



Annual Progress and Services Report – FY 2022

For the 2020 – 2024 CFSP

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Collaboration and Vision

State Agency Administering the Programs

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

State Contact Person:

Tony Nease, MSSW

Program Director 3 & State Liaison Officer

(865) 235-2234

Anthony.nease@tn.gov

Tennessee CFSP Website Link:

<https://www.tn.gov/dcs/program-areas/qi/ped.html>

Collaboration

DCS continues to incorporate internal and external stakeholders in the Child and Family Service Review (CFSR) process. Tennessee chose to do state administered CFSR during round three and has adopted the CFSR model as its official qualitative review process. A member of Tennessee's

Administrative Offices of the Courts continues to serve as a CFSR Reviewer for DCS. An additional member began shadowing the process during the 2021 review season. In addition, a stakeholder employee from Centerstone began developing as a CFSR reviewer and has completed one review. Having these external stakeholders participate continue to support maximizing knowledge of the CFSR process as well as with Federal expectations and systemic issues that impact service delivery, and the needs of families and communities. Challenges with COVID-19 required DCS to conduct the 2021 reviews remotely and have limited opportunities for stakeholders to shadow. Currently DCS continues to recruit through the quarterly CFSR newsletter and promoting the sign-up link through the CFSR team's email signature. External trainings that are conducted are also ways we continue to encourage and recruit external partners and stakeholders to participate. In addition, data and statewide indicators are shared annually, quarterly and monthly through Joint Planning, Citizen Review Panel, CFSP advisory committee, QA/QI calls, Provider meetings. In addition, the CFSP and APSR are available any time through Tennessee's website. DCS continues to include the courts through many different strategies. The Judge in Williamson continues to function as DCS's champion of change to encourage other judges to be involved in collaboration efforts with DCS. However, due to the COVID pandemic the movement with this initiative has been slower than expected. The Judge would like to begin planning a mini conference for a future date. Through the improved partnership with the Administrative Office of the Courts (AOC) and participation in regular calls with the Executive Committee of the Tennessee Juvenile and Family Court Judges, DCS has experienced increased communication and collaboration on some issues over the last year. Some of the topics discussed include: COVID (particularly regarding in-person vs. virtual visits); placement (for example, if a Judge has concerns about a particular placement/agency, sharing those concerns with DCS so it can be addressed); Safe Baby Courts (in those jurisdictions). The AOC has also reached out to DCS on specific cases, rather than just statewide or systemic issues, so concerns can be addressed in those individual situations. In addition, DCS partners with the AOC to ensure that the Judges are trained regarding Family First Prevention Services Act (FFPSA), and DCS will be presenting at the upcoming August Judicial Conference on FFPSA and the Chapin Hall needs assessment. The Judge in Blount and the Judge in Marshall continue to be involved in the PIP project to support quality assessments to determine services gaps and needs for the families in those counties and to collaborate with DCS to fill those service gaps. In 2020 the Juvenile Court conference held a virtual specialized training in partnership with AOC on assessment integration. In addition, the Director for CFSR And Deputy Commissioner for Child Programs were appointed by TN supreme court to sit on the AOC advisory board. The Work Group is a multi-disciplinary statewide group whose purpose is to help inform the activities of the Court Improvement Program (CIP). Tennessee has also involved the AOC to work on the Guardian Assistance Program (GAP).

The Joint Planning Meeting was held on May 19, 2021. Seventy-three (73) stakeholders attended either in person or virtual. Attendees included Members of the CFSP Advisory Council (Please see Agency Responsiveness to the Community). Examples include foster parents, Judges from Blount and Davidson County and former foster care youth, Citizen's Review Panel and Children's Justice Task Force representatives, TN Department of Health and Mental Health and Substance Abuse Services attended the Joint Planning Meeting. Several young adults from the Youth Advisory Council (YAC) participated as well. DCS frontline staff also participated in these meetings representing several regions across the state that included Caseworker and Team Leader levels. Tennessee is still working on strategies to improve birth parent engagement and pandemic barriers. Updates on current initiatives being rolled out were presented such as the Child and Family Team Revitalization initiative, The Family First Prevention Implementation, Child Protective Services Redesign, Supporting Foster Youth and Families through a Pandemic, and Kinship Care.

Stakeholder groups conducted during Joint Planning included Legal/Case Review, Family First Prevention Services, Youth Listening Session, Placement Stability, Foster Parent Recruitment and Training, Child Protective Services Drug Teams and Drug Addictive focused Case Management. Examples of discussions during the stakeholder groups include:

Legal/Case Review Discussion:

- Strategies courts are using to catch up backlogs of Termination of parental rights filings due to the COVID pandemic. The Judge in Davidson is setting aside special dockets to catch up and is currently not seeing too much delay. Rutherford County has moved filing to the Circuit Court to move the back log forward. DCS in turn is monitoring through the ChildStat process.
- Periodic Reviews by the court. Data from last year's APSR was shared. Davidson reviews continue virtually every 6 months and did not experience a delay.
- Foster Care Review Boards. The AOC discussed trainings being conducted on motivational interviewing techniques and plan to start tracking this through the APSR beginning this year. Discussion around virtual foster care review boards during the pandemic seemed successful in improving parent's involvement. The judge's concerns are not setting eyes on the children. A possible solution is considering virtual reviews every other month. Davidson Court plans to bring children and youth back in person June 1st, 2021.

Family First Prevention Services Discussions:

- Through the plan development process, a lack of substance abuse treatment programs statewide was identified. Determine how advocates can be helpful to expand programs and how the department can collaborate with other organizations.

- Developing a function in the TFACTs/CCWIS system that will automate suggestions for evidence-based services and assessment integration. Will also allow for caseworker discretion on whether to follow the suggestions to ensure the correct evidenced based programs to address needs are being used.
- Data collaboration with Vanderbilt University on zip code and entry into care. Want to use these data to be readily accessible to the community. Possibly overlay the resource mapping data to see where we are investing dollars. Can look at poverty and its effect on entry by zip code.

Youth Listening Session:

- Youth Advisory Council (YAC) and other boards give youth the opportunity to realize they are not alone.
- Making sure youth understand exactly all the services/resources available to them.
- Youth 4 Youth boards and utilizing virtual options for the boards.
- Application system for people to know about resources. (Discussed Basecamp options)
- Good financial education is important to young adults and starting earlier with the youth.
- Normalcy activities/freedom. Prudent parenting but making sure it's actually being implemented. Making sure our providers are doing this as well. Making sure it's more than just a check box.
- Sometimes when young adults age out of foster care, they are not ready for post-secondary education; interested in the working population and services they could still participate in even though they aren't in school.

Placement Stability Discussions:

- DCS is focusing more on Kinship Placement and rolling out a statewide training to improve concerted efforts to place children and youth with relatives. There is evidence to support children are more stable when placed with relatives.
- DCS is in the process of developing Foster Assessment Homes. These Foster Parents will receive specialized training that includes how to conduct and document informal assessments of the child/youth and receive higher daily rate. These homes will be for children and youth who enter custody for the first time with no history information to know the best placement and for children and youth who disrupt a foster home without a good understanding as to why they disrupted. This subgroup of children and youth will be placed in a foster assessment home for 30 days and will receive a battery of assessments and in-home services through a contract with Youth Villages. This initiative is to support improvement of DCS's CFSR performance in placement stability.

Foster Parent Recruitment and Training Discussions:

Question:

Was there a situation where you felt you had to disrupt a child/youth in your home? If so, what supports could have helped you to prevent that disruption?

- Assistance with transportation (couples who work and large sibling groups with multiple appointments)
- More of a partnership with the DCS Caseworkers
- Difference between workers that are willing to provide assistance
- Transporting a child beyond 60 miles from home is a huge challenge
- Complying with new requirements to keep the child within their school district has been very difficult

Question:

Have you had the opportunity to serve as a mentor to the birth parents of children placed in your home?

- Reminder of new requirement for mentoring birth parents training
- Age difference has been an issue. For example, a parent that is 10 years or more older than the foster parent makes it difficult for the foster mother to be seen as a mentor

A foster parent shared the following:

- Indicated that she was able to share information regarding child nightmares; however, she has found that the parent wants to know about the fun stuff the child experiences.
- Texts parents to share information about doctor's appointments and etc.
- Shared how there can also be some awkwardness between the parent and foster parent.
- Recommendations for non-biased third party at the visits

Question:

What can all of us, as the child welfare system in Tennessee, do to make placements for teenagers more successful?

- Training is exploring adding a youth co-trainer to a session in TN KEY
- See if some parents will consider respite for teens
- Foster parents that parent teens may need more support
- Clear communication from staff about the child/youth's trauma, triggers, and known behaviors
- Idea to let the foster parents meet the teen/youth, will help "de-mystify" parenting teens

- Recommendation to play videos of successful teen placements and stories before and after trainings
 - Place links to teen stories in newsletters
 - Add foster parent stories regarding teen placements

Question:

How can we make the first placement the best placement?

- Explore kinship relationships
- Services need to be provided quicker
- Provide foster parents as much information about child/youth as possible
- Ask the teens what type of home they would like to live in in order to be comfortable

Child Protective Services Drug Teams and Drug Addictive focused Case Management Discussions:

- The main focus of discussion was with the University of Tennessee Dean of College of Social Work who is interested in this project and partnering with DCS in developing a course to teach working with families with addiction. This class would be offered to all DCS frontline staff as well.

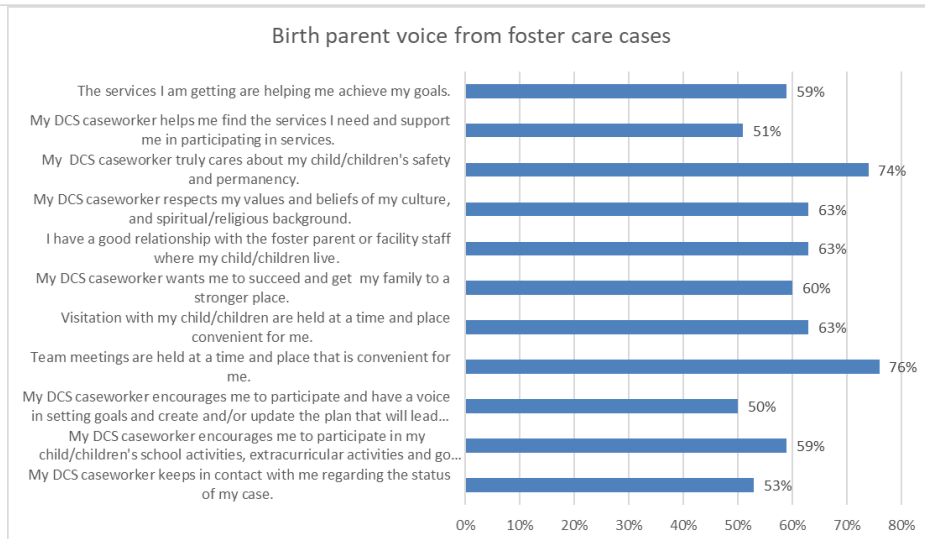
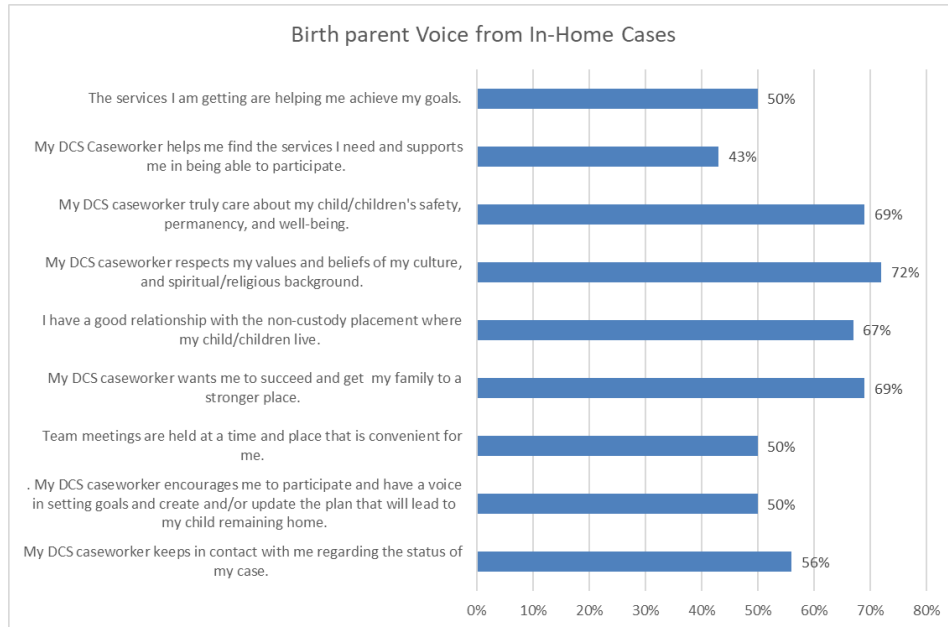
DCS will continue to solicit ongoing feedback through the quarterly CFSP Advisory Boards and provider meetings (Please see Agency Responsiveness to the Community Systemic Factor for details). The CFSP advisory council met in October 2020 and February 2021. Discussion included a young adults experience in foster care and opportunities through extension of foster care. Also, foster parents shared information on improvements in trainings and opportunities for improvement regarding placement stability. Joint Planning meeting was held in lieu of the CFSP advisory council. All of these meetings also provided time to share information and data regarding the CFSP, APSR, PIP, and statewide data indicators. Please see Chafee Section for ongoing feedback and listening sessions with Youth and Young Adults.

Tennessee submitted its Family First Prevention Services five-year prevention plan in May 2021. Two large workgroups continue one focusing on prevention services and the other on congregate care. These workgroups began meeting in January of 2020. All providers and community stakeholders were given the option to participate. There are also plans to engage the Department of Health to look for areas of potential collaboration with respect to the Department of Health's evidence-based home visiting programs. The Department has also partnered with the Tennessee Alliance for Children and Families who participates in all workgroup meetings.

Internal and External stakeholders continue to participate and collaborate with DCS in the QRTP and Prevention workgroups and include DCS frontline and other level employees, Administrative Office of the Courts, Child Help, Alternative Youth Services, Meritan, Inc., TN Children's Alliance, Youth Villages, Monroe Harding, Department of Mental Health and Substance Abuse Services, Department of Health and Human Services- 2Gen Program Coordinator and Families First Director, Systems of Care Across Tennessee, Department of Education, United Health Services, Camelot, Agape, Youth Villages, Bethany Christian Services, Porter-Leath, TN Children's Home, TennCare, Holston Homes, Camelot, Omni, Frontier Health, Florence Crittenton Agency, Upper Cumberland Human Resource Agency, and Steppen Stone.

DCS continues to look for methods to improve capturing the voice of birth parents. Currently DCS is working the Capacity Building Center for States to develop other strategies to improve meaningful collaboration with birth parents. During this APSR cycle DCS collected the voice of the parent through two survey methods. Through the Single Team Single Plan approach. Oversight is led by DCS, but decision making, and ownership belongs to the Multi- Discipline Steering Committee. A Steering Committee for this approach is comprised of high-level management from Department of Intellectual and Developmental Disabilities, Department of Education, Department of Health, Department of Human Services, Department of Children's Services, Department of Workforce and Labor Development, Division of TennCare, MCOs that are contracted by TennCare, and Community Partners. As of 4/30/2021 578 parents voluntarily participated. Ninety one percent (91%) stated "The approach gives me a voice in deciding what happens with my family." Please see Service Array Systemic factor section for details and overall project data.

Between July 1, 2020 and June 30th, 2021, the Program Evaluation Team collected the voice of birth parents through the CFSR interview process. A total of 75 (43% increase from last year) surveys were collected. Results this year include the following:



DCS is developing strategies through CFSR interviews and providers to recruit/invite birth parents to collaborative planning meetings such as the quarterly CFSP Advisory Board and Annual Joint Planning meetings. CFSR Reviewers are being asked while interviewing birth parents during CFSR to assess if they feel that parent would be interested in participating and to ask if they would like to participate at the end of the interview. Tennessee is still working on strategies to improve birth parent engagement and pandemic barriers. In addition, providers are being asked to support this effort and provide feedback for other opportunities they may be using or are aware of.

Surveys were completed with providers, youth, DCS placement staff, and DCS Caseworkers and Team Leaders to solicit information from those stakeholders around any needed improvements to the placement process during this APSR cycle. Feedback includes the following

- Providers noted that having more information about youth, especially mental health assessments, would help them better determine the appropriateness of each child to placement withing their agency.
- DCS and placement staff noted that the lack of placement options were the primary barrier related to finding appropriate placements for youth. DCS placement staff also noted that not having up to date information from providers on availability is often a barrier, as well.
- A listening session was held with youth, as well, during this APSR cycle. Youth feel that more emphasis needs to be placed on matching their interests, beliefs, and culture to those of the foster parent or facility. The youth felt that DCS and providers should focus on recruiting foster parents across a broad spectrum of different beliefs, activity levels, and cultures. These differences were noted as a primary reason they often disrupt those placements.

The Children’s Advisory Council is scheduled to meet regularly in 2021 and will be included in reviewing the 2020-2024 CFSP and development of the APSR. Members of the Council include but are not limited to representatives from the following:

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

DCS continues to work with Community Advisory Boards (CABs). CABs support the work of the Department's Vision To create safe and healthy environments for children where they can live with supportive families and engaged communities. CABs bring a commitment, knowledge and skillsets that enrich the Department's work. CABs allow the Department to stay in communication with community partners. Through collaboration, DCS can leverage strengths and resources to meet immediate needs, address systematic issues and build for the future. DCS recognizes that there is opportunity to enhance relationships with external stakeholder. CABs provide the perfect venue to accomplish this task. Please see updates in the Service Array Systemic Factor Section.

Assessment of Current Performance in Improving Outcomes

Tennessee completed the final quarter of CFSR Round 3 Program Improvement Plan (PIP) implementation strategies on 3/31/21 but has not reached its improvement goal for Safety Outcome 2 Items 2, 3; Permanency Outcome 1 items 4, 5, 6; Well-Being Outcome 1 items 12, 13, and 15. During the second measurement period (4/1/20-9/30/20), performance improved from the baseline for Items 2, 3, 5, 13, and 15 and declined for Items 4, 6, and 12. With respect to Item 4, Tennessee did see a 5% increase in performance between the 2019 and 2020 measurement periods but remains below baseline performance. Tennessee is currently in the 2021 CFSR review season and has completed six out of twelve reviews. The season will be completed in September 2021 but will begin a second round of twelve reviews between October and March 2022 and performance results is being closely monitored compared to improvement goals. Although all PIP strategies have been met, Tennessee is currently working with the Capacity Building Center for States to identify targeted strategies for birth parent engagement and quality assessments to support achievement of the measurement plan improvement goals by September 2022. Please see Implementation Supports Systemic Factor for details.

Child and Family Outcomes

Safety Outcome 1

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

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

Tennessee was found to be in substantial conformity on Safety Outcome One during the 2017 CFSR. DCS does not have a Measurement Plan goal for the CFSR PIP. The target goal in the chart below is based on the federal percentage of substantial conformity.

