCS and local homeless shelters to keep families together so children do not enter foster care. Also, SC CAB has been instrumental in assisting DCS with the partnering with agencies for therapeutic visitation sites in several communities. Upper Cumberland Region; UC CAB have developed an Anti-Drug Coalition, an Homeless Shelter for Women and Children/ Emmanuel House, has obtain a Domestic Violence Shelter which can house up to several families and developed Hope Center that offers parenting, anger management and A&D classes for families in the community. Knox County Region; KC CAB have partnered with the Metropolitan Drug Commission, which offers a train the trainer for parenting classes, utilizing community partners through MDC and DCS to connect with Juvenile Court in order to ensure parenting classes meets with the court's approval.</p> <p>4. The Implementation Team consists of TNDCS, Chapin Hall, Vanderbilt, and other state agency staff. The State Implementation Team meets weekly for 1 hour. The team has developed and supports five sub-groups to oversee implementation of the specific components of the demonstration project to include FAST 2.0, KEEP/R3, CQI, Program Improvement Policies and Parenting Intervention Selection. The five sub workgroups are meeting on regular basis. In addition to the work of the subgroups, the state implementation team is working on developing cost analysis baselines and targets similar to performance based contracting with the regions to monitor and help manage outcomes.</p> <p>TNDCS began a FAST 2.0 statewide phased implementation on October 1, 2014. The goal is for the entire state to have started implementation by mid July 2015. The first round of trainings For KEEP started May 11, 2015 for all custodial staff. TNDCS anticipates beginning implementation the second week of August with the start of the first foster parent KEEP group</p>
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			in Northeast and Smoky. The R3 workgroup will have their first meeting on August 4, 2015 and the workgroup will meet weekly. TNDCS anticipates beginning implementation of October 19, 2015 with custodial and non-custodial (Investigations staff will not be included in R3 initial rollout) staff being trained. The Parenting Intervention workgroup has been meeting weekly to review TNDCS data and evidence based programs that align with the department's needs. TNDCS workgroup is recommending to the Commissioner in mid-July utilizing Nurturing Parent Program (NPP).
Service Array Goal/Strategy 4: Work with partners and build on internal capacity to develop a continuum of services to meet the needs of children, youth and families.			
Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>Collaborate with community partners to develop and implement trauma-informed care initiatives for the contract provider network and/or DCS system.</p> <p>1. Identify contract provider and staff needs regarding trauma-informed care as well as trainings and processes that can meet those needs.</p> <p>2. Participate in committees that include DCS and community partners to work on plans for implementation of trauma-informed care initiatives.</p> <p>3. Based upon the plan for</p>	Office of Child Programs-Network Development	December 2017	<p>1. To date, the Network Development unit has worked with 3 residential providers in-depth to develop trauma-informed programming on their campuses. The Director of Network Services has partnered with the clinical leadership from these providers around conceptualizing the program enhancements. He has also monitored implementation of the changes in the milieu and provided technical assistance, when needed.</p> <p>2. DCS partnered with the statewide, university-based Centers of Excellence (COEs) around training DCS trainers to be able to train DCS caseworkers with the Child Welfare Trauma Training Toolkit. This is a standardized training curriculum based on evidence-based practices and was developed by the National Child Traumatic Stress Network. Currently, Giovanni, leadership from the COEs, and DCS Training are meeting regularly to plan and roll out the "T for T" process for this curriculum.</p> <p>3. The Director of Network Services is delivering the Trauma Training</p>

implementation, provide technical assistance to team facilitating trauma-informed care trainings and processes.			Toolkit to CPS Assessment caseworkers through the Vanderbilt COE's Assessment Academy.
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Service Array Goal/Strategy 5: Ensure appropriate resources are allocated to improve evidenced-based practices. Strengthen understanding regarding evidenced-based practice among staff and partners.

Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>1. Request technical assistance regarding models of TFC practice and quality improvement strategies for enhancing TFC (e.g., learning collaborative model).</p> <p>2. EBP online clearinghouse will be accessed as a resource for information regarding treatment models used by contract providers.</p> <p>3. Strong collaborative relationships with COEs will be used to support implementation of trauma-informed care, TFC enhancements, and EBPs.</p> <p>4. Data regarding custodial children and youth's placement stability, ability to receive needed treatment in least restrictive setting, and improvement in well-being measures will be used to measure impact of TFC, EBP, and</p>	Office of Child Programs- Network Development	June 2015	<p>1. Within the Network Development unit, the Director of Network Services has visited 28 residential providers and met with their clinical and program leadership to gather qualitative data about their clinical services. Based on this information, he wrote brief program descriptions that highlighted the populations served by each provider and the evidenced-based treatments delivered by the provider. These descriptions have been disseminated statewide to placement and well-being staff, in order to help clarify the potential child-facility fit when making a placement referral in the field.</p> <p>2. Based on information collected through the Request for Qualifications (RFQ) process, the Director of network Services evaluated providers' reported evidence-based services by using the online California Evidenced-Based Clearinghouse for Child Welfare.</p> <p>3. Several members of the Network Development team participate in weekly Provider Quality Team (PQT) meetings, where the team work with internal partners from various divisions on monitoring the services offered by providers. Team members respond to requests from PQT to provide technical assistance to providers around any clinical concerns that the team identifies.</p> <p>4. As part of the therapeutic foster care (TFC) needs assessment, the Vanderbilt Center of Excellence (COE) conducted analyses of CANS data to examine what areas of well-being are related to placement instability, particularly in TFC, a less restrictive treatment setting. Additional data gathered in the needs assessment included network private providers' use of evidence-based practices in TFC. In conjunction with delivery of the Child</p>

<p>trauma-informed care projects.</p> <p>5. Data analysis expertise to collect outcome measures.</p> <p>6. Collaboration with DCS internal systems regarding licensing, quality assurance, and risk management to differentiate roles in monitoring provider practices.</p>			<p>Welfare Trauma Training Toolkit to DCS staff, Network Development worked with Vanderbilt COE around use of CANS/FAST to measure trauma and provided the training on this to staff.</p> <p>5. As part of conducting comprehensive needs assessments of private provider network services, Network Development utilized or referred to data from Chapin Hall and the Vanderbilt COE to provide information about outcomes for children/youth served by the network.</p> <p>6. In working with private providers on programs and therapeutic services, Network Development collaborated with partners from licensing and QA to monitor and gather information related to provider performance. Network Development also sought information from these internal partners to assist writing the scopes of service in RFPs for new programs. Several members of the Network Development team participate in weekly Provider Quality Team (PQT) meetings, where DCS works with internal partners (including licensing, QA, and risk management) on monitoring the services offered by providers.</p>
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Agency Responsiveness to the Community Strengths and Opportunities

Community-Based Child Abuse Prevention program (CBCAP)

Tennessee's Community-Based Child Abuse Prevention program (CBCAP) is administered by Tennessee's public child welfare agency, the Department of Children's Services. CBCAP funds primary and secondary child abuse prevention activities and programs through publically available grants operating in a 3-year cycle. Grant recipients deliver prevention activities through two prevention focused programs; Darkness to Light's Stewards of Children, an evidence-informed sexual abuse prevention training program that educates adults to recognize, prevent, and react responsibly to child sexual abuse and motivates them to courageous action; and Nurturing Parenting Program, an evidence-based family-centered initiative designed to build nurturing parenting skills as an alternative to abusive and neglectful parenting and child-rearing practices.

These programs are available at no charge to any Tennessee family or individual free of history of child abuse or neglect. Primary and secondary prevention is intended to prevent abuse from occurring, not prevent further occurrences after successful intervention.

As a requirement by the Administration on Children, Youth and Families, CBCAP states are to match, at a minimum, 20% of funding received by the ACYF. In Tennessee, a portion of the State's match is subsidized through the Children's Trust Fund that generates through marriage license taxes and specialty "Children's First" license plates.

TN's CBCAP program is advised by a board of representatives from other public child welfare agencies and a parent advocate appointed by the Commissioner of DCS. This board meets regularly and oversees and makes recommendations for the CBCAP program.

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

In addition to receiving technical assistance from FRIENDS, TN's CBCAP program provides regular technical assistance to grant recipients. This includes face-to-face grantee meetings, quarterly phone calls, agency site visits and ongoing program support and troubleshooting.

During state fiscal year 2014-2015, Tennessee's posted an Announcement of Funding for a new three year grant cycle to begin SFY2015-2016. This new grant cycle will give opportunity to develop a universal evaluation procedure for measuring outcomes of programs funded through these CBCAP prevention grants. This will be used to determine the effectiveness of CBCAP funded programs and ensure if CBCAP dollars are being spent in the most efficient, cost-effective way.

Communications

The DCS Communications Office is an agile operation that focuses on speedy, accurate responses for the press and the public. While DCS must preserve confidentiality of the children and families who receive services, DCS is dedicated to transparency. DCS is a complicated, even mysterious, world to many outside of it, so the department routinely takes the time and opportunity to describe and explain the department's work – whether it's through one-on-one conversations, social media, websites, town meetings or interviews in which DCS routinely invite the press to explore the department's work. The department recognizes that the department has important internal audiences and customers too. Many units within DCS come to Communications for advice, support and products needed to work with partners.

Agency Responsiveness to the Community			
Measure of Progress	Baseline FY 2014	Actual 2014 - 2015	Target/Goal
CB-CAP Client Satisfaction data	Report	Report	Report
Court Improvement Plan Report	Report	Report	Report
Citizen's Review Panel Report	Report	Report	Report
Agency Responsiveness to the Community Goal/Strategy 1: Engage customers through listening and follow through.			

<p>Grantees and evaluate data to look for trends, areas of strength and opportunities for improvement.</p> <p>Continue advancing Tennessee's prevention work outside of programs funded by Tennessee's CBCAP and Children's Trust.</p> <p>4. Participate in community collaborations and workgroups focused on prevention-related activities and initiatives.</p> <p>5. Lead involvement and promotion of activities during April Child Abuse Prevention Month.</p> <p>Ensure programs funded under CBCAP and Children's Trust Fund are delivering the best possible curriculum and training for the prevention of child abuse and neglect according to Tennessee's needs.</p> <p>6. Coordinate an advisory board of representatives from other TN public child welfare agencies to oversee CBCAP activities and make recommendations for improvements.</p> <p>7. Evaluate effectiveness of programs serving Tennessee families and</p>			<p>also contacted program designer, Darkness to Light to explore ways of collecting outcome data from CBCAP Grantees. Grantees likewise can report pre and post test data collected from participants of the SoC training through an online data reporting system. IHT and CBCAP State Lead are looking to pilot a reporting project utilizing the online system in SFY 2016.</p> <p>4. The monthly data reporting system in place at the beginning of SFY 2015 was evaluated and changed to quarterly reporting, starting with the SFY. Specific data collected was assessed and aligned with data reporting requirements of the ACYF. The CBCAP Advisory Board was restructured with new members who will advise on method of collecting and evaluating program effectiveness.</p> <p>5. The CBCAP State Lead is involved with a number of partnerships and collaborations working on prevention-related activities and initiatives including the Young Child Wellness Council, Joint Task Force on Children's Justice/Child Sexual Abuse (of which the CBCAP State Lead co-chairs the Prevention Committee), ACE Nashville, Council on Children's Mental Health, TIES Steering Committee and KidcentralTN Steering Committee.</p> <p>6. During April 2015, the CBCAP State Lead participated and spoke during the Child Abuse Prevention Kick-off event, Pinwheels for Prevention. Throughout the month, DCS promoted prevention event through social media and contributed to prevention-specific content published on kdicentraltn.com.</p> <p>7. The CBCAP Advisory Board was restructured and new members were identified from each of TN's child welfare serving departments. The first</p>
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<p>children.</p> <p>8. Compare program ratings on a national scale in comparison with other prevention-focused programs.</p> <p>9. Evaluate state-wide needs through service array assessments and other devices already in place.</p>			<p>meeting of this board was held in June 2015.</p> <p>8. A primary task of the CBCAP Advisory Board will be determining effectiveness of programs funded by CBCAP. This board was assembled after a restructuring period and met for the first time in June 2015. Several preliminary tasks previously reported are associated with this task including forming the CBCAP Advisory Board, reassessing and restructuring data reporting by Grantees and consulting with program authors and advisors.</p> <p>9. The In Home Tennessee (IHT) unit within Network Development is currently (as of March 2015) in the process of guiding regional staff in coordinating approximately community stakeholder meetings in order to conduct assessments of each community's local child welfare practices and services available. Questions are asked of local participants about the quality, quantity, accessibility, cultural sensitivity, etc. of each service/practice in the area. These meetings will continue through April 2016</p>
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Agency Responsiveness to the Community Goal/Strategy 2: Ensure communication messages are aligned with Department's Vision, Mission, and Strategic Priorities.

Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>Strengthen community relationship through using CABs</p> <p>1. Activities to increase public awareness of pre-prevention services available through CB-CAP grants (Network Development)</p> <p>2. Implementation of CAB toolkit. The CAB Toolkit is designed to provide guidance on how Community Advisory Boards and their members can optimize the Department's involvement in CABs and bring capacity to the Department's efforts.</p>	<p>Office of Child Programs- Network Development</p>	<p>Quarterly</p> <p>Ongoing</p>	<p>Strengthen community relationship through using CABs</p> <p>1. In an effort to increase public awareness of pre-prevention services available through CB-CAP grants (Network Development), Regional Resource Linkage Coordinators have been adding this information periodically to the agenda for discussion and/or presentation at each County/Regional CAB in the State of Tennessee. Also, this information is provided via publication through each Regional Resource Linkage Coordinators Office and at each event that staff attends and/or sponsors across the State.</p> <p>2. In an effort to provide guidance on how Community Advisory Boards and their members can optimize the Department's involvement in CABs and bring capacity to the Department's, Network Development and Resource Linkage have developed the CAB Toolkit. Each Regional Resource Linkage Coordinator has been trained to delivery training on the CAB Toolkit to any CAB and its membership when requested. Although this training is on a volunteer bases, DCS strongly encourage those CAB's that have continue to</p>

<p>3. Improve statewide communication about the Department's goals and challenges, increase community awareness of DCS's resources and services and enhance two-way dialogue with the community.</p> <p>4. Develop and engage community-based resources and services to help meet the immediate needs of children and families</p>			<p>be challenged to establish a viable and functional CABs since the initial rollout of MRS to consider sharing this CAB Toolkit with its membership. Although the level of effectiveness regarding some of these CAB's are ongoing, the Regional Resource Linkage Coordinators reports that there is a free-standing CAB's or an established Community Interagency Board that have integrate the CAB process in all 95 Counties across the State of Tennessee.</p> <p>3. In an effort to improve statewide communication about the Department's goals and challenges, increase community awareness of DCS's resources and services and enhance two-way dialogue with the community the Regional Resource Linkage Coordinators are required to attend and participate at each CAB meeting in their region. The CAB's agenda have a standing agenda item whereby the Regional Resource Linkage Coordinators presents information pertaining to DCS at each meeting such as data, new indicatives/programs, policies and procedures, etc... Also, this message is presented and carried to each audience, event and conference that the Regional Resource Linkage Coordinators attends or sponsors within the State. Also, in an effort to improve statewide communication about the Department's goals and challenges, the Regional Resource Linkage Coordinators have partnered with Rob Johnson, DCS Public Information Director to develop a Work/Focus Group in order to improve and enhance communication in the afore-mention areas.</p> <p>4. In an effort to develop and engage community-based resources and services to help meet the immediate needs of children and families, Resource Regional Linkage Coordinators have been working closely with Network Development Staff through In Home Tennessee and CB-CAP grants to identify those community-based resources and services that these programs offer. The CAB's are utilized as the mechanism to get this information out to the children's and families in the communities across the State of Tennessee. Whenever community partners develop new resources and/or services this information is also shared through the CAB's by the Regional Resource Linkage Coordinators as well as with other CAB's if the new resource and/or service extend into their community.</p>
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<p>Communication Strategies</p> <p>1. Communications must be included in top-level discussions about the department's direction.</p> <p>2. The Office of Communications will support all program areas with strategies to reinforce the mission and vision through community outreach and communication efforts.</p>			<p>Communication Strategies</p> <p>1. Achieving regularly through Commissioner outreach and regular public speaking engagements and weekly Open Line publications regarding ongoing departmental improvements and accomplishments.</p> <p>2. Regularly working throughout DCS and its larger community to support these goals by develop strategic outreach via:</p> <ul style="list-style-type: none"> ▪ An updated DCS website published in June 2015 ▪ Regular social media updates and stories shared ▪ Communication to community and stakeholders via www.tndcs.org ▪ Timely response to media inquiries with transparency.
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Agency Responsiveness to the Community Goal/Strategy 3: Foster a culture of transparency.

Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>1. Respond accurately and promptly to information requests from reporters and members of the public.</p> <p>2. Continue to keep stakeholders and legislators advised about departmental issues.</p> <p>3. Revise the department's official website to make information easy to find and understand.</p> <p>Collaboration</p> <p>1. DCS will work to increase data sharing through the CQI program with stakeholders including, but not limited</p>	<p>Office of Communication</p> <p>Office of Child</p>	<p>Ongoing</p> <p>January</p>	<p>1. Hard-wired into the daily operations of DCS Communications.</p> <p>2. Regular two-communications with these partners, plus social media, e-mail and blogging channels.</p> <p>3. The state’s new tn.gov/dcs site rolled out in May 2015. On track and on schedule.</p> <p>1. DCS leadership facilitating CQI initiatives (including, but not limited to meetings with regional and YDC CQI teams contract providers, IHT Partners, CABs, CIP, CACs, CRP, 3BI, and other groups, routinely provides relevant</p>

to regional and YDC CQI teams, Contract Providers, In Home Tennessee Partners, CABs, Court Improvement Program, Child Advocacy Centers, Citizen's Review Panel, Three Branches Institute, among others.	Programs, Child Safety, Child Health, Quality Control, and collaborators	2015	data to topics being discussed in order to better understand the challenges faced and determine best strategies for improvement. This data information sharing is evident in the meeting minutes provided by the various CQI teams.
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Agency Responsiveness to the Community Goal/Strategy 4: Build systems to achieve timely response in communication efforts and foster an appropriate sense of urgency.

Objectives/Action Steps	Responsible	Date By	FY 2015 Update
1. Continue to carry out policies that require rapid response throughout the department to respond to Communications' need to provide information, particularly to the press.	Office of Communications and Office of Quality Control-Policy	Ongoing	1. Around-the-clock coverage of urgent events from DCS Communications.

Agency Responsiveness to the Community Goal/Strategy 5: Tell the department's story about the achievements and challenges of DCS's children, youth, families, staff and stakeholders.

Objectives/Action Steps	Responsible	Date By	FY 2015 Update
1. Develop an auxiliary website that will be a platform to tell stories of the department's work, using narrative, spoken word and video. FALL 2014 2. Continue to expand DCS' presence on social media, where DCS can engage the public and tell the stories.	Office of Communications and Office of Information Technology	January 2015 Ongoing	1. Tndcs.org rolled out successfully in 2014 and continues feature narratives that tell the DCS story. 2. Deputy Communications Director Carrie Weir robustly supports DCS' social media efforts.

Agency Responsiveness to the Community Goal/Strategy 6: Develop effective two-way communication channels that allow DCS to solicit on-going input.

Objectives/Action Steps	Responsible	Date By	FY 2015 Update
1. Schedule and carry out town-hall meetings with top department leaders across the state.	Commissioner's Office and Office of	Ongoing	1. and 2. Working with the commissioner's office, DCS Communications regularly coordinates town-hall meetings statewide, 3BI meetings and call-in availability.

2. Sustain the regular gatherings of groups such as the Three Branches Institute and Citizens' Advisory Council.	Communication s		
Agency Responsiveness to the Community Goal/Strategy 7: Develop capacity for consistent communications across multiple platforms.			
Objectives/Action Steps	Responsible	Date By	FY 2015 Update
1. Coordinate messages across multiple channels, including social media, news releases, collateral materials and digital channels.	Commissioner's Office and Office of Communication s	Ongoing	1. Regular and ongoing.

Foster and Adoptive Parent Recruitment and Licensing Strengths and Opportunities

Foster Care

The Foster Care Division is focused on recruiting, and supporting families to foster and adopt custodial children. All families are approved to foster and adopt and DCS.

In recent years, DCS staff has rallied providers, community partners, and Foster Parents for recruitment planning. DCS continues to partner with Focus on the Family for a large-scale recruitment event, Wait No More. There are plans to replicate this event across the state with a focus on local community needs.

While supports to Resource Parents has increased with skilled advocates, simpler confirmation for payments via internet, and increased training opportunities, DCS wants to continue building support. In partnership with Harmony Family Center, DCS instituted a Foster Family Mentorship Program that established supportive relationships between experienced Foster Parents and new Foster Parents. Additionally, DCS will continue to explore methods of obtaining feedback from Foster Parents and consider work to improve support to them and improve practices.

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

FOSTER and ADOPTIVE PARENT RECRUITMENT			
Measure of Progress	Baseline FY 2014	Actual 2014 - 2015	Target/Goal
Timely PATH Approval of New Resource Homes (within 90 days)	NA	64%	70%
# of Children Placed in Resource Homes vs. Approve Capacity	All 5568/10267 DCS 3091/5112	All 5478/10130 DCS 2898/4799	Increase w/population
Number of available Resource Homes	All 4817 DCS 2614	All 4725 DCS 2461	Increase w/population
FOSTER and ADOPTIVE PARENT RECRUITMENT Goal/Strategy 1: Resource Eligibility staff will review 100% of all IV-E safety documents for initially approved and re-assessed resource homes during a calendar year.			
Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>1. Routine review and verification that all resource families who need a waiver of criminal background, PATH Training Modifications, NON-Safety Issues and CPS Substantiations are completed on families who require approval in advance of children being placed in the home.</p> <p>2. Regional and Contract Provider field staff approves resource homes. Safety documentation is scanned and uploaded into TFACTS under the resource home's current assessment.</p> <p>3. After notification by field staff, Resource Eligibility staff review documentation for IV-E compliance based on federal and state standards.</p> <p>4. Resource Eligibility staff document findings on forms <i>CS- 0781 Resource Home IV-E Eligibility Checklist</i> and <i>CS-0687 Criminal History and IV-E Eligibility</i></p>	Office of Child Programs Resource Home Eligibility Division	Ongoing	<p>1. CPS Database search requests for child protective services history information are routinely completed at the request of contract provider agencies as a part of the approval process. Requests are completed per the standards of protocol in the provider agency manual (prior to the home being approved – with search results updated and resubmitted to provider agencies as determined necessary).</p> <p>2.-6. DCS Continues to engage in this practice as standard procedure.</p>

<p>Checklist. Forms are filed for auditing purposes.</p> <p>5. Resource Eligibility staff also document the findings noted on form CS- 0781 Resource Home IV-E Eligibility Checklist in TFACTS noted as the RHET Checklist page under each resource home's current assessment.</p> <p>6. Resource Eligibility staff maintain a tracking log of all assigned regions and contract provider agencies. Compliance outcomes are recorded on the tracking log for each resource home for the calendar year. Monthly, staff notifies Regional and Contract Agency field staff of any outstanding reviews or resource homes that is past due.</p> <p>7. Regional and Contract Agency field staff are to notify Resource Eligibility staff when new adults have moved into an approved resource home. Safety documents are to be scanned and uploaded into TFACTS for review by Resource Eligibility staff. Addendums are tracked separately by Resource Eligibility staff.</p>			<p>7.Last Fall, the Department partnered with the University of Tennessee-Memphis Center of Excellence (COE) and other child welfare stakeholders to assess the need of a tool to assess trauma experiences for young children (ages 0-4). This opportunity was made possible through a grant that the COE received from the Substance Abuse and Mental Health Association (SAMHSA). The work was initiated when the COE hosted a Breakthrough Series Learning Collaborative in Nashville to engage the multi-agency stakeholders around that need. Several Regional Administrators for the Department continue to be involved in work groups associated with the collaborative. The workgroups are currently assessing available tools could meet the need. Once decision is made on a tool, consideration will be given to implementing a pilot of the tool and support to use in the field. For older youth (ages 5-180, the Department is considering the enhancement of its current CANS assessment tool. Specifically, there is a desire to expand the trauma module of the tool in order to understand the impact of trauma and how it impacts presenting</p>
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			behaviors.
FOSTER and ADOPTIVE PARENT RECRUITMENT Goal/Strategy 2: Increase the pool of families available to foster, adopt, and permanently connect with custodial children while increasing and improving support to Resource Families.			
Objectives/Action Steps	Responsible	Date By	FY 2015 Update
<p>1. Continue regional recruitment planning to address resource needs as evidenced by regional data. Community partners and Resource Parents will remain engaged in the process. Increase focus on communities whose children are placed away from their important connections due to inadequate resources.</p> <p>2. Engage a variety of faith-based organizations, particularly in communities with too few Resource Families to meet the needs of the children from those communities entering foster care.</p> <p>3. Partner with larger faith-based organizations and other social service providers for large-scale recruitment events.</p>			<p>1. Regional recruitment planning begins each spring for the upcoming fiscal year. Regional recruitment workgroups, made up of community social service partners, faith-based partners, resource parents, DCS stakeholders, and youth (when available) begin the planning process by reviewing progress on the previous year's goals, current data, and regional demographics. Current data includes information about Placement Exception Requests, which includes information about children placed out of region or more than 75 miles away from their home. QSR indicator, Family Connections, also addresses progress at keeping children connected to significant family members.</p> <p>2. Faith-based partners are members of regional recruitment workgroups in some regions. Some faith-based partners offer on-going support to foster and adoptive families. Knox Region partnered with a multi-denominational, faith-based, social service agency in a South Knoxville community from where many children enter custody but there are few resource homes. In the Mid-Cumberland Region, Montgomery County community has formed FBFCRC (Faith Based Foster Care Recruitment Committee) to engage area church regarding the need for resource families. A Robertson County resource parent is developing a plan to reach out to her community. The region is supporting her with current data to tell the story of the county's needs. The South Central Region has targeted Coffee and Franklin Counties as those with the greatest need for families and is reaching out to churches in those communities. The Northwest Region is developing partnerships to hold PATH at local churches.</p> <p>3. In FY 2014/2015, every region was asked to develop a goal that involved, as an action step, partnering with a faith-based organization for a large-scale recruitment event. Several regions held events during the first half of the fiscal year; others are planning for the second half. Shelby</p>

<p>4. Gather feedback from current and exiting Resource Parents for the purpose of evaluating, informing, and improving practice and to provide better support.</p> <p>5. Continue collaboration with Casey Family Programs regarding building the skills of Resource Parents to care for teens, encouraging long-term or life-long connections as youth leave foster care.</p> <p>6. Implement a mentorship program to build the skills of new Resource Parents, particularly those caring for teens and older youth.</p> <p>7. Improve assessment and planning for children experiencing adverse childhood experiences. DCS will utilize a grant to build a trauma-focused component to existing CANS</p>		<p>Region, on 9/22/2014, partnered with a large church to hold a luncheon for area pastors. Local needs were discussed and pastors were asked to commit church leadership to resource family recruitment. The Middle Tennessee Orphan's Alliance is planning a large recruitment even for Sumner County to take place this summer.</p> <p>4. Protocol revised to provide for a more successful response rate. Information gathered is provided to regions for their CQI process. As a result of information gathered, Shelby County is piloting child care during PATH.</p> <p>5. The collaborative with Casey Family Services involving permanency for Older Youth evolved into focusing on not just permanency options with kin and relatives; but all permanency options. The collaborative resulted in Tennessee implementing Permanency Round Tables (PRT) for youth between the ages of 14 and 17. The South Central Region has become the first region in the state to implement these round tables, which are structured, professional case consultation that result in plans to expedite permanency through reunification, adoption, or guardianship. The PRT's also identify systemic barriers that impact permanency. During the PRT process kin/relatives are identified and engaged, if indicated, as potential placements, supports, or connections. The Knox region will begin the PRT process during the summer of 2015.</p> <p>6. Mentorship program is rolling out statewide. 60 foster parents have been trained as mentors in 8 out of 12 regions. 21 of these mentors have experience parenting teens and are willing to mentor new families who are fostering teens. 13 new families have been matched with mentors.</p> <p>7. Pilot regions (ET, UC, and MC) are studying various trauma assessment tools for 0-4 year old population in addition to exploring the enhancement of CANS.</p>
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assessment tool for children aged 5 to 18 years and add a component for children aged 0 to 4 years.			
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1. Service Description

Child and Family Services Continuum - Service Description and Coordination

In-Home/Prevention Services

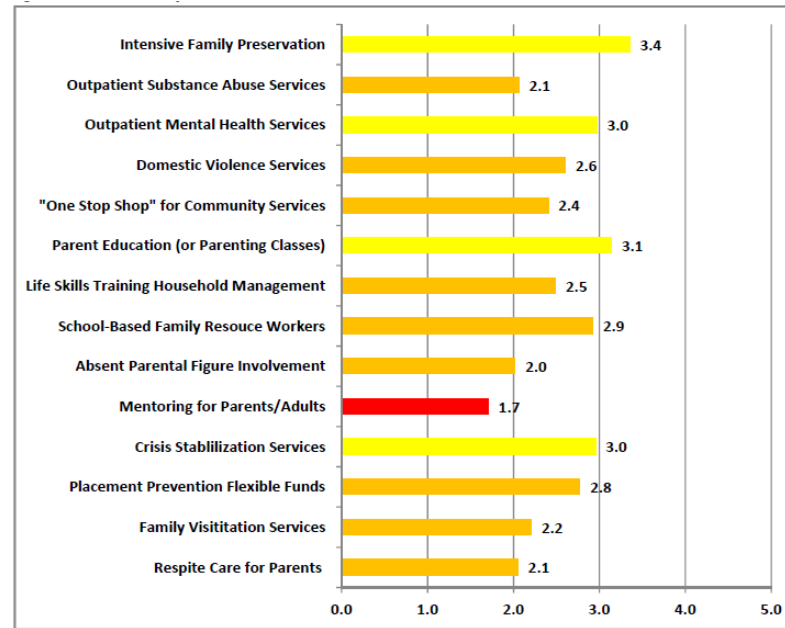
The state's family preservation contracts include family violence intervention, family visitation, and family support services by eight contracted agencies currently provide these services to children and families across the state.

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

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

Mean Scores of Core Services in Tennessee

5 = the highest rating



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

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

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

CBCAP

Tennessee's CBCAP program is administered by Tennessee's public child welfare agency, the Department of Children's Services. CBCAP funds primary and secondary child abuse prevention activities and programs through publically-available grants operating in a 3-year cycle. Grant recipients deliver prevention activities through two prevention-focused programs. One of the programs, Darkness to Light's Stewards of Children, an evidence-informed sexual abuse prevention training program that educates adults to recognize, prevent, and react responsibly to child sexual abuse and motivates them to courageous action; and, Nurturing Parenting Programs, an evidence-based family-centered initiative designed to build nurturing parenting skills as an alternative to abusive and neglectful parenting and child-rearing practices. These programs are made available to any Tennessee family or individual free of history of child abuse or neglect. The primary and secondary prevention is intended to prevent abuse from occurring, not prevent further occurrences after successful intervention.

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

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

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

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

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

Out of Home Care

Children entering DCS care receive services based on a level of care determined by the needs of the child through assessments and finalized in the child and family team meeting. Levels of services include Levels 1 - DCS and Contract Agency Resource Homes, Level 2 and 3 - Contract

Agency Resource home and Congregate Care, Level 4 – Acute Psychiatric Hospitalization, and Youth Development Center placement types. DCS currently has maintains a network of 28 private agencies providing out-of home care and services to children in the custody of the Department and services to their families. Twenty-four of these contracts are out-of-home continuum contracts. Continuum contracts allow both providers and regions to coordinate services to children and their families while providing the flexibility to customize service delivery on an individual, child-specific basis.

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

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

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

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

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

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

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

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

Time Limited Family Reunification

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

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

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

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

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

Finding Our Children Unconditional Supports (FOCUS)

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

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

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

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

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

Tennessee began a statewide Adoption Support and Preservation program (ASAP) in 2004, prompted by the settlement of a lawsuit, Brian A. v. State of Tennessee. (Section 8 of the settlement agreement dealt with adoption and post-adoption support to families.) Services are provided through a contract with Harmony Adoption Services in Maryville and Knoxville, TN, that serves eastern Tennessee. Harmony subcontracts with two other private agencies – Catholic Charities in Nashville serves mid-Tennessee, and Agape Child and Family Services in Memphis and Jackson serves the western part of the state. ASAP services include crisis intervention, in-home therapeutic counseling, monthly support groups, respite team building, adoption preparation classes and other educational opportunities for families, and other advocacy. This program is funded at \$2.1 million and serves over 1,000 families annually.

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

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

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

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

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

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

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

Service Decision-Making Process for Family Support Services

DCS is required to use the RFQ (Request for Qualifications) process, which is coordinated through the State of Tennessee Central Procurement Office (CPO). The RFQ process is similar to that of the Request for Proposal (RFP). The procuring agency defines the scope of the work to be provided and sets the evaluation factors. Notices are sent out to all current providers delivering the services on the same date the RFQ is posted on CPO's website for public viewing. The RFQ has a schedule of events including a conference and a date and time for written questions. The department responds to the questions and the responses are posted as an amendment to the initial RFQ. The date and time for the responses to the RFQ is included in the schedule of events. Responders are held to delivering their proposals on or prior to the date and time identified in the schedule. A minimum of three state employees comprise the team that will evaluate the proposals submitted by the Responders to the RFQ. Scores are assigned for the technical component of the RFQ process. If there is a cost component those will be evaluated in accordance with the schedule of events. The CPO Coordinator compiles the scores from the technical and cost proposals. The responder with the highest combined score is recommended to the commissioner for a contract. The Commissioner is the final approver of the contract. The contract originating from this process follows the rules and policies of CPO.

Populations at Greatest Risk of Maltreatment

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

Drug Exposed Children

To address the population of drug exposed children, DCS Policy 14.21 Screening, Assignment, and Tasks for Drug Exposed Children is currently being revised. The following policy changes are work product from numerous meetings that included input from a variety of internal and external stakeholders. The internal stakeholders included management from the Office of Child Safety and the Office of Child Programs, the Statewide Policy and Practice CPS sub-committee (which includes regional leadership), and the Case Assignment workgroup (sub-group of P&P). External stakeholders included child abuse pediatricians, mental health professionals, Child Advocacy Center staff, and other CPIT partners.