Data Source: TFACTS (7/1/2012-4/30/2021) and OSRI 9/30/20 (full review)/6/30/21 (partial review)

Measure of Progress	Baseline (FY 2019)	FY 2020	FY 2021	Target Goal	Target Date
CFSR Performance (Item One) Timeliness of Investigations	82.4% (as of 9/30/18 full Review) 76.32% (as of 6/30/19 partial review)	79.57% 9/30/19 82.86% 6/30/20	79% 9/30/20 83% 6/30/21	95%	6/30/2024
Timeliness of Response - Priority One	90.01% - CPSI 96.57% - CPSA	95.20%-CPSI 95.60%-CPSA	92.38%-CPSI 94.58%-CPSA	95%	6/30/2024

Timeliness of Response – Priority Two	89.64% - CPSI 95.34% - CPSA	95.20%-CPSI 96.40 %-CPSA	92.45%-CPSI 93.43%-CPSA	95%	6/30/2024
Timeliness of Response – Priority Three	89.97% - CPSI 87.17% - CPSA	94.40%-CPSI 96.20%-CPSA	92.93%-CPSI 93.69%-CPSA	95%	6/30/2024

Data Source: Statewide Data Indicators (Round Three)

Statewide Data Indicators	National Performance	TN Risk Standardized Performance (15AB,FY15)	TN Risk Standardized Performance (16AB,FY16)	TN Risk Standardized Performance (17AB,FY17)	TN Risk Standardized Performance (18AB, FY18)
Incidence of Maltreatment while in DCS Custody (Using new CFSR Round 3 Measure)	9.67	10.41	8.44	12.63	11.24
Statewide Data Indicators	National Performance	FY 15-16	FY 16-17	FY 17-18	FY 18-19
Recurrence of Maltreatment (Using new CFSR Round 3 Measure)	9.5%	6.3%	5.1%	4.9%	5.2%

**Data Source: Tennessee CFSR 3 August 2020 Data Profile. Data years, A=October through March, B=April through September.

Explanation: A lower RSP value is desirable for both data indicators. Incidence of maltreatment while in DCS custody according to the Data Profile Tennessee’s performance is currently statistically

worse than the national performance; however, Tennessee has made some improvement in FY 2018. Recurrence of Maltreatment according to the Data Profile Tennessee's performance has continued to be statistically better than the national performance.

Progress: Tennessee realized that reporting errors in the CCWIS/TFACTS system were impacting the data for repeat maltreatment in care. It was discovered that referrals received on youth in foster care who reported abuse that had occurred prior to foster care were being counted as abuse that had occurred while in care. This had inflated the data somewhat. Correcting this reporting, as well as implementing other initiatives, has helped the state reduce maltreatment numbers in care.

Strategy: Ensure timely investigations/assessments per DCS policy.	Responsible Party	Update FY 2021	Date
This strategy will be monitored through Leadership monthly conference calls with all Investigations Coordinators/Team Coordinators to discuss percentage of cases not meeting assigned response priority and identify trends to barriers to be addressed through the CQI process. In addition, this strategy will be monitored through ongoing CFSR Reviews.	OCS Quality Control Regional Investigations Directors Regional Administrators Investigations Coordinators/Team Coordinators	On schedule	Ongoing

Strengths and Areas of Needed Improvement Update:

Ensure timely investigations/assessments per DCS policy

This strategy continues to be monitored through regional leadership as well as senior leadership. Goals for improving case closures, response times and assessments are integrated in employee performance plans and addressed in the performance cycle and yearly evaluations. Additionally,

Safe Measures reports provides data points for the supervisors and case managers to utilize through a dashboard that is available at any point in time. Rapid Response and the Special Investigation Unit have also provided resources in areas that are impacted by high caseloads, vacancies, or other issues that impact caseloads.

During this APSR cycle, the Office of Child Safety worked to finalize a redesign of CPS which brought all tracks under the office of child safety. Full implementation is scheduled by June 30, 2021. This resulted in more than doubling the number of staff and referrals under its supervision. As of April 2021, compliance for Priority Response averages 93.24%, FAST timely completion is at 86%, and overdue cases for closure is 13%. Vacancies remain a challenge for CPS in Tennessee. A focus on workforce recruitment, training, and retention is underway and a CPS reorganization has begun to assist in improving how child protection is addressed in Tennessee. This model is scheduled to be fully implemented by the end of June 2021. It provides more specialized teams which is projected to impact staff satisfaction and retention and provides a more comprehensive approach to CPS for children and families. The model was adapted to account for budget impacts from COVID-19. The pandemic is the root cause of areas of concern in performance which has impacted high employee turnover.

Safety Outcome 2

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

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

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

Tennessee was not found to be in substantial conformity on Safety Outcome Two during the 2017 CFRS. The Measurement Plan goal for Item Two is 48.5%. The Measurement Plan goal for Item Three is 27.4%. The target goals in the chart below are based on these goals.

Data Source: OSRI 9/30/20 (full review/12 regions) and 6/30/21 (partial review/6 regions)

Measure of Progress	Baseline FY 2019	FY 2020	FY 2021	Target Goal	Target Date
CFSR Performance (Item Two): Services to Prevent Removal or re-entry into foster care	40% (as of 9/30/2018 full review) 32% (as of 6/30/2019 partial review)	33.82% 9/30/19 36.84% 6/30/20	46% 9/30/20 62% 6/30/21	48.5%	9/30/2022
CFSR Performance (Item Three): Safety and Risk Assessments	22.9% (as of 9/30/2018 full review) 18.06% (as of 6/30/19 partial review)	22.88% 9/30/19 22.54% 6/30/20	24% 9/30/20 61% 6/30/21	27.4%	9/30/2022

Source: Statewide Data Indicators (Round Three)

Statewide Data Indicators	National Performance	TN Risk Standardized Performance (16B17A)	TN Risk Standardized Performance (17A17B)	TN Risk Standardized Performance (17B18A)
Re-entry to foster care in 12 months	8.1%	11.6%	10%	9.2%

**Data Source: Tennessee CFSR 3 August 2020 Data Profile. Data years, A=October through March, B=April through September.

Explanation: A lower RSP value is desirable. Tennessee’s rates of re-entry have continually been statistically worse than the national performance; however, Tennessee shows improvement in performance in 17B18A and continues to be addressed in the Program Improvement Plan and during the 2020-2024 CFSP with the goals and strategies below.

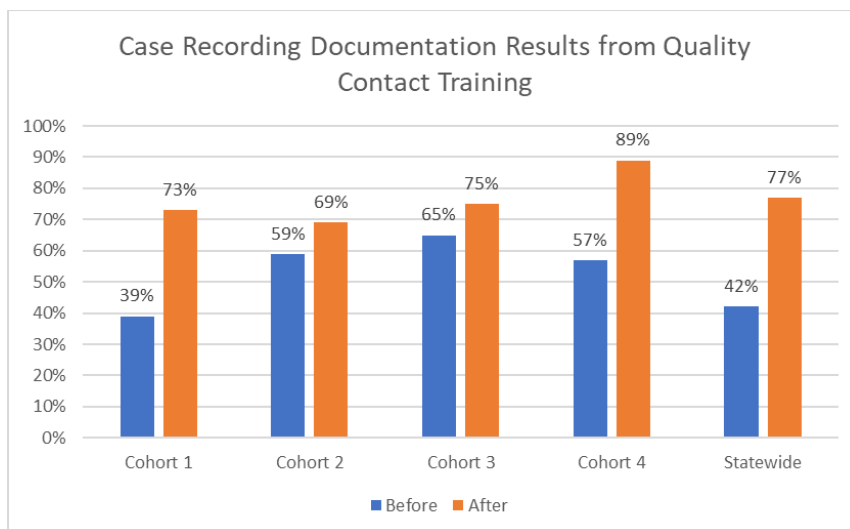
***Please Semi-Annual PIP Report for detail updates on CFSR PIP Goals and Key Activities**

Strategy: Ensure children receive timely, initial, and ongoing safety assessments	Responsible Party	Update 2021	Date
CFSR PIP – Goal One: Strategy One – Quality Contacts Initiative; Strategy Two – Assessment Integration Model.	Executive Director of Training and Professional Development Regional Directors	Strategy One: Completed Strategy two: Completed	3/31/21
CFSR PIP – Goal Two: Strategy One – Safe Baby Courts; Strategy Two – Services Identified by FAST;	Executive Director of Legislation Administrative Office of the Courts Regional Directors	Strategy One: Completed Strategy two: Completed	3/31/21
CFSR PIP – Goal Three: Team Leader Mentoring and Enhancement Project	Director of Program Evaluation Regional Directors	Completed based on CFSR PIP requirement	Ongoing
Strengthen Resource Linkage Program to promote prevention and provide up to date information on available services to families.	Director of CPS A and In- Home Services Regional Directors	On Schedule. Please see update below	July 1, 2021

Strengths and Areas of Needed Improvement Update:

Quality Contacts and Assessment Integration Model

The 4th Cohort for Quality Contacts Training was completed at the end of January 2021. All make-up sessions have now been completed. All Regions have been fully trained and the collaborative has been completed. Case reviews have been conducted showing positive impact on practice. Results from reviews have been broken down by Region and shared with training which will help inform ongoing boosters and follow up trainings.



Results from the Assessment Integration Survey have been received and collected. Overall, frontline staff and supervisors are continuing to improve in their use of the CANS/FAST when working with children and family. The assessment consultants integrated the results in the newly updated CANS/FAST recertification training. All case management staff are required to recertify in their applicable assessment each year. This year's training is being conducted via Zoom. Training sessions began in March and are wrapping up in April. Within the training, the use of the assessments to engage and team with the families when scoring and in scoring of the assessments, as well as using the assessment to track needs and successes and implement a plan to address needs are being emphasized.

Currently, there is a new user workgroup made up of assessment consultants and DCS staff also working to update the initial CANS/FAST trainings for all new hires which will also incorporate the

information gathered in the survey results. An audit of case files was recently conducted for custodial and non-custodial cases to also gauge assessment practice a year after the completion of the AI learning collaborative training for each region. A sample CANS and FAST cases from cases opened between July 2020 and November 2020 was reviewed. This review was focused on evidence of, Teaming, Planning, Tracking and Implementation within each section of the CANS/FAST. A total of 116 CANS and 80 FAST were reviewed. The assessments categories were rated as a whole. Ratings were 1) No evidence of a need to improve; 2) Evidence of a need to improve; and 3) Significant evidence of a need to improve. Like the staff survey results, overall, the results of the CANS reviews are positive with most cases showing No evidence of a need to improve or evidence of a need to improve. (Please see Quarter 8 power point and PIP semi-annual report). A small percentage show significant evidence of a need to improve. The FAST reviews are not as positive. The majority of cases show significant need to improve or evidence of a need to improve.

Team Leader Mentoring Project

During this APSR cycle a standardized protocol was used by the mentors to complete the project in six regions Davidson, Northeast, Southwest, Upper Cumberland, MidCumberland, and Smoky Mountain. The mentors are currently working with the Team Leaders in the last four regions; East, Shelby, South Central, and Northwest Regions. Knox and TN Valley were the pilot regions reported on in last year's APSR. The SIM Labs are scheduled for June and July and the project is scheduled to be complete by September 2021. The mentors continued to work with the Team Leaders virtually due to the COVID pandemic but through the standardized process feedback from the Team Leaders show improved understanding in the CFSR best practice standards and found value in participating in the project particularly with the SimLab experience. Currently discussions are taking place to identify how to integrate the project into the training process to sustain the project.

Thirty five (35) Team Leaders completed and 22 Team Leaders are in process of completing the project. Feedback from these Team Leaders through pre and post questionnaires include:

Pre-Questionnaire key themes:

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

Post-questionnaire key themes:

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

Monitoring Safety Plans

Tennessee implements several strategies to monitor safety plans. The Office of Child Safety continues to monitor Plans of Safe Care by program coordinators in Central Office and issues are addressed through training or supervisory monitoring. DCS Legal Department and Regional Administrators monitor Immediate Protection Agreements (IPA) to ensure children and youth are safe while they are in effect. In addition, Tennessee's Family First Five-Year Prevention Plan identified The FAST will be used to monitor child safety and address the needs of families who are at risk of child welfare involvement and determine the level of intervention needed including development of a safety plan and the frequency of monitoring. The Program Evaluation Team and Data Quality Team have ensured monitoring safety plans has been added to the Case Process Review (CPR) Tool to provide a process to track and monitor improvements in monitoring safety plans. OSRI Performance Practice Report as of 6/30/21 – 6 out of 12 regions shows 57.14% Foster Care, In home 83.33% and AR/DR 0% for all case type 63.34% 14/22.

Safe Baby Courts (SBC's)

All 12 courts are operational. The initial meeting of the SBC Advisory Council was held in November 2020. Commissioner Jennifer Nichols chaired the council, and a brief overview of SBC operations were provided to the Council's members which includes experts across a dozen or more fields. The second meeting of the Council will be held in the coming months. Each of the 12 SBCs have received an initial training in the Best Practice Standards guide and more extensive follow-up training is ongoing.

The contract with Strongwell 180 Health Partners is up and running. Strongwell is seeing patients from across the state and providing much-needed wraparound comprehensive services to families (both for SBC and those involved with the Drug Teams) who do not have insurance or other means to obtain these services. The funding for the Strongwell contract is provided by a VOCA grant received by DCS. Please see SBC Annual Report for details.

Services identified by the FAST

This strategy is to improve the match of service availability based on the family needs identified through the FAST for In Home cases by strengthening assessment quality to guide case planning and increasing collaboration with court staff and service providers. The Blount and Marshall County Service Array CQI Teams have been formed and are meeting regularly. The CQI Coordinators assigned to the regions where those counties are located are facilitating each monthly meeting. A representative from the Division of Program Evaluation has been assigned to each team to assist the CQI Coordinator. Currently the groups are reviewing FAST and CANS data to determine development strategies. The Marshall County team is focusing on domestic violence issues and services within that region. The Blount County team is focusing more on process improvements around assessments and reporting to the court. The courts will determine at the end of a six-month period if they wish to continue participation in this CQI team or join other already established regional CQI teams.

Strengthen Resource Linkage Program

Throughout fiscal year 2020-2021, the Resource Linkage (RL) program area completed policy updates and TFACTS modifications to support and enhance the RL work. The TFACTS enhancements allow for a more streamlined entry of RL case information. Discussion with Resource Linkage Program staff and IT are continuing to occur to develop additional TFACTS enhancements that will allow improved tracking of RL work and performance, which will ultimately afford better opportunities to analyze the program's efficacy and areas of need. Policy revisions primarily focused on improving the support and direction rendered by supervisors to frontline RL staff. Updates also include promoting contacts with children and families when the resource or service need warrants supplementary engagement. Ongoing deliberations continue to highlight the importance of RL coordinators (RLCs) maintaining awareness of available services and resources in Tennessee's communities. Policy and practice revisions are still proceeding with discussions focusing on the heightened role of RLCs in accessing and providing services and resources that may decrease a likelihood of an abuse/neglect concern, repeat maltreatment or a custody episode. RLCs across the state have attended the Family Support Services new practice model training which has a strong reference to the provision of services and resources that may be delivered with support or direction from the RL staff. Central Office staff encourage that RLCs maintain the upkeep of community resources either through departmental resource guides or other avenues via an external partner. Resource awareness proved to be especially beneficial during the COVID-19 pandemic. Community Advisory Boards (CABs) are providing RL staff with updated resources designed to help families to overcome the impacts of COVID-19. RLCs report that they have been coordinating with local schools and other organizations to resume service to the communities. RLCs have started to return to the communities with a physical presence to provide tangibles and other essential goods.

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

Permanency Outcome 1

Children have permanency and stability in their living situations.

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

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

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

Tennessee was not found to be in substantial conformity on Permanency Outcome One during the 2017 CFSR. The Measurement Plan goal for Item Four is 88.4%. The Measurement Plan goal for Item Five is 50%. The Measurement Plan goal for Item Six is 43.9%. The target goal in the chart below is based on these goals.

Data Source: OSRI 9/30/20 (full review/12 Regions) and 6/30/21 (partial review/6 Regions)

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

Data Source: Statewide Data Indicators (Round Three)

Statewide Data Indicators	National Performance	TN Risk Standardized Performance (16B17A)	TN Risk Standardized Performance (17A17B)	TN Risk Standardized Performance (17B18A)	TN Risk Standardized Performance (18A18B)	TN Risk Standardized Performance (18B19A)	TN Risk Standardized Performance (19A19B)	TN Risk Standardized Performance (19B20A)
Permanency in 12 months for children entering foster care	42.7%	42.1%	41.3%	42.3%	-	-	-	-

Permanency in 12 months for children in foster care 12 to 23 months	45.9%	51.4%	49.0%	47.8%	45%	44.3%	46.3%	45%
Permanency in 12 months for children in foster care 24 months or more	31.8%	37.5	37.3%	36.4%	37.1%	37.0%	35.2%	33.6%
Placement Stability	4.44	7.79	7.90	7.48	8.00	7.82	8.19	8.14

**Data Source: Tennessee CFSR 3 August 2020 Data Profile. Data years, A=October through March, B=April through September.

Explanation: A higher RSP value is desirable for the permanency indicators and a lower RSP value is desirable for the Placement Stability indicator. Permanency in 12 months for children entering foster care according to the Data Profile Tennessee statistically shows no difference compared to the national performance. Permanency in 12 months for children in foster care 12 to 23 months Tennessee's performance has been steadily statistically no different than the national performance. Permanency in 12 months for children in foster care 24 months or more Tennessee's performance has been steadily statistically better than the national performance. Placement Stability reflects Tennessee's performance statistically worse; however, shows a slight improvement than the national performance and continues to be addressed in the program improvement plan as well as the 2020-2024 CFSP through the strategies below.

***Please see Semi-Annual PIP Report for detailed updates on CFSR Goals and Key Activities**

Strategy: Collaborate with courts and stakeholders to ensure that quality services provided to families to meet their unique needs.	Responsible Party	Update 2021	Date
CFSR PIP – Goal Two: Strategy One – Safe Baby Courts; Strategy Two – Services Identified by FAST; Strategy Three – Revitalize CFTM Process	Executive Director of Child Safety Regional Directors	Strategy one Completed and two Completed per CFSR PIP requirement Strategy three: Completed per PIP CFSR requirement	3/31/21
CFSR PIP – Goal Three: Strategy Two– Foster Parent Recruitment and Retention Plans	Executive Director for Permanency Executive Director of Network Development Regional Directors	Completed	3/31/21
CFSR PIP – Goal Four: Strategy Three– Court Improvement	General Counsel Administrative Offices of the Courts Regional Directors	Completed	3/31/21
Incorporate Children’s Bureau “Foster Parents as a service to families,	Executive Director for Permanency	Completed	7/1/21

not a substitute" vision into recruitment and training of Foster Parents, both DCS and provider agency.	Executive Director of Network Development Regional Directors		
DCS and provider agencies will collaboratively conduct an analysis of the types of Foster Homes available in each county that meet the demographics and unique needs of the children from those counties in order to obtain a true picture of recruitment needs.	Executive Director for Permanency Executive Director of Network Development Contract Provider Network	Ongoing	7/1/21

Strengths and Areas of Needed Improvement Updates:

Revitalize Child and Family Team Meeting (CFTM) Process

CFTM Training is well underway and we are ahead of our expected 60% of staff. As of the end of the PIP 85% of staff have completed the CFTM training and we expect to have the remaining staff complete within three months. The Clients Rights Handbook updates have been approved and placed on the intranet and internet for use. The first CFTM survey has been implemented statewide. (Please see Final PIP report for details)

Foster Parent Recruitment and Retention Plan

DCS has completed this strategy ahead of schedule. The curriculum is fully implemented statewide. Additionally, the Right Time Video series is offered as online courses and a virtual de-briefing has been added to the monthly delivery. All data requirements have been met for the University of Washington. Finally, survey data continues to indicate the curriculum and video series are beneficial for Tennessee's foster parents. Tennessee is still awaiting additional information from University of Washington, since the additional request for a third AFCARS report was provided. 164 Participants Trained in 15-Hour Virtual Program 853 Submissions for Online Courses. 93% of Foster Parents indicated that CORE Teen prepared them for teen placements. 94% of foster parents indicated they will use the information learned during CORE: Teen to help stabilize a placement in their home. 95% of foster parents indicated that CORE Teen was beneficial. (Please see CORE Evaluation Report 2021 for detail results)

Annual recruitment and retention plans are reviewed quarterly by Central Office to address progress of regional plans and discuss successes and challenges. The COVID-19 pandemic caused most foster parent appreciation and recruitment events in the community to be cancelled. Regional Foster Parent Support (FPS) staff struggle to find ways to recruit but are becoming creative with social media posting positive stories of foster families, regional needs, and training schedules on the regional and state Facebook page.

Staff have maintained connection with community partners by Zoom meetings and panel discussions, providing fliers and posting on community partner Facebook pages. Appreciation is being shown to foster parents with gift cards, personal cards/notes, staff videos voicing their appreciation and car parades. FPS teams continue to brainstorm for new ideas and strategies for recruitment and retention.

Specific recruitment efforts for Safe Baby Court have been fruitful for the North West region. Eighteen (18) foster homes agreed to participate. The Shelby region is well supported by faith-based organizations to support efforts in recruitment and retention. This partnership has produced six (6) new foster homes willing to accept sibling groups of three (3) or more and eight (8) new foster homes willing to accept teens. Activities to support retention of foster families included gift cards for those affected by the pandemic, and donating toiletries, diapers, and baby formula.

Collaborative analysis of Foster Homes

Each region writes an annual recruitment and retention plan utilizing regional demographic data of the children and families and the foster homes served by the region. Based on the identified needs, the plan identifies general and targeted recruitment efforts of the region. The recruitment and retention plan also include goals to retain foster parents and engage them as partners in the

recruitment process. Identifying needs on the front end of the foster care process allows for success in permanency. In Tennessee, over 80% of children are adopted by their foster parents. Plans are approved by Central Office and monitored quarterly to address progress of the plan, discuss successes and challenges to meeting recruitment goals and provide technical support.

Regions are focusing efforts for relative/kin placements during non-custodial intervention and at time of custody. Efforts to support relative/kinship homes include increased contact by the Kinship Coordinator and sharing ownership of the foster home with a provider agency to increase service supports and stabilize placements. Relative/kinship homes are closing with permanency by Subsidized Permanent Guardianship and adoption. The South West region had seventeen (17) relative/kinship adoptions recently. The North West region has been able to convert eight (8) relative/kinship homes to become traditional foster homes and South-Central converting two (2) homes.

Isaiah 117 House is a non-profit organization that provides a comfortable, safe, and loving home for children awaiting foster care placement. Through this partnership, the North East region has recruited some volunteers to become foster parents. This organization is expanding across the state and partnering with many regions to promote foster parent recruitment.

Placement Stability Improvement

In regard to strengthening placement stability through improving the population of kids served by kinship placements, kinship practice coaching/mentoring for all CPS, Foster Parent Support and Placement staff was completed in March. Training is in process for East and Knox Region staff starting in May with the goal to train two regions each month thereafter. Next class is planned for July 15-September 16 and October 5- December 7, 2021.

January – March 21, 2021 class:

7 graduates Davidson Co. (2 custodial and 5 noncustodial)

- None of the noncustodial children have entered custody on these cases. 2 of the cases have since closed and 2 remain open but are about to close. On one of the cases, a set of grandparents who have custody of the teen both attended and graduated.
- The children remain in custody on both custodial cases. A trial home visit is planned soon on one of the cases and there are 6 sibs in care on this one case.

Current classes underway:

March 30 – June 1

5 parents are enrolled

3 noncustodial parents from Davidson and 2 custodial parents (Rutherford) MC region

April 15- June 17

6 parents are enrolled

4 custodial (Rutherford) MC Region and 2 noncustodial MC Region (1 from Rutherford and 1 from Montgomery)

In addition, surveys were completed with providers, youth, DCS placement staff, and DCS Caseworkers and Team Leaders to solicit information from those stakeholders around any needed improvements to the placement process during the eight quarter. A listening session was held with youth, as well, during the sixth quarter.

- Youth feel that more emphasis needs to be placed on matching their interests, beliefs, and culture to those of the foster parent or facility. The youth felt that DCS and providers should focus on recruiting foster parents across a broad spectrum of different beliefs, activity levels, and cultures. These differences were noted as a primary reason they often disrupt those placements.
- Providers noted that having more information about youth, especially mental health assessments, would help them better determine the appropriateness of each child to placement withing their agency.
- DCS and placement staff noted that the lack of placement options were the primary barrier related to finding appropriate placements for youth.
- DCS placement staff also noted that not having up to date information from providers on availability is often a barrier, as well.

Tennessee has formed a committee to develop Assessment Foster Homes where youth can reside when coming into care and receive assessments that will help DCS better determine appropriate placements. This is based on the success of this initiative in the state of Indiana, who Tennessee continues to collaborate. Developing recruitment and board rate for these Assessment Homes is a current focus of the committee. This will be piloted in three or four regions to determine effectiveness prior to rolling out statewide.

Court Improvement

Blount and Dickson County were identified for a “deeper dive.” The jurisdictions selected were based on positive relationships between the respective Courts and DCS; some systemic challenges reported by the region; opportunities for engagement with the Courts and the Bar; Dickson county’s

is a site for a recent implementation of a new Safe Baby Court; and challenges with rural service delivery. Most Recent Progress includes:

In Blount, this has included providing training to local CASA on DCS policy and procedure; engaging the judiciary to foster a positive working relationship; providing 'exit strategies' training to DCS staff; participating in a 'mini-conference' CLE; and working on improving docket management/case distribution for DCS attorneys.

In Dickson, this has included participating in at least quarterly meetings with the local judiciary; internal work analyzing county-specific data, particularly around court-ordered family support services cases; developing a positive relationship with CASA; and planning for a 'mini-conference' CLE.

Quarterly calls between DCS, the AOC, and the executive committee of the Council of Juvenile and Family Court Judges (TCJFCJ) are ongoing and scheduled through the end of 2021. All key activities of this strategy have been completed.

Foster Parents as a Service not a Substitute

The vision continues to be incorporated through DCS foster parent training curriculum and through external consultant training provided to foster parent support staff and began in January 2020. Foster Parent Support staff spoke with families identified that would embrace the mission of this project as well as be good mentors to birth parents. Please see Birth Parent Mentoring as of April 13, 2021 excel spreadsheet for foster parent training completion rates.

ChildStat

ChildStat is an agency wide initiative focused on moving children to permanency as quickly and safely as possible. Commissioner Nichols initiated ChildStat in October 2019 due to a sharp rise in custodial numbers and data indicating that while admissions have increased, the length of time children/youth are staying in custody is also increasing. Leaders identified specific data indicators for targeted improvement. By focusing on these indicators, regional leadership can develop and implement strategies to improve outcomes and track progress in real time. Key indicators include: Exits under 60 days, percentage of children on Trial Home Visits (THV) , number of youth in Pre-Adoptive Homes, Termination of Parental Rights (TPR) Completions, Entry/Exit Ratio, number of children in custody 15 months or longer, number of children in kinship homes, number of children exiting by subsidized guardianship, placement rate, number of face to face visits completed, etc. A tracker is sent out monthly to help regions track their progress over time and identify areas which need additional work.

Teams composed of regional leadership from the three program areas: Safety and Prevention, Foster Care and Permanency and Juvenile Justice as well as legal are teamed with Central Office staff called Consultants/Advisors to address each data indicator and develop strategies to meet statewide goals. These teams meet regularly to review data, develop strategies, or adjust strategies and problem solve around new issues which arise. The teams report quarterly to the Commissioner.

ChildStat is led by a Central Office Senior Leader who meets regularly with each region to review progress and share information across regions. Regions located in the same geographic area of the state may share common issues – such as the closure of a manufacturing plant that causes high unemployment and housing issues, or very rural counties/regions where treatment resources are scarce. Sr. Leadership can connect regions to better resolve issues or develop cross regional strategies to address a crisis such as a tornado or the most recent pandemic. These crises directly affect time to permanency through court closures, housing shortages, homelessness, and lack of jobs.

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

While it is difficult right now to fully assess the impact of COVID on custody numbers DCS will continue to track length of stay, Trial Home Visits, TPR filings and hearings, Adoptions, as well as short stays in custody. DCS continues to believe that ChildStat is a promising practice and regions are reporting that the link between ChildStat and CFRS is improving practice and positively impacting CFRS scores.

Currently custody number are on an upward trend, which is a common trend for this time of year. DCS is tracking custody trendlines over a 5-year period which includes the time period impacted by COVID. Over the next year, if there is not a resurgence of COVID, DCS will be able to better analyze the impact of the pandemic. Please see Childstat tracker excel spreadsheet for the most current data.

The workforce turnover rate at DCS has played a role in impacting this outcome area. Changes in Caseworkers often can lead to a delay in permanency for the child, as the new Caseworker must re-engage the family and begin building relationships. Also, service array played a role in impacting this outcome. When children were placed in temporary placements upon coming into care due to not having an identified placement resource or when children were placed a greater distance from family, time to permanency was increased.

The Department has seen a slight increase in the number of Foster Homes available across the state. However, a challenge is ensuring that those Foster Homes meet the unique needs of the children from each county. Data often shows that the number of foster homes in a county may match the number of youth in care from those counties. However, when the unique needs of those children are reviewed, many counties do not have the correct match of foster homes to the needs and ages of the children in care from that area. More collaborative work is needed between DCS and contract providers to analyze the number of homes available in each county that can serve the children from those counties based on the age of the child, size of the sibling group, and unique behavioral needs for the children. DCS realizes that having children placed closer to birthparents can lend to more quality visits with family and therefore assist in children obtaining permanency in a timelier fashion. Ongoing and collaborative work with provider agencies and DCS to ensure that recruitment strategies match the needs of each county and the new “foster parents as a service, not a substitute” philosophy should improve these outcomes.

Tennessee continues to see large numbers of infants born exposed to drugs, specialized drug teams continue in the eastern portion of the state to provide a more comprehensive and timely intervention and engagement with parents impacted by substance abuse. Specialized teams were implemented in Davidson County and the TN Valley Region as of April 2021. This effort has increased and strengthened relationships with local hospitals, substance abuse providers, mental health agencies and others that can support families in recovery. It also provides a team of Family Support Services (FSS) that can provide long term case management due to the complexity of substance abuse and the recovery cycle. The expansion of Safe Baby Courts by 5 new jurisdictions has also focused on the needs of the vulnerable population of children under the age of three years. These new courts were added in 2019-2020 and work closely with DCS, the AOC and the TDMHSAS for support and guidance as well as with Zero to Three as an external consultant. There is a total of

12 Safe Baby Court sites in Tennessee that work closely with community providers and mental health agencies to support the model with the goal of keeping children out of foster care and reducing the time to permanency for those that must enter custody. Please see Safe Baby Court Annual Report 2020 attached.

Although these projects are either in the planning phase or early implementation and it is too early to determine the impact these projects will have on Tennessee's performance, DCS continues to see improvements in the 2021 CFSR data. Regional and Central Office focus on improvement has supported the steady performance improvements.

Permanency Outcome 2

The continuity of family relationships and connections is preserved for children.

Item 7: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?

Item 9: Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, tribe, school, and friends?

Item 10: Did the agency make concerted efforts to place the child with relatives when appropriate?

Item 11: Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

Tennessee is near substantial conformity for item seven during the 2017 CFSR. Although these items do not have a PIP measurement goal they are tied to financial penalties and are closely monitored. Target goals are determined based on baseline Percentage performance

Data Source: OSRI 9/30/20 (full review/12 Regions) and 6/30/21 (partial review/ 6 Regions)

Measure of Progress	Baseline FY 2019	FY 2020	FY 2021	Target Goal	Target Date
CFSR Performance (Item 7): Siblings Placed Together	93% (as of 9/30/18 full review) 86.36% (as of 6/30/19 partial review)	82% 9/30/19 91.3% 6/30/20	86% 9/30/20 84% 6/30/21	95%	6/30/2024
CFSR Performance (Item 8): Visitation with Parents and Siblings	36% (as of 9/30/18 full review) 48.48% (as of 6/30/19 partial review)	46.58% 9/30/19 33.33% 6/30/20	42% 9/30/20 66% 6/30/21	40%	9/30/2022
CFSR Performance (Item 9): Preserving Connections	31.6% (as of 9/30/18 full review) 35.9% (as of 6/30/19 partial review)	40.48% 9/30/19 52.63% 6/30/20	64% 9/30/20 62% 6/30/21	35%	9/30/2022
CFSR Performance (Item 10): Relative Placement	46.8% (as of 9/30/18 full review) 48.39% (as of 6/30/19 partial review)	49.3% 9/30/19 37.93% 6/30/20	50% 9/30/20 63% 6/30/21	50%	9/30/2022
CFSR Performance (Item 11): Maintaining Relationships with Parents and Children in Foster Care	38.3% (as of 9/30/18 full review) 43.75% (as of 6/30/19 partial review)	44.44% 9/30/19 42.86% 6/30/20	49% 9/30/20 68% 6/30/21	45%	9/30/2022

Data Source: TFACTS 7/1/20-4/30/21 and Case Process Reviews 7/1/20-12/30/20

Measure of Progress	Baseline FY 2019	FY2020	FY 2021	Target Goal
Percentage of Sibling Visits for Siblings Not Placed Together	54.6%	40.53%	46.18%	90%
Percentage of Children Placed with Relatives	13.54%	20.94%	18.67%	20%
Percentage of Siblings Not Placed Together	29.13%	32.96%	34.26%	20%
Case Process Review: Documentation of visitation between child in foster care and birthparent monthly as applicable or concerted efforts to do so.	N/A – New Measure	Mother – 55% Father – 35%	Visits: Mother – 62% Father – 39% Concerted Efforts: Mother -73% Father – 50%	50%

***Please see Semi-Annual Report for detailed updates on CFSR PIP Goals and Key Activities**

Strategy: Ensure that connections are maintained to family and community for children in foster care.	Responsible Party	Update FY2021	Date
CFSR PIP – Goal Two: Strategy Three – Revitalize CFTM Process	Executive Director of Child Safety Executive Director for Permanency Regional Directors	Completed per CFSR PIP requirement update provided in permanency 1 outcome section.	3/31/21
CFSR PIP – Goal Three: Strategy One – Team Leader Mentoring and Enhancement Project; Strategy Two– Foster Parent Recruitment and Retention Plans	Executive Director for Permanency Executive Director of Network Development Regional Directors	Completed. Update provided in Permanency 1 outcome section.	3/31/21
CFSR PIP – Goal Four: Strategy One – CFSR/CFSP Integration	Director of Program Evaluation Regional Directors	Completed	3/31/21
Incorporate Children’s Bureau “Foster Parents as a service to families, not a substitute” vision into recruitment and training of Foster Parents, both DCS and provider agency.	Executive Director for Permanency Executive Director of Network Development Regional Directors	Completed. Please see Permanency 1 outcome section.	7/1/21

Strengths and Areas of Needed Improvement Update:

DCS continues to show good performance in the permanency outcome 2 items. The integration of CFSR and CFSP will support DCS in monitoring performance. CPRs and QPRs have been updated to include CFSR standards. Regions have been using this new format during this APSR cycle. The Program Evaluation Team trained CQI Coordinators on standards and is now doing CPR IRR for a sample of cases from each of the twelve service regions.

For those courts utilizing the Safe Baby Court model, visitation and concerted efforts is showing a steady increase to maintain bonding and attachment between the child and parents. The child and family team continues to determine the best approach to increasing visitation in a safe manner. This model has also increased court appearances and the family is encouraged to bring the young child(ren) to the court meetings in order to keep the attention focused on the child(ren) and their needs. This can also be an opportunity for the court and the team to see the interaction between the child and parents and is an incentive for the parents to work towards reunification. Quality parent child visitation continues to be monitored through the Case Process Review and the Child and Family Team Meeting Revitalization Project. Initially, the majority of in-person visitation ceased as a result of COVID-19, unless there was a court order requiring in-person contact. However, recognizing the critical importance of family time, alternate methods of contact have been utilized. This includes video visitation through available technology such as facetime, webex, etc. and telephone contact. Shorter, but more frequent, virtual contact has been encouraged. At this time, if the Child and Family Team recommends in-person visitation as necessary to obtain permanency through reunification, in-person visitation may resume following appropriate screening questions and safeguards.

Well-Being Outcome 1

Families have enhanced capacity to provide for their children's needs.

Item 12: Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?

Item 13: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

Item 14: Were the frequency and quality of visits between caseworkers and children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals?

Item 15: Were the frequency and quality of visits between caseworkers and the mothers and fathers of the children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals?

Tennessee was not found to be in substantial conformity on Well-Being Outcome One during the 2017 CFSR. The Measurement Plan goal for Item Twelve is 25.2%. The Measurement Plan goal for Item Thirteen is 39.2%. The Measurement Plan goal for Item Fourteen is 39.1%. The Measurement Plan goal for Item Fifteen is 22%. The target goals in the chart below are based on these goals.

Data Source: OSRI 9/30/20 (full review/12 Regions) and 6/30/21 (partial review/6 Regions)

Measure of Progress	Baseline FY 2019	FY 2020	FY 2021	Target Goal	Target Date
CFSR Performance (Item 12 Overall): Needs and Services of children, parents, and foster parents	20.8% (as of 9/30/18 full review)	17.65% 9/30/19	19% 9/30/20	25.2%	9/30/2022
	19.44% (as of 6/30/19 partial review)	19.72% 6/30/20	40% 6/30/21		
CFSR Performance (Item 12A): Needs Assessments and Services to Children	41% (as of 9/30/18 full review)	46.41% 9/30/19	49% 9/30/20	50%	9/30/2022
	47.22% (as of 6/30/19 partial review)	46.48% 6/30/20	68% 6/30/21		
CFSR Performance (Item 12B): Needs Assessments and Services to Parents	17.6% (as of 9/30/18 full review)	17.12% 9/30/19	20% 9/30/20	20%	9/30/2022
	16.42% (as of 6/30/19 partial review)	14.06% 6/30/20	39% 6/30/21		
CFSR Performance (Item 12C): Needs Assessments and Services to Foster Parents	52.4% (as of 9/30/18 full review)	64.86% 9/30/19	69% 9/30/20	60%	9/30/2022
	72.73% (as of 6/30/19 partial review)	72.41% 6/30/20	69% 6/30/21		
CFSR Performance (Item 13): Child and Family Involvement in Case Planning	34% (as of 9/30/18 full review)	30.92% 9/30/19	38% 9/30/20	39.2%	9/30/2022
	28.17% (as of 6/30/19 partial review)	35.29% 6/30/20	58% 6/30/21		

CFSR Performance (Item 14): Caseworker Visits with Children	34% (as of 9/30/18 full review)	43.14% 9/30/19	50% 9/30/20	39.1%	9/30/2022
	40.28% (as of 6/30/19 partial review)	45.07% 6/30/20	75% 6/30/21		
CFSR Performance (Item 15): Caseworker Visits with Parents	17.7% (as of 9/30/18 full review)	16.55% 9/30/19	19% 9/30/20	22%	9/30/2022
	18.18% (as of 6/30/19 partial review)	9.52% 6/30/20	45% 6/30/21		

***Please see Semi -Annual PIP Report for detailed updates on CFSR PIP Goals and Key Activities**

Strategy: Ensure that children and families receive quality formal and informal assessments, as well as quality visitation from Caseworkers in order to increase engagement of families in case planning.	Responsible Party	Update FY 2021	Date
CFSR PIP – Goal One: Strategy One – Quality Contacts Initiative; Strategy Two – Assessment Integration Model.	Executive Director of Training and Professional Development Regional Directors	Completed. Both of these strategies will support engagement of families, assessment of safety and needs to drive case planning decisions.	3/31/21
CFSR PIP – Goal Two: Strategy One: Safe Baby Courts; Strategy Two: Services Identified by FAST; Strategy Three – Revitalize CFTM Process	Executive Director of Child Safety Executive Director for Permanency Regional Directors	Strategy one and two: Completed. Please see update in Safety Outcome 2 Section. Strategy three: Completed. Please see update in Permanency Outcome 1 section.	3/31/21

<p>CFSR PIP – Goal Three: Strategy One – Team Leader Mentoring and Enhancement Project; Strategy Two– Foster Parent Recruitment and Retention Plans</p>	<p>Executive Director for Permanency</p> <p>Executive Director of Network Development</p> <p>Regional Directors</p>	<p>Completed. Please see updates in Permanency Outcome Sections</p>	<p>3/31/21</p>
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Strengths and Areas of Needed Improvement Updates:

Needs Assessments and Services

DCS has made significant improvement in its practice performance with children, parents, and is currently exceeding the overall measurement plan goal. These improvements could be directly impacted by the Quality Contacts Initiative and regional and central office leadership focus on improvement. Challenges with parents continue to be substance abuse, untreated mental health, and their resistance to change. Through the CFSR process evidence shows improvements in concerted efforts to engage fathers coupled with incarcerated parents. DCS continues to show stronger practice performance in its work with foster parents. DCS will continue to monitor performance improvement through the Quality Contacts initiative, Assessment Integration Model, Team Leader Mentoring Project, and Safe Baby Court Initiative. Services for children and youth, parents, and foster parents continue to be available through private providers. Please see Service Array, Foster Parent and Adoptive Licensing, Recruitment, and Retention Systemic Factor and Services and Chafee Sections for details.