Revisions throughout the policy look at the ability for children to self-protect, their visibility within the community, disabilities, and the ability of the parent/caretaker to function in a manner adequate to meet the child's needs.

Decision points most impacted by the new revisions:

- It provides flexibility when assigning the priority response timeframe to consider immediacy of the safety concerns, not the track assignment or age of the child. As such:
 - It removes the age limit of under 2 years as being an automatic assignment to an investigation, and
 - It removes the automatic assignment of a Priority 1 response for children under 2 years.
- Allows for open assessment cases to absorb new drug exposed allegations that would previously be opened as an investigation due to the age of the alleged child victim (under age 2).
 - This would be determined by the Team Leader's from both investigations and assessment
- Adds that if a parent/caretaker makes alternative arrangements for an alleged child victim during the use, manufacture, sale, or if the caretaker is impaired, then these cases do not automatically have to be assigned to investigations based on the age of the child.
- Adds "the sale of drugs" as a criterion for track assignment, which is determined by the severity of the situation and the direct impact of the "sale" to the child.
- Provides more guidance on how to classify DEC cases for both investigations and assessments.

Both the East and Middle Tennessee hospital liaisons continue to provide valuable support to frontline staff and community partners for all medically related issues in CPS cases particularly those concerning drug exposed children. Knox region also continues to have a specialized Drug Exposed Infant (DEI) Investigations team.

Children with Prior CPS Involvement

The OCS and CPS Assessments (CPSA) are slated to begin a process to triage and review abuse/neglect cases of repeat maltreatment. This process is referred to as Safety Roundtables, which was introduced to DCS by Casey Family Services. DCS met with Casey Family Services to design a safety process specific to Tennessee's child welfare system. In Fall 2014, OCS and CPSA staff visited Florida to view their Safety Roundtables system to gather additional ideas for improvement and application. DCS is currently narrowing down the preferred population and assessing data compiled from TFACTS. Safety Roundtable pilot regions have been identified and are currently involved in the preparation process for rollout, scheduled for Fall 2015. OCS and CPSA will continue to monitor and adjust age criteria and regional structure to ensure sustainability, while Casey develops a team to provide DCS with critical technical assistance.

The IV-E Child Welfare Waiver Demonstration will greatly assist with enhancing services to this population. DCS is currently piloting the implementation of the Family Advocacy and Support Tool (FAST) 2.0, which greatly increases the ability to identify strengths and underlying needs to target needed interventions for non-custodial children brought to the attention of DCS. A family plan is created with the family's involvement which clearly outline the key services that will be put in place to reduce risk. Once the need for services is identified, either community resources or provider agencies are utilized to deliver the services.

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

history and address underlying issues. These reviews might also prompt a quicker intervention by the juvenile court when needed if the history suggests past non-compliance.

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

Services for Children under the Age of Five

Activities to reduce length of stay:

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

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

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

DCS strives to ensure kinship placements for all children in DCS custody. Often times, relatives are better equipped to care for younger children as their needs are different from older children. Currently approximately 11.1% of all children, while 15% of children under age 5 are placed with kin while in DCS custody. This contributes to timely permanency/reduced length of stay for children for a variety of reasons. For one, parents struggling to successfully comply with their permanency plan are generally more likely to agree to children exiting to the custody to relatives through exit custody or adoption. Biological parents often come to the agreement to divest or surrender sooner in kinship cases.

The goals of the Kinship placements include:

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

Only a small fraction of children in custody under age 5 are in full guardianship without a family identified. Of the 335 children in the state who do not have a family identified, only one is under age five. Generally, children under age five are most likely to be without an identified home are due to being part of sibling groups with older siblings who have remaining permanency or wellbeing barriers that delay permanency. The Permanency Division currently holds a monthly FOCUS review of all children in full guardianship who do not have a family identified to ensure their individual recruitment plans are moving as progressively as possible so that children reach permanence quickly. This review process has been very effective in moving children toward timely permanency.

Monitoring to ensure developmentally appropriate services are provided:

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

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

DCS also has plans to pilot a version of the Child Adolescent Needs Strengths (CANS) Assessment for children ages 0-4 in 2015 in four regions, with an expected launch statewide in 2016. DCS, in partnership with Vanderbilt Center of Excellence (COE), Dr. John Lyons with The Praed

Foundation local community mental health stakeholders and the Children's Council for Mental Health, have been planning the implementation with support from the Breakthrough Series Collaborative which is a strategy for implementing new projects. The purpose of implementing CANS with this population is to identify trauma in young children under five to be able to connect them with adequate treatment early in foster care placement.

The DCS Medical Director conducts reviews of children under age 6 who are receiving residential treatment. The Medical Director must also review and approve any psychotropic medication prescribed for any child in DCS custody age 5 or under. Both of these circumstances are rare, thus closely monitored by the medical director and through regular CFTMs.

Safe Sleep Pilot was established in Knox Region following an increase in infants born with Neonatal Abstinence Syndrome and a small increase in infant deaths related to unsafe sleep practices. The Knox County DEI team developed a process to reliably assess and train families, and deliver sleep furniture to the point of care when needed. Data were tracked from July 2013 to January 2014. During this period, the DEI team assessed and provided training to 83% of the families (138 successful completions of 166 eligible) on their caseload. Families training and assessment were completed in the hospital and in the home. 56% of families received an assessment in both locations. As a result of these assessments, 12 families were given Pack & Plays when it was identified that these children did not have an appropriate place to sleep at home. The project resulted in a number of recommendations about development of internal policies and procedures, community partnerships, training, and determining the ability to manage and meet the requirements of the program. Lessons learned included identification of a number of points of intersection with hospitals and other providers with whom there needed to be consistent communication and the need to establish clearly defined criteria for families to be assessed. These plans were implemented statewide through 2015 and 2016 with Shelby region being the next to begin implementation. To date, DCS has successfully implemented the initiative in 10 of 12 regions. The stated goal of the program is that 100% of the time, DCS will ensure every infant has a safe place to sleep before the case worker leaves the home.

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

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

Services for Children Adopted from Other Countries

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

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

2. Program Support and Capacity Building

The state's training plan is outlined in the targeted plan. Technical assistance to the regions is provided via the agency's CQI process, which provides a venue for problem solving and improved service delivery to children and families, which is described in the Quality Assurance System section of this APSR.

The Department plans to participate in the Capacity Building Center's assessment during the Summer/Fall of 2015 to determine the needed supports toward achieving the goals of the CFSP. DCS plans to identify supports that will assist with achieving the agency's IV-E waiver demonstration project.

3. Chafee Foster Care Independence Program (CFCIP)

Background

The TN Department of Children's Services provides Chafee Foster Care Independent Living Program (CFCILP) services through its Independent Living Program (ILP), and also monitors the provision of Extension of Foster Care (ESC) Services. As a part of the federal mandate, this Division is charged with building a network of appropriate supports and services Tennessee Department of Children's Services Child and Family Service Plan 2015-2019 for youth transitioning out of care and for those who are likely to remain in care.

The Department's goal is to provide each young person in foster care, age 14 or older, with supports, services, experiences, and opportunities that are individualized based on the strengths and needs of each individual youth, that are important to healthy adolescent development, and that will help the youth successfully transition to adulthood. The strengths and needs of a 14-year-old who is four years from legal independence are

generally different than that of a 17-year-old who is facing the imminent assumption of adult rights and responsibilities, and so the planning and services are tailored on that basis.

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

The eight CFCIP program purposes, applicable to the FY 2016 grant award are to:

1. Help youth likely to remain in foster care until age 18 transitions to self-sufficiency by providing services;

The Office of Independent Living is focused on ensuring that the Department has the structures and resources to provide each young person in foster care, age 14 or older, with reasonable access to a range of supports, services, experiences, and opportunities that are important to healthy adolescent development and that will help the youth successfully transition to adulthood. The Department expects that all youth 14 to 16 years of age have the opportunity to take on increasing levels of responsibility for taking care of themselves; to learn basic self-care skills (cooking, cleaning, health, and hygiene habits); to receive some introduction to and practical experience with budgeting; and most importantly, to have opportunities for social interaction, recreational activities, and pursuit of interests that build relationships, confidence, and competence. For youth ages 14-16, independent living skill development is usually accomplished by providing those youth with a range of age-appropriate, normalizing, and maturity building opportunities and experiences that would be expected for a younger adolescent in a reasonably well-functioning family. Beginning when a young person reaches the age of 17, the Department expects assessment, case planning, and service provision to be more intensive and specifically organized around nine competency areas that are generally important to successful transition to adulthood: education; housing; health; transportation; financial skills; employment/job skills; life skills; social skills; and communication skills. Consistent with federal requirements, the Department expects transition plans for 17-year-olds to specifically address these critical areas.

2. Help youth likely to remain in foster care until age 18 receive the education, training, and services necessary to obtain employment;

The Department continues to believe that the best strategy for ensuring that older youth in foster care develop the independent living skills and have the ongoing supports and opportunities youth need for a successful transition to adulthood is for them to achieve permanency and be part of a well-functioning family. For this reason, the Department continues its emphasis on finding permanency for older youth.

The Department also recognizes that it is unrealistic to expect young people transitioning from foster care at age 18 to function fully independently without access to ongoing supports.

TN DCS IL has been partnering with the WIOA Youth Program through Tennessee Division of Labor and Workforce development. TN DCS and WIOA have met to discuss new federal regulations and how to better connect young people to employment opportunities. IL staff are participating in WIA youth councils across the state. This work will be ongoing.

The 4 Jim Casey resource centers across the state have programs that assist youth participating in their programs find employment and connection to the community. TN ILPS has secured contracts to 2017 for the four (4) resource centers. DCS developed and added the I.A.M Ready Chattanooga Resource center through Partnership for Children and Families in the TN Valley Region. From July 1, 2013 through June 30, 2014, 268 youth/young adults took life skills classes offered by the resource centers, 103 and 177 young people were actively involved with a center as of June 30, 2014. In addition, as of January 5, 2015, 232 youth had active Individual Development Accounts (IDAs), matched savings accounts that help these youth save for the purchase of a significant asset.

Through a partnership with Youth Villages, any young person transitioning from foster care, irrespective of whether he or she opts into EFC, can receive case management services and supports through the Transitional Living Program, which helps foster youth and former foster youth ages 17-22 find safe housing, achieve stable employment, continue their education or get job training, reunite with birth families if possible, build healthy adult support systems and learn to manage their physical and mental health. YVLifeSet has three grand regional employment staff that help build relationships with business and connect youth to these opportunities.

TN DCS IL is focused on getting 90%+ of youth discharged from foster care because they reached the age of 18 at least one of the following apply at the time of discharge: earned a GED, graduated from high school, enrolled in high school or college or alternative approved educational program for special needs children, currently enrolled in vocational training, or employed full time.

3. Help youth likely to remain in foster care until age 18 prepare for and enter post-secondary training and educational institutions;

The Department offers young adults who were in foster care or who are in foster care on their 18th birthday the opportunity to continue to receive a variety of supports and services beyond age 18 to help them successfully transition to adulthood. The TN Department of Children's Services is the sole administrator of Education and Training Vouchers. The Office of Independent Living has a Scholarship Administrator who manages the ETV funds available and State Funded Scholarship. ETV applicants are required to provide documentation of total cost of attendance and the financial aid package for the programs youth are enrolled in, and the Scholarship Coordinator and who reviews this information and established ETV awards accordingly. TN DCS is able to provide an unduplicated number of ETV's awarded each year. The program will continue looking at ways to maximize the impact of funding and involving communities and individual colleges and universities in providing increased opportunities for this population. Data is currently being reviewed to help determine fluctuations in ETV awards, identify the factors affecting this, and to inform strategies for maximizing utilization. The Bright Futures State Funded Scholarship awarded through the Governor's Office will continue in the coming year, and \$500,000 is the amount the State Legislature has allocated toward this program.

The Department has worked with Middle Tennessee State University and Hiwassee College over the last couple of years to develop a program to provide special support for former foster youth as they adjust to college life. TN DCS ILPS continue to build support systems with universities

across the state. In FY '15, DCS built a partnership with Walters State and Bethel College to provide additional supports to youth. Seven youth receiving

Extension of Foster Care Services benefitted from those relationships by being moved to up the waiting list to enter Tennessee Colleges of Applied Technology. TN DCS ILPS has been working on developing more college review days for young people. Preview days have been held at Bethel, Walters State and Martin Methodist University.

4. Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults;

The department is focused on increasing mentors/volunteers to help assist the young adults across the state and in Knoxville; a church group has developed a mentor's 4youth program, aimed at providing support to youth and young adults.

TN DCS will continue use of Youth Villages YVLifeSet contract. The YVLifeSet Program contract has been expanded so that the program is sufficiently resourced to serve any young person interested in participating in the program, whether or not that person also opts in to Extension of Foster Care. Between July 1, 2013 and March 31, 2014, the YVLifeSet Program had served 629 young people, 321 of whom were still being served as of March 31. The maximum state liability under the recently expanded contract for the Transitional Living program partnership is \$3,000,000_per year for the three year period covered by the contract which is matched dollar for dollar by foundation and other outside funding secured by Youth Villages to support this work. The YVLifeSet program is currently undergoing a Randomized Control Trial (RCT). The study involves over 1,300 young people and is the largest random assignment study of services for this targeted population. The RCT is led by MDRC with Mark Courtney from Chapin Hall as the principal investigator. Preliminary results show that the program has significant positive impacts across multiple domains.

"Between July 1, 2014 and March 31, 2015, the Transitional Living Program served 1,255 young people, 679 of whom were still being served as of March 31 2015." – this is for both Day and Grant

"Between July 1, 2014 and March 31, 2015, the Transitional Living Program served 745 young people, 401 of whom were still being served as of March 31 2015." – this is for Grant only

FY2014 total served: 1,356

3,167 youth served with the DCS grant since its inception in December, 2006.

Wrap grid from July 1, 2014-March 31, 2015

TL Wraparound Service	Number of Service Instances	Number of Youth That Received Each Service
TL Contract Transportation Assistance	151	88
TL Contract Deposits/Utilities/Groceries	102	77
TL Contract Childcare Assistance	14	14
TL Contract Clothing	101	85
TL Contract Household Furnishings	28	27

TL Contract Rental Assistance	19	16
TL Contract Testing Fees	16	14
TL Contract Tutoring	2	2
TL Contract Crisis Intervention	3	2
TL Contract Daily Living Skills	0	0
TL Contract Health Education and Risk Prevention	0	0
TL Contract Housing Education & Home Management Training	0	0
TL Contract Communication Skills	0	0
TL Contract Family Support and Healthy Marriage Education	0	0
TL Contract Money Management	0	0
TL Contract Completion of Job Readiness Training	22	19
Total Instances of Service	458	n/a
Total Individual Youth Received TL Wraparound Services: 204		

5. Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood;

Ultimately, Tennessee's Division of Independent Living helps youth in foster care and young adults who age out of foster care prepare for adulthood and become empowered, confident, competent, and productive individuals. This is accomplished by providing services, building independent living skills, connections to caring adults and opportunities to acquire leadership skills as well as the utilization of Chafee dollars, state funding, and leveraging partnerships with providers and community supports. DCS also participates in Extension of Foster Care Services pursuant to T.C.A. § 37-2-417.

Tennessee's Transitioning Youth Empowerment Act of 2010 (as amended by Public Chapter 653 which allows Tennessee to take advantage of several components of the federal Fostering Connections to Success and Increasing Adoptions Act of 2008. As outlined in Tennessee's approved IV-E Plan modification, the following categories of eligibility for Extension of Foster Care Services are currently established in DCS policy:

- Completion of high school or an equivalent (secondary) educational program;
- Enrollment in a post-secondary educational program; and
- Inability to establish one of the above requirements due to a medical condition.

The following placement services are available to young adults receiving Extension of Foster Care Services. The Independent Living Allowance Services are foster board payments made directly to young adults who are living in supervised independent living settings not otherwise supported with payments from the Department (living independently in an apartment with case management, for example). The placement

services are determined via decisions made by the young adult and their teams, and supported as needed by results from assessment such as the Child and Adolescent Needs and Strengths. Higher level placements with increased therapeutic/clinical supports require approval by the Regional Administrators and Director of Independent Living, and are reviewed more frequently to determine options for assisting young adults with moving into more independent and community based living arrangements. TN DCS ILPS continues to develop the Supervised Independent Living (SIL) scope for the Provider Policy Manual (PPM).

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

Services for Special Needs Populations

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

Program Exits

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

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

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

In addition to providing services directly through the wraparound funding discussed above, the Independent Living Division contracts with four resource centers across the state. The resource centers serve young people between the ages of 14-26 who have spent at least one day in foster care after the age of 14 and live in Memphis, Nashville and surrounding counties, Knoxville and surrounding counties, and Chattanooga and surrounding counties. The resource centers offer a financial education curriculum that features finance basics including: savings, asset building, credit, credit reports, money management, and budgeting. Participants receive assistance opening an Individual Development Account (IDA) and (if desired) a bank account with the banking partner, or a personal account at a financial institution of their choice. Participants are encouraged and supported as they make savings contributions towards the purchase of an asset. Once the participant is ready to purchase an approved asset, the resource centers match the savings contributions of the youth up to \$1,000 per year (\$3,000 lifetime) towards the purchase of the asset. Other services provided directly by the resource centers or through referral include General Educational Development (GED) classes/preparation, Life Skills assessment/training, youth leadership, and activities designed to build social skills and civic engagement. They also assist young people in connecting to job skills training, job placement (including limited paid internships), career counseling, and educational opportunities. Participants are connected with resources and tools within their community to help them establish their own social capital and support networks.

In EFC, the DCS will continue to understand what support is needed to increase retention in the programs. DCS will continue to evaluate supports needed to increase retention of youth in Extension of Foster Services. TN IL does know that the two main reasons for termination of services are youth not maintaining academic eligibility, and youth requesting termination of services. TN DCS IL has held two webinars around "EFCS Quality Case Management" to help EFCS staff improve their engagement and practice with the young adult population.

6. Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care;

The TN Department of Children's Services is the sole administrator of Education and Training Vouchers. The Office of Independent Living has a Scholarship Administrator who manages the ETV funds available and Bright Futures State Funded Scholarship. ETV applicants are required to provide documentation of total cost of attendance and the financial aid package for the programs youth are enrolled in, and the Scholarship Coordinator and who reviews this information and established ETV awards accordingly.

TN DCS uses various ways to support educational goals. TN DCS FSW's maintain monthly contact with the young adult to support their goals and assist them with any educational needs. The Youth Villages Transitional Living program works with close to 50% of youth receiving Extension of Foster Care, to include assisting them with educational matters. Young adults in extended foster care who are still working on secondary educational goals maintain an Education Passport. Young adults are eligible for IL wraparound services support that may cover tutoring (if needed). TN DCS provides assistance with post-secondary cost of attendance through utilization of Education and Training Vouchers or a state funded scholarship, Bright Futures and can pay for things like post-secondary applications using CFCIP funds.

7. Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

Youth that go to permanency through SPG or adoption continue to be eligible for some Independent Living wrap around services and the ETV. A letter recently went out to over 230 youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption from 2012 through 2015. The letter was a reminder that these youth may be eligible for Independent Living Wraparound funding. This funding is established as a resource to support the provision of certain Independent Living Services and the ETV for eligible youth and young adults. TN DCS ILPS have been getting inquiries into funding since the letters went out, and expect to get more calls. TN DCS ILPS will continue this practice to ensure these youth are aware of their resource options.

- Total expenditures for 12-13 were: **\$46,241.65**
- Total expenditures for 13-14 were: **\$50,083.34**

A total of **27** youth and young adults who exited state's custody to adoption or subsidized permanent guardianship received DCS IL services from 7/1/2014 to 3/31/2015. There were **47** instances of service and total expenditures of **\$73,163.24**. The following describes the types of services received, and the associated expenditures:

Number of youth and young adults who received Education and Training Voucher Funding:	19
Instances of Service:	31
Total Expenditures: \$55,893.75	

Number of youth and young adults who received Bright Futures Scholarship (state funded) Funding:	5
Instances of Service	8
Total Expenditures: \$16,181.34	

Number of youth and young adults who received Independent Living Wraparound Services:	4
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Instances of Service:	8
Total Expenditures: \$1,088.15	

Youth in this category who were 17 years of age when transitioned to SPG or adoption are also eligible for YV LifeSet services.

8. Ensure children who are likely to remain in foster care until 18 years of age have regular, on-going opportunities to engage in age or developmentally-appropriate activities as defined in section 475(11) of the Act.

TN is re-examining rules and regulations that were developed to ensure appropriate supervision of younger children in foster care, but that are being applied to older youth in care in ways that are depriving them of age appropriate opportunities and experiences, to determine whether the rules and regulations are striking the proper balance between providing supervision and supporting healthy adolescent development.

TN DCS ILPS and the Office of Child Permanency are focused on development of policies around Reasonable and Prudent Parenting for foster parents and congregate care setting staff and will put a priority on normalcy.

The Department's Office of Independent Living, in consultation with the TAC, conducted a survey of older youth in foster care, asking those youth (a) to provide information on the extent to which they have had opportunities and activities related to key independent living skills and competencies and (b) to assess their level of competence in each key area.

The key areas of focus on the one page survey included: home care (shopping, cleaning and cooking); finance; getting around (transportation); housing; jobs; and post-secondary education.

The survey also asked about opportunities that the young person had to participate in extracurricular activities, to make friends and socialize, to develop and pursue a hobby or special interest, or attend life skills classes.

Most of the survey questions that asked about whether a young person had a particular experience or opportunity provided the young person with three choices: "a lot;" "one, two or a few times;" or "never." The questions related to extracurricular activities, hobbies and interests, and opportunities to make friends and socialize had four choices: "lots," "sometimes," "not a lot," and "never."

Questions about particular skill areas also asked young people to indicate their level of confidence in their ability to perform the task or apply the skill. Three response options were provided: "I've got this," "some idea," or "clueless."

The survey was distributed to children in custody ages 13-17 (through their case managers, IL staff, foster care review boards and private providers) beginning on October 7, 2014. The survey results included all completed survey forms received by November 14, 2014.

Results of the youth surveys for 17 year olds:

Most of the 17-year-old respondents indicated that they have experience completing basic household chores and tasks and feel confident in their abilities in this area. Very few expressed lack of experience or capacity in the area of home care.

Two-thirds of the 17-year-old respondents reported some experience completing a budget, and a higher proportion reported some confidence in their skill level in this area.¹¹⁴ About one-third of respondents reflected having a savings or checking account; however 75% reported at least some confidence in this area.¹¹⁵ Most young people reflected little or no experience or confidence in the area of getting their credit score.

Eighty percent of the 17-year-old respondents reported some experience learning to drive, and almost 90% reported some confidence in this area. About one-third indicated experience getting a driver's license, and about two-thirds reported experience with car maintenance; over 75% reflected having some confidence about their abilities in these two areas.¹¹⁷ About two-thirds of young people had some experience using public transportation, and almost 80% reported some confidence in their abilities.

Most 17-year-old respondents reported little experience relevant to securing housing, but a majority expressed some level of confidence in their ability to find housing and fill out a housing application.

Over 80% of the 17-year-old respondents reported they had some experience finding and applying for a job, and over 90% had some confidence in their ability to do so ¹¹⁹ About 60% had some experience interviewing for a job and writing a resume, and a significant majority had some comfort level in each of these areas.

Half of the 17-year-olds surveyed reported some experience locating and applying to a college or vocational school, and 75% had some comfort level with the process. Less than a third had experience applying for financial aid, but about two-thirds had some confidence in their ability to navigate the process

Over half of the respondents provided positive opportunities for social involvement. Almost Three-fourths reported pursuing hobbies and interests "lots" or "sometimes," and 85% reported opportunities to spend time with friends at those frequencies.

The survey results have been shared with DCS leadership, staff, partners, and providers, and statewide CQI efforts have taken place and are ongoing to respond to opportunities for improvement identified by the survey. The Foster Youth Handbook has been updated to address specific areas of skill development highlighted by the results of the life skills survey. (The handbook will be reviewed by the state youth advisory board and other stakeholders before official publication to ensure that information is communicated in a way that is youth-friendly and helpful.) In Addition, updates to training and communications for resource parents and staff have already been implemented to address survey findings

Report on the state's specific accomplishment achieved since the 2015-2019 CFSP submission.

Independent Living (IL) Specialists attended a total of 2030 Child and Family Team Meetings for youth and young adults, providing technical support and advisement for the development of independent living or transition plans, discharge planning, placement stability and re-establishment of extended foster care services.

Additionally, 266 youth and young adults received life skills instruction directly provided by IL Specialists between July 1, 2014 and March 31, 2015. An additional 187 youth received life skills instruction in conjunction with the Office of Independent Living at the "Walk to Beautiful" event in Chattanooga, TN on October 24, 2014 hosted by country singer and foster youth advocate Jimmy Wayne. This instruction was in the areas of money management, employment, health, car ownership, legal issues, youth's rights, and safety. Of these, 218 were young adults in Extension of Foster Care Services who received money management training in preparation to receive the Independent Living Allowance.

The TN DCS ILPS staff continues to contact/locate youth that have aged out to understand reasons for not accepting services and to offer assistance. The Department is working to better understand the circumstances of those young people who decline the services and supports available through EFC and Youth Villages. As part of this effort, the Office of Independent Living conducted a targeted review of the 64 youth who turned 18 years old between Dec 1st 2014 and January 19th 2015 while in DCS custody without achieving permanency. Fifty (78%) of those youth opted to receive ETF and/or Transitional Living Program services and supports. The Department reviewed the cases of the 14 remaining youth and found that five declined to accept services and supports; four were on runaway when they turned 18; three were out of state; one had transitioned to the Department of Intellectual and Developmental Disabilities (DIDD); and one had resources in excess of \$45,000.

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

The department has had an ongoing focus on legal permanency for youth approaching majority. Over the last 5 years, DCS has seen a decrease in youth aging out across the population of youth adjudicated delinquent and dependent/neglect in TN. TN DCS will continue to implement efforts for building connections to caring adults with older youth. TN DCS will continue implementing efforts to build connections between caring adults and older youth. **See foster care section of the plan.

Provide information on the planned activities for FY 2016, including any planned use of funds in support of the new eighth purpose relating to engagement in age or developmentally appropriate activities.

Each year significant amounts of wraparound and flex fund dollars budgeted for a range of individualized IL services and supports go unspent because of a combination of overly narrow construction of what can be covered, and insufficient communication with the field about the availability of funding, what it can cover, and how to access it. There are also questions about the manner in which funds are accessible to support youth who are in private provider placements. The Division of Independent Living has put an emphasis on ensuring staff, community partners,

and providers know about available resources. They have developed documentation reflecting available resources and explaining IL Wrap services, which have and continue to be distributed to providers, resource parents, and young people. There is also ongoing expansion and clarification of the types of activities that can be funded through existing funding sources. In addition to the Independent Living (IL) wraparound funds, the DCS regions utilize the Community Advisory Boards to assist youth in random needs such as; Dual Enrollment classes not covered by Hope Dual Enrollment Grant or by other resources, online courses, additional course materials, car repairs outside of what DCS normally approves, furniture, extra-curricular activity clothing, Suits for jobs, transportation, NES bills and calculators. TN DCS ILPS has worked closely with TFACA Walk Me Home Enrichment Fund to provided additional assistance on needed items.

National Youth in Transition Database (NYTD)

Describe how the state, since the 2015-2019 CFSP submission, has informed partners, tribes, courts and other stakeholders about NYTD data and involved them in the analysis of the results of the NYTD data collection or NYTD Assessment Review. Describe how the state has used these data and any other available data in consultation with youth and other stakeholders to improve service delivery in the last year.

The Office of Independent Living shared data with stakeholders through Central Office and Regional core leadership meetings, the Youth Transitions Advisory Council, the Tennessee Alliance for Children and Families (and other forms of engagement with provider partners), the Administrative Office of the Courts, CASA, the Tennessee Foster and Adoptive Care Association and, most importantly, with Tennessee's youth board, Youth 4 Youth. Specifically, the data shared were the percentages of Tennessee youth represented in various NYTD element categories compared to the national statistics. It has not been possible, to date, to report on data for the NYTD follow up sample population between the baseline and Follow Up Age 19 survey time frame although a report was requested of the state's IT division. A report to review data across all three survey periods for this cohort—Baseline 2011, Follow Up Age 19 and Follow Up Age 21—is also anticipated.

Provide information on how the state has improved NYTD data collection, based on the plan outlined in the 2015-2019 CFSP or NYTD Assessment Review. States are reminded that information related to NYTD can be viewed in "snap shot" format on the NYTD portal. While the "snap shot" only provides an overview of the NYTD data, it can be a resource to talk with youth, providers, the courts, and other stakeholders about services and outcomes of youth transitioning out of foster care.

Tennessee significantly improved the ability to obtain surveys for baseline and follow up populations during the 2014 A and B periods via establishment of a statewide contract with a strong provider agency partner; the number of participated baseline surveys for the 2015 A and B periods is much higher than for the initial NYTD baseline periods. The 2014 A and B NYTD submissions were compliant, and Tennessee also submitted a corrected 2014 B file that further fixed data quality issues. It is anticipated that the NYTD 2015 A file, containing Follow Up Age 21 survey data, will be compliant as well.

Tennessee's efforts to collect high quality data for NYTD, though improved, continues to be challenging due the following factors, a) development of a survey module that manages the survey data collection better and can be completed directly by youth and young adults, b) data quality and other SACWIS conditions that affect the data available for reporting, particularly non-paid IL services, and c) refinement of the data extraction code logic.

There is still a project in place to re-design and implement a survey module that better reflects the NYTD Plus questions, with enhanced features such as dynamic logic to exclude unnecessary questions and a portal that will allow youth to complete the survey electronically externally to TFACTS. This will help ensure capturing data correctly up front, reducing the need for clean-up. Streamlining the way services are captured in TFACTS, particularly life skills training opportunities, will also help ensure that data is captured in a valid and reliable manner.

Capturing independent living services in TFACTS continues to be challenging, as the functionality is cumbersome and not entirely well suited to data entry of non-paid services such as life skills instruction. One related area of improvement has been the more consistent and accurate entry of services rendered by a provider agency partner. The services are delivered on the basis of a large contract, and the provider is ensuring that services are directly entered into TFACTS for the population of youth and young adults it serves, ensuring the data is reported in the NYTD file submissions. The Office of Independent Living will continue to pursue dialogue with the IT division to develop improved system conditions to better capture this type of data.

The extraction code is still the same that was delivered by the SACWIS vendor when TFACTS was implemented in 2010. There is still a need to analyze the code line by line and make improvements.

Tennessee DCS will participate in a NYTD Assessment Review in September 2015, and is looking forward to partnering with the Administration for Children and Families to review all aspects of its NYTD data collection and reporting, data analysis and data use procedures. It is hoped that this process, and lessons learned, will result in commitments to implement improvements in the areas described above and more.

Involve the public and private sectors in helping adolescents in foster care achieve independence (section 477(b)(2)(D) of the Act).

The Tennessee Youth Transition Advisory Council (YTAC) was established by the Tennessee Legislature to report on and make recommendations regarding the efforts to improve outcomes for youth transitioning to adulthood. The YTAC 2014 Annual Report (released in October of 2014) presents a detailed discussion of many of the independent living services and supports provided by DCS and its partners (including both private agencies and other state departments), highlights the Department's strategies for improving its work with older youth and progress in implementing those strategies, reports on efforts made by DCS in response to previous recommendations of the YTAC, and sets forth both continuing and new recommendations. While the YTAC has identified areas for on-going work and improvement, the issues identified by and large are not related to any significant gaps in "the range of independent living services" for older youth in care or any lack of "sufficient resources to provide independent living services to all children who qualify for them."

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

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

The Department increases efforts with employment groups to share the department's work around transitioning youth and discuss the potential for partnerships.

DCS IL continues efforts to engage and partner with CASA, Juvenile Courts, adult mental health centers, TAMHO and other partners when working with aged out youth. The Division of IL partners with CASA and assists in training of their Fostering Futures training for volunteers and CASA staff that serves older youth and young adults.

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

TN Division of IL sets up a booth at the Annual TFACA Foster Parent Conference. DCS also does a workshop for foster parents on parenting the young adult and development of IL skills. DCS meets with the TFACA board a couple of times a year to understand and partner on youth issues. DCS participates regularly with the Department of Mental Health System of Care and the TN Voices for Children and their Youth M.O.V.E Initiatives. The Youth Move is a Youth led organization devoted to improving services and systems that support positive growth and development by connecting and uniting youth voice and voices of youth that have experienced mental health needs.

TN DCS ILPS will partner with TDMHAS Project Director of Tennessee's Healthy Transitions Initiative. The Initiative is a part of *Now Is The Time Act* that was passed following Sandy Hook to keep kids from falling through the cracks especially when transitioning from child-centered to young adult services

- Target populations are youth that are
 - in contact w/ the JJ system
 - who are homeless or at risk of homelessness
 - aging out of the foster care system
 - LGBT youth.
- Project will have
 - two service improvement labs: Hamilton County through Volunteer Beh Health; 7 NW TN counties through Carey Counseling
 - a contract with TN Voices for youth engagement and coordination
 - state and local transition teams for collaboration among systems
 - public awareness/social marketing/social media to reduce stigma

Coordinate services with "other federal and state programs for youth (especially transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974,) abstinence programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies" in accordance with section 477(b)(3)(F) of the Act.

In 2015, TN ILPS has worked closely with East and Middle TN HUD, THDA and a few local Public Housing Authorities (PHA's). TN DCS and providers will be able to access 10 housing vouchers in TN Valley region through Centerstone, increased 6 more beds for middle TN through Monroe Harding and help two Middle TN agencies get a an Emergency Solutions Grant to help former foster youth maintain residence by assisting with funding and support. DCS will participate in the Tennessee Association of Housing and Redevelopment Authorities Spring Workshop and will be doing a panel presentation on former foster youth and the housing need. Tennessee DCS also met with the Tennessee Housing Development Agency and

collaborated to update their website; this included features that can help youth identify housing vendors who may be more willing to work with them.

The Knox region implements work to support pregnant and parenting teens. The 11 other regions have been given the Knox Pregnant and parenting best practice guide and asked to review to determine the need to implement into their regions. The Department of Children's Services is implementing two grants to improve services to pregnant and parenting youth in foster care. One grant, the Federal Personal Responsibility Education Program, is used to implement evidence based pregnancy prevention Teen Outreach Program® in selected congregate care settings and the initial results are promising. DCS expanded the grant to utilize the Sisters Saving Sisters Curriculum. Monroe Harding supports Sisters Saving Sisters, a skill-based program designed to reduce the risk of unprotected sexual intercourse among sexually experienced Latino and black adolescent females. The program provides culturally and developmentally-appropriate small group sessions that focus on HIV and sexually transmitted disease (STD) risk reduction.

TN DCS ILPS partnered with the AOC to develop training for GAL's and DCS staff. The roll out of the training will begin in April 2015. The link is <https://www.tncourts.gov/node/3229465>. TN DCS ILPS continues to routinely train professionals that will have contact with DCS youth to ensure they understand what is available to them and how to support them. Training this year has included Shelby County School social workers, provider (group home and residential) agencies, youth, CASA, Court staff.

The Tennessee Youth Transition Advisory Council (YTAC) was established by the Tennessee Legislature to report and make recommendations regarding the efforts to improve outcomes for youth transitioning to adulthood. The YTAC 2014 Annual Report (released in October of 2014) presents a detailed discussion of many of the independent living services and supports provided by DCS and its partners (including both private agencies and other state departments), highlights the Department's strategies for improving its work with older youth and progress in implementing those strategies, reports on efforts made by DCS in response to previous recommendations of the YTAC, and sets forth both continuing and new recommendations. Significantly, while the YTAC has identified areas for on-going work and improvement, the issues identified by and large are not related to any significant gaps in "the range of independent living services" for older youth in care. The council's membership includes representation from state departments such as the Department of Mental Health, TN Department of Labor and Workforce development, Department of Intellectual and Developmental Disabilities, the Bureau of TennCare, and other agencies such as the Tennessee Association of Mental Health Organizations, Workforce Investment, provider agencies with contracts or other initiatives in place to serve transitioning youth such as Youth Villages, the Oasis Center, Helen Ross McNabb, Monroe Harding, (Oasis and Helen Ross McNabb administer federally funded Transitional Living programs, and Monroe Harding has a contract with DCS along with the two prior agencies to administer a Resource Center), representatives from the Tennessee Children's Cabinet, and other entities who request attendance. Much of the membership of this current forum were instrumental in passage of legislation to extend foster care to age 21 in Tennessee, and more recent initiatives include successfully obtaining approval from the state's Department of Safety to provide free photo identification cards to all youth in state's custody age 16 and older, and young adults receiving Extension of Foster Care Services.

Collaborate with governmental or other community entities to promote a safe transition to independence by reducing the risk that youth and young adults in the child welfare system will be victims of human trafficking.

In response to the Preventing Sex Trafficking and Strengthening Families Act that was signed by President Obama on September 29, 2014, DCS took swift action to ensure compliance with the law according to the statutory timelines. DCS is working on establishing a tracking system within TFACTS to track alleged victims of human trafficking in order to report the number of alleged victims to the federal government by September 29, 2017. Divisions within DCS looked at policies and procedures to evaluate for needed updates. Work ensues throughout various divisions to update policies and procedures in order to comply with the requirement the Human Trafficking policies and procedures be written by September 29, 2015 and then implemented by September 29, 2016. Finally, DCS organized a workgroup of both DCS employees from various divisions, in addition to external community partners such as law enforcement, universities, non-profit organizations, and district attorneys to develop a mandatory training for all DCS employees and foster parents that details the requirements for the new tracking system and the new policies and procedures.

Collaborate regarding Independent Living services to increase youth educational and employment attainment by holding regular meetings with the Director of Independent Living and staff will be held to assess needs, research best practices and identify community champions for this ongoing effort.

In April, 2014 and 2015, the Department of Children's Services (Tennessee Valley Region), Hamilton County Citizen Review Panel, Hamilton County Community Advisory Board, Hamilton County Chamber of Commerce and Chambliss Center collaborated to give youth life skills experiences through a second annual simulation activity entitled Reality Check. Approximately 65 youth participated in the event in 2014 and 51 in 2015, compared to 39 in 2013. The two hour hands on simulation gives young people a taste of the real world. It provides each youth with a career, family scenario and monthly expenses in order to increase youth awareness of the connection between education, career and income. DCS hopes Reality Check can be experienced by all youth in care.

The CRP and DCS will meet with Hamilton County Chamber of Commerce, Hamilton County local government, secondary and post-secondary schools and other stakeholders to discuss ways to collaborate and utilize existing services to connect youth to career exploration, job shadowing, and summer employment. This can then be extended with the other regions.

The partnership with the Chamber is ongoing. UT Chattanooga TRIO Program Leadership presented to the local DCS and CRP last year and discussed doing a better job at pooling resources and communicating. UT SWORPS and the CRP's hoping to meet with UT Chattanooga again on May 14 and hope to hear something back from the Chamber before this fiscal year ends. Also, Montgomery County CRP invited APSU to a meeting last December to talk about the services offered for youth and the CRP in that area is planning to observe Montgomery County Schools Reality Check in the fall of 2015.

CRP and DCS will update the foster youth handbook, a comprehensive manual to empower youth in their transition from foster care.

DCS ILPS has worked closely with multiple groups to ensure a quality IL handbook. The department owes a special thanks to youth from Shelby County, Middle TN and East Tri- Regional Youth Boards for their participation in focus groups and for sharing their experiences in foster care. These young men and women provided us with valuable information about support services needed to help young people achieve self-sufficiency and avoid many of the pitfalls for which they are at risk. Tennessee's Department of Children's Services is also grateful to current and aged out foster care youth, the DCS Independent Living staff, UTSWORPS, AOC and the Citizens Review Panel for their feedback and recommendations. Thanks to the Legal Aid Society for letting DCS reprint information from their easy-to-read brochures about the law. Also, thanks to KidCentral

(www.kidcentraltn.com) for letting DCS reprint information from their family-focused website. Youth 14 and older will be provided the IL handbook when they enter custody and sign form CS-1036 that I have received a copy of the Clients' Rights handbook and Independent Living Handbook and an explanation of their contents. This has gone into effect.

Data

Youth discharged at age 18 shall have earned a GED, graduated from high school, enrolled in high school or college or alternative approved educational program for special needs children, currently enrolled in vocational training, or employed full time.

Q1-- Brian A 92% and both together 84%

Provide specific training in support of the goals and objectives of the states' CFCIP and to help foster parents, relative guardians, adoptive parents, workers in group homes and case managers understand and address the issues confronting adolescents preparing for independent living.

TN DCS ILPS routinely disseminates information to the provide agencies that have group or residential care. ILPS meets with agencies that have lower quality scores on the PAR ASQ review to provide training and technical assistance. The Department recognizes, of course, that congregate care facilities are not normal settings to grow up in and that congregate care placements present added challenges to providing normalizing activities and opportunities for youth. While the congregate care providers are contractually required to make the full range of IL skills training available to young people in their care, the Department is working with these agencies, and with resource families, to understand what additional supports can be made available using case services and other resources, and to address rules and regulations that are perceived as impediments to providing young people in congregate care with more normalizing experiences.

In an effort to identify life skills development opportunities for youth 14 and older provided outside of DCS service delivery, a Resource Parent survey was developed and administered to anN-85. This was intended to understand what work resource parents are doing with youth residing in their homes. One area of opportunity identified was to increase awareness and options for youth regarding transportation and driving (ability to practice driving, obtain a driver's license, etc.) Resource parents teach less and are less comfortable with this area of life skills development In 2015, training was developed called "Creating teachable Moments." This training is focused on helping educate foster parents on the importance of life skills development for youth in foster care. More information is routinely disseminated to the foster parents about Independent Living.

DCS chose to implement TOP in many of the provider group home and residential settings, in large measure because the program strongly emphasizes activities that prepare youth for adulthood. TOP utilizes an evidence based program with a strong focus on Adult Preparation Subjects (APS), which is imperative for addressing the needs of their target population, adolescents in residential foster care placements. Tennessee chose to focus on the following three Adult Preparation Subjects: healthy life skills (with an emphasis on goal setting), adolescent development (with an emphasis on self-efficacy and self-regulation) and healthy relationships. The curriculum helps youth gain knowledge related to APS. Group activities and community service learning give youth many opportunities to practice skills for healthy, responsible adulthood. Youth participate in service learning projects, which help them practice skills related to Adult Preparation Subjects, including planning, setting goals, making decisions, budgeting, team work, acting on healthy attitudes and values, and gaining positive self-esteem through giving to others. There are currently 24 clubs in 10 agencies, and DCS will expand the program in the coming fiscal year to serve more agencies and youth. TOP served over 1,000 youth in FY '14.

IL Specialists also provide training to a wide range of stakeholders. From July 1, 2014 to March 31, 2015, IL Specialists provided 99 instances of training to 1496 participants. Training topics included Independent Living and Transition Planning, the guidelines and procedures for Extension of Foster Care Services, accessing independent living services including Education and Training Vouchers, and life skills assessments.

By providing the IL handbook and youth "rights" information, DCS hopes to continue to empower and inform youth in the system. The Department's Office of Independent Living, in consultation with the TAC, conducted a survey of older youth in foster care, asking those youth (a) to provide information on the extent to which they have had opportunities and activities related to key independent living skills and competencies and (b) to assess their level of competence in each key area. The survey results have been shared with DCS leadership, staff, partners, and providers, and statewide CQI efforts have taken place and are ongoing to respond to opportunities for improvement identified by the survey.

Ensure that, when additional financial supports are necessary to allow resource parents and congregate care staff to provide any specific types of services, supports or opportunities, "wraparound" or "flex funds" are available to provide that support and/or that private provider contracts address those specific types of services, supports or opportunities. Effects covered include everything from school related expenses (including class trips, graduation packages, year books, tutoring and test preparation, test and application fees, summer school) to driving related expenses (driver's education classes, auto insurance, and auto repairs).

Total expenditures for Custodial youth 12-13:	\$34,758.35
Total expenditures for Custodial youth 13-14:	\$46,342.82
Total expenditures for Custodial youth from July 1, 2014 to March 31 st 2015:	\$40,735.30

Independent Living Wraparound Services Provided to Custodial Youth Ages 14-19, 7/1/2014 to 3/31/2015

Instances of Service	311
Number of Youth Served	207
Total Expenditures	\$40,735.30

Additionally, IL Wraparound Services are available to young adults receiving EFCS.

Independent Living Wraparound Services Provided to Young Adults Receiving Extension of Foster Care Services Ages 18-21, 7/1/2014 to 3/31/2015

Instances of Service	224
Number of Young Adults Served	133
Total Expenditures:	\$33,648.01

Involve youth/ young adults in the CFCIP, CFSR, NYTD, and other related agency efforts.

The Department is also putting renewed energy into the development and support of both local Youth Advisory Boards and the Statewide Youth Advisory Board. DCS has developed new Youth for Youth Boards in Nashville and Chattanooga, and will have its first Statewide Youth for Youth Ambassadors meeting on 3-26 and 3-27. The Department has been worked with youth leaders who serve on youth for youth boards to develop a set of materials and resources to help young people understand their rights and responsibilities. In addition, youth have provided input for a new, updated youth handbook, and one former foster youth updated a scholarship resource document for young people interested in college. DCS also worked with KidCentral to develop a section for foster youth to access for resources. This information is available at this time on the kidcentraltn.org. Additionally, an Affordable Care Act Medicaid handout has been developed and will be disseminated to ensure young adults are made aware of their insurance options. A small group of former foster youth helped Independent Living leadership develop a strategic plan with the assistance of the National Resource Center for Youth development (NRCYD0). The young adults were able help guide the next steps needed to ensure an appropriate service array. In the future, youth and young adults will be included in the planning process and the NYTD Assessment Review process to help guide future steps around assessment, practice improvement, and evaluation of CFCIP services and outcomes for youth.

In 2014, The Department of Children's Services coordinated Youth Leadership Academies and Youth 4 Youth Board meetings in collaboration with community based partners in all three Grand Regions. In TN Valley, TN DCS and partners had 200 youth in attendance for the "Walk to Beautiful" event.

- East – 11 meetings, 202 total attendance, 17 average attendance
- Middle – 1 meeting, 8 total attendance
- West – 11 meetings, 161 total attendance, 12 average attendance

In FY 2014, approximately 389 youth in custody obtained a high school diploma, GED or HiSET, 126 young adults in EFCS obtained a high school diploma, GED or HiSET, and 9 young adults completed post-secondary goals. YDCs and Provider Operated In-House Schools have appropriate DOE approval enabling all credits to transfer back to the public school. YDCs have now shifted to a semester schools schedule allowing students to receive credits at semester breaks that are comparable to public schools rather than at the completion of seat time hours.

LISTEN UP! is a project of Oasis Center in its role as replication partner for Wyman's Teen Outreach Program® (TOP) in Tennessee and in cooperation with the TN Department of Children's Services (DCS) Office of Independent Living. Youth involved in TOP® at any of the congregate care providers implementing TOP® will be participating. Planning and implementation of LISTEN UP! can be counted for TOP® hours. LISTEN UP! will engage youth in in a poster contest intended to raise awareness about the needs and preferences of youth in care. Cash prizes will be awarded for the winning posters. Posters will be displayed at DCS Central Office around the week of April 13th 2015.

The Tennessee DCS Independent Living Youth Engagement Lead position started in FY 2014. The Youth Engagement Lead was tasked with contacting aged- out youth who did not accept services. Youth Engagement Lead attempted to make contact with 366 young adults. The main reasons young people gave for not accepting EFCS were as follows:

1. Wanting to work instead of attend a post-secondary program.
2. Undecided about future plans.
3. Did not want to be involved with DCS.

The Youth Engagement Lead also made:

- 38 referrals to Youth Villages Transitional Living program.
- 11 referrals for EFCS.
- 6 housing and other community referrals

Six young adults were referred to us by homeless shelters to assist with improving circumstances. The Youth Engagement Lead reached out to homeless shelters across the state.

Consultation with Tribes (section 477(b)(3)(G) of the Act)

Provide results of the Indian tribe consultation (section 477(b)(3)(G) of the Act), specifically as it relates to determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth in care:

TN has no registered Indian tribes. Currently, all eligible youth of Indian/Native American heritage are allowed the same Chafee services and incentives that are available to all other state custodial youth. Tennessee is currently working to determine the status of and establish an MOU with the Mississippi Band of Choctaw's located in Lauderdale County. As it stands, all eligible youth of Indian/Native American heritage are provided the same Chafee services and incentives that are available to all other state custodial youth.

Education and Training Voucher Program

In addition to the information described in Section C above (Collaboration, Program Service Description, and Program Support), the CFCIP requires the following specific ETV information to be incorporate in the 2016 APSR:

Describe the specific accomplishments and progress to establish, expand, or strengthen the state's postsecondary educational assistance program to achieve the purpose of the ETV program based on the plan outlined in the 2015-2019 CFSP.

TN continues to do outreach to youth and young adults that meet criteria for the ETV. Letters will be sent annually to youth who exited state custody at age 16 or older to adoption or subsidized permanent guardianship. TN DCS ILPS will do contact aged out young adults to inquire about services and availability of ETV.

If applicable, address any change in how the ETV program is administered, whether by the state child welfare agency in collaboration with another state agency or another contracted ETV provider.

No changes apply.

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

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

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

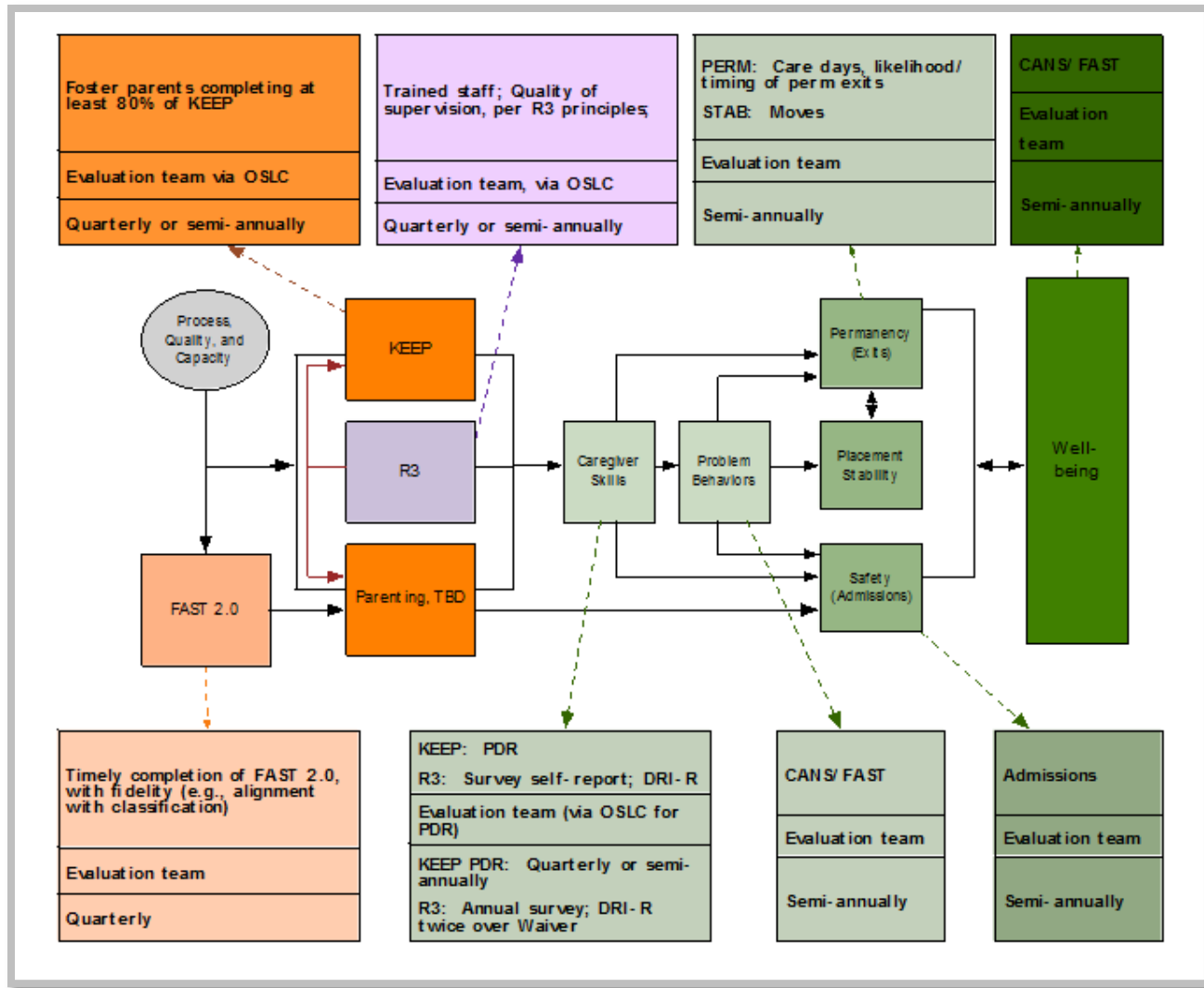
Tennessee Federal Caseworker Face to Face Visits - Federal Fiscal Year 2014	
Total number of children in the data reporting population	11,584
Total number of monthly visits made to children in the reporting population	79,612
Total number of complete calendar months children in the reporting population spent in care	82,639
Total number of monthly visits made to children in the reporting population that occurred in the child's residence	58,694
Percentage of visits made on a monthly basis by caseworkers to children in foster care	96.34%
Percentage of visits that occurred in the residence of the child	73.73%

5. Child Welfare Waiver Demonstration Activities

The Department's IV-E Waiver demonstration project promotes a vision leading to improved outcomes for children and families. This vision is tied to a theory of change that includes interventions to address parenting support and skills, reducing placement moves in foster care and quality supervision of direct service staff to reduce rate of entry and length of stay in foster care. The department selected the Nurturing Parent intervention as the parenting skill improvement intervention, KEEP as the intervention to assist resource parents in "keeping" the children placed in their care through difficult time and nurturing them through to permanency, and R3 as the coaching/supervision intervention to strengthen supervisor support and guidance for direct service workers. Using data to monitor rates of entry and length of stay among other key indicators, along with the best research available, DCS is aligning the vision, target populations, strategies, and anticipated outcomes. Tennessee is confident this new service array will increase positive outcomes for infants, children, youth, and families in their homes and communities, and improve the safety and well-being of infants, children, and youth with this demonstration project. In addition, Tennessee is confident these efforts will help to prevent child abuse and neglect and the re-entry of infants, children, and youth into foster care. Tennessee uses the FAST 2.0 for assessment tool for this demonstration project. FAST 2.0 will began statewide implementation on October 1, 2014 beginning with the Upper Cumberland Region. Pilot implementation regions Knox, Smoky, Northeast, and East regions have already been trained on the FAST 2.0 and are currently utilizing the tool. The remaining regions will be trained in FAST 2.0 by the end of this summer. In addition, DCS will be hiring four consultants through the Vanderbilt COE to assist with implementation.

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

Figure: Tennessee DCS IV-E Waiver Demonstration - Theory of Change



CAPTA Annual State Data Report Items

Caseload/workload requirements for personnel, including requirements for average number and maximum number of cases per CPS worker and supervisor:

- The CPS staff positions are allocated statewide (for assessment and investigations) with a desired goal that no more than 8 new referrals are received per person each month. However, this ratio is difficult to maintain due to staff turnover, FMLA, and scheduled or unscheduled leave taken by staff. There is an expectation that CPS caseloads are maintained between 30-35 cases per person, however this can be impacted by

vacancies and high caseload volume. Caseload data is reviewed monthly by the Deputy Commissioners and staffing allocations are reviewed on a quarterly basis to determine any rightsizing needs.

- A pilot is being implemented to decrease the number of CPS staff for each supervisor by lowering the number of frontline staff per team. This will increase the number of frontline supervisors and afford them the ability to increase the amount of time spent with their direct reports. It is expected that supervisors will be able to improve the skills of their staff, manage staff more efficiently and effectively, improve overall performance, and reduce turnover of the frontline CPS staff.

Sources of Data on Child Maltreatment Deaths:

Describe all sources of information relating to child maltreatment fatalities that the state agency currently uses to report data to NCANDS:

- When reporting yearly data to NCANDS regarding child deaths that are the result of maltreatment, the Department relies on information entered into its SACWIS (TFACTS) system. The initial source of this data is the Child Abuse Hotline.

If the state does not use information from the state's vital statistics department, child death review teams, law enforcement agencies and medical examiners' offices when reporting child maltreatment fatality data to NCANDS, explain why any of these sources are excluded:

- Tennessee is a mandatory reporting state (TCA 37-1-403) and as such, all child deaths that are suspected to be the result of abuse or neglect must be reported to the Department 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 suspicions of a child abuse related death. The Child Abuse Hotline collects initial information regarding the child death and enters it into the SACWIS database. Following the initial report, an investigation is conducted and additional information is gathered and entered. Upon conclusion of the investigation, all of the child death information that has been collected is entered into the database. This information is stored and reported to NCANDS yearly.
- Additionally, the Department, in partnership with external partners, developed a comprehensive Child Death Review (CDR) process. The process dictates, through policy, 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 in the Department. 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 Department's website in Q4 2013. In 2014, the Department began posting, as available, preliminary information on child deaths to its website within two business days. 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). The Child Death Annual Report for 2013 was completed and posted for public viewing in May 2014. The link to view the report is: <http://www.tn.gov/youth/childsafety/2013ChildDeathReviewAnnualReport.pdf> . An addendum to the report was posted in November 2014 and is available at: <http://www.tn.gov/youth/childsafety/2013ChildDeathReviewAddendum.pdf> .

If not currently using all sources of child maltreatment fatality data listed in the previous bullet, describe the steps the agency has taken and will take to expand the sources of information used to compile this information. (See section 422(b)(19) of the Social Security Act.)

- Finally, though the department receives information from Vital Statistics, 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 no reason to think DCS's SACWIS 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.

CAPTA State Plan Requirements and Update1. **Changes to State Law:**

- There were no changes in state law that would affect eligibility for CAPTA funds.

2. **Changes to CAPTA Plan/Proposed Funding:**

- There were no significant changes to the previously approved CAPTA plan or to the proposed use of funds in support of the program areas listed in section 106(a) of CAPTA.

3. **Use of CAPTA Funds for FY2015:**

- a) Funds were used in conjunction with Children's Justice Act (CJA) funds to continue to support both the CPS Investigator Academy and the CPS Assessment Academy for investigators, assessment case managers, and community partners in order to improve competencies in the areas directly related to the multi-disciplinary approach to the investigation of child abuse and neglect and to support the multiple response system adopted and implemented in Tennessee. Funds were also used to develop and roll out the Investigator POST Academy training, which will be offered in the regions to investigators and community partners following the completion of the CPS Investigator Training Academy.
- b) DCS implemented the use of the Family Advocacy Support Tool (FAST), to aid workers in risk recognition and service planning. Funds were used to assist with revising and implementing the FAST 2.0 with the expectation that the safety elements already in this tool can be extracted and used when the initial assessment of child safety is made, therefore eliminating the need for the SDM Safety Assessment tool that is currently being used. By creating such a fluid decision making support tool, the safety of the child will be assessed with the information that is collected initially and that information will be incorporated into the second portion of the tool, which involves service planning and risk reduction.
- c) Funds were used to send DCS staff to the annual grantee meeting.
- d) Funds were used to partner with the University of Tennessee, College of Social Work Office of Research and Public Service (UTSWORPS) to ensure the CRPs are meeting federal requirements.
- e) Funds were used to establish, in conjunction with the DCS Office of Child Health, a medical consultation network for use by CPS staff to obtain a physician's medical opinion regarding child abuse and neglect cases. Physician(s) used in the network are experts in identifying child maltreatment.

Purpose	Amount
a. Child Protective Services training opportunities: CPS Academy, POST and Specialty Training	\$ 320,492
b. Training for the implementation of the revised safety, risk and service planning tool	\$ 45,000
c. Travel for Training to Annual Conference CPS Program Staff	\$ 11,000
d. Services to Facilitate the Citizen Review Panel	\$ 55,000
e. Medical Consultation Services	\$ 70,000
Total: \$501,492	

4. Citizen Review Panel Report and Response:

- See attached for copy of the 2014 CRP Annual Report.
- See attached for DCS response to the 2014 CRP Annual Report.

5. State Liaison Officers:

Annie Stricklin, MSSW
 Program Coordinator, Office of Child Safety
 436 Sixth Avenue North
 Cordell Hull Building, 7th Floor
 Nashville, TN 37243
 Email: annie.stricklin@tn.gov

Or

Carla Aaron, MSSW
Executive Director, Office of Child Safety
 436 Sixth Avenue North
 Cordell Hull Building, 7th Floor
 Nashville, TN 37243
 Email: Carla.Aaron@tn.gov

Information on Child Protection Services Workforce

Basic qualifications, education and training requirements established by the State for child protective service professionals:

Graduation from an accredited college or university with a bachelor's degree and experience equivalent to one year of full-time professional work providing child welfare services including, but not limited to, one or a combination of the following: social, psychological, correctional counseling or case management; volunteer services coordination for a children's service program; and/or juvenile classification coordination. An applicant with no experience may be hired at the entry level under the condition of a longer probationary period of one year, at which time the employee may be eligible for advancement.

All Child Protective Service professionals have at minimum a bachelor's degree complete 40 training hours per fiscal year. Training is delivered according to policy 5.2 Professional Training and Development Requirements <https://files.dcs.tn.gov/policies/chap5/5.2.pdf> and required training chart: <https://files.dcs.tn.gov/policies/chap5/ReqTrainChart.pdf>

Gender	Total:
Female	3236
Male	844

Ethnic Description	Total:
American Indian or Alaska Native (Not Hispanic or Latino)	10
Asian (Not Hispanic or Latino)	21
Black or African American (Not Hispanic or Latino)	1,474
Hispanic or Latino	32
Not Specified	29
White (Not Hispanic or Latino)	2,514
Total : 4,080	

Juvenile Justice Transfers:

According to data from TFACTS, of all foster care (Brian A) children in care during 2014-2015, 109 transferred to the juvenile justice custodial population due to acquiring delinquent charges that made them best suited for services in the department's Juvenile Justice system of care.

6. Appendices - Targeted Plans

Appendix A - Foster and Adoptive Parent Diligent Recruitment Plan

Appendix B - Health Care Oversight and Coordination Plan

Appendix C - Disaster Plan

Appendix D - Training Plan

Appendix A. State of Tennessee Department of Children's Services Foster and Adoptive Parent Diligent Recruitment Plan

1. *Characteristics of children for whom foster and adoptive homes are needed:*

Currently, the child welfare system in Tennessee is serving 8090 children in the department's care and custody. Respectfully, 4541 of those children are males and 3549 are females. Their age ranges from the following:

Age Range	Total
0-5	2453

6-12	2218
13-17	3264
18+	155

The majority of the total population is Caucasian, there are 5667 of the children in care; with the second highest being African-American 1928. The majority of the children, over 78%, are served in family settings by traditional, kin, pre-adoptive, trial home visits, and therapeutic resource parents. When needed to meet the unique treatment needs of children, DCS also has residential, congregate care, and hospital settings that serve the population. Over the last few years, the department has increased capacity of resource homes available to children and families by over 500 homes, and DCS continues to assess how to increase more placement and support to relative/kin caregivers. At any given time, DCS have over 18% of children, statewide, placed in the home with relatives.

Below is a table that identifies how DCS is able to recruit foster homes based on the demographics of the children being served by the agency.

Custody and Foster Parent Race/Ethnicity Comparison as of February 2014 (DCS and Private Provider Homes)				
Race	Custody	Percentage	Primary Caretaker	Percentage
White	5667	70.05%	2765	58.54%
African American	1821	22.5%	1086	22.993%
Asian	14	.173%	7	.148%
Native Hawaiian/Other Pacific Islander	10	.123%	12	.127%
American Indian/Alaska Native	7	.086%	4	.0846%
Unable to Determine/Unknown	78	.96%	849	17.97%
Multi-race	461	5.7%	0	0
Multi-race-one race unknown	32	.4%	0	0

The department's goal is to have one resource home available for every two children in care. At this time, the goal is being met and continued with similar recruitment strategies to maintain this level and continue to expand the pool further in the next 5 years.

With the department being a State Supervised and County Administered Child Welfare System, the Division of Foster Care and Adoption Services provides support to 12 geographic regions in creating their own annual recruitment and retention plans that identifies their strategies for recruiting families based on their unique demographic and geographic needs. These, generally, seem to reflect the needs at a statewide level of needing more homes for teenagers and large sibling groups. But, regions also develop goals and strategies for recruiting in other need areas such as: African American Homes, in specific counties, and unique populations i.e. LGBTQ. Most regions do not approve "adopt-only" homes because most adoptable children are adopted by the families fostering them.

Recruitment efforts and data are discussed on a quarterly basis with regional recruitment "champions" so that lesson learned can be discussed and for the purpose of tracking/adjusting the goals over the life of the plan. Progress will be measured in several ways. TFACTS generates demographic information about Resource Homes and custodial children enabling us to determine specific resource needs and availability. The Quality Service Review (QSR) process supports measures of engagement, functioning, and resourcefulness of Resource Parents. It also measures formal and informal supports available to them and their use of those supports. Through a combination of qualitative and quantitative analytics, DCS expect to be able to report annually on progress of this plan and the supporting regional plans, as well.

2. Specific recruitment strategies to reach out to all parts of the community

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

3. Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information

- Continue to support the Continuous Quality Improvement (sometimes referred to as Quality Practice) teams at the Regional and Central Office level that support recruitment and retention of resource families. These teams include partnership with community stakeholders and existing resource parents.

- Maintain agency web, Facebook, Twitter, and other Social Media accounts to disseminate information to potential, interested community members while continuing to add utilization of other social media and marketing technology, such as Mail Chimp and Remind.
 - Maintain toll-free telephone line for community members to inquire about becoming resource parents while promoting the department's new web site with an on line inquiry option
 - Continue photo-listing of children in need of adoptive families to the AdoptUsKids website, and timely engagement of families interested in unique children.
 - Partner with local television stations in each of the 3 Grand Divisions of the State to provide video recruitment of children.
 - Support local county recruitment by providing materials for events at the community level including: local fairs, educational events, and other opportunities to raise awareness.
4. *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*
- Partner with the IT division to create a listing of all licensed, child-placing agencies that certify/license/approve resource homes on the website that can be accessible for all interested community members.
 - The list of agencies will include: a brief narrative of the agency, logo (if desired), hours of services, and description of approval process, contact information, and links to agency web pages.
 - The list of agencies will be maintained on a semi-annual or as needed basis.
5. *Strategies for training staff to work with diverse communities including cultural, racial, and socio-economic variations*
- Partner with the Training Division to refine and create training opportunities related to client diversity, including socio-economic and cultural differences.
 - Regularly track training offerings and attendance of staff at relevant trainings, including Cultural Diversity.
 - Partner with local resource parent associations and the Tennessee Foster Care Association to identify any issues and needs.
 - Identify any new opportunities to work within local communities to address unique needs or challenges related to diversity, poverty, or culture.
6. *Strategies for dealing with linguistic barrier*
- Maintain a statewide contract for access to interpreters, when needed.
 - Utilize community stakeholders and internal agency resources to assist clients with linguistic challenges whenever possible.
 - Continue to make forms and other informational tools available in alternative language formats that reflect the greatest need.
 - Identify opportunities to engage different cultures in recruitment and promulgation of information related to the department and its work.
 - When appropriate, encourage existing families to identify an informal support that can translate or interpret.

- Engage local, regional offices to identify their unique challenges and potential steps to mitigate those. These will be incorporated/identified in their annual recruitment plans.

7. *Non-discriminatory fee structures*

Our agency provides training, fingerprint/background checks, and home studies to potential resource and relative/kin families at no cost. Likewise, the private providers that DCS contracts with for therapeutic foster care do so at no cost

8. *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.*

- Refine the process for ensuring that all children get a monthly review of case progress at the time that the agency receives full-guardianship of the child (see FOCUS process).
- Ensure that all children in need of recruitment of an adoptive family have an Individual Recruitment Plan, Archeological Dig of the Case Record, a high-functioning Child and Family Team, and are photo-listed to AdoptUsKids (if the child/youth desires).
- Utilize contracted service providers to assist in recruitment of children, including the recruitment plan, archeological dig, and photo-listing.
- Provide training to regional staff on MEPA/IEPA.
- Refine the process for providing full-disclosure to potential adoptive families.
- In partnership with the ICPC Administrator, create clear policy and practice on engaging private, out-of-state agencies for potential adoptive placements

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.