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

DCS continues to demonstrate good practice through the CFSR process in involving children in the planning process and has seen significant improvement in performance engaging parents. Incarcerated parents continue to be a challenge. The main challenge is correction facilities allowing DCS access to the parents especially during the pandemic but improvements in concerted efforts to locate parents. DCS will continue to monitor performance improvement with parents through the revitalization of the CFTM process and Quality Contacts Initiative.

Quality Caseworker Visits with Children

DCS has met this goal for improvement in the PIP measurement plan. Trends in CFSR performance show continued improvement and currently exceed the improvement goal. Ongoing monitoring will continue to measure effectiveness through initiatives and strategies relative to item 14 that were developed for the CFSR PIP.

Well-Being Outcome 2

Children receive appropriate services to meet their educational needs.

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

Tennessee was not found to be in substantial conformity on Well-Being Outcome Two during the 2017 CFSR. 2017 performance on this Item was 54.7%. Tennessee is required to show improvements from the 2017 review year. Trends between 2019 and 2021 has shown a steady improvement overtime from 53.85% to 71%. There is not a Measurement Plan Goal to meet; therefore, the target goal was determined based on baseline performance and as a realistic percentage within the current capacity to show improvement and has been adjusted based on current data.

Data Source: OSRI 9/30/20 (full review/12 Regions) and 6/30/21 (partial review/6 Regions)

Measure of Progress	Baseline FY 2019	FY 2020	FY 2021	Target Goal	Target Date
CFSR Performance (Item Sixteen)	55.2% (as of 9/30/18 full review)	61.82% 9/30/19	71% 9/30/20	75%	6/30/2024
Educational needs of the Child	53.85% (as of 6/30/19 partial review)	66.67% 6/30/20	83% 6/30/21		

***Please see Semi-Annual PIP Report for detailed updates on CFSR PIP Goals and Strategies**

Strategy: Ensure that all children receive quality educational assessments and services as applicable.	Responsible Party	Update FY 2021	Date
CFSR PIP – Goal One: Strategy One – Quality Contacts Initiative	Executive Director of Training and Professional Development Regional Directors	Completed	3/31/21
CFSR PIP – Goal Three: Strategy One – Team Leader Mentoring and Enhancement Project; Plans	Director of Program Evaluation Regional Directors	Completed	3/31/21
CFSR PIP – Goal Four: Strategy One – CFSR/CFSP Integration	Director of Program Evaluation Regional Directors	Completed	3/31/21
Increase communication and collaboration with all school systems within the ninety-five counties.	Executive Director for Child and Family Well-Being Director of Educational Services	On schedule and ongoing	7/1/21

Strengths and Areas of Needed Improvement Update: DCS currently has an Educational Specialist in each of its twelve service regions. These specialists routinely provide training to school systems and DCS workforce members. DCS was not found to be in substantial conformity with this Item. During focus groups that were conducted several participants noted that communication between the school system and DCS frontline staff needed improvement. Tennessee has identified strategies for improvement which include the following:

- DCS Education met with Education Consultants in August of 2019 to discuss the CFSP and areas of need.
- During FY19-20, DCS Education became well-versed in Skyward and made use of this tool for transcript tracking. This continues. All DCS Affiliated schools have been trained this year as well.
- DCS Education will utilize the report card program through Skyward to assist DCS Caseworkers with enrollment time frames. Report cards were incorporated into monitoring and Central office staff gave this information to our Education Specialists. The Skyward system was very helpful during COVID shutdown to assist in gathering report cards and transcripts even though students were not physically attending school.
- DCS Education will work with other trained program staff to ensure during face-to-face visits, all DCS case workers directly ask about school updates and specific areas of difficulty creating barriers to academic success. Please refer to response from caseworker face-to-face data.
- DCS Education has worked with other arms of the Department to ensure that forms and checklists utilized by front line staff are consistent in the message that checking in on educational needs of children is a crucial area to cover during visits. This should be addressed through the Education Stability review by the CFTM process. The CFTM process identifies procedures to first discuss educational progress and then to notify Education Consultants when a Best Interest Determination meeting is needed at the child's school of origin.
- DCS Education will request that consistent forms be utilized across the state to document face-to-face child and family interviews where education is addressed. This was presented to Lindsay Coleman to be distributed to employees in the case management series. Education Consultants have also been trained on the procedure of when to notify school Points-of-Contact to facilitate BID meetings.
- DCS Education will train DCS Caseworkers on Response to Intervention and how to track student progress through RTI Tiers. DCS created training materials on Response to Intervention and these materials have been integrated into the annual

required educational training for all case managers. Additionally, all DCS affiliated schools have been trained on this material in the past year. Complete

- DCS will train its affiliated schools on tracking grades through the Skyward program. DCS trained all affiliated schools on Skyward in both the Fall of 2019 and Spring of 2020. Additional Training on Skyward occurred May 2021.
- DCS will request has requested that all non-custodial case managers attend education training to understand indicators of academic distress. A specialized training is being developed.

DCS has seen an improvement from 61.8% to 66.6% in Item 16 from FY19 to FY20. The outlined strategies from last FY were successful in producing improvement in this area. The following strategies were particularly helpful in increasing compliance with Item 16:

- At the Education Consultant statewide meeting in August 2019, the Education Consultants were further educated about CFSR metrics and the role that each person involved in a case plays. Following the meeting, DCS Education consultants trained front line staff, emphasizing the importance of asking school related questions at each face to face visit and documenting those discussions in TFACTS. Front line staff were also reminded that Education Consultants are a resource to them, and are able to discuss educational concerns, help determine whether a referral to services is warranted, or monitor the RTI process. Complete
- In addition to creating a policy relevant to the Every Student Succeeds Act (ESSA), DCS has provided multiple opportunities for front line case managers to learn about the Best Interest Determination (BID) process so that it can be more effectively implemented to best serve our population. From July 2020 through April 2021, Education Consultants provided 94 training sessions to 1,373 employees in the case management series
- The statewide training materials used by DCS Educational Specialists to train front line staff were updated to include Response to Intervention (RTI) and tracking student progress through RTI tiers. All June 2020 and 2021 trainings included this new material.

Updates between July 2020 through April 2021:

1. English as a Second Language service training was offered and implemented in all schools. All English Learners were administered the DOE annual language proficiency test. One student was able to exit from ESL services.
2. Education Division helped several DCS Affiliated schools become on-site testing centers this year. Sixteen (16) DCS Affiliated Schools are now approved as ACT test-sites as of Fall 2020. Ten (10) DCS Affiliated Schools are now able to offer HiSet testing on site.

3. Students at Wilder are now able to earn a number of OSHA10 Certifications to assist them in obtaining employment or going on to post-secondary vocation programs.
4. Several students at Wilder became certified in forklift training and materials handling through a special program the school created with a local training center.
5. DCS Education granted 59 high school diplomas through contracts with DCS Affiliated Schools.
6. From July 2020 through April 2021, Education Consultants provided 94 training sessions to 1,373 employees in the case management series, 8 training sessions to foster parents, and 4 sessions to public school employees.
7. Education Consultants in the region facilitated 413 Best Interest Determination meetings with public school systems – a continually increasing number even during COVID school shut-down.

Well-Being Outcome 3

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

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

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

Tennessee was not found to be in conformity with Well-Being Outcome Three. DCS performance was at 58.3% on Item seventeen during the 2017 CFSR. DCS performance was at 33.3% on Item eighteen. Tennessee is required to show improvements from the 2017 review year. Tennessee does not have a Measurement Plan Goal to meet; therefore, the target goal was determined based on baseline performance and as a realistic percentage within the current capacity to show improvement.

Data Source: OSRI 9/30/20 (full review/12 Regions) and 6/30/21 (partial review/ 6 Regions)

Measure of Progress	Baseline FY 2019	FY2020	FY 2021	Target Goal	Target Date
CFSR Performance (Item Seventeen): Physical Health of the Child	36.1% (as of 9/30/18 full review) 35.56% (as of 6/30/19 partial review)	38.24% 9/30/19 51.92% 6/30/20	53% 9/30/20 77% 6/30/21	40%	6/30/2024
CFSR Performance (Item Eighteen): Mental/Behavioral Health of the Child	32.4% (as of 9/30/18 full review) 25.49% (as of 6/30/19 partial review)	31.25% 9/30/19 37.5% 6/30/20	41% 9/30/20 68% 6/30/21	35%	6/30/2024

Strengths and Areas of Needed Improvement Update:

DCS continues to find that workforce turnover at provider agencies and community partners often impacted this area. Also, the lack of services in many rural areas of the state created less than satisfactory results. DCS is expanding partnerships in order to recruit more quality services in areas of need. Tennessee Governor’s Executive Order One outlines fifteen rural counties for state departments to assess and focus to determine how services can be improved/increased in those areas. DCS has developed a plan to meet this Executive Order. Please see Service Array Systemic Factor Section for updates.

The Department identified a need through the Continuous Quality Improvement process to improve consistency regarding which staff members enter particular types of health documentation into the TFACTS system. A workgroup including both field staff and centralized staff was created with the goal of determining the most efficient and effective way to ensure documentation is entered in a timely and consistent manner. In 2020, regional staff performing health service data entry began reporting to central office Child Health staff, which has enhanced the ability to effect system-wide expectations for health service documentation.

The Department has continued to partner closely with the Vanderbilt Center of Excellence on monitoring psychotropic medications, as described in the Health Care Oversight and Coordination Plan. We are working at both the individual prescription level and the aggregate level to effect positive change in this area. The regional nurses and Deputy Commissioner of Child Health are providing additional education to prescribers of psychotropic medications regarding our need to monitor these prescriptions and the availability of the COE for assistance in complex cases.

In order to facilitate collection of EPSD&T data and any indicated follow-ups, the Department is modifying its current forms and evaluating the submission process for healthcare providers. This will enable more efficient and effective communication of recommendations from healthcare providers regarding children's mental and physical health needs. The Department is in the process of moving EPSDTS from health departments to primary care providers to ensure greater compliance and decrease fragmentation of medical care.

The Department identified a need through the Continuous Quality Improvement process to improve consistency regarding which staff members enter particular types of health documentation into the TFACTS system. A workgroup including both field staff and centralized staff was created with the goal of determining the most efficient and effective way to ensure documentation is entered in a timely and consistent manner. This is an active project that is a priority for staff at the Senior Leadership level of DCS Child Health.

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

In order to facilitate collection of EPSD&T data and any indicated follow-ups, the Department is modifying its current forms and evaluating the submission process for healthcare providers. This will enable more efficient and effective communication of recommendations from healthcare providers regarding children's mental and physical health needs.

Systemic Factors

Information Systems

DCS was found to be in substantial conformity with this systemic factor during the 2017 CFSR. The Department has a well deployed CCWIS system, Tennessee Family & Children Tracking System (TFACTS), which meets security standards. All DCS workforce members receive ongoing training on cyber security and any updates to the TFACTS system.

DCS has a Management Advisory Council (or MAC) that approves and prioritizes the key information technology activities based on the strategic goals and objectives of DCS. The MAC, which meets monthly, is chaired by the DCS Commissioner, and includes the Deputy and Assistant Commissioners of the various business units. This business-driven governance model ensures that technology resources are used most effectively. The Strategic Technology Solutions – DCS IT Support team (under the Tennessee Department of Finance and Administration) is responsible for executing the projects prioritized by the MAC.

Assessment of Functioning:

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

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

Current– As far as data in TFACTS being current, there's really no good way for anybody to know that unless they are looking at timeliness or other management-type reports. For example, when you go into TFACTS and look at a kid's placement history, you have to assume that it is current because it is what is there. One wouldn't know until a user enters another placement and back dates it with a start date earlier than the system date that what you looked at before was not current, or in other words, placements aren't being entered timely.

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

who enters the data? Caseworkers, team leaders, support staff such as facilitators, foster parent support staff, DCS nurse and psychologist, permanency specialist, and legal staff. Documents such as Alcohol and drug treatment, drug screens, and any other items that are to be scanned and uploaded, are done by the caseworker or supervisor.

What is timeliness for entering the data? Per policy Case notes are supposed to be entered within 30 days of the contact. CFTMs are supposed to be entered within 15 days of when the meeting was held. Placement Moves within 24 hours. This is tacked through a daily movement report. Cases should be closed within 24 hours.

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

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

Project Timeline: The following timeline summarizes the system's need for performance improvement and the project schedule for the coming year, showing target delivery dates by quarter. These projects will support Tennessee in maintaining substantial conformity by improving practice and documentation with using assessments to accurately determine families' needs, quality contacts in caseworker visits with children and parents, tracking and ensuring timely health and well-being.

Please see the Legend at the bottom of the table

Scheduled Projects	2021				2022	
	Jan - Mar	Apr - June	Jul - Sept	Oct - Dec	Jan-Mar	Apr - June
Financial Enhancements						
FSS Intensity Level*						
Assessment Integration*						
Evidence-Based Services*						
Random Moment Sample*						
QRTP (Qualified Residential Treatment Program)*						
Person/Intake Packet						
ICPC/ICJ/ICAMA/NEICE*						
CPS Workflow						
Legend						
Supports Family First Prevention Plan	*					
Active Project						
Approved, awaiting resources						

The current CCWIS system operated by Tennessee is TFACTS. This system has an associated data warehouse that is refreshed each evening. The department has some 400 plus management reports that are output from this data warehouse on various schedules from daily, weekly, monthly, quarterly and both annual and fiscal yearly periods. These reports cover both custodial and non-custodial instances of service provision to Tennessee residents by the department. Subjects such as client and worker visitation, timely assessments, and case plans and other departmental KPIs are measured using these various reports. This data warehouse also facilitates urgent report and data request development when needed to address emergency and research data projects. All federal reports (AFCARS, NCANDS and NYTD) are sourced from the same data warehouse. Fulltime data dashboards are also provided to DCS program management for informational and research purposes. These dashboards present data by county and regional geographical means which allows for geospatial research.

AFCARS (Adoption and Foster Care Analysis and Reporting System)

The AFCARS Report is submitted twice a year for the reporting periods from October through March and April through September. The report is due 45 days after the reporting period concludes. The last submission was May 2021. All elements met the 10.0% compliancy threshold, and no penalty was incurred. The Children's Bureau finalized and published the new AFCARS rules in July 2020. DCS and DCS IT Support have collaborated to identify the changes that will need to be made to TFACTS in order to collect and report the new and updated AFCARS elements. Changes to TFACTS must be made by October 1, 2022 in order that data collection on the new/updated elements can begin on that date.

NYTD (National Youth in Transition Database)

The NYTD Report is submitted twice a year for the reporting periods from October through March and April through September. The report is due 45 days after the reporting period concludes. The most recent submission was May 2021. As required, the 2021A file was submitted for federal review. The submission was compliant, and no penalty was incurred.

NCANDS (National Child Abuse and Neglect Data System)

The NCANDS Report is submitted annually for the submission period of October 1 through September 30. The report is due three months following the closing date of the reporting period (the end of January of the next year). The most recent submission was January 2021, for FFY2020 and was compliant.

SSA Data Exchange

This is a new Federal reporting requirement related to reporting DCS foster care information to the Social Security Administration (SSA) to allow the SSA to 1) determine the appropriate representative payee (payee) for represented minor beneficiaries who have entered or exited foster care or changed foster care placement; 2) determine whether a payee is appropriate for unrepresented minor beneficiaries who have entered foster care; and 3) identify when the State is responsible for an overpayment issued to a minor beneficiary.

The Agency is required to be fully functional by October 1, 2021 and the current plan to be fully functional on August 1, 2021. The project was developed with dependency on the TFACTS Fiscal 2.0 deployment has been delayed in lock step with Fiscal 2.0 rescheduling. Two additional requirements have been made apparent and will be addressed to meet the August 1st deployment date; Rework the SSA Data Exchange extraction code to 1) remove Fiscal 2.0 dependencies and work with the current TFACTS implementation, and 2) ensure the DHS data exchange is simultaneously supported by the SSA Data Exchange extraction code.

Case Review Systems

DCS was not found to be in substantial conformity with this systemic factor during the 2017 CFSR.

Data Source: TFACTS, Items 21 and 22 AFCARS data 2021A, CPR 7/1/20-12/30/20

Measure of Progress	Baseline (FY 2019)	FY 2020	FY 2021	Target Goal
Item 20: Child has a written plan that is developed jointly with the child's parents/Family participated the CFTM	77.67% of children who entered custody during the period had a mother and/or father participating in the initial permanency plan CFTM	96.07%	95.83%	95%
Item 21: a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?	No data available	93.32%	93.75%	95%
Item 22: for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?	No data available	98.68%	97.54%	95%

Item 23: The filing of TPR proceeding occurs within 15 of the last 22 months or compelling reasons is documented.	88.89%	91.11%	90.52%	95%
Item 24: Documentation that Foster Parents were notified in advance of all CFTM's, FCRB's and Court Hearings (CPR)	78% Foster Care Cases	CFTMs - 73% FCRBs - 54% Court Hearings - 65%	CFTMs - 86% FCRBs - 74% Court Hearings - 83%	80%

Strategy: Ensure that all children have a written case plan developed jointly with the family.	Responsible Party	Update FY 2021	Date
CFSR PIP - Goal Two: Strategy Three - Revitalize CFTM Process	Executive Director of Child Safety Executive Director for Permanency Regional Directors	Completed. Please see Semi-Annual CFSR PIP Report	3/31/21

<p>Focus on improving assessments to identify needs and aid in case planning; monitoring CARA cases to ensure plans are developed.</p>	<p>Executive Director of Child Safety</p> <p>Sr Director of Child Safety</p> <p>Regional CPS Directors</p>	<p>FAST compliance as of April 2021 it is at 86%.</p> <ol style="list-style-type: none"> 1. Trainings continue to case managers and to supervisors that inform staff of the importance of an assessment throughout the entirety of a case and weaves that concept into several training courses. It is provided in the CPS Academy and CPS skills enhancement training as well as other curriculums delivered to frontline staff. It is also a significant portion of the specialty trainings offered in the CPS Redesign specifically for the newly created Rapid Response, Triage, and drug teams. 2. This was identified as a Key Performance Indicator in the Department's Customer Focused Goals to help focus efforts on improving the timeliness of the FAST. 3. Provided staff with support to assist in completing assessments timely: <ol style="list-style-type: none"> a. Supporting all CPS staff with tablets in order to be mobile, more efficient, and have the ability to enter documentation during "down" time such as waiting in court, in between appointments and after hours. b. Creating reports in Safe Measures to track and monitor timeframes and tasks to be completed. 	<p>3/31/21</p>
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		<p>c. Establishing goals that directly impact individual performance evaluations and pay for performance increases in salary.</p> <p>CARA reviews are conducted quarterly for infants affected by substance abuse, withdrawal symptoms, or Fetal Alcohol Syndrome and consistently find that family plans are being developed.</p> <p>A Program Coordinator from Central Office is responsible for maintaining a log of CARA cases and conducting periodic reviews to ensure plans are completed and services identified. Regular feedback is provided to regional leadership when issues arise, and training is delivered when appropriate to enhance skillsets. Additionally, consultation from Central Office leadership with NICU and high-risk doctors continue in efforts to problem solve and strategize for improved efforts related to policy, practice, and training for frontline staff.</p>	
Increase communication and collaboration with Juvenile Courts and Foster Care Review Boards to ensure that case review system is well functioning.	<p>General Counsel</p> <p>Administrative Offices of the Courts</p> <p>Regional Directors</p>	DCS and the AOC CIP have continued to collaborate on improving practice and resolving any barriers. DCS has maintained a foster care review board coordinator position to serve as a liaison between DCS, the FCRBs, and other stakeholders.	7/1/21

<p>Use the CFSR case reviews to analyze legal barriers that prevent the achievement of timely permanency, timely goal ratification, and periodic reviews.</p>	<p>General Counsel Director of Program Evaluation</p>	<p>The Department engages in ongoing reviews to ensure that legal requirements are met. Extensive focus continues on reducing the number of children in custody greater than 15 months without a Termination of Parental Rights Petition filed or a documented compelling reason not to file. Since July 2019, this percentage of children has reduced from 13% to 5.6% (as of June 8, 2020). There was a slight increase to 9.3% as of 5/31/2021 (Source: Mega Report)</p> <p>The Director of Program Evaluation shares the Item Rating Narratives for CFSR Item 5 and 6 with the Office of the General Counsel at the end of each review season so the information can be reviewed to determine any systemic barriers that may be in place in a particular region or statewide.</p>	<p>Ongoing</p>
<p>CFSR PIP – Goal Four: Strategy Three – Court Improvement</p>	<p>General Counsel Administrative Offices of the Courts</p>	<p>Completed. Please see Semi-Annual CFSR PIP Report</p> <p>Quarterly meetings with the AOC, TCJFCJ, and DCS leadership have continued. Recently, this meeting was very beneficial in navigating new legislation mandating DCS provide the court(s) notice about certain situations. The new legislation relates to notices the Department is required to provide to the court in two different circumstances: when the Department receives information that a kinship foster parent has violated any orders relating to visitation/contact with the parent, and when the Department</p>	<p>3/31/21</p>

		<p>receives information that there has been another child born to parents whose children are currently in foster care.</p> <ul style="list-style-type: none"> •DCS was invited to present on multiple topics at the recent judicial conference. DCS presented on the CPS redesign; Tennessee’s FFPSA plan and non-custodial prevention work; and the placement/needs assessment. •DCS is presenting a number of CLE mini-conferences in partnership with various courts across the state. One of these is with the Dickson County court in November. Examples of topics include case law updates, termination of parental rights practice, legal writing/ethics, and the history of adoption of Tennessee. 	
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Additional Sources of Data:

Data from quarterly CPR Question “Is there documentation the worker made monthly concerted efforts to involve the mother/father in case planning?” – 63% of Mothers were involved in case planning and 51% of Fathers were involved. However, this is not an exact comparison to the TFACTS data reflected in the table and is based on a 10% sample of cases. This is the only additional data we have currently. Overall, trends in data are improving which appears to be related to the court and AOC partnerships and the practice improvement strategies from the PIP. Negative impacts in the data are a result of the pandemic.