Appendix B. State of Tennessee Department of Children's Services Coordination of Health Care Oversight and Coordination Plan

Coordination of Health Services Summary

Through interagency agreement and established processes, the Department of Children's Services and the Tennessee Bureau of TennCare collaborate to provide health services for children in custody. DCS further collaborates with other state agencies including the Tennessee Department of Health, the Department of Education, and the Department of Intellectual and Developmental Disabilities Services.

DCS is supported by a specific TennCare managed care company for children in care, as well as the Centers of Excellence, five centers that provide case consultation and specialty services for children in and at risk of state custody. DCS regional staff is supported by Well-Being Child Health

teams, which provide health support for children in custody. Children entering care are assigned immediate eligibility and assigned to a TennCare managed care company serving custody children.

Children that come into custody and are placed in a foster home receive an EPSDT screening at the Department of Health or designated provider within 72 hours. Youth placed in congregate care facilities receive an EPSDT screening with 30 days. Starting later this summer DCS will be sending congregate care youth for their EPSDT screens to the Department of Health or designated provider within 72 hours. Recommendations of follow up services indicated by EPSDT screenings are sent to the DCS Child Health nurse, who communicates the health service needs with the family service worker. These service needs are tracked in the DCS child welfare tracking system (TFACTS), and access to the services is documented through the Health Confirmation and Follow Up form, completed by the health provider. The form provides information regarding additional follow up service needs.

In order to identify needs and strengths impacting placement for children age 5 and over, a Child and Adolescent Needs and Strengths assessment is completed which provides information regarding the behavioral health service needs of the child. This assessment informs the Child and Family Team, which determines placement and Mental Health services.

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

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

Coordination of Health Services: Description

Collaboration of DCS and TennCare

Through interagency agreement and established processes, the Department of Children's Services and the Tennessee Bureau of TennCare collaborate to provide health services for children in custody. DCS further collaborates with other state agencies including the Tennessee Department of Health, the Department of Education, and the Department of Intellectual and Developmental Disabilities (DIDD).

TennCare (Medicaid) Eligibility

Immediate eligibility is assigned to children entering care within 24-48 hours. This includes assignment to the TennCare Managed Care Company and a primary care physician. Virtually all children in custody are eligible for TennCare. Following immediate eligibility, a TennCare (Medicaid) eligibility determination is completed within 45 days of a child's entry into care. This determination and the eligibility process is provided through DCS child welfare benefit workers, who have access to the eligibility processing program administered by the Department of Human Services. Policy and procedure for TennCare eligibility is coordinated through the state's lead Medicaid eligibility agency, the Department of Human

Services. The DCS child welfare benefit workers remain responsible for Medicaid re-determination while children remain in custody. DCS provides a quarterly update to the Bureau of TennCare regarding these eligibility transactions completed on behalf of children in DCS custody. The Medicaid eligibility process is being updated in compliance with Federal changes. The Bureau of TennCare will be more directly involved with eligibility determination when their system is completed.

TennCare Managed Care Companies

The Bureau of TennCare contracts with Managed Care Companies to provide TennCare services for TennCare enrollees. TennCare has a designated a single Managed Care Company, TennCare Select, to serve children in custody. TennCare Select has developed a Best Practice Network (BPN) of providers to serve children in custody.

It is composed of Primary Care Practitioners (PCPs), Dentists and Behavioral Health Providers¹ who have agreed to serve the health care needs of this unique population and to fulfill special roles and responsibilities associated with the management of children in state custody. The Best Practice Network Primary Care Practitioner (BPN PCP) administers basic health care and coordinates all physical and behavioral health care for the children assigned to him/her. The BPN PCP is responsible for providing a "medical home" for these children and maintaining all health records for the child, regardless of where the care is provided. All Providers are required to forward medical records to the BPN PCP so that a comprehensive medical record can be maintained. Dental services are provided statewide with a Dental managed care company subcontractor², and pharmacy services for all TennCare enrollees are provided through a statewide pharmacy benefits contract³.

When children enter state custody, TennCare Select is notified for assignment of immediate eligibility and a BPN Primary Care Provider. TennCare Select provides customer service specifically for DCS family service workers and resource parents. A designated toll free line is staffed with personnel who are oriented to DCS.

DCS and the designated MCCs meet on a regular basis to review and implement strategies to improve health care coordination to children in custody. This meeting is held quarterly, with follow ups as needed. Topics have included the care coordination of children with both medical and behavioral health needs, coordination of residential care for children at risk of custody, and specialized information for resource parents.

TennCare Select has partnered with DCS to develop a "medical home notebook" for use by foster parents for children in their home. Additional description regarding this project is found under the section *Communicating about Health needs*.

Centers of Excellence

In addition to the Managed Care Company networks, DCS contracts with five Centers of Excellence (COEs) funded by TennCare to serve children in and at risk of state custody. The five Centers of Excellence provide behavioral and medical consultation and evaluations to children served by DCS. The COEs are coordinated through the Department of Children's Services.

¹ The State of Tennessee TennCare program has implemented an integrated health care model; in the past the Behavioral Health plan was a separate managed care plan; the integrated plan for children in custody was effective 9/1/09.

² DentaQuest

³ The PBM is Magellan

The COEs provide consultation and evaluation for children who have complex behavioral and medical problems, and may provide direct services 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 or community providers to the COE. Case consultation is completed by the interdisciplinary team, most often with DCS staff in attendance, either in person or 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, assessment for trauma/anxiety symptoms; and impressions for DCS regarding placement settings that would be most appropriate, given the presenting behaviors and treatment needs

The COE interdisciplinary team participates with DCS on *case reviews*, usually on a monthly basis. The records and current case status are discussed, along with the presenting concern. The case review process enables the COE to provide recommendations to DCS on complex cases to identify whether further evaluation is needed, and to suggest appropriate treatment approaches. An example of the case review process indicated that DCS requested a psychological but the COE determined additional testing did not appear necessary, and suggested instead support to the parent to target the parents' management of symptoms.

COEs and Best Practice development

For children with complicated medical problems, the COEs coordinate referrals and services to medical sub-specialties and hospital services to meet the child's needs. The COE serves as consults with physicians serving children in foster care in the designated BPN (Best Practice Network).

The COEs have established learning collaborative, and provide best practice development for providers who serve children in and at risk of custody, with a focus on services related to trauma. The focus of the best practice development includes Trauma Focused Cognitive Behavioral Therapy. Additionally, the Attachment Regulation Competency (ARC) model was selected by the COEs statewide for implementation as a learning collaborative, and this best practice model has been made available to providers.

The COE in the East region identified a need for a treatment intervention to target adolescents with trauma based symptoms. The COE identified skilled clinicians experienced in dialectical behavioral therapy (DBT) and have implemented a group DBT program, with referrals from the COE and region.

The COEs in the Northeast region and West grand division provide training and mentoring for community therapists regarding PCIT (Parent child interaction therapy). The COEs also lead a statewide workgroup that is thoughtfully reviewing infant mental health, and how best practice can be implemented.

The State's Centers of Excellence for Children in State Custody have been recognized by the American Psychiatric Association as one of the top four innovative programs serving children in the United States. The State's Centers of Excellence currently are located at Vanderbilt University

Medical Center, University of Tennessee-Memphis Boling Center, East Tennessee State University Medical Center, University of Tennessee Knoxville, and Southeast Center of Excellence, Focus Psychiatric, Chattanooga.

DCS Health Coordination: Child Health Teams

Child Health Teams in the Tennessee child welfare program serve to support family service workers, resource parents, and providers with recommendations and technical assistance for children and families served by DCS (Department of Children's Services). The supports provided by the Child Health teams work collaboratively to reinforce permanency and safety.

Each of the 12 DCS regions has a Child Health team, which includes the following staff:

- Psychologist
- Nurse
- Health Advocate Representative
- Services and Appeals tracking coordinator
- Educational Specialist

Adjunct Members:

- Interdependent Living Specialist
- Child Adolescent Needs & Strengths (CANS) Field Assessor

Child Health teams are responsible programmatically for the system of support for well-being services in their region. The Child Health teams provide targeted technical assistance on specific cases from pre-custodial stages through transition to permanency. They serve as consultants on cases where the treatment, educational, or transition needs require specialized assistance.

Child Health Triage

Initial Well Being Information and History

Well-being information is part of the initial assessment process for children entering care. As a child enters care, the initial contact, often the DCS Court Liaison or Child Protective Services Worker will gather pertinent health and educational information about the child from the family or caregiver. This information is captured on the Well Being Information and History form, and it is provided to the Child Health team the next business day following a child's entry into care.

The Regional Child Health Nurse and Psychologist review the Well Being Information and History form, and provide an initial review for the determination of immediate and non- immediate health needs within 72 hours. Policy (EPSDT 20.7) requires the DCS Regional Nurse to identify the need for immediate health care, including assessment for infectious and communicable diseases, and alert family services workers about immediate health needs identified. These recommendations are provided in writing to the Family Service Worker (FSW). The tracking coordinator (SAT) receives the recommendations and enters identified services into the electronic case record for tracking.

Concurrent with the above process, the Health Advocate Representative (or other regional designee) enrolls the child with the TennCare Managed Care Company for temporary immediate eligibility. A Primary Care Physician (PCP) is also assigned at this time, with DCS selection.

The DCS Child Health teams have access to the Shared Health program administered by Blue Cross Blue Shield of Tennessee that contains an electronic clinical health record for TennCare enrollees.⁴ The Child Health Team is able to review information for children in DCS care. As noted earlier, the primary care physicians in TennCare Select serving the DCS Children, the Best Practice Network (BPN), are also encouraged to review health information in shared health on children assigned to their care.

A new system has been developed and is about to be launched.

Child and Adolescent Needs and Strengths (CANS)

Within five (5) days of a child's entry into care, the FSW completes the Child and Adolescent Needs and Strengths (CANS).

As indicated earlier in this document, children in custody access medical and behavioral health services through the assigned TennCare Managed Care Company, however DCS is responsible for the residential behavioral health services provided to children in custody. TennCare contracts with DCS to provide residential services for children in custody⁵. DCS has a provider network to serve children through therapeutic foster care, residential treatment, and sub-acute services.

Tennessee is one of only a couple of states nationwide who operate their state Medicaid system completely through MCOs. Contracting for mental health service directly gives DCS closer monitoring abilities than can be done in traditional Medicaid states. The dual Foster Care/Residential Treatment system assures individualized planning for children with complex needs with flexibility to meet their needs in less restrictive settings. See monitoring graph.

To meet the unique needs of children entering custodial care, and the ensuing placement decisions, DCS has developed and implemented a family-focused, strengths-based, and culturally-competent behavioral screening tool to identify and address the placement, treatment and permanency needs of youth.

DCS utilizes a behavioral screening tool, the Child and Adolescent Needs and Strengths (CANS), for use in determining the service needs of children in custody. The CANS information is used to identify child and family behavioral needs and is incorporated into the decision making process for the Child and Family Team Meeting (CFTM) to determine whether a child in care should be placed in therapeutic foster care, residential, or continuum treatment, which are funded in whole or part by the Bureau of TennCare through interagency agreement.

The CANS takes into account child and family service setting, needs, and strengths and serves as the basis for the CFTM process in determining whether children need involvement of a private agency, can be served in their own homes or communities, and are making progress. The CANS

⁴ The shared health record consists of paid claims information, and may include prior EPSDT screening information.

⁵ When children are not in custody, residential services are provided through the Managed Care Company (BHO)...

includes the major requirements of a behavioral screening tool, and the DCS protocol calls for completion of the CANS within five (5) days of entry into care, and then at intervals of major transition within the custody episode. Once the FSW has completed the CANS, it is reviewed clinically by the Vanderbilt University (VU) COE Field Assessor. VU COE Field Assessors help clarify assessment information and make suggestions on the scoring of individual items. They also support case management and supervisory staff by recommending modalities or interventions that might be helpful to children with specific CANS-identified need and strength profiles and in the context of knowledge about relevant community partners.

Further supports are provided to the CFTM in the placement determination process through the child health teams. Children referred to medically fragile resource homes are reviewed by the Regional Child Health Nurse, and children referred to higher level (sub-acute) residential behavioral health services are reviewed by the Regional Child Health Psychologist.

Interdisciplinary Triage Review

Regional Child Health teams meet in the first 30 days (*depending on size and regional needs*) regarding the children that have entered care in their region. All disciplines of the Regional Child Health team are included in this interdisciplinary review of the child and their presenting needs.

The FSW and their supervisor, the team leader (TL) are included in the meeting, which is made available telephonically. The team is informed of additional information which has been received, and a determination about the need for additional information is also addressed.

Recommendations about health, placement, education and independent living are discussed, and action steps are assigned. For example, a school records request or a prescription refill might be issues identified as action steps. Unaddressed needs are tracked electronically in the case.

EPSDT

DCS is currently in the process of revising Policy 20.7 Early Periodic Screening Diagnosis and Treatment to reflect that EPSDT screenings will be completed within the first 72 hours of custody. Results of the EPSDT screening are provided to the child's placement caregiver and the Family Service Workers assist in scheduling any follow-up services that are recommended.

EPSDT screenings are provided by the state Health Departments (available in each county) or designated providers who are knowledgeable about foster care and Medicaid requirements of EPSDT screening components. Under Federal EPSDT regulations, screening visits consist of a comprehensive health and developmental history, an unclothed physical exam, vision and hearing screenings, appropriate immunizations, laboratory tests, and health education. The purpose of these visits is to identify physical, mental, or developmental problems and risks as early as possible and to link children to needed diagnostic and treatment services.

The Pediatric Symptom checklist (PSC) and the PEDS are incorporated into the above initial screening provided through the Department of Health or designated providers. A summary sheet indicating the completed components of the screening and findings of the screening is provided by

the Health Department or designated provider to the child's assigned PCP (primary care provider) with a copy to the Department's Regional Child Health team.

The Regional Child Health team member (nurse) reviews the completed components and findings of the screening, making specific recommendations for follow up care identified to the family service worker.

Components not completed generally include immunizations (when those records are not yet available to DCS or the EPSDT provider) and instances when a component is not completed due to illness related to the screening element. Children are referred for services relating to screening components that were not completed (i.e. child had ear infection; referral is made and then hearing screening was completed).

The Regional Child Health Services and Appeals Tracking Coordinator (SAT) enters the completed EPSDT and the follow up recommendations into the DCS child welfare tracking system. If there are follow up services resulting from the EPSDT, the Regional Child Health services tracking coordinator (SAT) will request an appointment date from the family service worker. A report can be generated from TFACTS with incomplete appointments or incomplete follow up. Follow up services are entered when the child receives the follow up service, and this information is available on the client health summary from TFACTS.

Ongoing EPSDT screening: Annual and according to Periodicity Schedule

After the initial EPSDT screening and follow up services, children remaining in care will receive EPSDT screenings according to the periodicity schedule. Policy (EPSDT 20.7) requires that children receive EPSDT according to the periodicity schedule. EPSDT screenings are scheduled and accessed according to the periodicity schedule of the EPSDT program at least annually, and as required for children under 2 years old. Reports are provided to regional DCS programs monthly of all children who have a screening that will be needed in the next 60 days, as well as a report of children who have/have not met their annual screening.

Dental Care

All children/youth entering care age one (1) or older receive an initial EPSDT dental examination by a dentist within thirty (30) days of entering care unless the child/youth has received a dental exam within the last six months. Children under one (1) year can be seen by a dentist if an oral health assessment is needed or if an oral health problem is suspected per DCS Policy 20.12

Dental examinations often indicate the need for additional dental treatment and require follow-up appointments. Dental treatment may include diagnostic services, preventive services, restorative procedures, extractions, and specialty care as medically necessary. If a child has a cavity, toothache, or other dental related problem, an appointment should be made to assess that particular problem as needed. Following the initial assessment, youth receive a dental exam and cleaning every six (6) months or as recommended by the dentist.

Compliance for EPSDT Medical screening has been documented at 95% or above for the last 5 years. Dental EPSDT compliance is running at 85% and above (six month exam not just annually). Tennessee was in substantial compliance at the last review.

Tracking all Health Services: Health Confirmation and Follow up

In addition to tracking EPSDT, when a child receives any type of health service (except for the EPSDT screening), the Health Services Confirmation and Follow up form (CS-0689), should be given to the provider with a request that the form be completed or the information provided.

The Health Confirmation and Follow up form allows a provider to communicate brief information about the health visit and findings. It also allows the provider to inform regarding any follow up services identified. The Health Confirmation and Follow up form allows for communication with DCS, any TennCare or other managed care provider, the DCS provider, and the DCS resource parent. The information on completed health services, as well as services that are needed, is entered by the SAT into the child welfare tracking system. This information can be printed into a document known as the client health summary. The client health summary can be provided to persons caring for children in custody.

The cycle of identifying health services and confirming a child's access to health services is continuous and is aided through this process of entry into the child welfare tracking system. Reports support this process. DCS has adopted a protocol for how reports will be used at the regional level to identify children for whom screenings or follow up services have not been documented (Attachment A).

In 2013 The John B Lawsuit, in which DCS was named, was vacated as the court found the state to be in substantial compliance with EPSDT standards. DCS is maintaining those standards and is still audited for that compliance.

Wellbeing integrated into Functional Family Assessment

The Well Being status and needs as identified through the recommendations of the Regional Child Health team and the EPSDT are incorporated into the comprehensive assessment of child and family, i.e., the Functional Family Assessment. The Functional Family Assessment is an ongoing assessment, capturing the strengths and needs of the family, and used to develop the Permanency Plan. The interdependent assessment (Ansell E. Casey) is completed for all youth aged 14 and older. EPSDT results are captured in the Permanency Plan, and action steps for health follow up needs are identified in the well-being section. The interdependent living plan is incorporated as part of the permanency plan.

Crisis Management Team

The Crisis Management Team manages a TennCare process which ensures children at risk of custody can be treated in the community without coming into custody for services. The team is now part of the DCS Child Health team and has been highly successful in averting custody for hundreds of children. See details attached.

Trauma Assessment

DCS becomes involved with families when there is a risk to a child's safety and care; however, children are impacted when separation from their family occurs. Having this knowledge DCS works in conjunction with the Office of Permanence and with support of external partners to assess trauma in children. The broadest and most general mental health screening is a component of the EPSDT which occurs within 30 days of a child/youth entering custody. This would potentially identify symptoms which could be attributable to trauma that a child/youth experienced. If the EPSDT screening identifies mental health symptoms then a more thorough mental health assessment is arranged.

The Family Functional Assessment (FFA) is essentially a psychosocial assessment conducted when children/youth enter custody and on an ongoing basis. It is an open ended interview as well as a gathering of information on the psychosocial functioning of the child/youth and their family. It includes information about experiences the child/youth has had and situations which ultimately led to the child/youth coming into custody. The specifics of "what" trauma the child experienced are gathered through this process.

The most specific screening process, the Child and Adolescent Needs and Strengths (CANS) Assessment, is conducted on children/youth 5 and older within 5 days of entering custody. A specific "trauma module" is embedded within the Tennessee version of the CANS. When the "trauma experiences" item of the CANS is scored as warranting further exploration then the trauma module is used to assess the child/youth more fully. This involves: types of trauma that the child/youth has experienced (e.g., sexual abuse, physical abuse, neglect, natural disaster, witness to family violence, etc.), symptoms experienced (e.g., numbing, dissociation, avoidance, re-experience, etc.), and if the trauma is sexual abuse further details (e.g., frequency, duration, force, etc.). The CANS highlights strengths and needs of the child/youth and family which will assist in determining appropriate therapeutic approaches to take with care. There is also the capacity to analyze the aggregated trauma information gathered through the CANS to assist with systems issues. For example, this information combined with information of geographic availability of trauma treatment enables DCS to identify potential geographic gaps in services.

As with any patient, trauma may not be disclosed until later points in time. When this occurs it activates further evaluation and treatment through contract and/or community mental health providers through much the same processes described above.

Technical Assistance by Child Health Teams

Child Health teams are active in the life of a case while children and families receive care through DCS. FSWs may consult with these professionals and specialist on an ongoing basis, and they often participate in the Child and Family Team Meeting (CFTM).

The specialized roles of child health include the following:

Support of Placement determinations

- The CANS Field Assessor supports the placement determination process
- The psychologist approves Level 3 and Level 4 residential placements
- The nurse approves medically fragile placements

Access to Child Health Services

- The psychologist and nurse provide FSWs, resource parents, and other DCS staff with explanation and understanding of psychological testing, medical tests, and other health matters.
- The Health Advocate Representative assists FSWs, resource parents, and other DCS staff with access to TennCare services, and if there are access barriers will address these or files TennCare appeals as needed.
- The Health Advocate Representative serves as a liaison to identify and support transition to adult Department of Intellectual and Developmental Disabilities Services (DIDD) Waiver services and mental health services.
- The Independent living specialists support Independent Living planning and implementation, and manage post-custody cases.
- The educational consultant attends IEP meetings and Child and Family Team Meetings, interacts and engages local education agencies, conducts training for schools and staff, and supports the educational passport process.
- Transition to adult services is very successful as it is closely monitored for timely moves.
- Any denials, delay or termination of medical/ behavioral services are resolved and the monitoring process is report to the Federal court monthly.
- Children in residential treatment services through DCS are monitored by the TennCare advocates for appropriateness of services.

Coordinating Special Populations

Tennessee Early Intervention Services

Children entering care under the age of 3 are referred to the Tennessee Early Intervention program for evaluation and implementation of any identified service needs. The Regional Educational Specialist of the Child Health team responds to any concerns regarding this referral process and service.

Medically Fragile

As part of its residential service network, DCS provides medically fragile foster homes for children with special needs. The regional Health Nurses provide make medically fragile determinations and provide oversight for these children.

DCS coordinates with TennCare Select for children who may need managed care case coordination. Referrals are made for children in the medically fragile homes, or other children, who may need nursing case management.

Coordination for Psychiatric Hospitalization

TennCare Managed Care and DCS coordinate regarding inpatient psychiatric hospital stays for children in custody. TennCare managed care case management works to ensure that DCS Child Health is aware of the hospitalization, providing a link from the hospital to DCS to facilitate medication consents for children in the hospital, and to collaborate regarding discharge planning.

Integrated Care

DCS and TennCare Select coordinate cases for children that require receipt of concurrent medical and behavioral health services. A case coordinator is assigned at TennCare Select to work actively with the DCS Regional Child Health nurse and other DCS staff.

Monthly Collaborative Rounds Conference calls are now happening to discuss complex medical and behavioral health cases that require a team approach and planning for successful outcomes. Child Health partners with the Managed Care Organization (MCO), providers and any other partners in those efforts.

Transition to specialized TennCare services

DCS works with the designated Managed Care Contractor (MCC), through its Behavioral Health organization, to coordinate for youth in custody with mental health needs to adult mental health TennCare services. Likewise, through the TennCare long term care program's Home and Community Based (HCBS) Waiver, the Department of Intellectual and Developmental Disabilities services coordinates transition for custody youth that will be served through the HCBS waiver as adults.⁶ Youth are identified, and technical support is provided through the Regional and Central Office Child Health teams to support this casework.

Communicating about Health Needs

Child and Family Teams

Treatment for trauma, neglect, mental health and behavioral health is contiguous with the path to Permanency. The well-being of children in care is included in the child and family team meeting. Results of the EPSDT are incorporated into the Permanency Plan, and identified service needs are included in the Permanency Plan.

DCS Providers and Resource Homes

As part of the initial placement process, DCS providers or resource homes receive the authorization for routine health services, Insurance or TennCare information, medications and medication information, and health information. (Policy 16.46) The CFTM should address well-being and engage all team members. (Policy 31.7). The CFTM protocol requires the CFTM to assess the concerns, issues and underlying needs of the family/child. The plan is based on assessments made through the Functional Assessment, CANS, SDM, EPSDT, mental health assessment or other evaluations.

For ongoing communication regarding health needs, the visitation protocol (adjunct to Policy 16.38, Face to Face visitation) requires engagement regarding health issues. The protocol indicates that visits are an opportunity to ensure communication and coordination of health services. The health summary, available in the child welfare tracking system Health icon, is to be printed and provided to the facility or home. Responsibility for arrangements of identified services are to be discussed.

Resource Parents are supported by the Foster Parent Advocacy Program, and may contact trained foster parent peers for any concerns, including health care for children in their care. Information on health services is provided during initial training for resource parents, Parents as Tender Healers (PATH), and spring and summer conferences are held. Resource parents may contact the Well Being team members directly regarding health concerns for children in their care. The Health Advocate Representative communicates important TennCare managed care information to the resource parents in their region through meetings and training opportunities.

⁶ Legislation has provided for the restructure the delivery of HCBS services, so that they will be incorporated in the service delivery of the Managed Care Companies.

PATH information regarding Health care services was updated in the spring of 2014.

Medical Home notebook

An additional collaboration with the managed care company has been the development of a medical home notebook for children in foster care. In an effort to further improve communication and documentation about health services (medical and behavioral) for children in foster care, TennCare, foster parent advocates and the DCS Office of Child Health collaborated to develop a medical home notebook. The notebook contains information about health benefits and access, and is designed with pockets to hold the health insurance card, encounter and contact information. The goal of the medical home notebook is to support availability and communication regarding health background and concerns with the BPN provider, other health providers, the foster parent, and DCS. The notebook has been update based on feedback from foster parents and is in the process of distribution statewide.

TennCare eligibility information when exiting care

Information about the continuation of TennCare (Medicaid) benefits for children exiting care to permanency through adoption or reunification, and young adults transitioning to post custody is provided as part of the transition child and family team meeting.

The Protocol for Continuation of TennCare Eligibility for Children Exiting Custody is reviewed at the child and family team meeting, as supported through the *Child and Family Team Meeting Protocol*. A flyer *How to Keep TennCare for your child* is provided. Changes in the eligibility system will allow youth leaving care to transition their Medicaid benefits seamlessly and the extension of benefits is being communicated and supported to those youth in the extended benefits category.

Youth transitioning to adulthood or post custody services are also provided information regarding their right to make health care decisions, including their right to communicate about health decisions through advance directives. Information is provided at the planning child and family team meeting, and a one page flyer gives brief written information regarding information on continued TennCare (Medicaid) benefits as well as information on how to create an Advance Care Plan.

Informed Consent

Every individual has the right to receive information regarding prescribed tests or treatments, including risks and benefits of taking the tests or treatments and risks/benefits of not taking the tests or treatments.

In order for children in custody to receive appropriate health services, DCS facilitates the informed consent process by involving the parent/guardian/older youth in the consent process, or by providing consent as appropriate.

Parents are engaged in health care decision making through the Child and Family Team meeting process. Parents are initially asked to provide consent for routine health services for minors, unless parental rights have been terminated. The parent should be engaged to consent for all routine health services, emergency services, surgeries, and medications. In the event the parent is unavailable to provide consent for routine services, the FSW, the resource parent, the private provider caseworker, the designated DCS Group Home, and the designated Youth

Development Center staff (Superintendent or designee) are authorized by DCS to give consent for routine medical care. In the event the parent is unable to provide consent, (*or parental right have been terminated*), for surgeries and psychotropic medications, the DCS Regional Child Health Nurse will provide consent. DCS Policy 20.24 sets out this process.

Medication Administration

DCS has implemented policies regarding medication administration (Policy 20.15).

The Medication administration policy includes requirements for training, assistance with self-administration, refusal of medication, transport of medication, medication documentation, storage, and disposal.

DCS requires tracking of medication errors by DCS providers for children in state custody. The tracking system involves a web-based system of reporting, and notifications are provided to DCS Regional Child Health Nurses for review.

"Medication Administration for Resource Parents" is a training workshop that provides Resource Parents the knowledge base to safely and effectively administer medications to children in their care. DCS has worked closely with the Tennessee Center for Child Welfare Consortium to provide training to Resource Parents on the topic of medication administration. DCS has collaborated with Schools of Nursing at Consortium Universities to deliver this training to Resource Parents. The nursing schools have used this training opportunity as a community health clinical rotation for their nursing students. CPR and First Aid Training are also provided by the Consortium to resource parents.

Protection from Harm

Fostering Positive Behavior

DCS developed a training curriculum in conjunction with Middle Tennessee State University entitled "Fostering Positive Behavior" that utilizes interactive video and several real-life situations involving behavior challenges for children and youth served by DCS. The training relates information about the appropriate use of psychotropic medication. The University Training Consortium has delivered this training to DCS staff, and provider agencies are required to deliver this curriculum to their staff.

In addition, the Consortium completed an adaptation of the curriculum specifically for resource parents.

DCS monitors the use of behavioral interventions by DCS providers through incident self-reporting by providers through a web based application, site visits, and annual reviews.

Psychotropic Medication Administration and Monitoring

Department policy prohibits the use of psychotropic medication as a method of discipline or control of a child. The combined policies and procedures of the Department and TennCare related to the administration of psychotropic medications are well-designed to ensure compliance with this prohibition.

TennCare requires that any prescription for any psychotropic medications must be supported by an appropriate DSM diagnosis and a treatment plan with measurable outcomes. In addition, prescriptions for two medications in the same class or for doses outside of recommended ranges

cannot be filled without prior approval.

Department policy further requires review by a regional nurse and approval from the Deputy Commissioner for Child Health or the Medical Director of any prescriptions requests for:

- youth five years old and under;
- two medications in the same class;
- four or more medications; and
- any dose outside of recommended ranges.

Youth in level 3 and 4 residential facilities are reviewed monthly by a Utilization Review (UR) team that includes regional psychologists. Issues of medication use are reviewed in the context of the overall treatment plan. Any uses of medication that does not conform to DCS policy or that are otherwise concerning are expected to be brought to the attention of the Deputy Commissioner for Child Health or the Medical Director.

Psychotropic Medication Policy Training Curriculum is required for all Contract Providers and DCS Staff to complete during Pre-Service Training as well as a Review Course every two (2) years. This curriculum is available from DCS.

Management of this process is shared with the Deputy Commissioner for Child Health² and the Medical Director. Medical Direction is provided Dr. Jerry Heston³ of the UT Memphis Center of Excellence (COE). Additionally, the network of COEs gives DCS access to 6 board certified child adolescent psychiatrists that are placed grand-regionally and affiliated with academic medical centers. Regional nurses consult these resources for child-specific recommendations on psychotropic medication use and related treatment planning issues.

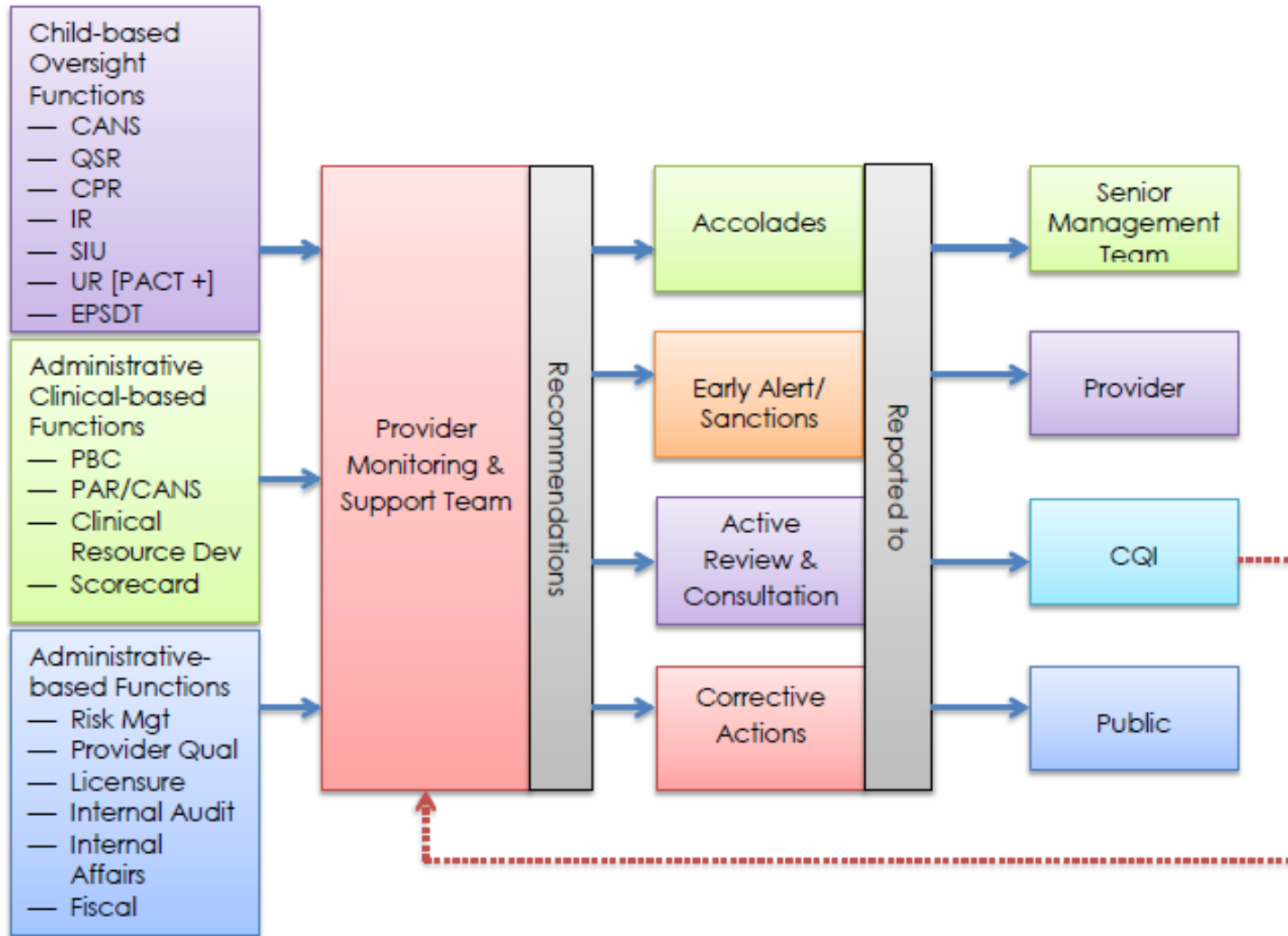
Beginning in 2013, the Department gained access to an extract of TennCare pharmacy utilization data to analyze for rates and patterns of use. Rates have remained consistent during the two year period when data were analyzed. In 2013 and 2014, the annual prevalence of psychotropic use for Brian A children was 28 and 30 percent respectively.