Court Improvement Program

During FY 2020-2021 DCS and the Court Improvement Program (CIP) of the Administrative Office of the Courts (AOC) continued to work on a number of initiatives:

Model Foster Care Review Boards

DCS and the Court Improvement Program (CIP) collaborate to improve reviews of youth in foster care through the use of Model Foster Care Review Boards. There are 15 counties with Model Foster Care Review Boards in Tennessee. There are five additional counties that don't consider themselves complete model boards but do use the forms and have adopted much of the practice. The five boards have received the training provided to model boards and utilize the forms. There are various reasons why they are not considered true model boards, e.g. chosen not to recruit board members of specific professions to qualify, chosen not to complete the technical assistance phase, or not obtaining and reviewing school transcripts of older youth. In 2020, the CIP conducted an eleven-week lunch and learn training series for boards across the state. The live, virtual training series focused on the conduct and governance of the foster care review board review and details to support productive communication with youth and families and child and youth well-being. The CIP continues the Quality Hearing Project to improve the quality of foster care review board proceedings through utilization of Motivational Interviewing components and skillsets in the foster care review board forms and during the review. The CIP is working with a Motivational Interviewing expert to create a Model FCRB Motivational Interviewing Train the Trainer Curriculum. Model board facilitators in five counties (Montgomery, Madison, Sumner, Hickman, and Davidson) will be invited to participate in the training, so that they are equipped to train and coach their FCRB volunteers. In Hickman and Davidson counties, the CIP will collaborate with the local courts to provide MI training to stakeholder groups, including GALs, CASA, and foster parents, with the goal of increasing hearing engagement among these groups.

Joint Project

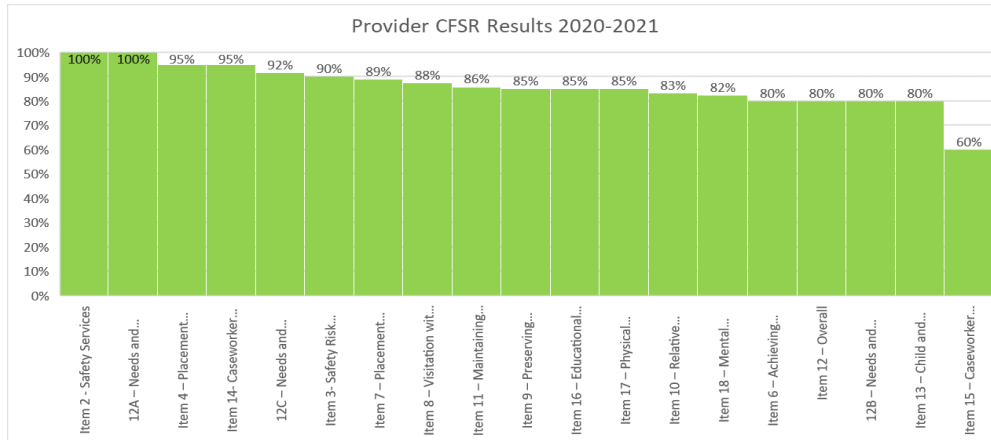
Project Wrap Around was implemented in 2018 and is a federally mandated joint project between the Court Improvement Program and DCS with Metropolitan Nashville Public Schools (MNPS) and Davison County Juvenile Court as collaborative partners. The goal is to improve permanency outcomes for the extension of foster care population by increasing timely high school graduation rates, matriculation, retention rates, and attainment of post-secondary certificates or degrees among the 18 to 21-year-old population. The joint project population includes the high school population with the premise that in order to increase the number of young adults in EFC who obtain post-secondary degrees or certificates; youth must graduate from high school in a timely manner. This will allow the three years of EFC eligibility to focus on post-secondary success rather than completion of secondary education. The pilot population encompasses students committed to foster care by Davidson County Juvenile Court who are enrolled in high school in MNPS.

As a result of Project Wrap Around, a referral process was established regarding communication of student movement to ensure that the youth's school conducts a wraparound meeting within 5 school days. This meeting allows an opportunity to make a best interest determination about school placement, complying with Every Student Succeeds Act (ESSA), but also helps determine class placement and services in the school setting to help each student be successful. Regular professionals' meetings, training for staff, data sharing, and annual transcript reviews also assist in improving the overall experience of youth in foster care. The next transcript review meeting is scheduled for July 19, 2021 with school counselors at each of the zoned MNPS high school and two large charter high schools located in Davidson County. During the meeting, school counselors will examine the school transcripts of their enrolled students in care and chart a course to high school graduation. Errors will be resolved on site. A representative from the DCS office on Independent Living will be present to train counselors on Extension of Foster Care and Independent Living benefits for young people on their caseloads.

Data from the 2018-2019 Project Wrap Around evaluation indicate that project participants demonstrated increased credit accrual while enrolled in the project and an on-time graduation rate of 71%. Counselors reported that the Project Wrap Around process was supportive to young people's educational and stability needs.

Quality Assurance Systems

The Program Evaluation Team continues to be responsible for conducting the CFSR reviews across the state. CFSR continues to be the quality case review process DCS uses to determine strengths and weaknesses in its practice. In addition, the Program Evaluation team is responsible for completing and monitoring the PIP and the measurement plan goals. Recruiting efforts of external and internal stakeholders to shadow the CFSR process continue. DCS completed four contract provider CFSRs between November 2020 and March 2021 including Florence Crittenton Agency, Centerstone, Frontier Health, and Porter Leath. This has demonstrated to be a good quality improvement process to further help providers understand the CFSR standards and DCS expectations. A total of twenty-five (25) foster care cases were reviewed (five per provider). The PUR started July 1, 2020 until the week of the review or case closure. Applicable item results include the following:



The results above show providers perform well in items related to the children and youth. Trends in the cases reviewed continue to show that youth who resided in residential facilities were more likely to have placement stability due to the provider's commitment to not disrupt them and had good planning processes when a youth is stepping down. In addition, these facilities had quality ongoing informal assessments as well as a battery of formal initial assessments that were used to determine effective social and emotional services and mental and behavioral health treatment. Trends showed that breakdown in communication with DCS impacted physical health of the child when follow ups were needed. Items related to parents show lower performance but show improvements in the 2020-2021 chart. Trends in cases reflected similar challenges that DCS faces when working with parents including parents living long distances from facilities. (Please see DCS CFSR results in Safety, Permanency, and Well-Being Sections and the attachment TN Regional Comparison 2021).

Upon completion of each regional and provider CFSR week a Debrief Session continues to be held. During the debrief CFSR results are shared including OMS reports (case level and practice reports) and regional/provider leadership has the opportunity to ask questions. Each region has a CQI Coordinator that can then work with the region to further understand the CFSR data and set short term action plans to help improve certain outcomes. These CQI Coordinators also help the region to focus on other areas of identified need, such as those in the CFSP or DCS Strategic Plan.

The Division of Program Evaluation and a CQI Coordinator from the Continuous Quality Improvement Team of the Division of Performance and Quality Improvement continue to provide ongoing trainings around CFSR and performance improvements that are linked to the CFSP. These trainings are customized to meet the needs of the target participants and are often aimed at improving Caseworker/Child visitation and the quality of assessments. During this APSR cycle more emphasis was put on concerted efforts to ensure placements remain stable. In addition, the Program Evaluation Team continued to help develop CQI teams/processes for the Youth Advisory Council as recommended by NYTDD. CQI Coordinators were encouraged to invite youth to the regional meetings.

The monthly Interagency Quality Assurance WebEx meeting continues to be hosted by the Program Evaluation Team and attendees include the DCS Continuous Quality Improvement (CQI) Coordinators and the quality improvement staff from provider agencies to discuss progress on the CFSR PIP and CFSP, as well as provide training on any upcoming changes to service delivery requirements and changes that will be required in the FFPSA. The team continuously looks for ways to improve provider engagement in these meetings.

Example Topics:

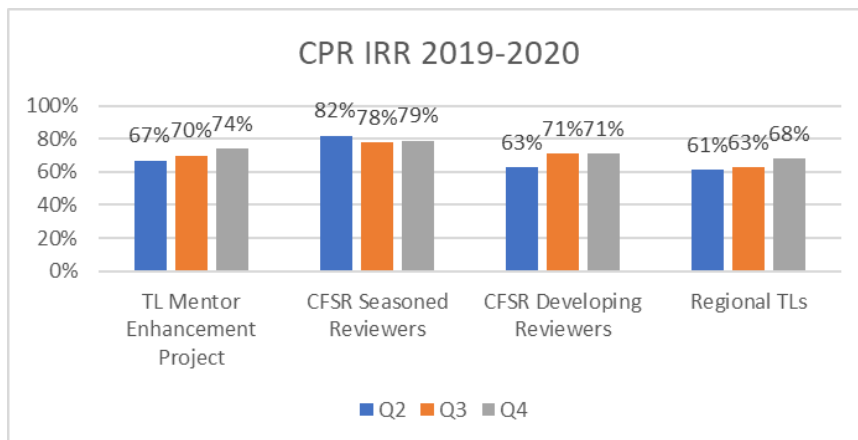
- **Independent Living National Youth In Transition Database purpose and how these non-paid services are captured in item 12A needs and services for children**
- **ChildStat integration with CFSR ratings**
- **CFSP overview, APSR process, and Joint Planning**
- **Family Visitation and Family Therapy Visitation Requirements**

In April 2021 a listening session was held during the Interagency Quality Assurance Meeting. Trends in feedback included:

April 2021 Stakeholder Listening Session	
1.	How does your agency encourage your Foster Parents to be Mentors to Birth Parents?
	<ul style="list-style-type: none"> Encourage foster parents to be involved and participate in parent/child visits so they can provide mentoring based on their observation of the parent/child interaction. Also, foster parents and birth parents attend trainings together. Constantly remind foster parents in trainings to always be looking for teaching moments with birth parents.
2.	What strategies do you use to recruit foster parents to ensure they are willing to be mentors?
	<ul style="list-style-type: none"> Inform them at the initial contact that mentoring is including in foster parent role and continue the discussion throughout the recruitment process and then after they become foster parents as well.
3.	Who is DCS missing that we should be collaborating with around recruitment?
	<ul style="list-style-type: none"> Improvements getting therapist at the table even though it is a challenge since it is not billable hours. Utilizing COE earlier and more regularly for stronger assessment on the front end.
4.	What strategies do you use to ensure placements are stable or when they become a risk for disruption?
	<ul style="list-style-type: none"> We need to get back to the basic focus of prevention and have CFTMs earlier and not waiting until it's too far gone. DCS is working on developing a placement stability report to monitor placements by region and by providers. We reach out to the FSW as soon as we see signs the youth is struggling and move to a CFTM that includes teachers, families, and everyone involved in the case.

The Program Evaluation Team continued the responsibility of conducting inter-rater reliability reviews (IRR) for the quarterly case process reviews (CPR) conducted by Team Leaders (TL) in the regions. The first quarter IRR began in May 2020 and was actually the second quarter for the regions. Challenges have been identified with how Team Leaders have been trained and understand the CFSR perspective. This process has also been integrated with the Team Leader Enhancement Project by selecting TLs for the IRR sample who reviewed a case that is also in or completed the project so that the IRR process can be used as an additional evaluation and learning opportunity with those TLs. In addition, TLs who are developing or are lead CFSR reviewers are also selected for the IRR sample to use as continuing education on CFSR items. The trend chart below

shows that seasoned CFSR reviewer Team Leaders perform higher in comparability and understanding of CFSR standards. In addition, Team Leaders who are not in either the CFSR mentoring project or a CFSR reviewer tend to perform lower indicating there are still challenges with how Team Leaders are trained and their understanding of CFSR best practice. A feedback session with the IRR reviewer is conducted with each Team Leader who also reviewed the case as a strategy to improve understanding. In addition, monthly conversations with TLs in the CFSR mentoring project has shown to be beneficial in helping identify misperceptions in the TLs interpretation of CFSR feedback. The Office of Continuous Quality Improvement's Program Evaluation Team and Data Quality Team (responsible for CPRs) has partnered on an ongoing basis to continue improvements in integrating the CPR tool with the CFSR online system review instrument and aligning the data for better comparison.

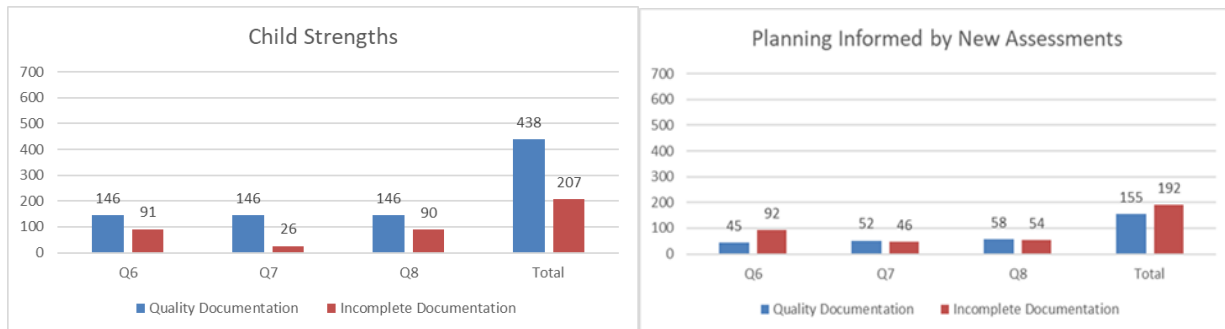
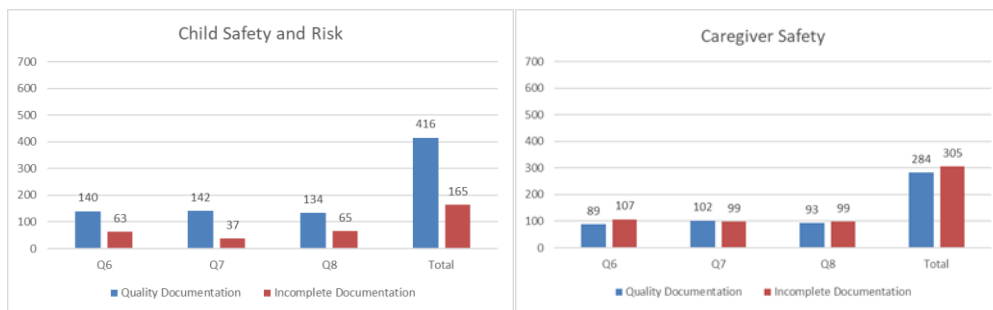


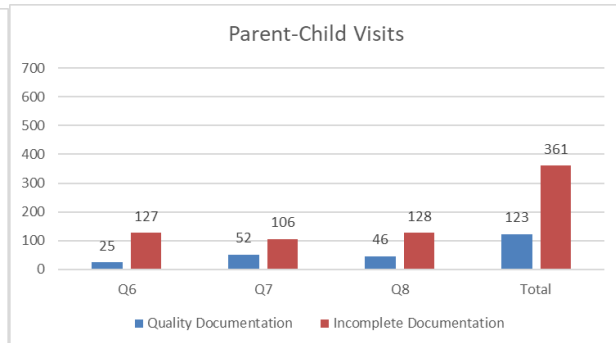
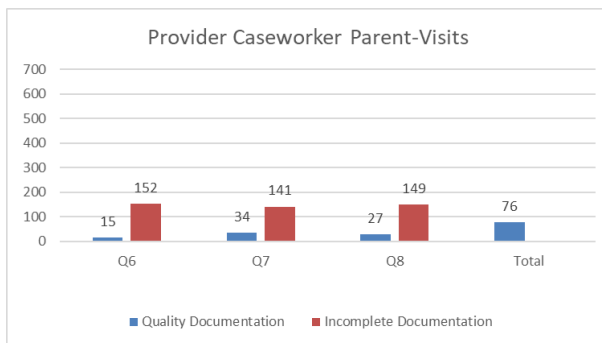
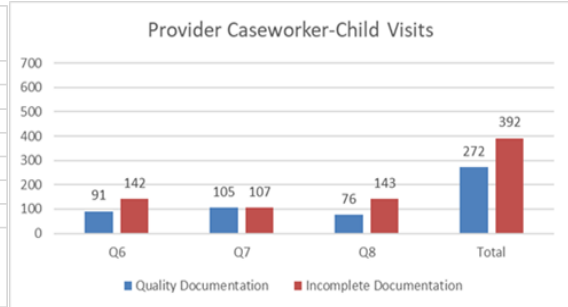
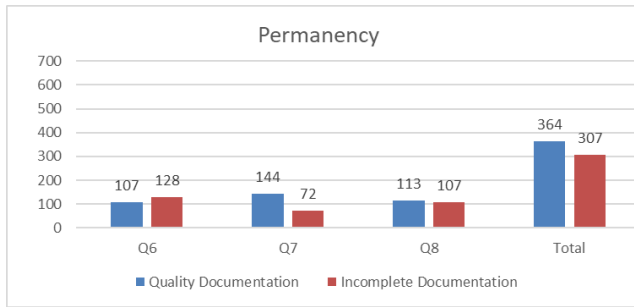
Quarterly monthly provider reviews

The Provider Monthly Summary reviews support the Department's efforts to incorporate best practice strategies and documentation of quality contacts with children and families into work with provider partners. The reviews are completed by Child and Family Service Review (CFSR) reviewers and other members of the Department's internal provider support team from the Office of Continuous Quality Improvement. There is a total of five provider agencies reviewed each quarter, which consists of 15 cases from each provider (seventy-five total). Reviewers read case documentation and summaries to assess for quality practice and documentation around the same indicators that are examined in the CFSRs: child safety and risk, caregiver safety, physical health and development, education, child strengths, mental/behavioral health, planning informed by new assessments, independent living, permanency, caregiver strengths and needs, and contacts between caseworker and child, caseworker and parent, parent and child, and siblings. The results of the review, including strengths and opportunities, are shared with each provider, and discussed during

an individual meeting. Agency providers are asked to develop a Program Improvement Plan (PIP) to identify two to three areas of focus to improve the quality of their monthly summary documentation. Once their improvement strategies have been implemented, providers are asked to submit evidence of improvement (additional monthly summaries, training curriculum, etc.). An internal tracking mechanism is used to monitor progress over time. The results of the Provider Monthly Summary Reviews are shared with the Department’s internal provider support team, during QA/QI calls with providers, at grand regional provider meetings, and at Provider and Foster Home Quality Team provider site visits.