In February of 2013, new leadership of the Department occurred with the appointment of James Henry as Commissioner of DCS. His leadership has placed even greater emphasis on Health by developing the Division of Child Health. Not only will the department's current efforts in ensuring appropriate healthcare for children/youth at risk or in custody continue but initiatives in this area will take the highest level of emphasis and importance and will become more fully integrated with other areas of care.

PROVIDER MONITORING AND SUPPORT SYSTEM

PROCESS DISCUSSION GUIDE

February 2014



Appendix C. Tennessee Department of Children's Services Emergency Response: Department Basic Plan

Revised June 2015

Executive Summary

The state of Tennessee's Department of Human Resources, along with a task force of 15 other agencies that includes the Department of Children's Services (DCS) works in conjunction with the Tennessee Emergency Management Agency (TEMA) to plan for disaster and manage the workforce. TEMA is also responsible for the development of the state's emergency management plan which is designed to mitigate the potential effects of various hazards and disasters that might impact Tennessee and outline responsibilities of each state agency except those which the military carry primary responsibility. Tennessee Code Annotated section 58-2-106 establishes the authority for TEMA to deem responsibilities and roles for all state agencies as determined to serve critical functions during a disaster. Two of the Department's staff serves as Emergency Services Coordinators to work in conjunction with TEMA/FEMA should a disaster occur. DCS has formed a "reserve" team to serve in a supporting role working directly with TEMA/FEMA to satisfy the responsibility of community involvement identified in the Tennessee Emergency Management Plan (TEMP). This role with emergency management serves a part of the Department's mission to support community safety and partnerships. It further serves a part of the Department's obligation to respond to emergencies and make preparations through internal agency planning and coordination with other states. Equally the Department stands steadfast on the fact that its own staff and children must be accounted for at times of disaster. Not only must custodial children be accounted for, services for them must continue whether a minor, major or catastrophic disaster has occurred. **Appendix A** provides a description of DCS's role as designated by TEMA and the role that identified staff fulfills in efforts to assure internal and external capacity in responding to disasters.

The state of Tennessee is situated in the southeastern portion of the United States. Tennessee, known as a "Mid-South" state, has 95 counties and is divided into three major areas: the eastern mountain area, the middle highlands and the western lowlands. The Department has more than 120 office locations serving its 95 counties and three youth development centers. Per DCS policy all locations must have a general evacuation plan and an emergency response preparedness plan that outlines preparations, continuity of operations and recovery from disasters. The Department of Children's Services recognizes that disaster planning is not easy but very necessary. Because disasters do happen and have an impact on children, families and services, this agency is making disaster preparations one of its priorities.

In response to this year's APSR:

During FY2015, the State of Tennessee did not experience any significant weather or disaster events. On February 17, 2015, the governor did close state offices due to a statewide snow and ice event. Since the duration of the event was less than 48 hours, DCS did not have to implement the emergency response plan. DCS Commissioner Henry encouraged those that needed to work to work from home. The regional reports did not indicate that the twelve regions were affected by any disasters, and service to clients was not interrupted.

During FY2015, the department updated the emergency response instructions for Central Office Divisions and the twelve Regions in order to provide clarity and consistency. All units submitted updated Emergency Response Preparedness Plans during the year. DCS developed a list of ESLs (Emergency Services Liaison) in each county in order to support TEMA in a state wide emergency. Beginning January 2016, DCS plans to

perform table top exercises in order to test the emergency response plans. In addition DCS plans to have the Department's Facilities Safety Inspectors inspect all identified alternative work locations.

Introduction

The purpose of disaster planning is to ensure the continuity of services through emergency functions should a disaster occur that impacts the delivery of services. Disaster planning for DCS is established internally through agency preparations that are based on criteria related to working with families of children in custodial care that might be displaced as the result of a disaster. The criteria for the Department's plan is stated in policies as established by authority set in the Tennessee Code Annotated section 37-5-106 and federal mandates established under Title IV-B that require states and tribes to prepare for disasters. (See the Child and Family Services Improvement Act of 2006 and Title IV-B Subpart 2 of the Social Security Act at Section 422(b)(16) – (http://www.acf.hhs.gov/programs/cb/laws_policies/policy/pi/2008/pi0803.htm). Criteria for plans also include requirements of standard compliance developed by the Council on Accreditation, an accrediting organization founded in 1977 by the Child Welfare League of America and Alliance for Children and Families [in 1977 known as Family Services America]. Another organization, the American Correctional Association (ACA), have standards that influence the content of DCS disaster plans. The Department of Children's Services Juvenile Justice Division follows these standards to assure that the need for planning for secured facility environments are addressed. The American Correctional Association, founded in 1870, presents standards that address services, programs, and operations essential to effective correctional management – standards suitable to support the Department's Youth Development Center environments. Both, the standards of the ACA and COA establish a framework for the delivery of higher quality services. The plan defines the role and responsibilities of all parties involved in critical functionality related to continuing operations in times of disaster and disaster recovery. This basic plan establishes the framework for the development of a comprehensive emergency response preparedness program for the staff of the Department of Children's Services and the children and families served. All of the Department's areas have written divisional plans. This basic plan presents, as a part of its appendices (*Appendix C*), all areas alternate sites and critical tasks ultimately providing one broad department-wide plan.

Scope of the plan

Both the state and federal requirements for disaster planning emphasize the need to identify essential and critical functions and assure the continuity of identified operations and functions. All divisions of DCS are to assess their area's functionality and determine what roles and functions become critical in the event of disasters and emergencies. Plans address all of these identified emergency functions. These functions include essential functions of DCS program areas, administration and training, juvenile justice, legal, internal affairs, legislative constituents and internal audit offices.

The plans should address potential situations that might result from any natural or man-made disasters. The format of the plan is designed to prepare for disasters and respond to disastrous or emergency events, resume business, recover from damages and make improvements in the process through ongoing evaluation and assessment of "lessons learned". Per Department of Children's Services Policy 29.12, Emergency Response Preparedness Plans, all areas of the Department, except for the Division of Juvenile Justice, are driven by the stated guidelines. The guidelines for plan content for the Division of Juvenile Justice are outlined in Policy 29.5, Contingency Plans for YDCs and DCS Group Homes. Because of the demand for security in the Juvenile Justice environments some plan guidelines vary, such variances are identified in the plans utilized by staff of those specific offices. Policies, 29.12 and 29.5, include statements to drive annual updates and revisions to be made as necessary to all plans.

Established Plan Guidelines

The Federal Emergency Management Agency (FEMA) has established instructions for all states to provide guidance for plan development to continue operations in the event of disaster. Tennessee's Emergency Management Agency (TEMA) coordinates with state agencies to provide oversight and guidance for plan development. The Council on Accreditation has compliance standards that outline emergency plan development and response to emergency situations. The Child and Family Services Improvement Act of 2006, and Title IV-B also outline requirements of federal regulations on disaster planning. These guides, in conjunction with consultations with TEMA staff set the groundwork for the guidelines used to establish *emergency response preparedness plans* for DCS staff outside of the Juvenile Justice Division. The Juvenile Justice Division bases the guidelines for disaster planning primarily by the standards of the American Correctional Association. Separate plans are written for every office location and all separate plans become an appendix of the agency's primary plan which represents the overall functionality of the Department. Identified critical administrative functions in the area of fiscal and human resource development designated in the regional offices includes planning that link to central office functions in time of disaster and the agency's Office of Information Technology maintains additional guidelines that go beyond the scope of general planning so that the agency is in coordination with the States Office of Information Resources in the event of a disaster. Otherwise, **plans include documentation that addresses:**

- Coordinating with emergency responders
- Coordination and communication with service recipients
- Evacuation of persons with mobility challenges and other special needs
- Accounting for the whereabouts of staff and service recipients
- Options for relocating service recipients
- Situations involving harm or violence, or the threat of harm or violence
- Conducting exercises and drills
- Training staff on use of emergency response plan

Secured environments must consider situations that are not likely to happen in non-secured environments such as:

Disturbance/Riot: A disturbance in which control of the institution may be temporarily lost, destruction of property may take place and the safety of youth and staff may be jeopardized.

Adverse job action: Action by a group of employees to remain off the job in sufficient numbers to create a situation where control of the facility may be jeopardized.

Hostage Incident: A situation in which an individual or group of individuals are being detained against their will by use of force.

Hunger strike: A situation in which all or significant portions of the youth refuse to eat.

Escape: A situation in which a youth residing in a secure facility has absconded from.

Department Essential Functions/General Responsibilities

The primary responsibility of the Department of Children's Services is always to serve its mission to ensure forever families for children and youth by delivering high-quality, evidence-based services in partnership with the community. The Department is also responsible for providing care for children who cannot remain in their own homes. This mission cannot be accomplished without some involvement from all areas of the Department. In the event of disaster, the various areas of the Department must be able to identify those essential and critical functions that must continue under any/all disastrous conditions. *Appendix B* provides a Communication's Log/Phone List for the Commissioner's Core Leadership Group. In addition to the three primary divisions are areas of the organization that report directly to the Commissioner. These areas include the offices of Communications, Administrative Review, Information Technology, Risk Management, Human Resources, Facilities Management, Customer Focused Government and General Counsel. These are primarily areas that all report out of the Department's Central Office. Essential and critical functions are also identified in all of the Department's field offices. This totals approximately 120 locations broken down in 12 regional areas: Davidson, East, Knox, Mid Cumberland, Northeast, Northwest, Shelby, Smoky Mountains, South Central, Southwest, Tennessee Valley and Upper Cumberland. All direct services employees are housed in the field offices. Plan contents for field offices in the area of identifying critical functions generally mirror one another as the most critical and essential functions of all direct services staff are to:

- Assure that services to children and families continue for children affected by the disaster as well as those not directly affected, and
- Assure that a mechanism for receiving new referrals continue to exist.

Reports regarding allegations of abuse and neglect are made to the Department's Child Abuse Hotline which is a part of the Department's Central Office functions that link directly to the regions. It is the responsibility of the region to coordinate with the Child Abuse Hotline to assure that there is a mechanism in place to receive referrals. Other critical administrative functions of all field offices that link with Central Office include:

- Staff payroll and payments for resource parents.

Table 1 highlights all of the Department's Central Office divisions and a generalization of the various divisions' responsibilities. All functions are essential when performing day-to-day tasks. For disaster planning these functions are assessed and some functions are determined not to be critical. The critical functions performed by these divisions can be found in the appendix section.

TABLE 1: Division Essential Functions and Responsibilities

Division	General Responsibilities
Office of Child Programs	Protect children from abuse and neglect and provides care for children who cannot remain in their own homes.
Permanency/In-Home/Out of Home Services	<ul style="list-style-type: none"> ▪ Foster Care and Adoptions: Develops policy and oversees services aimed at providing training and ongoing support for resource parents and custodial caregivers to assist them in meeting the unique needs of children and youth in state custody

	<ul style="list-style-type: none"> ▪ Permanency Planning: Implements and Supports the Department's Child and Family Team Meeting process; Supports timely permanence for children in the custody of the state or at risk of custody ▪ Centralized Permanency Service: Assure case management services in program areas that have statewide impact, such as Interstate Compact, the Adoption Registry and Post Adoption services ▪ In-Home TN Initiative: Provides prevention, preservation and support through a strengths-based approach, protecting children while increasing supportive resources to prevent abuse and neglect.
Network Development	<ul style="list-style-type: none"> ▪ Child Placement and Private Providers: manages contracts with public and private agencies to provide out-of-home care and services to children in the care of the Department and their families; Provides support, information, guidance, training, coordination and oversight of residential services
Regional Administrators	<ul style="list-style-type: none"> ▪ Refer to individual regional plans.
Office of Child Safety	
Child Abuse Hotline	<ul style="list-style-type: none"> ▪ Child Abuse Hotline: Provide a child abuse and neglect 24-hour hotline, operated as a statewide system; provides a consistent measure for receiving, screening, prioritizing and dispatching reports alleging abuse or neglect
CPS Investigations	<ul style="list-style-type: none"> ▪ Child Protective Services Investigations: Receives and investigates reports of child abuse and neglect and assesses the need for services following the investigation. ▪ Special investigations: Conducts investigations involving children in DCS custody and third party CPS investigations that involve DCS staff, involves a person's employment or volunteer status, such as teachers, daycare workers, coaches, ministers, etc.
Community Partnerships	<ul style="list-style-type: none"> ▪ Collaborate with regional staff to strengthen community partnerships to support investigations of child abuse and neglect. ▪ Coordinate with law enforcement agencies, District Attorneys' and Child Advocacy Centers (CAC'S) to further enhance and strengthen relationships with investigation teams. ▪ Create a statewide CPIT Advisory committee. ▪ Serve as a liaison to the Citizen Review Panels and Community Advisory Boards. ▪ Serve as a liaison to external stakeholders as it relates to investigations and child safety.

Internal Quality Control	<ul style="list-style-type: none"> ▪ Develop, implement and evaluate audit process for investigative protocols ▪ Provide oversight to internal review of quality of investigations and compliance with policy and protocols. ▪ Manage performance related data ▪ Provide data analysis and trending
Training & Development	<ul style="list-style-type: none"> ▪ Research and develop foundational, specialty and on- going training for CPS investigators and supervisors. ▪ Develop protocols for recruiting, hiring, and retaining CPS investigators and supervisors. ▪ Collaborate with external stakeholders to develop and identify training for CPS investigators.. ▪ Track and monitor training hours for investigative staff.
Office of Child Health	Works to assure children receive services to assure children achieve optimal health, including physical, mental, behavioral and social health.
Health Advocacy	<ul style="list-style-type: none"> ▪ Health Advocacy assures provision of initial and annual Early Periodic Diagnosis Services and Treatment (EPSDT) screens and follow up services by coordination of a complex set of related processes to document immediate and continuing TennCare eligibility; provision of comprehensive seven component medical screens; dental screens every six months; notice of appeals for denials, delays, termination or inappropriate services; and weekly feedback to regions about the rates of adjusted periodic screening rate compliance. Health Advocacy manages the Crisis Management Team which authorizes residential treatment to divert children at imminent risk of state custody in order to access behavioral services from entering custody.
Psychology	<ul style="list-style-type: none"> ▪ Psychology: Assists DCS to assure that medically necessary behavioral health care is provided to children/youth in state custody. This is accomplished through: consultation with DCS staff, monitoring behavioral health care services provided to children/youth in state custody, and assisting with scope of service requirements and relevant training and policy development.
Safety Analysis	<ul style="list-style-type: none"> ▪ Safety Analysis: Guides reviewers of child deaths and near deaths to analyze incidents as emerging from interactions of components and processes within the system. It contributes to organizational learning and understanding from individual events to underlying systemic issues that contribute to adverse outcomes.
Nursing	<ul style="list-style-type: none"> ▪ Nursing: Assists DCS to assure that medically necessary medical health care is provided to children/youth in state custody. This is accomplished through: consultation with DCS staff, support in obtaining appropriate medical services for children/youth in state custody, monitoring psychotropic medication and medically fragile foster care, and assisting with scope of service requirements and relevant training and policy development.

Child Death Review	<ul style="list-style-type: none"> Child Death Review: Reviews death and near death of a child in custody, a child who has had contact with DCS within the three years preceding their death or near death if it is being investigated for abuse or neglect, and a child whose death or near death has been indicated for abuse or neglect to reduce preventable deaths and near deaths
Education	<ul style="list-style-type: none"> Educational Services: Provides oversight of the education services for students in state custody who reside in Youth Development Centers
Office of Quality Control	
Policy Development	<ul style="list-style-type: none"> Develops new policies, revises existing policies, coordinates the departmental policy review process and distribution of departmental policies, protocols, manuals and forms.
Quality Assurance	<ul style="list-style-type: none"> Quality Service Review: Monitors, reviews and evaluates practice activities, child welfare system function and administrative competence for DCS. Provides training and technical assistance to the Department's regional QSR process. Continuous Quality Improvement: Examines the Department's internal systems, procedures, and outcomes; provides training and technical assistance on Department's CQI process. Planning & Performance: Coordinates, develops and submits plans and reports required by state and federal mandates.
Program Accountability Review	<ul style="list-style-type: none"> Program Accountability Review: Plans, manages, integrates and performs multiple reviews on residential and non-residential programs.
Licensure	<ul style="list-style-type: none"> Licensure: Evaluates and licenses all programs within the purview of applicable state licensing regulations.
Accreditation	<ul style="list-style-type: none"> COA: Oversees COA accreditation process submits all required documentation and reports. Baldrige: Oversees Baldrige Award process, submits all required documentation and reports.
Office of Finance and Budget	
	<ul style="list-style-type: none"> Provide fiscal services for the Department including general accounting, accounts payable, financial planning, budgeting, revenue maximization, trust accounting, eligibility services and regional fiscal services Provides facility support services
Juvenile Justice	
Coordinate statewide services to adjudicated delinquent youth and their families	
Office of Program Development and Management	<ul style="list-style-type: none"> Supervises providers for intensive probation services Oversight for Intensive Aftercare Programs Regional coordinators

Office of Administration and Compliance	<ul style="list-style-type: none"> ▪ Provides oversight and supervision of the Department's Youth Development Centers ▪ Victim Assistance: Provides notification to individuals who request information about the release of juvenile offenders ▪ Special Population Unit: Assists with and supports referral for delinquent youth into continuum level facilities; Supports coordination of departmental mental health transfers
Commissioner's Office	
Administrative Review	<ul style="list-style-type: none"> ▪ Responsible for all hearings and appeals involving the Department under the Uniform Administrative Procedures Act and the Rules of the Tennessee Department of Personnel ▪ Provides general public the opportunity to appeal Department decisions/rulings
Communications	<ul style="list-style-type: none"> ▪ Serves as the "public face" for the Department of Children's Services; Resource for the press, researchers, and the public.
General Counsel	<ul style="list-style-type: none"> ▪ Provides legal advice and counsel to the Commissioner and the Department's employees.
Risk Management	<ul style="list-style-type: none"> ▪ Internal Audit: Provides reviews to assure the Department's plans are carried out, policies and procedures are observed, assets are accounted for, and records and reports are reliable. ▪ Internal Affairs: Investigates allegations of malfeasance, misfeasance, nonfeasance and violations of rules, policies and procedures concerning the management and operation of DCS.
Information Technology	<ul style="list-style-type: none"> ▪ Infrastructure Development and Support: Support the Department's regional efforts to assure key system data is timely and accurate ▪ Help Desk & Security: Provide telephone assistance to the Department's computer users; Control access to the state network and DCS applications ▪ TFACTS: DCS' comprehensive case management system that assists staff in managing their workloads and provides accurate and current data to assist in decision making and program modification ▪ Desktop Support: Provide technical and application support in all office locations ▪ Telecommunications: Process all orders for voice telecommunication products and services ▪ Data: Supports the production of reports for the agency
Facilities Management	<ul style="list-style-type: none"> ▪ Asset Management: Manages the distribution of computers and printers to DCS employees. Responsible for inventory control of all tag-gable items, Supervises the inventory and care of the DCS automotive fleet. ▪ Records Management of case files not needed in the day to day operation of Field Staff. ▪ Facilities Management Operations responsible for leases and, contracts on building.

	<ul style="list-style-type: none"> ▪ Fire and safety inspections, and Incident Investigations ▪ Physical employee protection program oversight in critical situations.
Customer Focused Services	<ul style="list-style-type: none"> ▪ Customer Relations: Reviews and responds to concerns of and/or inquiries from public and private sources regarding all areas within DCS ▪ Office of Civil Rights: Handles employee complaints and leads agency activities related to EEO, affirmative action, etc.
Office of Human Resource Development	<ul style="list-style-type: none"> ▪ Human Resources: Handles the Department's key personnel areas such as benefits, hiring practices, disciplinary actions, employee, classification/compensation, attendance and leave... ▪ Volunteer Services: Coordinates efforts to recruit, certify and train volunteers for the Department. ▪ Professional Development and Training: Trains and provides opportunities for professional development for all staff and Department resource parents

Common Disasters/Procedures

For purposes of this plan, emergency/disaster situations include accidents, serious illness, fire, medical emergencies, water emergencies, and natural disasters, emergencies associated with outdoor activities, hostage situations, bomb threats, unlawful intrusion, battering behavior and other life threatening situations. The following are general procedures for some common disasters provided as a part of the plan template instructions:

Tips to follow if threatened by a hurricane

1. Locate local shelters and map the route to a near-by shelter
2. Listen to the news and weather updates.
3. Have a flashlight prepared in a safe place with fresh batteries.
4. When the hurricane occurs, remain inside a room, away from windows and doors.
5. The safest place to stay during a hurricane would probably be a closet.

These tips are really important. If your area is threatened by a hurricane, follow these safety tips!

Tips on Preparing for Tornados

1. Go to the lowest level of your building, preferably a basement. If your facility does not have a basement, stay in a room with no windows.
2. You should stay as far away as possible from doors and windows that can break or burst open.
3. Hold on to a solid, strong piece of furniture --- TIGHTLY!
4. Cover your eyes, and face, with your arm.

Tips for Preparing/Responding to Floods

To prepare for a flood, you should:

- Avoid leasing buildings in a floodplain unless reinforcements are in place to sustain potential damage.
- Elevate the furnace, water heater, and electric panel if susceptible to flooding.
- Install "check valves" in sewer traps to prevent flood water from backing up into the drains of your building.
- Construct barriers (levees, beams, floodwalls) to stop floodwater from entering the building.
- Seal walls in basements with waterproofing compounds.

If a flood is likely in your area, you should:

- Listen to the radio or television for information.
- Be aware that flash flooding can occur. If there is any possibility of a flash flood, move immediately to higher ground. Do not wait for instructions to move.
- Be aware of streams, drainage channels, canyons, and other areas known to flood suddenly. Flash floods can occur in these areas with or without such typical warnings as rain clouds or heavy rain.

If you must prepare to evacuate, you should do the following:

- Secure personal belongings in the building. Move essential items to an upper floor.
- Turn off utilities at the main switches or valves if instructed to do so. Disconnect electrical appliances. Do not touch electrical equipment if you are wet or standing in water.

If you have to leave your office site, remember these evacuation tips:

- Do not walk through moving water. Six inches of moving water can make you fall. If you have to walk in water, walk where the water is not moving. Use a stick to check the firmness of the ground in front of you.
- Do not drive into flooded areas. If floodwaters rise around your car, abandon the car and move to higher ground if you can do so safely. You and the vehicle can be quickly swept away.

Driving Flood Facts:

The following are important points to remember when driving in flood conditions:

- Six inches of water will reach the bottom of most passenger cars causing loss of control and possible stalling.
- A foot of water will float many vehicles.
- Two feet of rushing water can carry away most vehicles including sport utility vehicles (SUV's) and pick-ups.

Tips for Preparing for Earthquakes

There are a couple of tips that you should take for preparing for an earthquake. You should practice a couple of times during the year, to assure yourself that you are skilled in preparing for an earthquake.

1. Drop to the floor, in a corner of a room, against the wall, where no furniture or shelves can fall on you.
2. Cover your face tightly, with your arms, so that you don't damage your face.
3. Grasp a nearby object, with all your might! Do not let go until you are absolutely sure that all of the shaking has stopped.
4. Check to make sure that you are in good health, and be sure to check on others.

Fire Safety – Tips to Minimize Risk of Fire, Tips for Evacuation and Responsiveness

1. Install smoke detectors

Check them once a month and change the batteries at least once a year.

2. Develop and practice an escape plan. Make sure all staff knows what to do in a fire.

- Draw an evacuation plan with at least two ways of escaping from the facility.
- Choose a safe meeting place outside the building/facility.
- Practice alerting other employees. It is a good idea to keep a bell and a flashlight in various areas of the office for this purpose.
- Remember: In a real fire situation, the amount of smoke generated by a fire will most likely make it impossible to see.
- Get out as quickly and as safely as possible.
- Use the stairs to escape.
- If possible, cover mouth with a cloth to avoid inhaling smoke and gases.
- Practice staying low to the ground when escaping
- Close doors in each room after escaping to delay the spread of the fire.
- If in a room with a closed door and smoke is pouring in around the bottom of the door or it feels hot, keep the door closed.
- If there is no smoke at the bottom or top and the door is not hot, then open the door slowly.
- If there is too much smoke or fire in the hall, slam the door shut.
- Feel all doors before opening them. If the door is hot, get out another way.
- Learn to stop, drop to the ground, and roll if clothes catch fire.

3. Post emergency numbers near telephones.

However, be aware that if a fire threatens your home, you should not place the call to your emergency services from inside the home. It is better to get out first and place the call from somewhere else.

4. Make certain A-B-C type fire extinguishers are installed and ensure that staff knows how to use them.

5. Do not store combustible materials in closed areas or near a heat source.

Keep the stove area in break rooms clean and clear of combustibles such as bags, boxes, and other appliances. If a fire starts, put a lid over the burning pan or use a fire extinguisher. Be careful. Moving the pan can cause the fire to spread. Never pour water on grease fires.

6. Cooking - Check electrical wiring.

- Have wiring replaced if frayed or cracked.
- Make sure wiring is not under rugs, over nails, or in high traffic areas.
- Do not overload outlets or extension cords.
- Outlets should have cover plates and no exposed wiring.
- Only purchase appliances and electrical devices that have a label verifying inspection by a testing laboratory such as Under Laboratories (UL) or Factory Mutual (FM).

7. Contact your local fire department or American Red Cross chapter for more information on fire safety.

Emergency Public Information

1. Give first aid where appropriate.

Seriously injured or burned victims should be transported to professional medical help immediately.

2. Stay out of damaged buildings.

Return to office/facility only when local fire authorities say it is safe.

3. Look for structural damage.

Check that all wiring and utilities are safe.

Tips on Chemical Threats

1. Before a Chemical Attack

Following are guidelines for what you should do to prepare for a chemical threat:

Check your disaster supplies kit to make sure it includes:

- A roll of duct tape and scissors.
- Plastic for doors, windows, and vents for the room in which you will shelter in place. To save critical time during an emergency, pre-measure and cut the plastic sheeting for each opening.
- Choose an internal room to shelter, preferably one without windows and on the highest level.

2. During a Chemical Attack

Following are guidelines for what you should do in a chemical attack:

If you are instructed to remain in your office building, you should:

- Close doors and windows and turn off all ventilation, including furnaces, air conditioners, vents, and fans.
- Seek shelter in an internal room and take your disaster supplies kit.
- Seal the room with duct tape and plastic sheeting.
- Listen to your radio for instructions from authorities.

If you are caught in or near a contaminated area, you should:

- Move away immediately in a direction upwind of the source.

After a Chemical Attack

Decontamination is needed within minutes of exposure to minimize health consequences. Do not leave the safety of a shelter to go outdoors to help others until authorities announce it is safe to do so. A person affected by a chemical agent requires immediate medical attention from a professional. If medical help is not immediately available, decontaminate yourself and assist in decontaminating others.

Tips and Awareness for Bomb Threats

Conventional bombs have been used to damage and destroy financial, political, social, and religious institutions. Attacks have occurred in public places and on city streets with thousands of people around the world injured and killed.

Parcels that should make you suspicious:

- Are unexpected or from someone unfamiliar to you.
- Have no return address, or have one that can't be verified as legitimate.
- Are marked with restrictive endorsements such as "Personal," "Confidential," or "Do not X-ray."
- Have protruding wires or aluminum foil, strange odors, or stains.
- Show a city or state in the postmark that doesn't match the return address.
- Are of unusual weight given their size, or are lopsided or oddly shaped.
- Are marked with threatening language.
- Have inappropriate or unusual labeling.
- Have excessive postage or packaging material, such as masking tape and string.
- Have misspellings of common words.
- Are addressed to someone no longer with your organization or are otherwise outdated.
- Have incorrect titles or titles without a name.
- Are not addressed to a specific person.
- Have hand-written or poorly typed addresses.
- Get as much information from the caller as possible.
- Keep the caller on the line and record everything that is said.
- Notify the police and the building management.

During an Explosion

- Get under a sturdy table or desk if things are falling around you. When debris stops falling, leave quickly, watching for obviously weakened floors and stairways. As you exit from the building, be especially watchful of falling debris.
- Leave the building as quickly as possible. Do not stop to retrieve personal possessions or make phone calls.
- Do not use elevators.
 - Once you are out:
- Do not stand in front of windows, glass doors, or other potentially hazardous areas.
- Move away from sidewalks or streets to be used by emergency officials or others still exiting the building.
 - If you are trapped in debris:
- If possible, use a flashlight to signal your location to rescuers.
- Avoid unnecessary movement so you don't kick up dust.
- Cover your nose and mouth with anything you have on hand. (Dense-weave cotton material can act as a good filter. Try to breathe through the material.)
- Tap on a pipe or wall so rescuers can hear where you are.
- If possible, use a whistle to signal rescuers.
- Shout only as a last resort. Shouting can cause a person to inhale dangerous amounts of dust.

Procedures for Pandemic Outbreaks (A Pandemic Outbreak will likely result in the ERPP going into effect)

Critical/Task Essential Functions

- Review essential positions, skills, and personnel and continue to train, identify, and as necessary, augment with back-up personnel.
- Alternate Site Location
- Ensure readiness of traditional alternate operating facility(ies) in the event of an incident concurrent to a pandemic that would necessitate relocation.
- Interoperable Communications
- Review and test communications mechanisms (i.e., laptops, high-speed telecommunications links, Personal Digital Assistants (PDAs), GETS cards) to provide relevant information to internal and external stakeholders, including but not limited to instructions for determining the status of agency operations and possible changes in working conditions and operational.
- Realign and re-issue communications resources as appropriate.
- Vital Records and Databases
- Test, review, and update vital records, databases, and systems, in particular those that will need to be accessed electronically from a remote location.
- Implement workforce guidelines (contact and transmission interventions) to prevent or minimize workplace exposure to contagious disease for affected areas.
- Implement alternative work arrangements (e.g., job sharing, flexible work schedules) available for use in the case of a pandemic health crisis as necessary for affected areas.
- Implement infection control measures.
 - Review and continuously update safety and health policies on, including but not limited to:
- Restriction of travel to geographic areas affected by the pandemic;
- Employees who become ill or are suspected of becoming ill while at their normal work site;
- Returning previously ill, non-infectious, employees to work;
- Social distancing;
- The dissemination and posting of educational and training materials to raise awareness about pandemic and workplace related policies (i.e., cough etiquette, hand hygiene, and social distancing strategies);
- The performance and regular updating of risk assessments based on occupational exposures and objective medical evidence, and procurement of appropriate types and quantities of infection control-related supplies (e.g., personal protective equipment (PPE), hand sanitizers, surface wipes, cleansers, and tissues);
- The implementation of infection control measures, including (if applicable) the appropriate selection and use of personal protective equipment;
- Vaccine and anti-viral prioritization information and distribution; and
- Psychological and social needs of employees.

Sample Disaster Kit Supplies**Disaster Supply Kits**

Consider storing a "kit" of essential items in offices that managers can take when forced to leave the building during a disaster. These disaster supply kits could include employee lists, phone numbers, cell or satellite phones, a wireless portable computer, maps, and a list of media outlets. If regular and secure alternate locations are available for services during major disasters, store similar supply kits there, in case agency offices are

not accessible or managers arrive at the alternative location directly from home. Update the kits regularly to ensure that contact information is accurate.

Disaster Kits could include:

- Laptop computer with extra batteries/thumb drives (with information loaded)
- Phone lists, address book, with employee and management contact information
- Disaster plans /Employee lists
- Cell phones (and car chargers for cell phones and laptops), satellite phones, radios/walkie-talkies, wireless handheld devices
- Weather radios and extra batteries
- Maps, driving directions to alternate facilities/Portable GPS devices (if available)
- Flashlight, lanterns, with extra batteries
- First aid kit
- Pocket knife or multi-tool
- Personal hygiene items

In addition, the Department might want to arrange for: Agency vehicles with full gas tanks

Appendices

Appendix A. DCS Internal and External Role to Emergency Responsiveness and Management

Internal Role – Per Policy 29.12 – Designated Emergency Services Coordinators:

The coordinator ultimately makes certain that all of the designated division's areas are prepared to respond to emergencies. While the role of some might be more critical in times of emergencies than others, the coordinator would be that person that assures that all areas, regardless of site location (Central Office, Child Abuse Hotline, etc.) have a written plan consistent with the Department's basic plan. Plan contents include preparedness and coordination which involves keeping call trees current for all areas, knowing the critical tasks of all areas, assuring that coordination efforts are made between all of areas with internal and external stakeholders, assuring that evacuation plans are approved for all areas and assuring that emergency response plans are accessible to all staff.

All divisions should have one major plan, with plan contents including the information of all locations to include evacuation routes and alternate site locations. The coordinator should be allowed to present plan information to division staff and should be encouraging drills and table top discussions in preparation for disasters. The coordinator is to make certain that all division staff is aware of the existence of the plan and aware of how the plan works. The coordinator should be supported by all staff in the division and should not be determining the contents of the division's plan alone.

External Role – Per TCA (58-2-106 - Emergency management responsibilities and powers):

Our Department is responsible for working in coordination with TEMA/FEMA when a disaster occurs that impacts Tennessee (disasters occurring in Tennessee or in a neighboring state resulting in residents of that state evacuating to Tennessee). As the state's experts in serving children and families, the Department is responsible for having an adequate representation of staff available to serve at the disposal of TEMA should the disaster result in Federal involvement. TEMA guidelines for DCS involvement is highlighted in the Tennessee Emergency Management Plan (TEMP), emergency support function (ESF) 6.

If a catastrophic event is determined as National Disaster:

- FEMA goes into communities to assure that residents are accessing available resources, completing the application for FEMA, and also determine what federal assistance/funds will be needed, for how long, etc.
- Representatives of DCS should accompany FEMA under TEMA guidelines related to community involvement
- Staff is expected to report to the local emergency management agency where the disaster would have occurred. This means staff should be relieved of their daily duties and should work according to TEMA's schedule.
- Staff working with FEMA could be away from their daily responsibilities from 24 hours to 2 weeks.