Results between July 2020 – March 2021:





Bootcamp CFSR Reviewer Training

In February and March 2021, the Program Evaluation Team facilitated the annual CFSR reviewer trainings virtually due to COVID-19 restrictions. This training is required for anyone interested in developing as a reviewer and for lead reviewers to maintain their status. Sixty (60) people participated in the training statewide. In effort to measure the effectiveness of the training a pre and post-test was administered in all three trainings. Overall, participants demonstrated an improved understanding of the process and item ratings.

Questions	Pre-Test% of Correct Answers	Post Test% of Correct Answers
1. How is each individual item in the OSRI rated?	93%	95%
2. Why do we do timelines before we review a case?	83%	96%
3. It is not necessary to interview the child if it is inconvenient for the reviewer.	97%	100%
4. When writing narratives, lead the narrative with the reason for the rating and then support the rating with evidence learned through the review.	70%	98%
5. It is optional to provide feedback to the Family Service Worker and Supervisor (if identified).	97%	96%
6. If a child was removed from the dad and his paramour, with the agency working to reunify the child in that home, which item is used to rate the paramour?	82%	96%
7. What is an acceptable way to indicate the Tennessee Department of Children's Services in a narrative?	98%	98%
8. It is expected for the reviewer to clear their schedule for the week when participating in CFSR.	100%	100%
9. In a foster care case with an older target youth, the PUR ends when the youth turns 18 years old.	82%	95%
10. To achieve a strength rating on item 1, the reviewer must confirm that the agency made concerted efforts to make timely face-to-face contacts with all children on all investigations and that all investigations and/or assessments were initiated timely during the PUR.	93%	100%
11. Safety related services necessary to prevent removal or re-entry would be addressed in which item?	65%	96%
12. Remaining in the same placement throughout the entire Period Under Review will always make Item 4, Placement Stability, a strength.	78%	98%
13. In Item 14, Caseworker Visits with Child, visits completed by a private provider agency can be counted toward the number of visits completed each month in the On-Site	77%	96%
14. What reasons would preclude a parent from needing to be interviewed for CFSR. Check all that apply.	70%	82%
15. Quality Assurance (QA) 1 and 2 is not a necessary step for certified reviewers.	100%	98%

Quality Assurance (QA) Reviewer Training

In March 2021 the Program Evaluation Team held a second annual training for all QA reviewers. The purpose is to continue to improve standardizing the QA process in effort to ensure QA reviewers are consistent and improve the CFSR reviewer’s experience. Lessons learned was used in developing the standards including narrative writing for Areas needing improvement and ensuring any strengths identified are also included. Discussing with reviewers the typical pattern of practice to encourage strength ratings when there are opportunities.

Strategy: Ensure that the Continuous Quality Improvement Process is aligned with the Child and Family Service Plan and CFSR findings.	Responsible Party	Update FY 2021	Date
CFSR PIP – Goal Four: Strategy One – Integrated Processes a. Quarterly Case Process Reviews (CPR) will include CFSR language. b. Quarterly reviews of Monthly Provider Summaries will be conducted using CFSR standards. c. CFSR will be the official qualitative review for DCS. d. Special provider CFSR reviews will be conducted during the period	Director of Program Evaluation	Completed Please see Semi-Annual CFSR PIP Report	3/31/21

of November – March each year.			
<p>CFSR PIP – Goal Four: Strategy Two – Integrated Feedback</p> <ul style="list-style-type: none"> a. Continue to solicit internal and external input on a regular basis through surveys, focus groups, work groups, and presentations with stakeholders. b. Joint Planning sessions will include more voice of the stakeholder in development of APSR. 	Director of Program Evaluation	Completed. Please see Collaboration Section and Semi-Annual CFSR PIP Report	3/31/21

Staff Training

DCS was found to be in substantial conformity with this systemic factor during the 2017 CFJR.

Pre-Service Training

The new Pre-Service model targeting skill development in the areas of quality visitation and assessment integration, as discussed in last year's report, rolled out over the course of this past year beginning in January 2020. This year, revisions were made to the Permanency and Juvenile Justice Specialty trainings to be consistent with the prior revisions to the Child Protective Services and Family Support Specialist curriculums. All Pre-Service specialty training is now focused on the critical tasks and skills that are needed by new case managers as they begin to work with clients. Last year, 26 Pre-Service cycles were delivered across the state and 362 new case managers were certified.

The simulation lab component of Pre-Service was created to better prepare front line case managers for their role in working with families. All newly hired case managers complete the SIM lab portion of Pre-Service. Participants receive their simulation training in three parts. First is the classroom portion where skills such as engagement, assessment, Fourth Amendment, and situational awareness are covered. Case managers then do a walk-through of a simulated home, like they would see in the field, and identify the protective, safety and risk factors. The final component of the SIM lab experience is knocking at the door of a home, engaging, and assessing the family while practicing interviewing and situational awareness skills. Feedback is provided individually and to the group from peers, facilitators, and actors to help process the experience and improve skills. An evaluation process for Pre-Service Simulation Lab has begun, in collaboration with the Vanderbilt Center of Excellence in Child Welfare. A self-assessment rubric and a quiz was developed based on the competencies covered in experience. Participants complete a self-assessment prior to participating in Sim Lab and again immediately after the experience. Following successful completion of the Case Manager certification process, participants complete a scenario-based Sim Lab assessment. This quiz is delivered one question at a time, through a text messaging app for 12 weeks. The evaluation group will be meeting in mid-September to review the first round of data collection. Because the nature of this experience is a hands-on live simulation with immediate feedback, this component has been adapted for virtual delivery due to pandemic safety precautions. To maintain the fidelity of the Simulation Lab model, videos were made inside and outside of our simulated home for the walk-through experience. The knock at the door experience still uses trainers as actors in the home, but the experience is conducted over a video conferencing platform. While there was initial concern that the virtual model would not be as effective as the in-person experience, it has been very successful. Time was taken last year to prepare the Sim Lab team for the virtual environment before fully restarting this component in July of 2020.

In February 2020, On-the-Job Training Coaches were shifted from regional supervision to centralized supervision from the Office of Training and Professional Development. One of the primary focus of last year was to ensure that the OJT model is consistent across the state in terms of dose and process so that all participants receive a comparable experience. As part of our focus on consistency, the 13 coaches shadowed each other regularly during the first few months of last year as they were coaching new hires, participating in Support Team Meetings, and facilitating final case presentations for new case managers. This allowed them to learn from each other as well as an opportunity to provide and receive feedback. The process includes a debrief session with their own supervisors to help consolidate learning and provide and receive feedback. In order to maintain consistency, contact requirements between OJT Coaches and newly hired case managers was standardized. Each participant has minimum of two support team meetings and three individual coaching sessions during the course of their OJT experience. Additionally, group coaching sessions are offered monthly in each region for all staff in their first year of case management. Each OJT Coach maintains a contact log, documenting these sessions to ensure consistency. Additionally, this process helped the group congeal as a team, providing a support network, building relationships, providing inspiration, and improving morale. One coach noted that she “didn’t realize I needed a team until I had one.” This year, professional development for this group is focused on the quality of coaching skills and motivational interviewing, working with both the Vanderbilt Center of Excellence in Child Welfare and with Laurie Ellington of Zero Point Leadership.

In-Service Training

Completion of In-service training is tied to workforce performance plans and raises. This has helped improve this performance goal. Training requirements have been tracked based on the Fiscal Year traditionally. In 2021, TN DCS is transitioning to track training requirements in line with the Federal Year. All required training hours and annual Mandatory Trainings will be completed by September 30, 2021. The new cycle will then run from Oct. 1 – Sept 30th for subsequent years. Key initiatives are outlined below, including new projects and updates to prior year projects.

Requirement	Compliance Rate for FY2020
All DCS Staff Mandatory Training	98%
Case Manager Mandatory Training	90%
Required Training Hours for All DCS Staff	95.2%

In the wake of pandemic, all live training events moved to virtual facilitation last year. This has been well received and has greatly reduced the time and expense needed for travel. The Office of Training and Professional Development was well situation for this shift as we were already making significant use of video conferencing software for many of our training opportunities. This year, the division focused on increasing virtual facilitation skills of our trainers, ensuring that a variety of skills and tools are used to increase participant engagement and interaction during virtual events.

Trainers are currently completing a professional development series with Laurie Ellington of Zero Point Leadership titled "Maximizing Connection in a Virtual Environment: Brain-Savvy Approaches for Facilitating Online Learning and Development" to further enhance virtual facilitation skills. Virtual facilitation has been so effective that the plan is to maintain virtual facilitation for the majority of our training events going forward. Currently, in-person skill checks are conducted for the Child Passenger Safety course, where a certified instructor checks the installation skills of participants and CPR, which requires an in-person skill assessment. These sessions are currently scheduled on an individual basis following a virtual presentation of the content portion of the course. As quarantine restrictions are lifted, additional in-person activities will be resumed where needed. For example, the skills portion of RAD, our self-defense course for case-managers, will resume when safe to do so.

Training needs are assessed in a variety of ways including Training Evaluation forms, Training CQI, and needs related to Departmental goals such as strategic planning, needs identified through practice assessment, changes in policy and practice, Evaluation data is collected on each class offered by OTPD. Each participant is asked to complete a survey regarding the effectiveness of the training content, the trainer, and their overall satisfaction with the training. In addition, staff are asked about additional training topics they would find useful. This data is compiled and distributed to training leadership on a monthly basis for review. Data on trainer effectiveness is incorporated into performance evaluations. Data on effectiveness of training events is used to make needed adjustments to curriculum. New requests are considered and incorporated with the overall training plan for the year, where appropriate.

Each region has a Training Continuous Quality Improvement group that addresses emerging training needs and the ability to move issues up the chain to the appropriate Departmental leadership for resolution. Training leadership attend regional and statewide leadership meetings where training needs are addressed.

Additionally, additional data on training effectiveness is collected for select courses, such as Quality Contacts and Pre-Service Simulation Lab. In these cases, the data is reported in the corresponding section of the narrative as available.

Revitalizing the CFTM Process

Several courses released this year serve this goal.

CFTM Facilitation for Case Managers: Partnering with Children and Families through the CFTM process is a vital part of providing quality assessment, planning, and service implementation with families. Often the front-line case managers are responsible for facilitating CFTMs for the cases they work. CFTM Facilitation for Case Managers was developed to increase understanding and

competency of CFTM facilitation skills of case managers by enhancing engagement strategies, communication skills and knowledge of CFTM policies and practice. To date, 85% of case managers have completed this training and the remaining are expected to complete the course by the end of the June 2021.

Concurrent Planning and Concerted Efforts: This computer-based training was released in November 2020 and focuses on the concurrent planning process. To date, 33% of case management staff have completed this training.

Sharing Full Disclosure of Permanency Options for Family and Kin: This computer-based course supports staff in techniques to engage caregivers around new protocols regarding full-disclosure and provide a video to show caregivers. To date, 85% of case management staff have completed the course.

Diligent Search: A revised Diligent Search training was opened in April 2020. This online course covers how to initiate a diligent search, creative ways to conduct the search, engaging fathers, grandparents, other relatives, and significant kin. To date, 53% of case management staff have completed the course.

Motivational Interviewing: Motivational Interviewing was selected as an FFPSA evidence-based practice to be used in Tennessee. OTPD partnered with Vanderbilt Centers of Excellence in Child Welfare to create a course focused on equipping the DCS workforce with an understanding of MI that is intended to allow them to integrate the style and skills into practice with children and families with the goal of improving family engagement and communication. The course launched in March 2021 with new modules release every two weeks through early June. Participants receive instruction on a specific skill set and guidelines for implementing that skill into practice over the following two weeks. In addition to the online training, five live Q&A sessions are planned. The training is open to all DCS personnel and is required for case management series staff with a completion date of June 30, 2021. To date, 1287 staff have begun the training. Planning for booster sessions and follow-up recertification will begin after the initial launch is complete.

Supervisor Certification Process: Last year, OTPD revised the Supervisor Certification created to better prepare supervisors for the transition into management. The program began on 3/1/20 and includes all Case Manager 3s and all Case Manager 4s who supervise case carrying staff. There are three components in the new process including a two day interactive, in-person Leadership Learning Lab which was adapted for virtual delivery until travel resumes; monthly individual coaching including at least one face to face which will take place once travel resumes; and four modules of group coaching. Participants have up to 8 months to complete the process. A readiness tool was

developed and is utilized by the new supervisor's leader after the completion of the 3 components to determine if the identified skills have been learned and are being applied. A new supervisor can be referred for additional coaching around any areas of need. The goal of certification is to have new supervisors who are confident in their role and the development and retention of their staff.

Leadership Investment: Leadership Investment and Support is an initiative to promote Safety Culture and Leadership Development for TN DCS Regional Leaders from all three program areas: JJ, CPS, and Foster Care. Content is developed by a team of Vanderbilt COE experts, Dr. Tarah Kuhn, Dr. Jon Ebert, and Kathy Gracey, in collaboration with Julie Rotella, Assistant Commissioner of Administrative Services. The focus for growth and development for 2020 was Secondary Trauma: recognizing it in self and staff and responding in healthy ways to build resiliency for self and staff. This series was completed in December 2020. Due to competing projects and priorities, Leadership Investment and Support has been placed on hiatus with plans to resume in the summer of 2021.

DCS Live Webinar Series & Podcasts: DCS Staff, Foster Parents and Community Partners have optimized the benefits of live internet educational webinars produced by OTPD. Topics in these webinars range from technical applications like learning TFACTS or how to use WebEx to understanding child development, trauma, child welfare practice and self-care. The National Child Welfare Workforce Institute (NCWWI) now includes many of the webinars on their training calendar and we frequently have participants from across the country participate in our webinars.

The following is a selection of the webinars provided this year:

- Autism Awareness
- Building Resiliency During Uncertain Times
- Engagement and Confidentiality: Building Teams and Building Trust
- Finding Families: A Guide to Diligent Search
- Human Trafficking in Tennessee
- Increasing Safety Through Assessing Foster Homes and Partnering with SIU
- Infant Mental Health
- Leadership Series with Derek Young
- Learn More About Lice
- Learning Ways to Value Adversity with Galen Elmore
- Termination of Parental Rights Process for Case Managers
- Traumatic Brain Injury Series

A selection of DCS Talks Podcasts produced this year include:

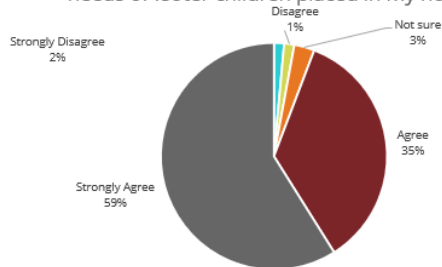
- Caseworker Safety
- Child Abuse Factors
- Child and Family Services Review
- Child Protective Services Redesign
- Confidentiality and Building Teams with Families
- DCS Talks with Youth about Adoption
- Domestic Violence Awareness
- Family First Prevention Services Act
- Finding Families Through Diligent Search
- Full Disclosure
- Interstate Commission for Juveniles

- Interstate Compact on the Placement of Children
- Mandated Reporting in Tennessee
- National Human Trafficking Prevention
- Roots of Resiliency
- Social Work Month
- The Importance of Adoption as a Permanency Option
- Title VI of the Civil Rights Act
- Transition to Adulthood
- Ways to Mitigate Bias When Working with Families

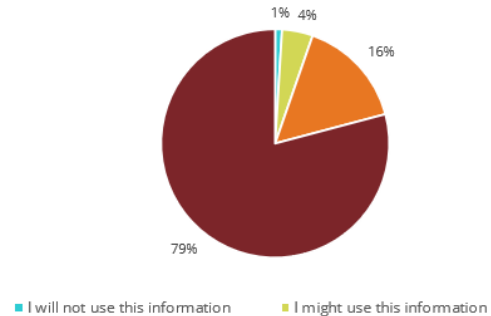
Foster Parent Training

The Foster Parent Training Program offers learning opportunities that support adoptive, foster and kinship parents in their effort to provide safe, nurturing, and loving environments for the children in their care. The Foster Parent Training experienced several challenges during the pandemic. The

The CORE Teen training prepared me to care for the needs of foster children placed in my home.



How likely are you to use the information learned from CORE Teen to help stabilize a placement in your home?



entire training program was transitioned to a virtual training program to ensure the safety of participants.

The Department provided TN KEY (Knowledge Empowers You) pre-service training to 1348 traditional applicants in all twelve regions across the state between July 1, 2020 and March 31, 2021. Additionally, we were able to offer a 16-hour condensed version of TN KEY for Kinship parents statewide for the majority of the reporting period. During this period, 873 kinship applicants completed training.

During the 2019-2020 fiscal year, 92% of foster parents were in compliance with training. All foster parents are required to complete 15 hours of training credit annually and training compliance will be measured again after June 30, 2021 for the current fiscal year. Next, DCS currently mandates Prudent Parenting and What to Know about Child Exploitation for all foster parents during their first year of approval. Between July 1, 2020 and March 31, 2021, 362 (of 1634) foster parents completed Prudent Parenting training and 402 (of 1634) completed the What to Know about Child Exploitation training. Additionally, parents have a new Mentoring Birth Parents requirement for the current fiscal year. Currently 2661 (of 4010) active DCS parents have completed this new requirement.

As a result of a successful pilot of CORE Teen, DCS is currently implementing a statewide curriculum for parents who are or will be raising older children from foster care who have moderate to severe emotional and behavioral challenges. Between July 1, 2020 and March 31, 2021, 244 have completed training on this program, 94% indicated that the training has stabilized placements in their homes, and 95% indicated that the training prepared them to care for foster children placed in their home.

The Foster Parent Training program hosted first time all virtual conference for 1897 foster parents. A total of 68 workshops were attended by foster parents, along with an additional training on trauma related topics from a keynote speaker. Parents were able to receive a maximum of 15 hours of training credits in one weekend.

Finally, the Foster Parent Training Program is unique in that the program also develops Foster Parent Trainers, who are DCS and private agency staff, across the state. The Foster Parent Trainers

are instructed and provided with training skills, tools, and curriculum to develop quality foster, adoptive, and kinship parents who are professional and well prepared. There were approximately 184 Foster Parent Trainers trained across the state from July 1, 2020 to March 31, 2021.

Upon completion of foster parent post-approval training, participants are asked to respond to the following questions by selecting one of the responses provided below. The number indicated by each response is the value assigned.

How likely are you to use the information learned from this training?

1. I will not use this information
2. I probably will not use this information
3. I might use this information
4. I will probably use the information from this training
5. I will definitely use the information from this training

Do you think other foster parents will benefit from this training?