NOTE: While staff fulfilling this role volunteers to do so, the Department is obligated to make staff available and coordinate with the efforts of TEMA/FEMA.

- Staff assigned to be in the field with FEMA should be reported to the Department's Office of Human Resource Development as their pay schedule might be affected.

Appendix B: Core Leadership Communication/Contact List

NAME	TITLE	PROGRAM AREA RESPONSIBILITY	OFFICE PHONE
Henry, Jim	Commissioner	DCS	615-741-9699
Hommrich, Bonnie	Deputy Commissioner	Child Programs	615-532-3591
Cull, Michael	Deputy Commissioner	Child Health	615-741-9716
Modell, Scott	Deputy Commissioner	Child Safety	615-741-8444
Miller, Debbie	Assistant Commissioner	Quality Control	615-741-9206
Swisher, Doug	Assistant Commissioner	Finance & Budget	615-741-8281
Jones, Monica	Deputy Commissioner	Juvenile Justice	615-532-5981
Pfeiffer, Jennifer	Chief of Staff	DCS	615-741-9888
Pierce, Tammy	Director	Special Projects	615-741-4403
Osgood, Rick	Executive Director	Risk Management	615-532-5558
Dimond, Doug	General Counsel	Legal	615-741-9184
Jerry L. Jones	Chief Information Officer	Information Technology	615-253-4360
Feldman, Tammy	Director	Customer Focused Services	615-532-3111
Johnson, Rob	Public Information Officer	Communications	615-253-8467
Irwin, Diane	Executive Director	Professional Development and Training	615-532-5615
Kim T. Yap	Executive Director	Human Resources	615-741-6174
Blair, Zack	Legislative Liaison	DCS	615-253-2726
Rhodman, Eddie	Executive Director	Facilities, Records Management and Security	615-532-5399
Leake, Danielle	Auditor 2	Primary Emergency Services Coordinator for TN Emergency Management (TEMA ESC)	615-741-1222
Diggs, Rodney	Fire Safety Incident Investigator	Alternate Emergency Services Coordinator for TN Emergency Management (TEMA ESC)	615-532-8650

Appendix C: Department-wide Alternative Site Locations and Continuing Operations: Critical Task Responsibility and Procedure Information

Please Note: *Should an emergency or disaster occur that results in evacuation of a regional office, not all staff will have to report to the alternate site. Staff roles and responsibilities are based upon identified critical tasks. In addition to critical tasks other considerations are given to support tasks to include but not be limited to the following:*

- *Reviewing resource parent disaster plan documents to contact and communicate with resource parents in disaster areas to confirm their whereabouts and the family's safety and stability (Regions are to also establish a means for resource parents to contact office staff should the DCS primary site be inoperable)*
- *Communication efforts which would include notifying appropriate parents and legal guardians of children and families served (resource parents and biological parents of children for non-custodial services).*
- *Communicating with Senior staff (central office)*
- *Establishing initial and ongoing communications with key staff (staff required to report to the alternate site will not all work the same shift. Staff designated to provide oversight for communications will keep key staff, off duty, abreast of updates and changes)*
- *Maintaining contact with staff that might be displaced as a result of the disaster and assuring staff receive information regarding assistance and resources for their families (i.e., EAP, mental health or emotional support services, etc.)*
- *Communicating with the media and the public*
- *Staff designated to document all efforts made (in preparation for recovery and lessons learned)*

Staff will also be designated to communicate and share information with other agencies collaborating with the Department on efforts of resumption and recovery.

In addition to staff designated to provide oversight for communications regarding the disaster, staff are also designated to communicate with the Department's Child Abuse Hotline to receive new referrals. This communication might involve the use of cellular phone, if phone lines are down but cell towers are not and might involve facilitating processes with another county should a region's entire county be faced with a disaster. In instances where an entire region might be down facilitation with neighboring regions will be made.

Other staff will be designated to communicate with Central Office Human Resources to assure that appropriate processes are followed if an area is left without the means of internet access and processes for staff direct deposit or pay potentially affected.

The region's fiscal division will provide oversight of processes related to accessing goods and services during the disaster.

Central Office Divisions

Primary and Alternate Site Location for Commissioner and Core Leadership Staff

PRIMARY COMMAND CENTER	Alternate Site
Department of Children's Services 436 6 th Avenue, North Cordell Hull Building (7 th , 8 th and 9 th Floors) Nashville, TN 37243	200 Athens Way Nashville, TN 37243

Critical Task/Responsibility: Finance & Budget

Responsibilities/Procedures: The Commissioner's office, under this area, is responsible for providing leadership and support for Fiscal/Finance Operations.

Critical Task/Responsibility: Quality Control

Responsibilities/Procedures: The Commissioner's office, under this area, is responsible for providing leadership and support for Data Quality; Planning and Policy Development; Planning and Performance; Research; Continuous Quality Improvement; Quality Service Reviews; Council of Accreditation (COA); American Correctional Association; Program Accountability Review (PAR) and Licensure.

Critical Task/Responsibility: Child Programs/Safety and Health

Responsibilities/Procedures: The Commissioner's office, under this area, is responsible for providing leadership and support for Child Safety: Child Abuse Hotline; CPS Investigations; Special Investigations; Community Partnerships, Internal Quality Control, Training and Development; Child Programs: Assessments and Service Integration; In-Home Services; Foster Care and Adoptions; Child Permanency Planning; Child Placement and Private Providers; Recruitment and Retention; Resource Linkage and Relative Support; Independent Living; Child Health: Education; Child Death Review, Nursing, Safety Analysis; Psychology; Medical and Behavioral Health; Regional Services.

Critical Task/Responsibility: Division of Juvenile Justice

Responsibilities/Procedures: The Commissioner's office, under this area, is responsible for providing leadership and support for all activities in Departmental Youth Development Centers, Community Services (Probation and Aftercare) and Treatment Services for delinquent youth.

Other areas having critical tasks that report directly to the Commissioner include:

Critical Task/Responsibility: Communications

Responsibilities/Procedures: Providing oversight and support to the Department's regional offices relative to responding to the media and assuring that information is shared with the public and addressing questions and concerns of the media.

Critical Task/Responsibility: General Counsel

Responsibilities/Procedures: Providing oversight and support to the Department's regional office and assuring that all legal matters of the Department are addressed.

Critical Task/Responsibility: Risk Management

Responsibilities/Procedures: Providing oversight, leadership and support for Internal Audit; Internal Affairs and Contract Monitoring.

Critical Task/Responsibility: Information Technology

Responsibilities/Procedures: Providing oversight, leadership and support for Information Technology and Records Management.

Critical Task/Responsibility: Facilities Management

Responsibilities/Procedures: Providing oversight, leadership and support for Facility and Support Services.

Break Down of Division Alternate Site Locations and Critical Tasks/Responsibilities

Office of the Administrative Judge Alternate Work Site Location

PRIMARY COMMAND CENTER:	Alternate Site
436 6 th Avenue, North Cordell Hull, 7 th Floor Nashville, TN 37243	All staff are working from home.

Office of the Administrative Judge Critical Tasks/Responsibilities

<p>Critical Task/Responsibility: Cancel any Fair Hearing or Level IV hearing scheduled.</p>
<p>Responsibilities/Procedures: Make contact with any Attorney, Appellant, DCS Supervisory staff member or employee whose hearing must be canceled/postponed.</p>

Customer Focused Services Alternate Work Site Location

PRIMARY COMMAND CENTER:	Alternate Site Location
436 6 th Avenue, North Cordell Hull, 7 th Floor Nashville, TN 37243	200 Athens Way Nashville, TN 37243

Customer Focused Services Critical Tasks/Responsibilities

<p>Critical Task/Responsibility: The Customer Focused Services unit receives complaints, inquiries, questions and concerns regarding the Department of Children's Services.</p>
<p>Responsibilities/Procedures: The Office of Customer Relations listens to concerns, answers questions and addresses a variety of problems for the benefit of children each year. The Office of Customer Relations Unit also responds to executive and legislative inquiries as well as inquiries from both private and public sources. The Office of Customer Relations Unit conducts investigative research and serves as an internal/external liaison and agency representative. The Office of Customer Relations Unit works diligently with DCS Regional and Central Office staff on these inquiries. The purpose of the Office of Customer Relations Unit is to review and respond to concerns of and/or inquiries by clients, parents, foster and adoptive parents, advocates, legislators, and other concerned citizens regarding all areas within DCS, such as child protective services, foster care, adoption, agency programs, DCS policies and procedures or service delivery. The Office of Customer Relations Unit provides objective and neutral analysis of data, while maintaining confidentiality and working cooperatively with others. The Office of Customer Relations Unit is focused on providing timely, thorough, and accurate responses to inquiries and complaints that come into the Department.</p> <p>**In an emergency situation, Office of Customer Relations staff could also assist in other areas, as needed or directed by the Commissioner/Deputy Commissioner's.</p>

Office of Civil Rights Critical Tasks/Responsibilities

Critical Task/Responsibility: The Office of Civil Rights (OCR) Unit handles employee complaints and leads agency activities related to EEO, affirmative action, etc. **NO TASKS PERFORMED BY THIS DIVISION ARE CONSIDERED CRITICAL TO PROVIDING SERVICES TO FAMILIES AND CHILDREN.**

Continuation/Coordination Strategy: To the extent possible, staff will be available at the Cordell Hull Building, Emergency Command Center or at home to provide information and assistance regarding policies and procedures, and planning.
 **In an emergency situation, OCR staff could also assist in other areas, as needed or directed by the Commissioner/Deputy Commissioner's.

Risk Management Alternate Work Site Location

PRIMARY COMMAND CENTER:	Alternate Site Location
436 6 th Avenue, North Cordell Hull, 9 th Floor Nashville, TN 37243	200 Athens Way Nashville, TN 37243

Risk Management Critical Responsibilities

1. Critical Task/Responsibility: The Responsibilities of this division include: Execution of the Department's Emergency Response Preparedness Plan

Continuation Strategy: To the extent possible, staff will be available at the Cordell Hull Building, Emergency Command Center or at home to provide information and assistance regarding evaluation and monitoring, Licensure and PAR activities as needed. In the event of an emergency, the process to generate reports or plans may be slowed or hampered depending on the technology available to submit reports, etc., to the Federal Government by specific deadlines. Will communicate as needed with other agencies as applicable.

Internal Affairs Critical Tasks/Responsibilities

Critical Task/Responsibility: Provide TIES information to agencies located around the state.

Responsibilities/Procedures:
 Essential function of the TIES program I/A will maintain a connection with the National Crime Center (NCIC) to conduct Purpose Code X III Name based Criminal background checks under exigent circumstances through the Tennessee Information Enforcement System (TIES) of the Tennessee Bureau of Investigation (TBI)
 I/A will conduct Purpose Code X III Name Based background Checks (Code X through the National Crime Information Center (NCIC) for prospective care providers under exigent circumstances
 Code X background checks may be requested only by authorized personnel for the emergency placement of children that cannot wait for the results through the routine fingerprint system.

Internal Audit Critical Tasks/Responsibilities

1. Critical Task/Responsibility: Essential Functions (None Critical)
NO TASKS PERFORMED BY THIS DIVISION ARE CONSIDERED CRITICAL TO PROVIDING SERVICES TO FAMILIES AND CHILDREN.

Continuation/Coordination Strategy: To the extent possible, staff will be available at the Cordell Hull Building, Emergency Command Center or at home to provide information and assistance regarding policies and procedures, and planning.

**In an emergency situation, Internal Audit staff could also assist in other areas, as needed or directed by the Commissioner/Deputy Commissioner's.

Human Resource Development Alternate Work Site Location

PRIMARY COMMAND CENTER:	Alternate Site Location
436 6 th Avenue, North Cordell Hull, 7 th Floor Nashville, TN 37243	200 Athens Way Nashville, TN 37243

Human Resource Development Critical Tasks/Responsibilities

1. Critical Task/Responsibility: Time Entry/Payroll

Procedures: *All time entry functions are performed through the web based Edison system by the employee, timekeeper, or HR representative*

- 1) If Edison is accessible time should be keyed by employee. Employee must maintain a hard copy on file
- 2) If Edison is not accessible, employee should submit a signed hard copy of time to be keyed via email, fax, phone, or hand deliver to the HR representative assigned to their region. The employee must provide a phone number where they can be reached if available. HR representative will maintain hard copy of employee signed timesheet.
- 3) In the event a region is out the region's HR representative will contact DCS Human Resources Central Office and their alternate facility as listed below to coordinate time entry process.
 - a) Northeast □ East
(423) 854-5311 (865) 425-4400
 - b) TN Valley □ South Central
(423)697 -6300 (931)380-2587
 - c) Northwest □ Southwest
(731)364-3149 (731)421-2000
 - d) Knox □ Upper Cumberland
(865)594-7101 (931)646-3000
 - e) Mid Cumberland □ New Visions YDC
(615)217-8900 (615)532-5473
 - f) Davidson □ Woodland Hills YDC
(615)253-1400 (615)532-2000
 - g) Shelby □ Wilder YDC
(901)578-4000 (901)465-7359
 - h) Smoky Mtn □ Mt. View YDC
(865)475-0722 (865)397-0174
- 4) The HR representative at the alternate facility is to ensure there is a computer with internet service, a phone, and a fax that is accessible.
- 5) The HR representative relocating to the alternate facility is to ensure each employee's time is keyed, exceptions are managed and time is approved by end of pay period
- 6) In the event one or more counties are out in a region the HR representative for that region should be contacted to coordinate time entry process. The regions HR representative is to ensure each employee's time is keyed, exceptions are managed and time is approved by the end of pay period
- 7) In the event Central Office is out the DCS Human Resources Director will contact each region's HR representative and the Department of Human Resources to coordinate time entry process. The Central Office Human Resources staff is to ensure each employee's time is keyed and approved by end of pay period
- 8) Issues/concerns will be addressed by DCS Human Resources in Central Office.

E. Continuation Strategy: 1. Continue to work with DOHR & Edison to determine alternative to submit information. 2. Maintain complete lists of all regions contact names and phone/fax numbers. 3. Central Office Human Resources will work closely with each HR representative to ensure each employee(s) time is keyed & approved. 4. Develop a hard copy list of each DCS employee to include employee phone/fax number. 5. Develop a hard copy list of each supervisor in each region to include supervisor phone/fax number. 6. Maintain a hard copy listing of the DCS employees & supervisors phone/fax numbers.

Quality Control Alternate Work Site Location

PRIMARY COMMAND CENTER:	Alternate Site
436 6 th Avenue, North Cordell Hull, 7 th Floor Nashville, TN 37243	200 Athens Way Nashville, TN 37243

Quality Control Critical Responsibilities

1. Critical Task/Responsibility: The Responsibilities of this division include: Management and Coordination of the activities of the Divisions of Policy and Planning and Program Quality Team.

NO TASKS PERFORMED BY THIS DIVISION ARE CONSIDERED CRITICAL TO PROVIDING SERVICES TO FAMILIES AND CHILDREN.

Continuation/Coordination Strategy: To the extent possible, staff will be available at the Cordell Hull Building, Emergency Command Center or at home to provide information and assistance regarding policies and procedures, planning, In the event of an emergency, the process to generate reports, plans or complete private provider performance evaluations may be slowed or hampered depending on the technology available to submit reports, etc., to the Federal Government by specific deadlines. Will communicate as needed with the Administration for Children and Families, National Child Welfare Resource Center for Organizational Improvement and other agencies as applicable.

Information Technology Alternate Work Site Location

PRIMARY COMMAND CENTER	Alternate Site
500 James Robertson Pkwy 2 nd Floor Davy Crockett Tower Nashville, TN 37243 Contact Person: Pat Braden (615) 741-9196	200 Athens Way Nashville, TN 37243

Information Technology Critical Tasks/Essential Functions

Production Control

1. Critical Task/Responsibility: Manage the production batch processing workload for DCS computer systems. Coordinate, schedule, and stage the daily production jobs and reports for TFACTS, NYTD, AFCARS, Edison, TNCARE, DHS, Education.

A. Frequency performed: (*Frequency – Daily, Weekly:* Daily

B. Maximum Outage Time (MOT): (*Hours or Days:*) 24 hours

C. Responsible Staff: Bruce Zimmer, Vicky Todd, Paula Daugherty, and Amitabh Sharma

D. Responsibilities/Procedures: 1) Move mainframe files on CA7 and ROSCOEC, 2) Move files on EA19WA95 using Automate 6 and Schedule Task, and 3) Write shell batch and visual basic scripts for job automation.

E. Continuation Strategy: Recover Production Control Server, if possible, and restore Scheduler and Mainframe jobs software and links from backup tape or CD. Restart jobs according to established criticality. Recovery procedures can be done remotely via state-issued VPN accounts.

Security

1. Critical Task/Responsibility: Secure Remedy Online Security (ROLS) to verify, implement, modify, terminate and validate user security access.

A. Frequency performed: (*Frequency – Daily, Weekly, Bi-Weekly, etc.:*) Daily

B. Maximum Outage Time (MOT): (*Hours or Days:*) 2 Days

C. Responsible Staff: Bruce Zimmer, Scott King, Ray Mallard and Walter Hill

D. Responsibilities/Procedures: Use Remedy Online Security (ROLS) to verify, implement, modify, terminate and validate user security access.

E. Continuation Strategy: Use Remedy Online Security (ROLS) to verify, implement, modify, terminate and validate user security access when system is available via State of Tennessee VPN accounts.

Network Systems

1. Critical Task/Responsibility: Maintain critical DCS applications

A. Frequency performed: (*Frequency – Daily, Weekly, Bi-Weekly, etc.:*) Daily

B. Maximum Outage Time (MOT): (*Hours or Days:*) 4 Hours

C. Responsible Staff: Garry Clark, Randy Price, Mohammed Ibrahim, Amos Jackson, Mohamed Diiriye, Rodney Diggs

D. Responsibilities/Procedures: 1) Assess software availability and current network infrastructure for critical DCS applications, 2) Maintain critical/fatal servers at current or alternate site, 3) Provide backup data and images for critical DCS applications from Iron Mountain, 4) Load and setup server hardware for critical DCS applications, 5) Notify DCS's Customer Care Center (TFACTS and Enterprise Help Desks)

E. Continuation Strategy:

Strategy #1 – If it is determined that any application or related database must be partially restored, the team will identify the file names and locations of the necessary components. These files names and locations will be communicated to DCS Production Control, OIR LAN OPS or OIR TSS for recovery and /or distribution. Once the application's operation has been restored and verified, notify the DCS Customer Care Center to communicate with all users that normal processing can resume.

Strategy #2 – If it is determined that any application or related database must be fully restored, the appropriate team will identify and retrieve the backup tapes from the offsite storage locations. These files names and locations will be communicated to DCS Production Control, OIR LAN OPS or OIR TSS for recovery and /or distribution. Once the application's operation has been restored and verified, notify the DCS Customer Care Center to communicate with all users that normal processing can resume. In both strategies, Network Systems staff can gain server access via State of Tennessee VPN accounts.

DCS Asset Management

1. Critical Task/Responsibility: Purchase and track hardware and software

A. Frequency performed: (*Frequency – Daily, Weekly*):
Daily

B. Maximum Outage Time (MOT): (*Hours or Days*): Depends on requests from other groups

C. Responsible Staff: Tracie Brunk or Chett McClanahan

D. Responsibilities/Procedures:

1. Purchase or distribute requested software or hardware from state contract or inventory at AJ
2. Track distribution in Remedy or spreadsheet if Remedy is down

E. Continuation Strategy:

1. Purchase or distribute requested software or hardware from state contract or inventory at Metroplex
2. Track distribution in Remedy or spreadsheet if Remedy is down

Telecommunications

1. Critical Task/Responsibility: Request and track Telecom hardware and services from OIR for DCS employees and offices.

A. Frequency performed: (*Frequency – Daily, Weekly, Bi-Weekly, etc.*): Daily

B. Maximum Outage Time (MOT): (*Hours or Days*): Depends on requests from other groups

C. Responsible Staff: Tracie Brunk, John Thompson, Deborah Keathley, Sara McAfee

D. Responsibilities/Procedures:

1. Request Telecom equipment or services within OIR Remedy
2. Distribute equipment and track locations and associations in DCS Remedy

E. Continuation Strategy: Perform same duties from home or alternate locations using the State network or VPN accounts.

DCS Enterprise Service Desk

1. Critical Task/Responsibility: Answer Enterprise Service Desk phone (615-741-4636, or 1-888-853-4636)

A. Frequency performed: (*Frequency - Daily, Weekly, Bi-Weekly, etc.*): Daily, an average of 100+ times

B. Maximum Outage Time (MOT): (*Hours or Days*): Can be out from 5pm-7am CT on weekdays; can be out all day on Saturdays, Sundays and Holidays as these are not business hours. Cannot be out at all during business hours without significant disruption in service to customers.

C. Responsible Staff: See succession roster/call tree for DCS Enterprise Service Desk

D. Responsibilities/Procedures:

1. Contact area affected and gives assistance as needed.
2. Dispatch available staff to location as requested.
3. Phone lines must be open and ready to receive calls from 7am-5pm CT, Monday-Friday.

E. Continuation Strategy: Move the ESD operations to pre-determined alternate location where tasks can be resumed/continued.

TFACTS Customer Care Center

1. Critical Task/Responsibility: Answer TFACTS Customer Care Center phone (741-8322, or 1-855-236-2008)

A. Frequency performed: (*Frequency - Daily, Weekly, Bi-Weekly, etc.*): Daily, an average of 20+ times

B. Maximum Outage Time (MOT): (*Hours or Days*): Can be out from 5pm-7am CT on weekdays; can be out all day on Saturdays, Sundays and Holidays as these are not business hours. Cannot be out at all during business hours without significant disruption in service to customers.

C. Responsible Staff: See succession roster/call tree for TFACTS Customer Care (TCC) team

D. Responsibilities/Procedures:

1. Contact area affected and give assistance as needed.
2. Dispatch available staff to location as requested.
3. Phone lines must be open and ready to receive calls from 7am-5pm CT, Monday-Friday.

E. **Continuation Strategy:** Move the CCC operations to pre-determined alternate location where tasks can be resumed/continued.

Application Management

1. **Critical Task/Responsibility:** Maintenance of TFACTS software and miscellaneous other software applications.

A. **Frequency performed:** Daily

B. **Maximum Outage Time (MOT):** 1 Hour

C. **Responsible Staff:** Prasanna Deshpande, John Jacobs

D. **Responsibilities/Procedures:** Deploy needed EAR and database files.

E. **Continuation Strategy:** Move the TFACTS operations to pre-determined alternate location where tasks can be resumed/continued.

Data Administration

1. **Critical Task/Responsibility:** Fiscal payment processing

A. **Frequency performed:** Daily

B. **Maximum Outage Time (MOT):** 8 hours

C. **Responsible Staff:** Tejas, Pat, Chris

D. **Responsibilities/Procedures:** Processing payments, disbursements, Send to Edison, receive reply, produce reports for Fiscal

E. **Continuation Strategy:** Need to assure that there is network connectivity and access to saved documents and folders

2. **Critical Task/Responsibility:** Database administration

A. **Frequency performed:** Daily

B. **Maximum Outage Time (MOT):** 1 Day.

C. **Responsible Staff:** Tejas, David

D. **Responsibilities/Procedures:** Monitor production and test databases to ensure availability

E. **Continuation Strategy:** Move the Data Admin Group operations to pre-determined alternate location where tasks can be resumed/continued.

Finance and Budget Alternate Work Site Location

PRIMARY COMMAND CENTER:	Alternate Site Location
436 6 th Avenue, North Cordell Hull, 7 th Floor Nashville, TN 37243	500 James Robertson Pkwy 2 nd Floor Davy Crockett Tower Nashville, TN 37243

Finance and Support Critical Tasks/Responsibilities

1. Task Name: Continue operations for general accounting, payroll, payables, revenue maximization, cost allocation, budget and eligibility policy functions

Procedures: Continue operations and budget functions in:

1. Vendor Maintenance
2. Warrant Control
3. Warrant Cancellations/Reissue
4. Information Control
5. Communications with Field Staff/Vendors
6. Intake of Paperwork
7. Verification and Coding of invoices
8. Verification and Coding of Approved Board Payments
9. Printing of disbursement registers
10. Validating disbursement registers with authorized signatures
11. Filing

Office of Juvenile Justice Alternate Work Site Location

PRIMARY COMMAND CENTER	Alternate Site
436 6 th Avenue, North Cordell Hull, 9 th Floor Nashville, TN 37243	Woodland Hills Youth Development Center 3965 Stewarts Lane Nashville, Tennessee 37243-1297

Office of Juvenile Justice Critical Tasks/Responsibilities
Planning and Policy Development

1. Critical Task/Responsibility: Manages and Coordinates the Activities within the Division of Planning and Policy Development

Procedures: Manages and coordinates JJ Div. Activities, strategic planning, other reporting requirements. The division provides senior management with the information needed to make informed decisions and outcomes for Juvenile Justice programs. In addition, Div. of Juvenile Justice provides information to the Governor's office, the legislature, federal agencies, other state agencies, and public and private groups that work with juvenile justice issues.

2. Critical Task/Responsibility: Support

Procedures: Performs administrative duties and coordinates special projects for the Dep. Commissioner and staff.

3. Critical Task/Responsibility: Policy Development

Procedures: Maintenance of DCS Policies and Procedures

Creates/revises departmental policies, forms and manuals; disseminates to central office and field staff for policy review; revises as needed based on feedback and submit to the Commissioner for approval; prepares policies and collateral documents for posting to the DCS Internet and announce to all DCS staff.

Administration and Compliance

1. Critical Task/Responsibility: Continue Communications with all YDCs

Procedures: Through telephone communications or disseminating face-to-face supports to assure all Youth Development Centers are fully operational.

Office of Network Development Alternate Site

PRIMARY COMMAND CENTER:	Alternate Site Location
436 6 th Avenue, North Cordell Hull, 7 th Floor Nashville, TN 37243	200 Athens Way Nashville, TN 37243

Office of Network Development Critical Tasks/Responsibilities
Child Placement and Private Providers

1. Critical Task/Responsibility: Support region(s) affected by helping with difficult placements.

Responsibilities/Procedures:

1. Contact area affected and assists as needed.
2. Dispatch available staff to location as requested as to type of placement.

2. Critical Task/Responsibility: Provide technical assistance and disseminate information to Providers

Responsibilities/Procedures: 1. Disseminate information; provide support and technical assistance to providers.

Office of Child Programs Alternate Work Site Location

PRIMARY COMMAND CENTER	Alternate Site
436 6 th Avenue, North Cordell Hull, 7 th Floor Nashville, TN 37243	Woodland Hills Youth Development Center 3965 Stewarts Lane Nashville, Tennessee 37243-1297

Office of Child Programs Critical Tasks/Responsibilities Foster Care & Adoptions

1. Critical Task/Responsibility: Assist regions in locating and contacting all resource parents with children in state custody placed in their homes.

Responsibilities/Procedures:

1. Contact area affected and assists as needed.
2. Dispatch available staff to location as requested.

Centralized Permanency Services

2. Critical Task/Responsibility: :In conjunction with Central Office Foster Care / Adoption Staff and provider services, serve as centralized clearinghouse for identification of / location of displaced children/ families.

Responsibilities/Procedures:

1. Man a state-wide emergency number to secure information
2. Where possible, enter data/information on designated Web site

Division of Permanency Planning

3. Critical Task/Responsibility: Provide technical support to ensure the continuation of quality of child and family teaming and planning

Responsibilities/Procedures:

1. Contact staff in areas affected and assists as needed.
2. Dispatch available staff to location as requested and resources allow.

Division of Independent Living

3. Critical Task/Responsibility: The independent and transitional living program manages, coordinates, and supports the needs of the youth by assisting them in the transition to self SUFFICIENCY BY providing resources and services and making them readily accessible to the youth. DCS also provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age through a network of community based stakeholders.

Responsibilities/Procedures:

3. Contact staff in areas affected and assists as needed.
4. Dispatch available staff to location as requested and resources allow.

Child Health Alternate Site Location

PRIMARY COMMAND CENTER:	Alternate Site Location
436 6 th Avenue, North Cordell Hull, 7 th Floor Nashville, TN 37243	Woodland Hills Youth Development Center 3965 Stewarts Lane Nashville, Tennessee 37243-1297

Child Health Critical Tasks/Responsibilities

Critical Task/Responsibility: Provide leadership and support for all regional child well-being areas as needed as identified below:

Responsibilities/Procedures:

1. EDUCATION SERVICES:

The Education Division of the Tennessee Department of Children's Services ensures that all children in DCS custody and "in-house" schools (group homes) are provided an appropriate education.

2. Medical and Behavioral Services:

Medical and Behavioral Health Services manages, coordinates, and supports the health care needs of children in custody through 12 regional health advocacy units across the state. This office assists regional units with accessing care issues as they arise. These units also provide consultation and support to the Departmental Youth Development Centers and Community Residential Facilities located throughout the state.

3. Crisis Management Services:

Crisis Management Services coordinates TN Care Services for non-custodial youth within the state at risk for state custody.

Child Abuse Hotline – Office of Child Safety **(This office assures that referrals will be received for allegations of abuse/neglect)**

PRIMARY COMMAND CENTER	Alternate Site
200 Athens Way Nashville, TN 37243 615 741-9000: Main Phone: 1-877-237-0004: Public 1-877-237-0026: Legal/Med 1-877-54ABUSE: Abuse hotline 1-877-237-0034: Case manager 24 hours a day/ 7 days a week	500 James Robertson Pkwy 2 nd Floor, Davy Crockett Tower Nashville, Tennessee 37243

NOTE: The following are procedures to prevent a disruption in receiving and dispatching Child Protective Services Referrals during emergencies/disasters:

- A. In the event of a system interruption, the first step that Central Intake staff would take is to utilize the protocol for TFACTS System Interruptions in Application.

Section 1.04 TFACTS System Interruptions in Application

New Procedure for Case Managers

Case Managers will:

- Receive the call from the reporter
- Document the information on a CS 0680 form
- Document on the referral: 'TFACTS Unavailable due to Maintenance'
- Save the 680 to Hard Drive (Desktop or F: Drive) name the document and email subject line as follows:
 (Date/County/Last name of child).

- Attach 680 to an email and send to screening supervisor (with above mentioned information & prescreening decision)
- Use the number 680 as your referral number (since there's no computer generated # to use on your log sheet at this time)

The 'Re-Entry' Case Managers will:

- Receive an email from the shift supervisor with 680's that need to be entered into TFACTS
- Print off a hard copy of each 680 that they are re-entering
- Enter the referral into TFACTS using the revised FORMAT which includes information pertaining to 680's.

NOTE: You will document the exact date and time that the referral was called into Central Intake.

- Document the TFACTS generated number on the hard copy of each 680
- Return the completed hard copies to the screening supervisors (with TFACTS computer generated number documented on the 680)

(The information below must be documented in TFACTS when entering 680 information into the system):

Note: This information was initially documented on a CS 0680 form when the TFACTS system was down on (mm/dd/yy) during the TFACTS Maintenance build.

680 Taken by (name of CM) on (mm/dd/yy) @ (time)

Entered into TFACTS by (CM name) on (mm/dd/yy) @ (time)

Current referral number is:

Section 1.04 TFACTS System Interruptions in Application

New Procedure for Supervisors

Screening Supervisors will:

- Receive 680's over email from CM's
- Document the following information on the 680 prior to e-mailing it to the county:

*Screening decision

*Requests for reconsideration & supervisors' decision (if applicable)

*Any conversations held between screening supervisor and county

*Attempts to contact the county and response times from the field

*Documentation that the 680 has been e-mailed to the county.

NOTE: All pertinent information will be documented on the 680 prior to it being e-mailed to the county.

Save the 680 to:

*An Outlook folder that they have created

*A hard drive (Preferably F: Drive)

Attach all 680's that they've received during their shift to an email and email the information to the oncoming shift supervisor(s).

Print off a copy of their electronic Log sheets to accompany the email to oncoming shift supervisor(s)

NOTE:

CM3's will send 680's over email to the TL or Shift Designee (In the absence of a TL, the Shift supervisor will send information to the designated supervisor handling that shift-i.e.: **Shift Designee**).

TL or Shift Designee is responsible for saving information to a Floppy Disc (Maximum amount: Eight- 680's per disc)

Each TL or Shift Designee IS responsible for every 680 received on their shift

ONCE REFERRALS HAVE BEEN ENTERED INTO THE TFACTS SYSTEM FROM 680's:

The 'Re-Entry' Screening Supervisor will:

Keep documentation of all 680's that have been re-entered onto their own electronic log sheets

Note: Document 'entered 680' in the Comment section of electronic log

Manually document the TFACTS computer generated numbers that correspond with the 680's onto the paper printed log sheets (that were received from the other supervisors).

The final copies (with discs included) will be returned to the Quality Assurance Coordinator to be filed.

If the interruption lasts longer than 30 minutes and relocation to the primary ER Command Center is necessary the supervisor on duty will make that call. If for any reason the primary ER Command Center is not operational, the Supervisor on duty will contact the Director of Central Intake in preparation to relocate to the Secondary ER Command Center. At this time the Director (or designee) will enact the CIU Business Resumption Plan in accordance with the criteria set forth in Section X: *Exercising the Emergency Response Preparedness Plan*.

B. Instructions for Field Staff Notification

Personnel from Research and Development will send out a distributed email relating the current status of Central Intake Unit. The email will be sent to all **on-call** Case-Managers, Team-Coordinators, and Regional Administrators using the TelAlert application.

(The Department's Senior Management should be notified of all disasters. This should also be used when the Regions are down and contact needs to be communicated to the regions. The Regional Administrators will be contacted directly to ascertain how the region wishes to receive referrals. This will be the first line of contact. The following is a list of Regional Administrators to be contacted).

Coordination of local facility telecommunications and power

- Contact Dynamic Security: (615) 360-0020
- Contact Central Intake Management Staff and inform
- Current shift supervisor will need, in hand, the following documents:
 - Business Resumption Plan
 - List of employees names and all contact information
 - RED Team list, contact information
 - List of employees EI numbers
 - Phone number listing of all support personnel

Communication of CPS Case Managers in the Field

- All DCS Case Managers that carry pagers will be notified as to the status of DCS Central Intake. (Notification instructions are listed in Section VI). Personnel from Research and Development will send out a distributed email relating the current status of Central Intake Unit. The email will be sent to all **on-call** Case-Managers, Team-Coordinators, and Regional Administrators using the TelAlert application.

Communication of Information Systems Personnel

- During business hours (8:00am to 4:30pm M-F): The Primary Contact or Alternate Contact will notify the Director of Infrastructure Support of the disruption and plan of action.
- After business hours: The Primary Contact or Alternate Contact will notify the OIR Help Desk (615-741-1001-Option #-3) and request that the On-Call DCS R&D worker be contacted. The On-Call DCS R&D worker will then contact the Director of Infrastructure Support (or Alternate Contact).

Child Abuse Hotline Critical Task/Responsibilities

1. Critical Task/Responsibility:
<p>Responsibilities/Procedures:</p> <ul style="list-style-type: none"> ▪ Receive all reports alleging child abuse or neglect ▪ Insure the confidentiality of persons who report abuse or neglect ▪ Gather information to determine whether children may be at risk of abuse or neglect ▪ Document reports of abuse and neglect in TFACTS or on form CS-0680 ▪ Screen reports of abuse and neglect to determine the appropriate level of response ▪ Refer reports of abuse or neglect to DCS Field Staff for follow-up investigation ▪ Refer reports that do not meet criteria for investigation to Family Support Services

In times of disaster, Child Abuse Hotline, as deemed necessary, will provide leadership and support to regions that have determined disaster areas in investigations, Assessment and Service Integration, in-home services, resource linkage and special investigations.

Regional Office Information

While all regional offices have separate primary command centers and alternate locations, the continuing operations for critical tasks are the same. Below are all regional site locations and an outline of department-wide regional office continuing operations and critical tasks.

Davidson Alternate Work Site Location

Primary Command Centers and Alternate Site Locations

PRIMARY COMMAND CENTER	Alternate Site
Davidson Regional Office 900 Second Avenue, North Nashville, TN 37243	200 Athens Way, Suite C Nashville, TN 37243
200 Athens Way, Suite C Nashville, TN 37243	Davidson Regional Office 900 Second Avenue, North Nashville, TN 37243

East Alternate Work Site Location

Primary Command Centers and Alternate Site Locations

PRIMARY COMMAND CENTER	Alternate Site
Anderson County DCS 182 Frank L. Diggs Dr, Suite 100 Clinton, TN 865-425-4400	Loudon County DCS 485 Pine Top Street Lenoir City, TN 865-988-0398
Campbell County DCS 2221 Jacksboro Pike, Suite c19A Lafollette, TN 423-566-9600	Scott County DCS 104 Fire Hall Drive Huntsville, TN 423-663-4119
Loudon County DCS 485 Pine Top Street Lenoir City, TN 865-988-0398	Anderson County DCS 182 Frank L. Diggs Dr, Suite 100 Clinton, TN 865-425-4400
Monroe County DCS 123 Pedigo Rd. Madisonville, TN 37354 423-442-3641	Loudon County DCS 485 Pine Top Street Lenoir City, TN 865-988-0398
Morgan County DCS 1326 Knoxville Hwy Wartburg, TN 423-346-7504	Roane County DCS 795 Larry Byrd Rd Kingston, TN 865-376-3423
Roane County DCS 795 Larry Byrd Rd Kingston, TN 865-376-3423	Morgan County DCS 1326 Knoxville Hwy Wartburg, TN 423-346-7504
Scott County DCS 104 Fire Hall Drive Huntsville, TN 423-663-4119	Campbell County DCS 2221 Jacksboro Pike, Suite c19A Lafollette, TN 423-566-9600

Knox Alternate Work Site Location

Primary Command Centers and Alternate Site Locations

PRIMARY COMMAND CENTER:	Alternate Site
Regional Office 2600 Western Avenue Knoxville, TN 37921 (865) 329-8879 (865) 525-2564 fax	Knox County DCS Family Justice Center 400 Harriet Tubman Drive Knoxville, TN 37915 (865) 522-6999 (865) 594-6261 fax

Mid Cumberland Alternate Work Site Location

Primary Command Centers and Alternate Site Locations

PRIMARY COMMAND CENTER	Alternate Site
Mid-Cumberland Regional Office 200 Athens Way 2 nd Floor, Suite A Nashville, TN 37243	1 st Rutherford County DCS 434 Jayhawk Court Murfreesboro, TN 37128
Mid-Cumberland Regional Office 200 Athens Way 2 nd Floor, Suite A Nashville, TN 37243	2 nd Sumner County DCS 393 Maple Street, Suite 201 Gallatin, TN 37066
Cheatham County DCS 286 Frey Street Ashland City, TN 37015	Robertson County DCS 812 South Brown Street Springfield, TN 37172
Montgomery County DCS 350 Pageant Lane, Suite 401 Clarksville, TN 37040	CWB staff report to: Robertson Co. DCS TC & TL staff report to: Youth Villages 651 Stowe Court Clarksville, TN 37043
Robertson County DCS 812 South Brown Street Springfield, TN 37172	Cheatham County DCS 286 Frey Street Ashland City, TN 37015
Rutherford County DCS 434 Jayhawk Ct. Murfreesboro, TN 37128	Mid-Cumberland Regional Office 200 Athens Way 2 nd Floor, Suite A Nashville, TN 37423
Sumner County DCS 393 Maple Street, Suite 201	Mid-Cumberland Regional Office 200 Athens Way

Gallatin, TN 37066	2 nd Floor, Suite A Nashville, TN 37423
Williamson County DCS 1810 Columbia Highway, Suite 18 Franklin, TN 37064	Mid-Cumberland Regional Office 200 Athens Way 2 nd Floor, Suite A Nashville, TN 37423
Wilson County DCS 217 E. High Street, Suite 108 Lebanon, TN 37087	Mid-Cumberland Regional Office 200 Athens Way 2 nd Floor, Suite A Nashville, TN 37423

Northeast Alternate Work Site Location

Primary Command Centers and Alternate Site Locations

PRIMARY COMMAND CENTER	Alternate Site
Carter Co DCS 206 Cherokee Park Drive Elizabethton, TN 37643 (423) 547-5814	Washington Co DCS 2555 Plymouth Road Johnson City, TN 37601 (423) 854-5311
Greene Co DCS 130 Serral Dr. Greeneville, TN 37745 (423) 787-2550	Washington Co DCS 2555 Plymouth Road Johnson City, TN 37601 (423) 854-5311
Hancock Co. DCS 111 Campbell Dr, Sneedville, TN 37869 (423) 733-2795	Hawkins Co. DCS 4017 Highway 66 S, Suite 1 Rogersville, TN 37857 (423) 272-6479
Hawkins Co. DCS 4017 Highway 66 S, Suite 1 Rogersville, TN 37857 (423) 272-6479	Sullivan Co DCS Office 707 N. Eastman Road Kingsport, TN 37660 (423) 857-1220
Johnson Co DCS 150 East Main Street, Mountain City, TN 37683	Carter Co DCS 206 Cherokee Park Drive Elizabethton, TN 37643

(423) 727-1026 Regional Annex Office 2557 Plymouth Road Johnson City, TN 37601 (423) 979-5220	(423) 547-5814 Sullivan Co DCS Office 707 N. Eastman Road Kingsport, TN 37660 (423) 857-1220
Sullivan Co DCS Office 707 N. Eastman Road Kingsport, TN 37660 (423) 857-1220	Sullivan Co Blountville DCS Office 2193 Feathers Chapel Rd. Blountville, TN 37617 (423) 279-1460
Sullivan Co Blountville DCS Office 2193 Feathers Chapel Rd. Blountville, TN 37617 (423) 279-1460	Sullivan Co DCS Office 707 N. Eastman Road Kingsport, TN 37660 (423) 857-1220
Washington Co DCS 2555 Plymouth Road Johnson City, TN 37601 (423) 854-5311	Sullivan Co DCS Office 707 N. Eastman Road Kingsport, TN 37660 (423) 857-1220

Northwest Alternate Work Site Location

Primary Command Centers and Alternate Site Locations

Primary Command Center	Alternate Site
Northwest Regional Office 8600 Highway 22 Dresden, TN 38225 Phone: (731) 364-3149 Fax: (731) 364-3673	Obion County Office P.O. Box 428, 1418 Stad Avenue Union City, TN 38261 Phone: (731) 884-1465 Fax: (731) 884-1472
Benton County Office 264 N. Hwy 641 Camden, TN 38320	Carroll County Office 20800 Main St. E. Huntingdon, TN 38344

Carroll County Office 20800 Main St. E. Huntingdon, TN 38344	Northwest Regional Office 8600 Hwy 22 Dresden, TN 38225
Crockett County Office (POP) 169 Cherry St. North Alamo, TN 38001	Dyer County Office 1979 St. John Ave. Suite F Dyersburg, TN 38024
Dyer County Office 1979 St. John Ave., Suite F Dyersburg, TN	Gibson County Office 802 Gibson Rd Trenton, TN 38382
Gibson County Office 802 Gibson Rd Trenton, TN 38382	Northwest Regional Office 8600 Hwy 22 Dresden, TN 38225
Henry County Office 1023 Mineral Wells Ave. Paris, TN 38242	Carroll County Office 20800 Main St. E. Huntingdon, TN 38344
Lake County Office (POP) 660 Carl Perkins Parkway Tiptonville, TN 38079	Obion County Office 1418 Stad Ave Union City, TN 38261
Obion County Office 1418 Stad Ave Union City, TN 38261	Dyer County Office 1979 St. John Ave., Suite F Dyersburg, TN

Shelby Alternate Work Site Location

Primary Command Centers and Alternate Site Locations

PRIMARY COMMAND CENTER	Alternate Site
40 S. Main, Suite 600 One Commerce Building Memphis, TN 38103 901-578-4000 or 4001	1925 S 3 rd Street, Memphis, TN 38109 901-947-8800 or 1991 Corporate Avenue, Memphis, TN 38132 901-348-3997

1925 S 3 rd Street Memphis, TN 38109 901-947-8800	1991 Corporate Avenue, Memphis, TN 38132 901-348-3997 or 40 S. Main, Suite 600 901-578-4000 or 4001
1991 Corporate Avenue Memphis, TN 38132 901-348-3997	40 S. Main, Suite 600, Memphis, TN 38103 901-578-4000 or 4001 or 1925 S 3 rd Street, Memphis, TN 38109 901-947-8800
1085 Poplar Ave Child Advocacy Center Memphis, TN 38105 901-888-4335	1925 S 3 rd , Memphis, TN 38109 901-947-8800 or 1991 Corporate Avenue, Memphis, TN 38132 901-348-3997 or 40 S. Main, Suite 600 901-578-4000 or 4001
616 Adams Avenue Juvenile Court Memphis, TN 38105 901-405-8892	1085 Poplar Ave Child Advocacy Center Memphis, TN 38105 901-888-4335

Smoky Mountain Alternate Work Site Location
Primary Command Centers and Alternate Site Locations

PRIMARY COMMAND CENTER	Alternate Site
Jefferson County DCS 613 W. Hwy 11-E, Ste. 1 New Market, TN 37820 (865)475-0722	Hamblen County DCS 1108 Gateway Service Park Road Morristown, TN 37813 (423) 318-6800
Grainger Co, DCS 8421 Rutledge Pike Suite 100 Rutledge, TN 37861 (865) 828-8673	Hamblen County DCS 1108 Gateway Service Park Road Morristown, TN 37813 (423) 318-6800
Hamblen Co. DCS 1108 Gateway Service Park Road Morristown, TN 37813 (423) 318-6800	Jefferson County DCS 613 West Hwy 11E, Suite 1 New Market, TN 37820 (865) 475-0722
Cocke County DCS 355 E. Broadway Newport, TN 37825 (423)-625-0464	Hamblen Co DCS 1108 Gateway Service Park Road Morristown, TN 37813 (423) 318-6800
Sevier Co DCS 115 Allensville Road, Suite 105 Sevierville, TN 37876 (865) 429-7012	Jefferson County DCS 613 West Hwy 11E, Suite 1 New Market, TN 37820 (865) 475-0722
Blount Co DCS 305 Home Avenue Maryville, TN 37801 (865) 981-2366 Blount Co DCS 244 S. Calderwood St Alcoa, TN 37701 (865) 981-1933	Blount Co DCS 244 S. Calderwood St Alcoa, TN 37701 (865) 981-1933 Blount Co DCS 305 Home Avenue Maryville, TN 37801

South Central Alternate Work Site Location**Primary Command Centers and Alternate Site Locations**

Please Note: In the event of an emergency/disaster, certain staff at the Columbia Regional DCS Office, 1400 College Park Drive, would relocate to the DCS office located in the county of their residence for their alternate emergency command center. *Staff that are residents of Columbia will be notified by future communication of their alternate site location.*

PRIMARY COMMAND CENTER	Alternate Site
Columbia Regional DCS Office 1400 College Park Drive, Suite A Columbia, TN 38401 931-380-2587	Maury County YMCA 1446 Oak Spring Drive Columbia, TN 38401 931-540-8320 Contact: Robin Graham
Bedford County DCS Office 1106 Madison Street Shelbyville, TN 37160 931-680-6901	Columbia Regional DCS Office 1400 College Park Drive, Suite A Columbia, TN 38401 931-380-2587
Franklin County DCS Office 2160 Cowan Hwy, Suite B Winchester, TN 37398 931-962-1156	Tullahoma DCS Office 151 Freeman Street Tullahoma, TN 37388 931-454-1934
Giles County DCS Office 631 East Madison Street Pulaski, TN 38478 931-424-4004	Columbia Regional DCS Office 1400 College Park Drive, Suite A Columbia, TN 38401 931-380-2587
Grundy County DCS Office 13153 US41 Tracy City, TN 37387 931-592-9235	Tullahoma DCS Office 151 Freeman Street Tullahoma, TN 37388 931-454-1934
Hickman County DCS Office 108 Progress Center Plaza, Suite 102 Centerville, TN 37033 931-729-3236	Columbia Regional DCS Office 1400 College Park Drive, Suite A Columbia, TN 38401 931-380-2587
Lawrence County DCS Office 527 Crews Street, Suite B Lawrenceburg, TN 38464 931-766-4058	Columbia Regional DCS Office 1400 College Park Drive, Suite A Columbia, TN 38401 931-380-2587

Lewis County DCS Office 45 Smith Avenue Hohenwald, TN 38462 931-796-4974	Columbia Regional DCS Office 1400 College Park Drive, Suite A Columbia, TN 38401 931-380-2587
Tulahoma DCS Office 151 Freeman Street Tulahoma, TN 37388 931-454-1934	Columbia Regional DCS Office 1400 College Park Drive, Suite A Columbia, TN 38401 931-380-2587
Wayne County DCS Office 536B Highway 64, East Waynesboro, TN 38485 931-722-3839	Columbia Regional DCS Office 1400 College Park Drive, Suite A Columbia, TN 38401 931-380-2587

Southwest Alternate Work Site Location

Primary Command Centers and Alternate Site Locations

PRIMARY COMMAND CENTER	Alternate Site
Regional Office/Madison County Lowell Thomas Office Building 225 Dr. Martin Luther King Jr. Drive Jackson, TN 38305	Chester County Office 525 North Church Avenue Henderson, TN 38340
Chester County Office 525 North Church Avenue Henderson, TN 38340	Regional Office/Madison County Lowell Thomas Office Building 225 Dr. Martin Luther King Jr. Drive Jackson, TN 38305
Decatur County Office 669 West Main St. Decaturville, TN 38329	Henderson County Office 37 College Drive P.O. Box 70 Lexington, TN 38351
Fayette County Office 18125 Highway 64 East Somerville, TN 38068	Tipton County Office 230 Industrial Road Covington, TN 38019
Hardeman County Office 795 Tennessee Street P.O. Box 247	Regional Office/Madison County Lowell Thomas Office Building 225 Dr. Martin Luther King Jr. Drive

Bolivar, TN 38008	Jackson, TN 38305
Hardin County Office 1035 Wayne Road Savannah, TN 38372	Regional Office/Madison County Lowell Thomas Office Building 225 Dr. Martin Luther King Jr. Drive Jackson, TN 38305
Haywood County Office 1199 South Dupree Brownsville, TN 38012	Regional Office/Madison County Lowell Thomas Office Building 225 Dr. Martin Luther King Jr. Drive Jackson, TN 38305
Henderson County Office 37 College Drive P.O. Box 70 Lexington, TN 38351	Regional Office/Madison County Lowell Thomas Office Building 225 Dr. Martin Luther King Jr. Drive Jackson, TN 38305
Lauderdale County Office 417 S. Washington Street, Suite A Ripley, TN 38063	Tipton County Office 230 Industrial Road Covington, TN 38019
McNairy County Office 855 East Poplar Selmer, TN 38375	Regional Office/Madison County Lowell Thomas Office Building 225 Dr. Martin Luther King Jr. Drive Jackson, TN 38305
Tipton County Office 230 Industrial Road Covington, TN 38019	Lauderdale County Office 417 S. Washington Street, Suite A Ripley, TN 38063

Tennessee Valley Alternate Work Site Location

Primary Command Centers and Alternate Site Locations

Primary Command Center	Alternate Site
TN Valley Regional Office 5600 Brainerd Road, Suite C-20 Chattanooga, TN 37411	Bradley County DCS Office 2703 Ralph Buckner Drive Cleveland, TN 37311 423-479-0591

Tennessee Valley has sixteen (16) office locations. All staff in Chattanooga are located at the Eastgate location, with the exception of a few staff which are located at the Children's Advocacy Center and the Hamilton County Juvenile Court. There are also offices in Bledsoe, Bradley, Marion, McMinn, Meigs, Polk, Rhea, and Sequatchie Counties. All locations will utilize one of three above listed locations as an alternate work site in case of a disaster.

Upper Cumberland Alternate Work Site Location
 Primary Command Centers and Alternate Site Locations

PRIMARY COMMAND CENTER	Alternate Site
Clay County: 141 East Lake Avenue, Celina, TN 38551	Clay County 911 Center, 400 West Lake Avenue, Celina, TN 38551
Cookeville – Regional Office: 1300 Salem Road, Cookeville, TN 38506	Cumberland Presbyterian Church, 565 East 10 th St., Cookeville, TN 38501
House of Hope (Crossville): 165 Bob Tollett Loop, Crossville, TN 38555	Cumberland County Sheriff's Office and Justice Center, 90 Justice Center Way, Crossville, TN
Point of Contact @ Fentress Co. DHS 240 Colonial Circle, Ste. B. Jamestown, TN	Cumberland Co. DCS, 136 Dooley St, Suite 201, Crossville, TN 38555
Overton County: 809 North Church St., Livingston, TN 38570	Millard Vaughn Oakley Memorial Library, 107 E. Main Street, Livingston, TN 38570
Cumberland County; 136 Dooley Street, Suite 201, Crossville, TN 38555	Cumberland County Sheriff's Office & Justice Center at 90 Justice Center Way, Crossville, TN 38555
DeKalb County: 715 Walker Drive, Smithville, TN 37166	DeKalb County Courthouse Basement, 1 Public Square, Smithville, TN 37166
Macon County, 315 Hwy 52 East Bypass, Lafayette, TN 37083	Macon County First Baptist Church, 400 Church St., Lafayette, TN
Smith County: 105 Eatherly Landing, Carthage, TN 37030	Smith County Agriculture Bldg., 159 Ag Center Lane, Carthage, TN 37030
Smith County: 117 Eatherly Landing, Carthage, TN 37030	Smith County Agriculture Bldg., 159 Ag Center Lane, Carthage, TN 37030
Warren County: 1200 Belmont Drive, McMinnville, TN 37110	Warren County Child Advocacy Center 1350 Sparta St., McMinnville, TN 37110
White County: 620A Roosevelt Drive, Sparta, TN 38583	White County Public Library, 144 South Main Street, Sparta, TN
Cannon County: 325 Bryant Lane, Woodbury TN 37190	Cannon County Child Advocacy Ctr., 214 West Water St., Woodbury, TN 37190
Van Buren County: College St – P.O. Box 361, Spencer, TN 38585	Van Buren County Administrative Bldg. 500 College St., Spencer, TN 38585
Pickett County:	Pickett County Library, 79 Pickett Square Annex, Brydstown, TN 38549

All regions Critical Tasks/Essential Functions

1. Critical Task/Responsibility: Provide Supervision and Placement for all children in state custody or entering state custody

Responsibilities/Procedures:

1. Placement Specialist receives information via telephone and / or e-mail about child.
2. Placement Specialist & case managers make decision as to type of placement.
3. Placement Specialist contacts placements via telephone and/or mail. If files in county office are destroyed, contact the regional office placement unit to see if they have copies.
- 4 Placement Specialist locates placements.
5. Case manager transports child to placement.
6. Case manager must monitor child & foster home for possible medical needs of child.
7. Case manager must monitor child in foster home for possible behavioral needs of child.
8. Case manager must insure that the child in foster home receives all needed services to continue placement of child.
9. Maintain regular contact with foster homes and Placement Specialist to track movement of children in and out of foster homes.
10. Obtain signed contracts for each child placed in foster home.
11. Notify foster parents verbally and by letter when children are identified to be removed from foster home.
12. Enter data into computer (prior to cutoff dates) to insure foster parents receive payments.
13. Accept travel/reimbursement claims from foster parents. Review and approve or deny claims. (If approved, complete required paperwork to accompany claim).
14. If denied, return claim to foster parent and explain denial.
15. Submit approved claim and accompanying case manager forms to Regional & State Office.

2. Critical Task/Responsibility: Respond by policy to all Child Protective Services Referrals**Responsibilities/Procedures:**

1. Receive referrals by either central intake, through local emergency responders, local 911 centers or any other referral source.
2. Referral to TL or designee so that case can be assigned to appropriate team member
3. Interview victim and parents
4. Interview any collateral sources
5. Interview alleged perpetrator
6. Complete home visits by policy
7. Obtain medial or psychological if needed
8. Identify risk based on information received from investigation
9. Determine what tasks need to be done to complete referral and to reduce trauma to child
10. Initiate plan to reduce risk and protect child

3. Critical Task/Responsibility: Provide supervision and services to non-custodial children and families**Responsibilities/Procedures:**

Provide supervision and services to non-custodial children and families, as follows:

1. Monitoring of probation and after-care requirements for delinquent children; assistance to maintain family unity;
2. Follow-up for children that have been released from custody to trial home visit; and assisting children on trial home visit in meeting their medical, physical, emotional, and behavioral needs. Many of these children are under the department's supervision due to a court order, which must be followed as well as DCS Policies. The purpose of services to non-custodial children is to prevent their placement in DCS custody and to enable families to function independently with natural supports.

Appendix D – Office Safety Protocol



State of Tennessee
Department of Children's Services
June 10, 2014
Office Safety Protocol

Introduction:

In an effort to ensure the safety, security, and confidentiality of all customers and staff of the Tennessee Department of Children's Services, all offices shall develop and implement the measures identified in the Office Safety Protocol.

Office Security:

All offices shall have a secure lobby area with locked doors separating the lobby from the main office. Only authorized personnel shall have keys and/or door codes allowing entrance into the main office. Unauthorized persons, such as customers and community members, must be escorted at all times beyond the lobby area. A sign or poster stating the need for escorts at all times will be placed in the lobby area near the locked door entrance to the main office area.

All persons entering the office must sign in upon arrival and sign out upon leaving. Customers and community members will be able to sign in confidentially, such that their names will be protected from view of other persons in the lobby and main office area. Each office shall develop its own system for the protection of customer names, which may include the use of peel off name labels, individual sign in cards, or other methods determined appropriate by regional leadership. The sign-in procedure shall be in writing and posted in the office lobby in view of all customers.

All authorized personnel will wear, in a clearly visible location, a state badge or ID card which identifies the staff member as an employee of the Department of Children's Services. Upon signing in, visitors to the office shall receive a visitor's badge which shall be worn at all times while on the premises. Any person observed without a badge shall be stopped by authorized personnel and escorted back to the lobby to be properly signed in, given a badge, and escorted to their appropriate destination.

Office Safety:

All regions, Youth Development Centers, and Central Office shall develop a comprehensive Emergency Response Preparedness Plan to address potential safety risks to customers and staff both within and outside of the office. The plan shall include procedures for all known safety risks, including but not limited to fire, natural disaster, threat of or actual attack, and health epidemic. The Emergency Response Preparedness Plan will be updated at least annually and will be reviewed with all staff on a regular basis.

In addition to the Emergency Response Preparedness Plan, all offices shall submit monthly office inspections and shall maintain all fire extinguishers, first aid kits, spill kits, and other emergency materials in date and in good working order.

All staff will be regularly trained on safety issues, through such vehicles as mandatory Computer Based Trainings on Emergency Response Preparedness, Preventing Workplace Violence, Blood Borne Pathogens, etc.

When a person who is known or suspected to be a threat to the safety of others is necessarily involved in a visitation, Child and Family Team Meeting, or other activity at the office, Law Enforcement shall be contacted and requested to provide a point of presence to protect the safety of customers and staff. When staff must attempt to visit a home or meet customers in other field locations and feel that safety may be compromised, Law Enforcement or other staff members may be requested as accompaniment on the visit. All field staff shall have access to a state cell phone to provide means of communication in the event of an emergency or unsafe situation.

Office Confidentiality:

Clients have the right for their information to be kept confidential. To ensure customers have access to knowledge of this and other rights to which clients are entitled, Client Rights information shall be posted in the lobby of each office. The Client Rights forms shall be placed in a visible location, clearly marked for easy visibility, and shall be posted in English and Spanish. In areas where more than 3% of the service population speak a language other than English or Spanish as the primary language, the Client Rights information shall also be posted in that language.

All identifiable customer information must be maintained in a confidential manner at all times. Staff will hold face-to-face conversations with customers in a private location in the office. Case reviews, consultations, and discussions regarding customers with relevant co-workers or supervisors should be held in private areas whenever possible. When making phone calls from a cubicle, or having necessary conversations with other staff members outside of a private room, staff shall use quiet voices and attempt to avoid using any identifiable information during the conversation.

All case files will be properly labeled according to policy and marked "confidential". Case files will be kept in a locked location at all times except when in use by staff. Files which are maintained in a file room shall be logged in and out of the file room according to the file room procedures posted in each file room. When leaving an office area/desk, all staff will lock up confidential material and lock the computer screen to prevent unauthorized access. When printing confidential information, all staff members shall use the confidential print feature.

Appendix D. State of Tennessee Department of Children's Services Training Plan June 2015

During the FY 2014-2015, the following in-service courses have been added to the training catalog:

Adoption Related Disclosure

Credit Hours: 5.5

Target Audience: Permanency Specialists and Supervisors, Child and Family FSW's, and Private Provider agency staff with adoption responsibilities

This training takes an in-depth look into DCS Policy 15.1 Adoption Related Disclosure. Through practice and interactive activities, the training will allow for participants to apply skills related to redacting a Pre-Placement Summary to create a Presentation Summary. The training will also focus on skills necessary to provide full disclosure to a prospective adoptive family.

Child Welfare Trauma Toolkit

Credit Hours: 14; 18 for CPS Assessment Academy attendees

Target Audience: Case Manager Series and CPS Assessment staff members

This course is designed to teach basic knowledge, skills, and values about working with children in the child welfare system that have experienced traumatic events, and how to use this knowledge to support children's safety, permanency, and well-being through trauma-informed practice. Participants will be able to define the Essential Elements of a Trauma-Informed Child Welfare System; understand the term "child traumatic stress" and know what types of experiences constitute trauma; understand the relationship between a child's lifetime trauma and his/her behaviors; identify the impact of trauma on child development and brain development; utilize trauma screening to identify trauma-related needs of children and families and make appropriate referrals; and, recognize their role in responding to child traumatic stress. This is a National Child Traumatic Stress Network curriculum with adaptations for TN.

Concurrent Planning

Credit Hours: 3

Target Audience: DCS staff members and private agency staff members who utilize concurrent planning as a path to permanency for children and youth

Concurrent Planning has become a known and supported practice to foster the achievement of permanency for children and families when the conditions warrant the use of dual goals to secure permanency in a timely manner. This course will review the 5 Permanency Goals, define Concurrent Planning, and how to utilize it, and address practices related to concurrent goal writing. It will include how to talk with children/youth, parents, and resource parents about Concurrent Planning.

The CPS Assessment Training Academy

Credit Hours: 56.5

Target Audience: CPS Assessment Staff

This CPS Assessment Training Academy, in partnership with Vanderbilt University, trains and supports CPS Assessment Track workers to implement innovative, evidence-informed practices to improve the quality of services provided to non-custodial children and families. Based on a Learning Collaborative model, this academy includes the use of online learning, in-class presentations and ongoing support to participants

throughout the four-month learning process. The curriculum includes training on how to use Screening, Brief Intervention, and Referral to Treatment (SBIRT) to identify and help families with substance use problems, as well as the Child Welfare Trauma Training Toolkit, which will enhance the department's ability to better understand the impact of traumatic childhood experiences on children, families and child welfare workers. Additional courses on drug identification, mental health, domestic violence, human trafficking and mock-court are included in the training academy.

Motivational Interviewing in Child Welfare

Credit Hours: 6.5

Target Audience: Case Manager Series

This course will introduce staff to Motivational Interviewing (MI), an evidence-based communication method that helps clients draw on their strengths to commit to and implement positive change. MI emphasizes supporting clients' autonomy and eliciting their ideas and values pertaining to important life choices, making it compatible with the Practice Model principles and values. Participants will learn how to integrate the fundamentals of MI, the spirit, principles and methods into their practice. This interactive training will provide extensive opportunities to practice motivational interviewing skills.

Placement Specialty 2.0

Credit Hours: 6

Target audience: Placement Specialists, Placement Team Leaders, Placement Team Coordinators

Placement Specialists serve a critical and important role in the service provision for children placed in out-of-home-care which ultimately correlates to the achievement of timely permanency. Through training and applied learning, this course will address the role of the Placement Specialists in the following areas: Child and Family Team meetings, levels of care, types of placements, engaging providers, and when a Placement Exception Request is needed. Other essential placement-related topics will be covered as well.

Professional Documentation Standards for Child Welfare (formerly entitled Quality Case Recordings)

Credit Hours: 4

Target Audience: Case Management Series

Case recordings are critical to documenting the work DCS does with children and families. Most caseworkers are more motivated by their contacts with clients than by documenting them. This session will identify the purposes and importance of quality documentation and provide examples of quality case recordings for typical case contact types. Guidance around recording objective, observable information will be provided. This session will include tips for entering recordings in TFACTS to ensure that casework contacts are captured on reports. Through a variety of learning activities, participants will have ample opportunities to observe casework contacts, document them, and evaluate them for the required elements of quality case recordings

Safe and Sound: Case Worker Safety in the Delivery of Social Services (formerly entitled Caseworker Safety Training)

Credit Hours: 7

Target Audience: Case Manager Series

This training program has been designed to enhance the safety of human services professionals who are working with clients in crisis situations. It builds upon the experiences of participants and presents a paradigm for understanding and responding to the needs of people in crisis. This program helps participants to minimize the risks when working with clients who may become violent, whether in the field or in the office setting. It provides strategies for diffusing escalating situations and practice in anger management skills. There are also strategies for avoiding becoming a victim of crime by non-clients when traveling to communities to deliver services. By carefully considering both the human and environmental factors in a crisis, workers can be prepared to anticipate and prevent most crisis situations from becoming dangerous ones.

Safety Planning for High Risk Behaviors for Children in Custody

Credit Hours: 1.5

Target Audience: Case Managers in Custodial Services

This CBT training addresses Policy 31.18 which states that a Child/Youth Safety Plan shall be developed any time a child or youth's behavior presents a risk to themselves or others, or significantly impairs daily functioning. This is to ensure the child/youth and caregivers have the supports needed to prevent a disruption of placement and promote a safe and therapeutic environment. Quality safety planning is essential to ensuring the safety, well-being and permanency of children/youth with high risk behaviors in a home setting (foster or trial home visit).

Mechanical Restraints, Searches, and Transportation

Credit Hours: 4

Target Audience: Juvenile Justice Staff

The purpose of this statewide training is to provide case managers with the knowledge and abilities to carry out the functions of conducting property and personal searches safely and appropriately, applying mechanical restraints to committed delinquent juveniles and to provide safe transportation services to youth. Participants must score 80% or better on the written exam and successfully pass the demonstration exam for property and pat down searches and applying mechanical restraints.

Mental Health Training Curriculum for Juvenile Justice (MHTC-JJ)

Credit Hours: 6

Target Audience: Juvenile Justice Staff and YDC Staff

The MHTC-JJ provides juvenile justice staff with basic information about adolescent development and mental health disorders commonly seen among youth in the juvenile justice system, the treatment services often used with justice-involved youth, and the important role of the family. In addition, the MHTC-JJ seeks to provide participants with practical strategies for better interacting and communicating with youth in their care who have mental health problems. This training will be offered to all JJ staff (YDC & Regional).

Shield of Care

Credit Hours: 7.5

Target Audience: YDC Staff

This course is for on-boarding staff and a pre-requisite for Shield of Care Booster, a suicide prevention curriculum designed specifically for all levels of staff in detention facilities and Youth Development Centers. The Shield represents protection and includes three protective layers. The

first layer is the facility's policy and procedure; without adherence to policy and procedures suicide is more likely to occur. The second and third layers are connectedness with youth and fellow staff to strengthen prevention. The inside of the model represents the actions staff should take to protect youth from suicide.

Shield of Care Booster

Credit Hours: 2

Target Audience: YDC Staff

This course will be offered as an in-service course to those who have met the pre-requisite. This is a condensed version of the original curriculum, which covers the major objectives of the course and allows participants a significant amount of time to practice knowledge and skills learned throughout the curriculum.

Think Trauma: A Training for Staff in Juvenile Justice Residential Setting

Credit Hours: 7.5

Target Audience: Juvenile Justice Staff

This curriculum has four modules. In these modules, participants will learn approaches and techniques to reduce the stress staff face every day in interacting with traumatized youth. By understanding trauma, staff become more effective at their job and find more rewards working with the youth in their care. This is a National Child Traumatic Stress Network curriculum.

Working with Gang-Involved Youth (formerly entitled Juvenile Delinquency and Gang Involvement: What You Need to Know)

Credit Hours: 7

Target Audience: Case Manager Series

This will be a statewide training for all JJ staff (YDC & regional) to provide knowledge and skills on how to deal with this population of youth gang members. There will be a pre/posttest with a required 80% pass rate.