1. I do not think this training is useful for foster parents
2. I do not think many foster parents will benefit from this training
3. I am not sure
4. I think many parents could benefit from this training
5. I think all foster parents could benefit from this training

Pie charts above includes a summary chart of the average value (1 to 5, based on the scale provided above) for each question by course.

DCS currently trains traditional, kinship, and adoptive parents on the same content. However, Kinship parents are required to complete a three-hour Preserving Kinship Families course during the first year of fostering. This course is designed to help kinship families face the unique stressors that may arise when becoming a kinship placement. This workshop allows participants to explore ways to adapt to the changes in the family dynamic, how to work with the birth parents, and address role conflicts within the family. Additionally, parents interested in adopting are required to complete a pre-adoption Adoption Support and Preservation eight-hour program. The training and services are offered by our contract provider Harmony Family Center.

Private provider agencies that train their parents directly, complete a Training for Trainers (T4T) program with DCS staff. They complete the following training for trainers' courses:

1. TN KEY T4T (Pre-Service Training)
2. Home Study Training
3. Various Post Approval T4T's
4. CPR/FA T4T

5. Medication Administration T4T for Nurse Trainers

Residential care staff are trained by their respective agencies.

Staff Training, Technical Assistance and Evaluation

DCS has a goal to have a strong, healthy, child welfare workforce to achieve better outcomes for families. Objectives in support of this goal include:

- The Quality Contacts Initiative
- The Assessment Integration Model
- The Team Leader Mentoring and Enhancement Project
- Pre-Service Revisions
- Working with University Partners to support the development of strong Social Workers who have the skill set to provide the quality services necessary to promote success for families.

As noted in the Safety Outcome 2 section of this report, the 4th Cohort for Quality Contacts Training was completed at the end of January 2021. All make-up sessions have now been completed. All Regions have been fully trained and the collaborative has been completed. Case reviews have been conducted showing positive impact on practice. Results from reviews have been broken down by Region and shared with training which will help inform ongoing boosters and follow up trainings.

DCS conducted an analysis of the OJT Coach role and determined that due to the duties of those positions being varied by region it would benefit the Department to align these positions to strengthen this component of training. This had been identified as a crucial missing piece that could help improve the skills of new Caseworkers. All OJT Coaches now report directly to Central Office under a Director, and function under the same performance plans and expectations.

DCS Tuition Assistance Programs

Bachelor of Social Work (BSW) Tuition Assistance Program: The Bachelor of Social Work (BSW) Tuition Assistance Program is currently on hold.

Master of Social Work (MSW) Tuition Assistance Program: The Master of Social Work (MSW) Tuition Assistance Program will continue to allow qualified DCS employees to receive financial support to pursue an advanced degree in Social Work in exchange for a commitment to continue to work for the Department upon graduation. As is the case with the BSW Tuition Assistance Program, the employee agrees to continue to work for the Department for six months for each semester of financial support they receive, up to 24 months.

Strategy: Develop a strong, healthy, child welfare workforce that has the capacity and capability to meet the unique needs of the families served.	Responsible Party	Update FY 2021	Date
CFSR PIP – Goal One: Strategy One – Quality Contacts Initiative	Executive Director of Training and Professional Development Regional Directors	Please see Semi-Annual CFSR PIP Report This strategy Improved Family assessments and contacts and helped TN redesign training for employees to improve practice.	3/31/21
CFSR PIP – Goal Three: Strategy One – Team Leader Mentoring and Enhancement Project	Director of Program Evaluation Regional Directors	Completed. Please see Semi-Annual CFSR PIP Report This strategy Improved Family assessments and contacts and helped TN redesign training for employees to improve practice.	3/31/21
Work with University partners to support the development of strong Social Workers who have the skill set to provide the quality services necessary to promote success for families.	Executive Director of Human Resources University of Tennessee College of Social Work	DCS Human Resources continues to partner with Universities including through the BSS and MSW stipend program.	7/1/21

Revise DCS pre-service training program.	Executive Director of Training and Professional Development	Revisions were completed and implemented in January 2021.	7/1/21
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Training Evaluation

DCS uses a variety of methods to address training quality and efficacy.

- Focus groups are used during the planning and development stages of many of our larger and mission critical training initiatives. For example, revisions to our Supervisor Certification and our Case Management Pre-Service curricula that have occurred over the past three years began with focus groups. Focus groups are also planned for two of our current development priorities, peer mentoring certification and the foster parent support program. Additionally, focus groups were utilized as Tennessee worked with Spalding for Children during the development and pilot process for the Core for Teens curriculum designed to promote permanence and placement stability for adolescents.
- In other instances, workgroups are utilized to ensure a variety of stakeholder perspectives during the development process. These might include subject matter experts, program staff, front line workers and supervisors, foster parents, and community partners in addition to members of the training team. Development project examples where workgroups are used include TN Key Foster Parent Pre-service, regular Case Manager Pre-service updates, Counter Response, Family Support Services program training, Quality Contacts, CFTM Facilitation for Case Managers, Skilled Facilitator Certification, and Advanced Facilitator Inservice training.
- For our Case Manager Pre-service program, a variety of individual assessments are used to determine the readiness of the new hire to begin working a case load independently. While the primary aim of this process is to assess the new hire, they are also a useful part of assessing the efficacy of the curriculum itself.
 - The Individual Learning Plan (ILP) serves as an ongoing assessment of professional development throughout Pre-service certification training. As the new employee progress through the Pre-service process, the document is developed and shared during support team meetings for the employee. Classroom trainers and On-the-Job Training Coaches contribute observations and feedback from their work with the new hire. Further, OJT Coaches capture feedback from the new hire’s supervisor and peer mentor, as well as from the new hire themselves to develop the plan. That plan then guides the learning and development activities that are tailored to the new hire’s individual learning needs throughout the remainder of the initial training period. The final plan is used to guide the development process following certification.
 - Following the completion of classwork and OJT training, the new hire will participate in a Case Presentation Assessment involving one of their training cases, which will be assessed by their OJT coach, mentor, and supervisor. The Case Presentation Outline

gives the new hire guidance to organize the information and prepare for the case discussion. The new hire will bring examples of completed documentation for their case so the team can evaluate their documentation skills. At the conclusion of this presentation, documentation review, and a review of the Individual Learning Plan, the team will determine the new hire's readiness to be certified as a case manager.

- Scoring for the final assessment utilizes a rubric that includes behavioral indicators of foundational case management competencies. This rubric is provided to new case managers at the beginning of their training and serves as both readiness assessment and a guide to the best practice principles. As such, this tool is useful to not only the new hire, but to their peer mentors, supervisors, OJT Coaches, and training staff.
- The Training and Development team participates in the provider contract and review process to ensure that provider agencies serving children and youth are providing the required training competencies to their staff. This participation occurs at both the proposal process and during the annual review process.
- Trainer Monitoring tools are utilized on a quarterly basis with both DCS training staff and with our foster parent contract trainers. Observation tools based on Trainer Competencies are completed on each trainer once quarterly and include a coaching session for the trainer being observed.
- Training Satisfaction Surveys are collected from participants following all training events. These surveys are compiled and distributed to training supervisors monthly and are used during performance evaluations for trainers. Additionally, surveys are used to evaluate the effectiveness of training content and gather information on training needs from the workforce.
- A qualitative review was utilized for the Quality Contacts training initiative. Results of this evaluation are further explained in Safety Outcome 2 section of this report

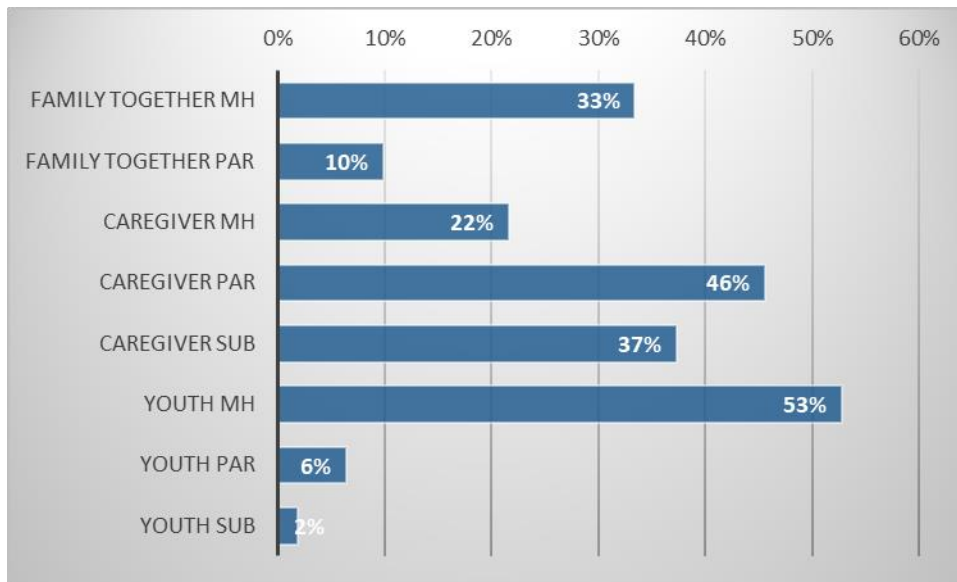
Service Array

DCS was not found to be in substantial conformity with this systemic factor during the 2017 CFSR.

DCS is committed to expanding the service array. Challenges often exist in the more rural areas of the state. Multi-Agency Collaborative Single Team Single Plan is an approach to practice that brings together child serving state agencies and community partners that team together to serve families. Typically, families are identified by Child Protective Services Staff as a family who is at risk of coming into foster care. The worker engages the family in a discussion about the approach to practice and gains their consent since this approach is voluntary. After consent is obtained, a Child and Family Team Meeting is scheduled and all partners are invited to the table to hear the family's story, offer services they can contribute, create a plan, and decide who should remain on the family's team based on the family's individual needs and priorities. While this approach is primarily a prevention model and most cases served through this model are non-custodial, there are also some custodial cases that are identified to participate in the approach to reduce the length of stay in foster care. Oversight for this approach is led by DCS but decision making, and ownership belongs to the Multi-Discipline Steering Committee. A Steering Committee for this approach is comprised of high-level

management from Department of Intellectual and Developmental Disabilities, Department of Education, Department of Health, Department of Human Services, Department of Children’s Services, Department of Workforce and Labor Development, Division of TennCare, MCOs that are contracted by TennCare, and Community Partners.

During this APSR cycle Tennessee did complete a statewide readiness assessment to identify services and evidence-based services by county in preparation for FFPSA implementation. A service gap analysis was also completed using the FAST (Family Advocacy Support Tool) assessment of need based on ages of the children and family needs. Please see Title IV-E 2019 Candidates Estimates of Service Need by Age and Family First Service Area spreadsheet for details.



The Multi-Agency Collaboration Single Team Single Plan Approach began in 2016 through four pilot counties and began expansion in 2017 with a goal to train at least one county in each region. Once the approach had reached each region, full statewide expansion began. In 2019 the team began to shift to prioritize expansion to the 15 counties identified in Governor Lee’s Executive Order 1, which qualify as economically distressed, ranking among the nation’s 10% most distressed counties based upon an annual index of unemployment, income, and poverty. Training and implementation of this approach in all 15 counties was completed in August of 2020. All 95 counties will have training and implementation complete by 9/30/2021.

The approach continues to prove successful through data collected. As of 4/30/21 there have been 508 non-custodial families, comprised of 1,163 children, participate in this approach to practice. Of those 1,163 children served, less than 4% of those children have been removed from their homes within one year of discharge from the approach. Additionally, 70 custodial families, comprised of 124 children, have also been served in hopes to reduce their length of stay in foster care. Customers are asked to participate in a survey throughout their participation in the model. When asked to provide an answer between Always, Often, Sometimes, Rarely and Never, 226 respondents provided the following answers. The team made it easy to access a wide range of services, 80% Always, 11% Often, 6% Sometimes, Less than 1% Rarely, Less than 1% Never. The approach is giving

me a voice in deciding what is happening with my family, 80% Always, 10% Often, 6% Sometimes, Less than 1% Rarely, Less than 1% Never. The team treats me with respect including being upfront and honest with me, 82% Always, 10% Often, 4% Sometimes, 0% Rarely, 3% Never. The team worked together as a team to meet my needs, 81% Always, 10% Often, 4% Sometimes, Less than 1% Rarely, Less than 1% Never. Internal surveys are also provided to team members throughout each participating agency and partnership. In the most recent frontline staff survey conducted in May of 2020, 36 participants responded. When asked, overall, how beneficial is it for your agency to be a member of the Multi-Agency Single Team Single Plan network, respondents answered 47% Greatly Beneficial, 39% Moderately Beneficial, 5% Slightly Beneficial, 5% Not at all Beneficial. When supervisors of frontline staff were asked the same question, 28 respondents answered 39% Greatly Beneficial, 39% Moderately Beneficial, 18% Slightly Beneficial, 4% Not at all Beneficial. The Multi-Agency Collaboration Single Team Single Plan Approach began in 2016 through four pilot counties and began expansion in 2017 with a goal to train at least one county in each region. Once the approach had reached each region, full statewide expansion began. In 2019 the team began to shift to prioritize expansion to the 15 counties identified in Governor Lee's Executive Order 1, which qualify as economically distressed, ranking among the nation's 10% most distressed counties based upon an annual index of unemployment, income, and poverty. Training and implementation of this approach in all 15 counties will be completed by August of 2020. Plans are in place to complete training and implementation in all 95 counties of the state by 9/30/2021.

The introduction of Safe Baby Courts has also prompted a need to expand services that are accessible to families in the 12 counties. The role of the Safe Baby Court Coordinator includes strengthening partnerships and community awareness to increase the support and availability of resources to those families with young children involved in Safe Baby Court and to create a network to sustain the family after they are no longer involved with the court and the child welfare system.

Executive Order One, issued by Governor Bill Lee, identified fifteen rural counties that were economically distressed. The Office of Child Safety, in partnership with several statewide and local organizations, delivered drug workshops in the distressed counties. The participants included frontline staff, community partners and local officials. Many of these sessions were held in person prior to COVID19, however some were still delivered virtually to ensure the information was provided to those distressed areas.

Preliminary Summary of TN EBPs

The following Summary Chart outlines the EBPs identified by providers in the Provider Readiness Assessment and information gathered from the Department of Mental Health and Substance Abuse providers.

Service Type	Mental Health	Substance Use Disorder	In-home Skill-based Parenting
Clearinghouse Rating			
Well Supported <i>(Evaluation required or permission to waive evaluation from CB)</i> <i>(If evaluation requirement is waived, CQI required)</i>	1. Multisystemic Therapy 2. Parent Child Interaction Therapy	3. Motivational Interviewing <i>(Awaiting further guidance from CB on expanded use)</i>	4. Healthy Families America 5. Homebuilders
Supported <i>(evaluation required)</i>	NA	NA	NA
Promising <i>(evaluation required)</i>	6. Trauma-Focused Cognitive Behavior Therapy 7. Child Parent Psychotherapy		
In the pipeline at the Clearinghouse for review	8. Trust Based Relational Intervention* 9. Eye Movement Desensitization and Reprocessing 10. Prolonged Exposure Therapy	11. Adolescent Community Reinforcement Approach	
Independent Systematic Review underway	NA	NA	NA
Not rated or in the pipeline	12. Attachment, Regulation, and Competency Trauma Treatment <i>(CEBC* – Not Rated)</i> 13. Collaborative Problem Solving <i>(CEBC* – Promising)</i> 14. Cognitive Behavior Therapy <i>(CEBC* – Well Supported)</i> 16. Trauma Systems Therapy <i>(CEBC* – Not Rated)</i> 17. The Emerge Program <i>(CEBC* – Not Rated)</i> 18. Therapeutic Crisis Intervention <i>(CEBC* – Not Rated)</i> 19. Theraplay <i>(CEBC* – Promising)</i> <i>*CEBC=California Evidence-Based Clearinghouse)</i>	20. Multidimensional Family Therapy <i>(CEBC* – Well Supported)</i> 21. Too Good for Drugs <i>(CEBC* – Supported)</i> 22. Botvin LifeSkills <i>(CEBC* – Well Supported)</i> 23. Solution-Focused Brief Therapy <i>(CEBC* – Not Rated)</i>	24. Together Facing the Challenge <i>(CEBC* – Supported)</i> 25. 1-2-3 Magic <i>(CEBC* – Promising)</i> 30. Combined Parent-Child Cognitive-Behavior Therapy <i>(CEBC* – Promising)</i> 31. 24/7 Dad <i>(CEBC* – Not Rated)</i> 32. Active Parenting of Teens <i>(CEBC* – Not Rated)</i> 33. InsideOut Dad <i>(CEBC* – Not Rated)</i> 34. Parenting Inside Out <i>(CEBC* – Not Rated)</i>
Does Not Meet Criteria		35. Seeking Safety 36. Nurturing Parent 37. Multisystemic Therapy for Child Abuse and Neglect	

Please see EBPs Maps power point for county level detail.

Strategy: DCS will collaborate with other organizations to expand the service array for families of Tennessee	Responsible Party	Update FY2021	Date
CFSR PIP – Goal Three: Strategy Two– Foster Parent Recruitment and Retention Plans	Executive Director for Permanency Executive Director of Network Development Regional Directors	Completed. Please see Semi-Annual CFSR PIP Report Foster Parent and recruitment has been impacted by the pandemic and part of this will be evaluated with our work with CBC	3/31/21
DCS will begin work to enact Executive Order One in one of the fifteen counties, then expanding until all fifteen counties service array has been expanded.	Executive Director for Permanency/Executive Director of Child Safety Executive Director for Child and Family Well-Being/Executive Director of Network Development Regional Directors	Please see update above	1/1/24
Conduct an assessment of the Resource Linkage Program in each region in order to design a restructure that will focus on prevention services to children and families in all service regions.	Director of CPSA and In Home/Director of Program Evaluation	Assessment throughout each region is an ongoing objective achieved through different methods to determine what is working best for each respective region. Statewide, RL has worked together to revise policy and best practice standards to align with the prevention work they are doing each day. There have also been minor TFACTS enhancements which allow RL staff to better track assistance to families but use of Formstack will remain to capture additional provision of assistance that cannot be entered into TFACTS. The staff is also eager to develop TFACTS enhancements for future	7/1/21

		<p>production to track their outcomes more precisely. Conversations are continuing regarding RLs possibly taking on more cases that may include concerns like truancy and mental health needs. There is a monthly call for all RLCs and Central Office staff to collaborate and execute ideas and plans to advance the program.</p>	
<p>DCS will work with Child Advocacy Centers, Citizen's Review Panels, and Community Advisory Boards across the state to listen to the community and support enhancement of needed services in each service region.</p>	<p>Executive Director of Child Safety Executive Director for Child and Family Well-Being/Executive Director of Network Development Regional Directors Director of Program Evaluation</p>	<p>RL staff is responsible for the development and support of community advisory boards (CABs) and its meetings. Central Office staff has been working closely with RLCs to provide technical assistance to build strong and resourceful CABs. Central Office staff has attended several CAB meetings in person and virtually across the state to offer recommendations as well as bring ideas from existing CABs to other counties. Central Office staff is assisting the Southwest region in their creation of bylaws for the CABs which is supported in the CAB toolkit. RL and Central Office worked together this year to revise the CAB toolkit and bring it up to date. The desire is to promote a more seamless and consistent functionality of CABs across the CABs in all regions. A community member in the Northeast region has also been an integral part in enhancing the CABs along with the RL worker in those counties, by establishing new CABs in counties without, and strengthening existing CABs; there has been success with this community member's assistance. Resource Linkage staff continue to find CABs extremely beneficial for obtaining material items and</p>	<p>7/1/21</p>

		<p>resources for families. Some CABs are a 501c3 and they are able to keep a budget to help families and run events, while others are operating on the pure motivations of the members – and excelling in their efforts. In the Upper Cumberland Region, the RL worker was working with the drug coalitions who are members of CAB to help them apply for grants to serve the community with substance abuse resources.</p>	
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Agency Responsiveness to the Community

DCS was found to be in substantial conformity with this systemic factor during the 2017 CFSR.