Facilitated Discussions based on the book *The Essential Handbook for Human Service Leaders* (formerly entitled *Handling Conflict and Working with Difficult Staff, Part 2*)

Credit Hours: 3

Target Audience: Supervisors

Tim Nolan, president of the Human Services Leadership Institute and national speaker, presented a supervisory training on "Handling Conflict and Working with Difficult Staff". As a resource to supervisors, *The Essential Handbook for Human Service Leaders* by Tim Nolan was shared with regional leadership to serve as the foundation for facilitated discussions. In preparation for the discussions, supervisors will read designated chapters and answer questions to promote self-reflection and an awareness of how to strengthen their leadership skills. Peer discussions will afford participants an opportunity to expand their knowledge about supervision, create a support network, and strengthen core leadership in the regions.

Juvenile Justice Residential Services Pre-Service Courses:

Introduction to Juvenile Rights

Credit Hours: 1**Target Audience: YDC Staff**

This course examines the evolution of the juvenile court system in the United States as well as the Tennessee Juvenile Court System. Juvenile law provides a great deal of discretion on the interpretation of various rules and processes by judges, police, and other juvenile justice personnel. State statutes establish the parameters/ boundaries and sets minimum standards while county juvenile judge and their superiors decide how their juvenile court will proceed or operate within those boundaries.

Juvenile Rights and Responsibilities**Credit Hours: 4****Target Audience: YDC Staff**

This lesson plan introduces DCS officers to the rights of juveniles and their responsibilities in relationship to the rights youth are afforded.

Customer Focused Government Services**Credit Hours: 4****Target Audience: YDC Staff**

The training promotes a shared definition of G.R.E.A.T. customer service, a common language for providing service to internal and external customers, and a shared understanding among state employees of how to demonstrate excellent service. The customer service skill set is mission-critical to the success of moving Tennessee forward and transforming the way staff conduct business in government.

CPR/FA/AED/Infectious Disease**Credit Hours: 8****Target Audience: YDC Staff**

First aid is the initial care given by a responder with little equipment to someone who is injured or suddenly becomes ill. These courses are designed to give first aid providers the knowledge and skills needed to respond confidently and effectively in an emergency. It is the role of the instructor to help students identify and overcome the barriers to taking action in an emergency.

DOHR Respectful Workplace**Credit Hours: 4****Target Audience: YDC Staff**

The purpose of this workshop is to help staff understand the policy statement of the state of Tennessee regarding preventing workplace discrimination and harassment and to gain specific knowledge needed to create and maintain a respectful workplace.

Cultural Competency**Credit Hours: 4**

Target Audience: YDC Staff

"Culture" refers to a group or community that shares common experiences that shape the way its members understand the world. It includes groups individuals are born into (race, national origin, gender, class, religion) and group's individuals join or become part of, such as a new culture adopted when moving to a new country or area, new economic status or by becoming disabled. People all belong to many cultures at once. So when staff is working with individuals and building relationships, it helps to have some perspective and understanding of cultures. It is also important to remember how much individuals have in common. Staff must be able and prepared to deal effectively with a wide variety of people. Exploring the concepts of cultural competency in this class will allow all participants to become more effective in embracing and respecting the differences in people in their personal lives and in the workplace.

PREA/LGBTQ**Credit Hours: 8****Target Audience: YDC Staff**

This instructor led training (ILT) experience will provide an overview of the Prison Rape Elimination Act and federally-enacted standards as they impact and guide corrections operations.

Professional Ethics**Credit Hours: 4****Target Audience: YDC Staff**

This course will define "professionalism" and "ethics" through an examination of the characteristics and attributes required of each employee. Emphasis will be placed upon the relationships between staff and students that enhance staff's ability to do the job with integrity and on those behaviors that can damage every employee's credibility and safety within the department.

Crisis Prevention Intervention**Credit Hours: 5****Target Audience: YDC Staff**

The Nonviolent Crisis Intervention ® program is a safe, non-harmful behavior management system designed to help human service professionals provide for the best possible Care, Welfare, Safety and Security of disruptive, assaultive, and out-of-control individuals – even during their most aggressive moments.

Family Systems/CFTM/IPP**Credit Hours: 4****Target Audience: YDC Staff**

This course will assist staff in identifying types of families, the impact of family members' behavior, the characteristics of healthy and unhealthy families and the role you must accept as a professional DCS employee. The course will explain how this process affects a youth's length of commitment to DCS, whether he/she is committed for an indefinite or determinate amount of time.

Professional Communication**Credit Hours: 2****Target Audience: YDC Staff**

Through a series of lecture, group discussion, and guided activity, this course will offer the employee valuable methods to adapt to a greater use of Professional Communication in a positive way.

Internal Affairs/CPS**Credit Hours: 2****Target Audience: YDC Staff**

It is required that all Department of Children's Services employees know and understand Internal Affairs Policy 1.16 so that staff can comply with the law and cooperate in a proper investigation. The authority that drives this policy is from state law, Tennessee Code Annotated 37-5-106. The purpose of IA is to investigate allegations of malfeasance, misfeasance, nonfeasance and violations of rules, policies, and procedures concerning the management and operation of the DCS. This course covers the information related in the policy regarding Internal Affairs investigations.

Ombudsman**Credit Hours: 2****Target Audience: YDC Staff**

This class introduces students to the Tennessee Commission on Children and Youth conflict management and resolution services provided by the ombudsman program.

Mach V**Credit Hours: 9****Target Audience: YDC Staff**

The Controlled F.O.R.C.E.® training system was created for the nation's public and private law enforcement agencies. The founders of the Controlled F.O.R.C.E.® training system assembled a team of accomplished, professional instructors and police officers who shared a desire to create a practical defensive tactics training program. After years of research, this panel of professional instructors, known as the Controlled F.O.R.C.E.® Team, identified a strong demand among law enforcement professionals for a comprehensive defensive tactics training program that is extremely effective, highly retained by its students, and can easily co-exist with a department's current defensive tactics programs. The Controlled F.O.R.C.E.® training system utilizes five basic building block holds known as Mechanical Advantage Control Holds, or M.A.C.H.™ holds. These M.A.C.H. holds are the backbone of the Controlled F.O.R.C.E. training system, and are designed to provide the student with an opportunity to enhance his or her continued development in defensive tactics training. The M.A.C.H.™ holds, as well as the entire Controlled F.O.R.C.E.® training system, have been developed and are taught in such a manner as to assure a high level of retention for all students.

Report Writing**Credit Hours: 2****Target Audience: YDC Staff**

This lesson plan introduces the students to what constitutes a written report and why it is essential to be clear and concise. They will be taught the role of written reports as used to effectively discipline students and defend themselves in legal processes. These principles will be presented through lecture, discussion, and practicums. The student will write two reports, one of which will be a skills test.

Communication and Interpersonal Relationships**Credit Hours: 2****Target Audience: YDC Staff**

This course will identify and discuss the importance of maintaining a professional distance between staff and students. It will identify problems with being too friendly or too aggressive in dealing with students. It will also address many of the problems staff can create by their own behavior. Lastly, it will identify the importance of maintaining a professional rapport with all students supervised.

Transportation Techniques**Credit Hours: 2****Target Audience: YDC Staff**

One of the greatest security concerns in any Detention center is the safe and secure movement of students from one place to another. There are policies in place governing how this movement is to be accomplished when it is necessary to transport a student outside the facility.

Team Building**Credit Hours: 2****Target Audience: YDC Staff**

During this class teams are discussed. Trainers discuss how a team should function and why teamwork is essential to institutional operation. Once we've found out what a team is, you will be given a chance to demonstrate your teamwork skills in an activity.

Suicide- Signs/Symptoms/Response**Credit Hours: 2****Target Audience: YDC Staff**

This lesson plan introduces DCS officers to the signs and symptoms of suicide among juveniles and the appropriate steps to take during intervention.

Street Drugs Update**Credit Hours: 2****Target Audience: YDC Staff**

This course will cover the common forms of ingestion, basic pharmacological effects upon the user and a physical description of these drugs in order to aid their recognition.

Security Threat Groups Update

Credit Hours: 2

Target Audience: YDC Staff

This lesson plan introduces DCS officers to the security threat groups (gangs) that are found in Tennessee, the tattoos and writings associated with these gangs, and how to identify gang signs.

Security Analysis/Supervision of Juveniles

Credit Hours: 1

Target Audience: YDC Staff

This course is designed to introduce Children's Services Officers to security procedures necessary to ensure the smooth running of a facility. They include those that contribute to the safety and security of employees and students while they are inside. Indicators to look for which denote an unusual occurrence will also be covered.

Personal/Area Searches/Seizure/Rules of Evidence

Credit Hours: 2

Target Audience: YDC Staff

This lesson plan introduces DCS officers to the types of searches that can be done in order to prevent/control contraband. Through practical application they will demonstrate skills learned.

Managing Disruptive Students

Credit Hours: 2

Target Audience: YDC Staff

The Department of Children's Services juvenile justice students need a disciplinary system that holds them accountable for their behavior in such a way that rewards for appropriate behavior become more important than negative consequences for disruptive behavior. It is primarily up to the Children's Services Officer to enforce behavior management programs, know what options are available by policy, and utilize the least intrusive techniques to help students learn to control their own behavior.

Juvenile Rules and Regulations

Credit Hours: 1

Target Audience: YDC Staff

The lesson plan will review policy rules and regulations of the disciplinary process and the use of confinement of students in the Department of Children's Services youth development centers. Students will work in groups to answer questions concerning policy definitions of disciplinary offenses, the appeals process, punishment guidelines and the appropriate use of confinement. The instructor will review the correct answers and lead a guided group discussion of policy mandates.

Juvenile Courtroom Procedures

Credit Hours: 1

Target Audience: YDC Staff

Dressing appropriately is an important part of a court appearance, whether you are a witness, defendant, juror, or bystander. In most areas, a court has a basic dress code which people are expected to adhere to, but the dress code is usually fairly minimal. Taking the time to pick out appropriate clothing can be beneficial in the end, and it is worth carefully thinking out every garment that you will wear in court.

You may feel afraid or nervous about testifying in court. Although you want to see justice done, you may have concerns and fears about testifying, including making a mistake or not remembering things on the witness stand, or fear of being cross-examined by an opposing attorney. When testifying, there may be times when you don't understand a question, are uncomfortable answering a question or simply don't remember. The Assistant District Attorney (ADA) or DCS Attorney will provide you with guidance about testifying. You should be honest with them about your concerns and discuss the suggestions they have to assist you.

Defensive Driving

Credit Hours: 3

Target Audience: YDC Staff

In any department, the transporting of students from one location to another is a necessity. It is imperative that DCS or any other department accomplish this efficiently and safely.

This course will focus specifically on transporting students utilizing the 15 passenger van, though most of the safety precautions and measures apply to vehicles of any size and capacity.

HIV/Infectious Disease

Credit Hours: 1

Target Audience: YDC Staff

This lesson will look at contagious diseases that staff may come into contact with due to the environment they work in. It will identify blood-borne, air-borne and contact pathogens that may be present in a correctional setting. This course teaches ways to prevent the spread of infection.

True Colors Team Building

Credit Hours: 4.5

Target Audience: YDC Staff

This course provides the participants with information regarding personality, characteristics, communication, and interaction styles.

ACA/COA/CQI Update and Review**Credit Hours: 2****Target Audience: YDC Staff**

This course will provide current information in regard to the American Correctional Association, the Council on Accreditation and the CQI process. Both ACA and COA standards are discussed and reviewed, including the accreditation process, audits, the importance of documentation and compliance. It also addresses the benefits and procedures for the CQI process.

Local Policy Training**Credit Hours: 2****Target Audience: YDC Staff**

This course provides the participant with review of and information regarding Local Policy as in addresses the "In House" implementation of DCS policy.

Contingency/BRP Plan**Credit Hours: 2****Target Audience: YDC Staff**

This course provides the participants with information addressing emergency situations, scenarios, and events possible within the facility along with a plan of action to resume business functions as quickly as possible.

Fire/Safety/Personal Protective Equipment (PPE)**Credit Hours: 2****Target Audience: YDC Staff**

This course provides the participant with information in regard to Fire Hazards, prevention and emergency situations; OSHA/TOSHA regulations, safety precautions and injury prevention; identifying personal protective equipment, locations and proper use.

Key Control/Tool Control/Chemical Control**Credit Hours: 2****Target Audience: YDC Staff**

This course provides the participant with information addressing the importance and necessity of proper key, tool and chemical control.

Meth and Prescription Drugs**Credit Hours: 7.5****Target Audience: YDC Staff**

This course is designed to bring participants into awareness of issues of risk, dependency, and recovery from the use of Meth and prescription drugs.

Working with Delinquent Youth**Credit Hours: 7.5****Target Audience: YDC Staff**

This course is designed to introduce Juvenile Justice Professionals to the 2 types of youthful offenders staff will encounter and to equip them with the understanding and practice skills to effectively engage delinquent youth.

The following new course will target the audience of YDC staff**Behavior Modification Program****Credit Hours: 24****Target Audience: YDC Staff**

The DCS Office of Juvenile Justice (OJJ) supports an atmosphere that promotes positive behavior of the students in the Youth Development Centers and prevents and minimizes the use of restrictive behavior management interventions. This training will educate and develop staff skills to create and maintain a culture that promotes respect, healing and positive behavior and assists students to manage their behavior by employing strategies to maintain a safe environment for students and staff. Also, this training program will provide staff with tools to de-escalate situations where students become upset or agitated. Staff will receive training on the safe and proper use of restrictive interventions during the pre-service training period and annually thereafter. Training will include information regarding the effects of use of restrictive techniques on students who have experienced traumatic events involving abuse or violence as well as all elements of COA PA-BSM 3 and PA-BSM 4.

The following new course will target the audience of supervisors:**Integrating Assessment Tools for Supervisors****Credit Hours: 2****Target Audience: Supervisors**

This will be a video-driven workshop with opportunities for discussion of presented material. The course will include the following components: an explanation of the need for standardized assessment tools in Child Welfare as presented by Richard Epstein from Vanderbilt Center of Excellence; demonstration of a case manager completing the assessment tool with the family; integration of assessment information during a planning session with the family during a Child and Family Team Meeting; review during case consultation to assess progress, barriers, and next steps to ensure the desired outcomes outlined in the plan are achieved.

Foster, Adoptive, and Kinship Parents Training**Pre-Service for Foster, Adoptive, and Kinship Parents****Traditional PATH curriculum*****Credit Hours: 26***

Course Audience: Foster, Kinship and Adoptive Applicants

PATH is designed to orient prospective adoptive, foster and kinship care parents to the world of child welfare; therefore, it is an orientation series and not a training series. The series serves as a guide through the complexities of the child welfare system and discusses the ways that the system affects children and families. PATH goes one step further. It provides opportunities for participants to assess their own strengths and resources to determine whether they are ready to take on the role of resource parent at this time. All PATH sessions are co-facilitated by an agency trainer and resource parent trainer. The use of a resource parent trainer, who guides the group by sharing family experiences, reinforces the concept of an orientation series. This course has the privilege of youth co-trainers for one session; this provides applicants firsthand knowledge of what is needed from resource parents that foster adolescents.

Cultural competence is another central concept in PATH. This course recognizes and celebrates diversity, the importance of respecting and working to understand differences rather than to make judgments about them.

Kinship PATH curriculum

Credit Hours: 16

Target Audience: Kinship Foster Parent Applicants

This Pre-service curriculum is intended to provide new kinship parents with information on how to navigate the child welfare system, parent children who have been traumatized and effectively discipline children in foster care and beyond. During the sessions, kinship parents will learn how to partner with the child welfare system as well as birth parents to provide successful permanency outcomes for the children in their care. The kinship parents will be provided with positive parenting techniques and ideas about disciplining children in a manner that will strengthen the parent-child relationship. In addition, kinship parents will attend a CPR/First Aid session and a Medication Administration course for resource parents.

This new curriculum was successfully piloted in the Shelby region. Due to the success of the pilot, three additional regions will offer the curriculum in the upcoming fiscal year.

Duration: This course will be offered monthly, ongoing

Current In-Service Offerings for Foster, Adoptive, and Kinship Parents

The following required courses are offered in each region at least quarterly:

Child Development

Credit Hours: 2

Target Audience-Foster, Adoptive, and Kinship Parents

This workshop enables participants to have a better understanding of age-appropriate behaviors for the children they are parenting, as well as help them identify behaviors that might indicate a problem. Participants also learn the stages of child and adolescent development. Finally, parents are able to explore how some forms of maltreatment affects a child's development.

Connecting Children and Parents through Visitation

Credit Hour: 1

Target Audience-Foster, Adoptive, and Kinship Parents

This course will provide Resource Parents with a better understanding of: The Federal and State mandate, on child and family visitation; The importance of the child and family visitation, and why supporting this contact, is important to a child's developmental and mental well-being; How to identify the reasons for a child's behavior before, during and after visitations and how to strategically, minimize these behaviors.

CPR/FA Refresher

Credit Hours: 4

Target Audience-Foster, Adoptive, and Kinship Parents

This course is required for all resource parents, instructing participants in basic CPR and first aid skills that can sustain or save a life while professional emergency help is on the way. This training will make the home and work environment safer by preventing illness and injury as well as quickly recognizing and responding to emergencies.

Cultural Awareness for First Year Resource Parents

Credit Hour: 1

Target Audience-Foster, Adoptive, and Kinship Parents

This 1-hour course allows resource parents to examine their own cultural backgrounds and beliefs about different cultures through self-assessment. The role that culture plays in a person's development and sense of identity will also be explored.

Cultural Awareness for Second Year Resource Parents

Credit Hour: 1

Target Audience-Foster, Adoptive, and Kinship Parents

In this 1-hour workshop, parent, child, and social roles will be explored. Issues regarding communication and culturally-specific needs will also be introduced. By the end of the session, participants will have the opportunity to practice their cultural competence.

Fostering Positive Behavior

Credit Hours: 3

Target Audience-Foster, Adoptive, and Kinship Parents

This course is an interactive DVD series which demonstrates best practice in behavioral problem-solving methods and highlights prohibited behavioral practices. Participants will learn how to apply principles of DCS work to specific issues of behavior management, how to approach the behavioral issues of children in state custody, and how to demonstrate effective behavioral problem-solving methods.

Helping Children Make Transitions

Credit Hours: 3

Target Audience-Foster, Adoptive, and Kinship Parents

This course provides participants with information that will help them to work with children who are in transition. Understanding the issues faced by these children and their families as they move from one setting to another is the focus of this course. Techniques to help children through this time of trauma, with emphasis on maintaining significant relationships, are discussed.

Kinship Family Dynamics

Credit Hours: 3

Target Audience-Kinship Parents

Family Dynamics never remain the same. The dynamics are constantly shifting based on a number of factors including family members' differing communication styles, traditions, and changes in parental roles, such as the ones required when families become a kinship placement. This workshop allows participants to explore ways to adapt to the changes in the family dynamic as a result of a kinship placement.

Kinship Family Role Conflict

Credit Hours: 3

Target Audience-Kinship Parents

This workshop allows participants the opportunity to learn techniques to address role conflict within their family as a result of a kinship placement. Topics addressed in this course include, how to work effectively with the birth parents and how to handle the stressors that can occur by becoming a kinship placement.

Medication Administration Refresher

Credit Hours: 2

Target Audience-Foster, Adoptive, and Kinship Parents

This course is required for all DCS resource parents every two years after approval. This refresher course includes an update on medication administration policies and procedures. The course also provides an update on the knowledge to safely and effectively administer medications to children in care. Topics included in this class range from self-storage and disposal of medication to common errors in medication administration.

Parenting the Sexually Abused Child

Credit Hours: 3

Target Audience-Foster, Adoptive, and Kinship Parents

This training addresses issues of coping with and responding to disclosures, managing sexual acting-out behaviors, developing family rules that are relevant to the sexually abused child, understanding myths and realities of sexual abuse, realizing the important role of therapy, and understanding potential outcomes for children who have been victimized.

Parenting the Youthful Offender

Credit Hours: 9

Target Audience-Foster, Adoptive, and Kinship Parents

This course is required for all resource parents fostering delinquent youth. This class allows resource parents to explore the benefits of fostering a delinquent youth. Participants will gain knowledge helpful in assisting a delinquent youth in addressing challenging behaviors, delinquent behaviors, adolescent development, and transitioning to home or independent living placement.

What to Know About Child Exploitation

Credit Hours: 3

Target Audience-Foster, Adoptive, and Kinship Parents

This course will equip Resource Parents with information and training about Child Exploitation and Human Trafficking. Resource Parents will gain insight into the criminality of child exploitation and human trafficking while learning about the physical and psychological impact it has on children. Participants will learn about the importance of protecting and educating children about the dangers of being lured into this fast growing illegal activity that is considered modern day slavery.

Working with Birth Parents

Credit Hours: 3

Target Audience-Foster, Adoptive, and Kinship Parents

This course helps everyone involved in foster care gain an appreciation for the critical role of birth parents in the lives of children in care. Participants will have an opportunity to explore the impact that a child's history and visits with his/her parents have on behaviors.

Working with the Education System

Credit Hours: 2

Target Audience-Foster, Adoptive, and Kinship Parents

This training will help Resource Parents to develop positive relationships with local school systems. Topics include: obtaining and sharing the Education Passport (school records), navigating the special education process, consulting your Education Specialist, understanding DCS education policies, and collecting information for use in Child and Family Team meetings.

Current Elective Offerings for Foster, Adoptive, and Kinship Parents

KEEP (Keeping Foster & Kinship Parents Supported)

Credit Hours: 16

Target Audience-Foster and Kinship Parents

KEEP is an evidence-based support and skill enhancement education program for foster and kinship parents of children aged 4 to 12. The program supports foster and kinship families by promoting child well-being and preventing placement breakdowns. KEEP encourages the foster and kinship parent to change their child's behavior, teach effective parent management strategies and provide their children with support.

Course Duration: This course is being piloted for monthly delivery in the East Grand region

Engaging and Parenting Teens

Credit Hours: 2**Target Audience-Foster, Adoptive, and Kinship Parents**

This course will showcase the benefits of being a resource parent for teens and discuss adolescent development in relation to behaviors, identity, peers, and family and the relationship between interdependence and positive youth development.

Course Duration: This course is expected to be offered as requested

Managing Crisis***Credit Hours: 3*****Target Audience-Foster, Adoptive, and Kinship Parents**

This class prepares participants for the predictable periods of crisis that are a part of being a resource family. It helps the families to think about these difficult periods as opportunities for their families to grow closer and for family members to strengthen their commitment to one another. Participants are also given the opportunity to practice their crisis intervention skills through a team activity. Participants will develop their first preventive or proactive family plans and sharpen their skills for assessing their own family resources and strengths.

Course Duration: This course is expected to be offered as requested

Partnership in Action***Credit Hours: 2*****Target Audience-Foster, Adoptive, and Kinship Parents**

This course will examine the meaning of partnership between DCS staff, resource parents, and birth parents as they work together for the same goal. Participants will also learn how building relationships, respecting one another, and understanding roles can benefit team members.

Course Duration: This course is expected to be offered as requested

Positive Discipline 2***Credit Hours: 3*****Target Audience-Foster, Adoptive, and Kinship Parents**

This training revisits information on discipline that was discussed during PATH classes, and additional discipline techniques such as rewards, behavior modification, involving the child in behavior replacement, and natural consequences are explored.

Course Duration: This course is expected to be offered as requested

Professionalism and Ethics***Credit Hours 3*****Target Audience-Foster, Adoptive, and Kinship Parents**

The training will allow participants to define professionalism and identify qualities expected of professionals. Participants will be able to recognize how resource parents are professional members of the team and become familiar with the Code of Ethics for Resource Parents.

Course Duration: This course is expected to be offered as requested

Loving and Letting Go*Credit Hours: 3***Target Audience-Foster, Adoptive, and Kinship Parents**

This workshop will help resource parents address the grief and loss experienced when children in their homes return to their birth parents or other permanent placements. Techniques will also be provided on how to manage the stress that accompanies grief during the transition period of a foster child leaving the home.

*Course Duration: On-going-Quarterly***Creating Teachable Moments (Independent Living Skills Curriculum)***Credit Hours: 3***Target Audience-Foster, Adoptive, and Kinship Parents**

This course was created to address the skills that youth need in order to navigate life in the direction of success. The tools youth need are easily obtained with the help of a significant personal connection that takes an interest in teaching them. This course will discuss the ways staff work with youth, which falls into two categories: teaching tangible skills such as problem solving, planning, decision-making, time management, communication, and interpersonal relations. And secondly, intangible skills like cooking, budgeting, or how to get a summer job which caregivers can provide by creating teachable moments. This material will help resource parents have a better understanding of the lasting impact staff can have on a youth's future.

*Course Duration: On-going-Quarterly***Social Media and Its Impact on Children in the Foster Care System***Credit Hours: 2***Target Audience-Foster, Adoptive, and Kinship Parents**

Internet and wireless technologies have brought about unprecedented challenges for parents. The Internet has allowed a world of information and communication to be brought immediately to any computer or cell phone. Unfortunately, the news is filled with stories of how children have been harmed through the misuse of these technologies. This workshop will equip parents with the practical knowledge and skills staff need to keep their children safe online, while preserving all the benefits of the Internet.

*Course Duration: Quarterly-During Association Meetings***Money Management***Credit Hours: 2***Target Audience-Foster, Adoptive, and Kinship Parents**

This course will consist of two main components: Helping Resource Parents manage money and teaching youth in their care to manage money. The workshop will provide information on Basic Banking, Budgeting, Savings, and Investing. This course will provide hands-on learning to assist in teaching these concepts.

Course Duration: This course is expected to be offered as requested

Caring for Children Who Have Experienced Trauma**Credit Hours: 12****Target Audience-Foster, Adoptive, and Kinship Parents**

This course will provide resource parents with the knowledge and skills needed to effectively care for children and teens that have experienced trauma. Participants will learn how trauma-informed parenting can support children's safety, permanency, and well-being, and staff will engage in skill-building exercises that will help them apply this knowledge to the children in their care.

Course Duration: This course is expected to be offered as requested

Synthetic Drugs and Teens**Credit Hours: 2****Target Audience-Foster, Adoptive, and Kinship Parents**

This workshop will educate resource parents on the most current synthetic drugs being manufactured and their effects on teens.

Course Duration: Annual

Neonatal Abstinence Syndrome Resource Parent Training Course**Credit Hours: 3****Target Audience-Foster, Adoptive, and Kinship Parents**

This course provides Resource Parents with information about NAS. Neonatal Abstinence Syndrome is a condition in which a baby has withdrawal symptoms after being exposed to certain substances. The kinds of medications that may cause withdrawal and how to parent babies with NAS will also be discussed. In addition, techniques on how to reduce your baby's risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death will be reviewed.

Course Duration: This course is expected to be offered as requested

Couples Who Foster**Credit Hours: 3****Target Audience-Foster, Adoptive, and Kinship Parents**

Foster parenting can be both a challenge and a delight to married couples. There is a tremendous reward to knowing that you have made a positive difference in a child's life. However, the foster parenting lifestyle can hurt a marriage if couples do not have solid communication skills and the ability to deal with stressful situations. This course is intended to help resource parents acknowledge and understand that raising children from foster care presents unique challenges and opportunities for a couple's relationship. Information will be provided to help couples strengthen family bonds and connections and provide them with ways to manage the inevitable decisions and conflicts that arise in intimate relationships and marriage.

Course Duration: On-going-Semi-Annually

Parenting Children/Youth with Special Health Issues**Credit Hours: 3**

Target Audience-Foster, Adoptive, and Kinship Parents

This workshop is designed to assist families in caring for children with complex medical needs. A child with medical needs can be challenging and this workshop will offer explanations, suggestions, and strategies for caring for these children on a daily basis.

Course Duration: Ongoing-Every 6 Months

The following new courses are planned for development and will target the audience of Foster, Adoptive, and Kinship Parents:**The Importance of Confidentiality in Foster Care****Course Audience: Approved Resource Parents**

Resource parents are entrusted with confidential information about children in their care, and learn additional confidential information about children and their families as a result of their work as resource parents. This course will address the importance of resource parents maintaining confidentiality as it relates to the children they parent, as well as the birth families they work with. Discussion will include information on current HIPPA requirements as well as the confidentiality requirements surrounding social media outlets.

Duration: On-going-Monthly during Association Meetings

PATH for Birth Children**Course Audience: Birth children of prospective resource parents**

This PATH course will provide an overview of the foster care system, along with information about the behaviors and expectations that teens and young adults can anticipate from children in the foster care system. This course will allow the birth children of prospective resource parents to express their views on having foster children placed into their home, and explore the impact that having foster children in the home will have on their family.

Course Duration: This course is expected to be offered as requested

Foster Parent Support Specialty Week**Course Audience: All new and existing Foster Parent Support Case Managers**

The course will provide information surrounding the job responsibilities of Resource Parent Support Case Managers for the Department of Children Services. Topics will include how to conduct bi-annual re-assessments and monthly home visits, how to prepare and implement a Corrective Action Plan, maintaining Resource Parent Case files to include the Departmental Resource Home Eligibility (D-RHET) Protocol and how to aid resource parents in resolving conflict or disagreements with DCS. A comprehensive review of policies that relate to resource parents will be reviewed throughout the duration of the training where applicable.

Course Duration: On-going-Quarterly

Approved, Now What?**Course Audience: Approved First Year Resource Parents**

This workshop was developed to provide resource parents with the opportunity to explore topics such as the payment process, the requirements for re-assessment, what is a Corrective Action Plan and the importance of attending in-service trainings. Discussions and activities will also aid resource parents in identifying and utilizing the wealth of resources within the Department of Children's Services and in the community.

Course Duration: On-going -Monthly

"No hablo espanol, but the child being placed in my home does!" Basic Spanish for Resource Parents

Course Audience: Approved Resource Parents

As a Resource Parent, you may have a desire to parent any child who needs your help. This course will provide Resource Parents with the basic Spanish skills to communicate with a Spanish speaking child. Learn simple nouns and verbs related to eating, dressing and going to school. Resource Parents will also learn some adjectives to understand how the child is feeling. This course requires active participation; after all it is a language class!

Course Duration: On-going-Quarterly in Urban Areas and Semi-Annually in Rural Areas

Supporting Children Exposed to Domestic Violence

Course Audience: Approved Resource Parents

Resource Parents are tasked with parenting children from various cultures. One such culture is children that have been exposed to domestic violence. This course examines the factors of domestic abuse and the impact it has on children who are directly or indirectly affected. It identifies the knowledge, skills, and competencies a Resource Parent must possess to recognize and help a child victim to heal from that trauma.

Course Duration: On-going- Semi-Annually

Fostering Healthy Lifestyles, Dealing with Childhood Obesity

Course Audience: Approved Resource Parents

This course will examine how Resource Parents can help in the fight against childhood obesity. This course will identify the role that Resource Parents can play in a child's weight loss and lifestyle changes. Several factors will be explored: the cause of obesity throughout the country; the effect it has on a child's health; and how obesity impacts a child's self-esteem. Skills introduced will include reading nutrition labels; identifying healthy foods; recipes; and encouraging exercise.

Course Duration: Quarterly-Association Meetings

Safety First: Car Seat Safety

Course Audience: Approved Resource Parents and all Resource Parents with children under the age of 9

This workshop provides current information on child safety seats, seat belts and school bus travel. Resource Parents will also become well versed in the laws that address car seat safety. The course will also include a demonstration of the proper installation of child safety seats.

Course Duration: Ongoing-Quarterly

Connecting with Children that have been affected by Poverty

Course Audience: Approved Resource Parents

This workshop provides an in-depth view of the relationship between poverty and child neglect and discusses barriers to family support. This workshop will provide creative ways to connect with children that have been affected by poverty. This course will also include a poverty simulation to provide parents with a look behind the curtain of poverty.

Course Duration: Ongoing-Quarterly

Managing Behavioral Issues in Foster Teens

Course Audience: Approved Resource Parents beyond their 2nd Year

After many attempts with managing challenging behavior of foster youth, resource parents desire better tools for their older children. This course offers strategies specifically geared toward older foster youth who display difficult to handle behaviors. Tips will be provided on how to set boundaries and consequences, building positive relationships, de-escalation techniques, follow through and consistency.

Course Duration: On-going-Monthly

Education Training for Youth Transitioning from Secondary Education to Post-Secondary Education

Course Audience: Approved Resource Parents

The training will provide caregivers with community and DCS resources to assist youth in DCS custody who are aging out and eligible for secondary and post-secondary education services. This training will address the educational needs of Youth ages 16-18 that will be transitioning from high school to college, 2 year colleges, and vocational technical schools. The training will provide important resources such as where and how to access FASFA (Financial Aid), the requirements of each of the aforementioned Post-Secondary Education Options, and on-line resources such as the Ansel Casey Website.

Course Duration: Ongoing-Quarterly

Caring for Children of Incarcerated Parents

Course Audience: Approved Resource Parents

This course is designed to provide insight to caregivers of children who have experienced separation from their parents through incarceration. While a parent may have made decisions that caused this separation, it is important that caregivers understand that a child's love and concern for that parent is unconditional; no matter what, they are the only mom and dad this child has ever known. Through this course, caretakers will learn how to assist children through the structural family transitions, while gaining insight to the emotional impact this separation has on the child. It is the goal of this course to provide caretakers with the skills, knowledge and strategies needed to create and improve long term positive outcomes for these children.

Course Duration: On-going -Quarterly offering

A Child's Perspective from Being: REMOVED

Course Audience: Approved Resource Parents

Often a child's story of removal is told by someone else; therefore much of the essence and nuances of that experience are lost. This course will bring to life every emotion of a child who has experienced the trauma of being removed and separated from the care of their biological parents and siblings. Many caretakers have not understood the emotional depth and significance of this separation. This course will give caretakers an intimate view of these experiences from the child's perspective. Caretakers will recognize that certain triggers may evoke certain responses and behaviors that the child cannot control. Caretakers will learn that sometimes their very acts of kindness and love may not always elicit a demonstration of appreciation and gratitude from the child. It is the goal of this course to provide caretakers with the insight, knowledge and skills to understand the magnitude of the traumas children have experienced, particularly when children are unable to verbalize the impact it has had upon them.

Course Duration: Monthly offerings during association meetings.