The Department continues to be committed to engaging all levels of internal and external stakeholder in developing the Annual Progress and Services Report (APSR), as it did with the development of the 2020-2024 CFSP. Many of the CFSR PIP strategies involve engagement of the community and ongoing communication between DCS and all stakeholders. The virtual and in person annual Joint Planning Session held on May 19, 2021 included multiple external stakeholders. Activities such as Safe Baby Courts, Interagency Quality Assurance WebEx meetings, and CFSRs also continue to include internal and external partners. The CFSP Advisory Council continued to meet during this APSR cycle. The Council includes Judges from Blount and Marshall Counties, Court Appointed Special Advocates, Child Advocacy Centers, and Citizen’s Review Panel Representatives, Department of Human Services, Department of Mental Health and Substance Abuse Services, Extension of Foster Care Youth, Foster Parent, University of Tennessee College of Social Work, Tennessee Commission on Children and Youth, Administrative Offices of the Court, Safe Baby Court Coordinator, multiple Private Providers including Youth Villages, Omni and Family and Children Services, TN Alliance for Children and Families, as well as, DCS staff from multiple levels. This year two members of the Eastern Band of Cherokee Indians was added as council members. This year council members were updated on the following items: Successful Transition to Adulthood; a young adult shared her experience and provided insight in how to engage youth in services. An overview of Tennessee’s CFSP goals and strategies in Safety Outcome 1 and 2 including the CPS redesign, the measurement plan goals in Safety Outcome 2, and Safe Baby Court update. In addition, listening sessions were conducted to receive feedback on areas Tennessee is focused on improving such as placement stability and foster parent recruitment and retention. The council members were also

invited to the Joint Planning meeting held in May 2021 and will continue to meet quarterly during the next APSR cycle.

DCS will continue to coordinate services with the Tennessee Department of Human Services, Tennessee Department of Mental Health and Substance Abuse Services, Tennessee Department of Developmental Disabilities, Tennessee Department of Education, Tennessee Department of Corrections, and Tennessee Bureau of Investigations. Strengthening these relationships will also be a focus for DCS over the next five years. All of these efforts continue to show a positive impact on CFSR and supporting Tennessee successfully completing PIP strategies and improving performance.

Strategy: DCS will enhance relationships with external stakeholders.	Responsible Party	Update FY 2021	Date
CFSR PIP – Goal Two: Strategy One – Safe Baby Courts	Executive Director of Child Safety Administrative Office of the Courts Regional Directors	Completed. Please see Semi-Annual CFSR PIP Report	3/31/21
CFSR PIP – Goal Four: Strategy Three– Court Improvement	General Counsel Administrative Offices of the Courts Regional Directors	Completed. Please see Semi-Annual CFSR PIP Report	3/31/21
CFSR PIP – Goal Four: Strategy Two – Integrated Feedback c. Continue to solicit internal and external input on a regular basis through surveys, focus groups, work groups, and presentations with stakeholders. d. Joint Planning sessions will include more voice		Completed and ongoing. Please see Semi-Annual CFSR PIP Report	3/31/21

of the stakeholder in development of APSR.			
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Foster and Adoptive Parent Licensing, Recruitment, and Retention

DCS was not found to be in substantial conformity with this systemic factor during the 2017 CFSR.

DCS recruits foster parents who can provide for the safety, permanency, and well-being of children and are fully prepared to serve in this capacity. This is also applicable to relatives and kin who are potential placement resources for children under the Interstate Compact on the Placement of Children.

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

Regionally, recruitment and retention plans have varied in success. However, statewide goals under the TN Fosters Initiative have been exceeded three years running and are on target for FY 21 with 87% of goal reached.

Standards for foster home approval are applied equally with non-safety accommodations provided for relative/kin placements. DCS policy is compliant with national licensing standards as required under the FFPSA. DCS meets and exceeds the criminal background check requirements for foster parent applicants and all adult household members. Please see Individual Regional Foster Parent Recruitment and Retention Plans.

Foster homes are re-assessed biennially to ensure that approved foster parents remain capable of providing for the safety, permanency and well-being of the children placed in their care and that they continue to serve children in their home in accordance with current DCS Policies and Procedures.

To improve the success of interjurisdictional placements through the Interstate Compact on the Placement of Children (ICPC) process, a protocol was established to assist regional staff in making referrals that require the services of private provider agencies by way of a unique care agreement. In addition, representatives have been identified in each region to assist with proper planning prior to and during the placement. The identified Regional ICPC Representatives have received training in relation to the Interstate Compact on the Placement of Children, IVE eligibility and obtaining

insurance coverage for children once placed. Ensuring financial and medical needs are met for children and their prospective families can lessen the possibility of disruptions and provide stabilization to the placement where permanency can be reached. Additional ICPC training has been provided to staff in several regions, as well as private providers and court staff.

Since June 15, 2020, ICPC has been utilizing the Secure Document Portal (SDP) for the National Electronic Interstate Compact Enterprise (NEICE) for any new requests allowing staff to submit and receive documents for 38 states. An additional six (6) states are expected to join NEICE within the next year. Although TN is not “live” on NEICE and cannot follow the progress of the case at this time, utilization of the SDP ensures that all transmissions are secure and received for processing in a timely manner. Targeted go live date for TN is expected by June 2022. TN will continue to submit and receive information electronically to states that are not on NEICE. The usage of NEICE is expected to reduce the amount of time to obtain ICPC placement approvals. The Safe and Timely Act asks for the study or a status update within 60 days. Data is available for the actual studies that are completed (the study completion date is entered into TFACTS), but for the ones that send status updates, as the study is not complete, these would not be captured. This is usually received on a Word document and is not captured in our system other than us uploading into TFACTS documents. Once the actual study is received, that date is entered into TFACTS.

In order to preserve family connections, the foster parent pre-service curriculum has been re-written to be more trauma informed and stress the importance of reunification, birth parent mentoring, and understanding grief/loss and attachment. A new in-service training, CORE Teen, has been implemented to educate foster parents to effectively parent teens with challenging behaviors.

Strategy: DCS will meet substantial conformity standards for the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention.	Responsible Party	Update FY 2021	Date
CFSR PIP – Goal Three: Strategy Two– Foster Parent Recruitment and Retention Plans	Executive Director for Permanency/ Executive Director of Network Development Regional Directors	Completed. Please see Semi-Annual CFSR PIP Report	3/31/21
Incorporate Children’s Bureau “Foster Parents as a service to families, not a substitute” vision into recruitment and training of Foster	Executive Director for Permanency/ Executive Director of Network Development	Please see update in Permanency 1 Outcome Section	7/1/21

Parents, both DCS and provider agency.	Regional Directors		
DCS and provider agencies will collaboratively conduct an analysis of the types of Foster Homes available in each county that meet the demographics and unique needs of the children from those counties in order to obtain a true picture of recruitment needs.	Executive Director for Permanency/Executive Director of Network Development Contract Provider Network	Please see update in Permanency 1 Outcome Section	7/1/21
DCS will begin enforcing policies to ensure that Foster Parents have non-smoking homes and the appropriate immunizations.	Executive Director for Permanency Regional Directors	National licensing standards regarding non-smoking homes and appropriate immunizations was added to policy effective July 2019	7/1/20
DCS will develop a project management plan to design and implement the new NIECE system for ICPC.	Executive Director for Permanency Chief Information Officer Assistant Commissioner for Finance and Administration	Completed	7/1/20

Plan for Enacting the State’s Vision

Vision Statement

Tennessee has presented the new vision of the Children’s Bureau to internal and external stakeholders throughout the development of the CFSP during Joint Planning, during the Citizen’s Review Panel Conference, and during Grand Regional Provider Meetings. DCS Executive Leadership determined that the current Mission, Vision, and Values of the organization should be updated. The new Mission, Vision, and Values for the agency were developed from input received during numerous focus groups and the 2021 Joint Planning session.

Mission: Provide high quality prevention, and support services to children and families that promote safety, permanency, and well-being.

Vision: To create safe and healthy environments for children where they can live with supportive families and engaged communities.

Values:

- **Relationships:** We believe that the child welfare system in Tennessee is a collaborative, aligned system of professionals that provide unique interventions to our most vulnerable populations.
- **Integrity:** We believe that ethics, fairness, and sincerity are the foundation for a successful organization.
- **Diversity:** We believe that all children and families deserve to be treated with respect and maintain strong connections to their identified community, faith, and culture.
- **Learning:** We believe that staff should be safe and receive the training, services, and supports to be mentally and physically healthy.

Goals

<p>Goal One: DCS will collaborate with providers, juvenile courts, community advisory boards, child advocacy centers, and community organizations to expand the service array in Tennessee.</p>	<p>Rationale: While DCS is committed to moving to a more prevention focused system, quality prevention services must be available to families across the state. It became clear through focus groups that many juvenile courts do not know about or trust some service providers.</p>
<p>Goal Two: DCS will work collaboratively with providers and juvenile courts to conduct in-depth utilization reviews on all children in the foster care system.</p>	<p>Rationale: DCS has seen an increase in the number of children coming into the foster care system. The opioid crisis has fueled some of this increase. However, it is apparent through CFRs, as well as focus groups, that DCS has a number of children in care for reasons other</p>

	<p>than dependency or neglect (unruly, bench order for services, etc.). In order to increase the financial impact to prevention services, DCS must be able to reduce the number of children in foster care.</p>
<p>Goal Three: DCS will improve workforce recruitment, onboarding, training, mentoring, coaching, and retention.</p>	<p>Rationale: DCS has seen a very high level of workforce turnover. It has also been evident through CFSR and focus groups that caseworkers do not always have the skill set needed to conduct quality visitation or informal assessments. It was also evident that frontline supervisors often lack the ability to properly coach and mentor staff. DCS must be able to recruit, train, and retain quality staff in order to meet the goals identified.</p>
<p>Goal Four: DCS will work with Foster Parents and providers to provide support, training, and evaluation in shifting the focus to foster care being a service to families and not a substitute for parents.</p>	<p>Rationale: The philosophy of foster care as a service will require a shift in culture for Foster Parents in Tennessee. A structured messaging will be required and reinforced through regular required trainings. This will also impact recruitment and screening practices for Foster Parents.</p>

Objectives & Measures of Progress & Progress Benchmarks

Goal One: DCS will collaborate with providers, juvenile courts, community advisory boards, child advocacy centers, and community organizations to expand the service array in Tennessee.	Action Steps:	FY 2021 Progress Benchmarks	Completion Date	Measure of Progress
<p><u>Objective One:</u> Assess the existing Resource Linkage Program to determine enhancements that will benefit and expand the program, allowing families to have access to services without an open case with DCS.</p>	<ol style="list-style-type: none"> 1. Complete assessment of Resource Linkage Coordinator Job Duties. 2. Set Resource Linkage Coordinator Job Plan to be consistent across state. 3. Educate all Resource Linkage Coordinators on FFPSA. 4. Develop any needed enhancements or changes in duties. 	<p>Please see Safety Outcome 2 section for update</p> <p>The latest policy revision provided clear direction on documentation of RL work, and collaboration with other program areas when providing RL services and support. There is at least one RL in each region, and they are to be readily accessible to all program staff, as well as to Community Advisory Boards (CABs). Monthly meetings with staff regarding their roles and processes remain ongoing. RL staff was required to go through the FFPSA training. Additionally, monthly calls have</p>	<p>7/1/21</p>	<p>New Resource Linkage Policies</p> <p>Assessment Results</p> <p>Increase number of responses to families. (Baseline to be determined by October 2021)</p>

		<p>covered FFPSA updates to ensure RL staff is aware of changes that may impact their roles. The plans to conduct a more formal assessment of the RL program is an existing goal. Some TFACTS and policy updates along with a review of the CAB statute and CAB toolkit have resulted in added clear guidance provided to RL Coordinators. These modifications now allow the RL assignments to be entered into TFACTS by way of a Hotline referral or an opening of an RL episode. Formstack remains a tool to capture other activities performed by RL staff that are unable to be entered into TFACTS. During the CPS redesign and program restructuring, modifications to staff structure occurred to ensure full resource linkage geographical coverage. An added goal is to assess the functionality and existence of CABs or gatherings that meet the spirit of CABs. Central Office has received schedules of imminent CAB</p>		
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		meetings and has plans to attend CABS to assess for the above. Last, Child Program staff that support Resource Linkage developed and submitted a process map to have adjustments made in TFACTS that will allow a better capture and analysis of RL cases. These actions are hopeful to occur with the upcoming TFACTS enhancements.		
<p><u>Objective Two:</u> Conduct a Needs Assessment in each service region that will focus on available non-custodial services to families.</p>	<ol style="list-style-type: none"> 1. Use Executive Order One Format to complete an assessment of available services in each region. 2. Consult with Resource Linkage Coordinators, courts, and local chamber of commerce to determine potential gaps. 3. Review data from FAST to determine needs of families from each county. 4. Implement, support, and evaluate an In-Home Practice Model, called Family Support 	<ol style="list-style-type: none"> 1. -3. Please see Update in Service Array Systemic Factor section. Vanderbilt University partnered with the Blount and Marshall County Juvenile Courts to review the results of CANS and FAST data in those counties. Special CQI Teams were formed in each of those regions to review the data and determine any service gaps or needs for improvement. 4. The statewide implementation of the new practice 	7/1/21	<p>Needs Assessment (Please see powerpoint EBPs Maps assessment</p> <p>Guide to available services produced for each county (Online guide with hard-copy guide provided to each juvenile courtroom).</p>

	Service (FSS) that guides and strengthens the delivery of In-Home services to children and families. Staff will develop a deeper understanding of familial issues influencing child safety, well-being, and permanency, leading to clear identification of service needs.	model has been implemented.		
<u>Objective Three:</u> Coordinate, train, and assess the role of the DCS Court Liaison in each county, as these workforce members have direct communication with the courts. This can enable Juvenile Court Judges to have the most up to date information about quality services in their community.	<ol style="list-style-type: none"> 1. Complete assessment of Court Liaison job duties. 2. Set Court Liaison Job Plans to be consistent across the state. 3. Provide training for Court Liaisons on FFPSA and available resources in counties served. 	Training and uniform job plans were developed and implemented for all Court Liaisons across the state. Each region now has one Team Leader who has supervision of every Court Liaison in the region. This allows for consistent supervision, training, and uniform expectations across the state.	7/1/21	<p>Percentage of Court Liaisons that are trained. (Baseline to be determined).</p> <p>This is still in process and towards the end of completion. Not ready to determine baseline at this time.</p> <p>Increase in prevention services referrals from court (Baseline to be determined).</p>

<p><u>Objective Four:</u> CFSR PIP Strategy Three – Revitalize CFTM Process. This PIP goal will also help ensure that Skilled Facilitators have the most up to date information for resources available in communities to help plan services for families.</p>	<p>See CFSR PIP</p>	<p>Completed. See Semi-Annual CFSR PIP Report and Permanency Outcome 1 Section for update</p>	<p>3/31/21</p>	<p>Completion of CFSR PIP Strategy.</p>
<p>Goal Two: DCS will work collaboratively with providers and juvenile courts to conduct in-depth utilization reviews on all children in the foster care system.</p>	<p>Action Steps:</p>	<p>Update FY 2021 Progress Benchmarks</p>	<p>Completion Date</p>	<p>Measure of Progress</p>
<p><u>Objective One:</u> Develop a comprehensive utilization review instrument that will be implemented on a quarterly basis at each contract provider to determine if children are receiving the appropriate services to move to permanency in a timely fashion and that those children are being served in</p>	<p>1. Develop Utilization Tool for providers. 2. Office of Continuous Quality Improvement and Office of Network Development to collaborate on development of a utilization review plan. 3. Present utilization review tool to providers and develop plan</p>	<p>Each region has been conducting utilization reviews to ensure that appropriate services are received timely. In lieu of developing a tool, a new initiative, ChildStat was developed to help move children and youth to permanency. The ChildStat process has allowed regions to improve in performance in Items 5 and 6 of the CFSR. A uniform Utilization</p>	<p>7/1/21</p>	<p>Review Tool Evidence of Reviews Decrease in time to permanency for children in care. (Baseline to be determined) This objective is being re-evaluated due to work that has started</p>

the least restrictive environment possible.	for ongoing reviews.	Tool was not developed for use across all regions. However, the new processes have greater streamlined these reviews.		with placement stability
<u>Objective Two:</u> CFSR PIP – Goal Four: Strategy Three– Court Improvement. This PIP goal will provide open lines of communication with Juvenile Courts. Incorporation of this PIP strategy as well as revising the role of the Court Liaison should help prevent youth from entering care for services only.	See CFSR PIP	Completed. See Semi-Annual CFSR PIP Report and Permanency Outcome 1 Section.	3/31/21	Completion of PIP Strategy
<u>Objective Three:</u> Conduct a random assessment of reason for custody for children in foster care in each service region. This assessment will identify the number of children who enter care for reasons other than true dependency or neglect.	1. Office of Continuous Quality Improvement will work with STS to identify reasons for custody from samples of children in each region. 2. Sample will be compared to services available in each county to determine gaps.	Reason for custody will be reassessed in each region to determine if there were differences pre and post the COVID-19 pandemic.	7/1/21	Completed Assessment Baseline goal will be determined for regions or counties determined to have a large percentage of children entering care for services only. Overall, this objective has been

				completed. Results did not indicate there was a problem. Monitoring using CFSR data will continue.
Goal Three: DCS will improve workforce recruitment, onboarding, training, mentoring, coaching, and retention.	Action Steps:	FY 2021 Progress Benchmarks	Completion Date	Measure of Progress
<u>Objective One:</u> CFSR PIP – Goal One: Strategy One – Quality Contacts Initiative. This PIP strategy will improve the Caseworkers’ ability to conduct quality visits with children, as well as birthparents and conduct quality informal assessments during those visits.	See CFSR PIP	Completed. See Semi-Annual CFSR PIP Report and Safety Outcome 2 Section	3/31/21	Completion of PIP Strategy
<u>Objective Two:</u> CFSR PIP – Goal Three: Strategy One – Team Leader Mentoring and Enhancement Project. This PIP strategy will help frontline supervisors have the skills necessary	See CFSR PIP	Completed. See Semi-Annual CFSR PIP Report and Safety Outcome 2 section	3/31/21	Completion of PIP Strategy

<p>to coach and mentor Caseworkers to ensure that quality visitation and assessments are occurring.</p>				
<p><u>Objective Three:</u> DCS will utilize the Baldrige Framework Category Five: Workforce - to increase workforce engagement and ensure that all workforce members are listened to and able to enact innovative change through the existing CQI system.</p>	<p>1. Office of Continuous Quality Improvement will partner with Office of Human Resources and Office of Professional Development and Training to develop a plan along the Baldrige Framework - Category 5.</p> <p>2. Gaps will be identified, and action steps developed based on assessment completion of Category Five planning sessions.</p>	<p>Completed. See Semi-Annual CFSR PIP Report and Safety Outcome 2 section</p> <p>Employee retention was impacted by the pandemic. DCS had low rates of employee turnover during the pandemic, but turnover rates have increased as the pandemic restrictions are slowly being lifted. DCS has been exploring additional ways to ensure that workforce voice is heard. Employees at all levels participated in the Annual Joint Planning Sessions. Special employee appreciation projects have occurred in Davidson County Region with assistance from the Division of Program Evaluation, as this region has seen the most turnover since the pandemic.</p> <p>New employee surveys and listening sessions are being</p>	<p>7/1/21</p>	<p>Increased employee satisfaction rates (Baseline to be determined)</p> <p>TN is struggling with this objective the CFSR team is providing regional support due to the pandemic using Baldrige. Multiple issues for turnover many related to the economy and pandemic not engagement. Please see Progress Benchmark column</p> <p>Decreased turnover rates (Baseline to be determined from year prior</p>

		discussed to help better collect the voice of employees at all levels.		to full initiation of objective) Staff are better trained and prepared for CPS case work. Staff satisfaction and retention will increase.
Goal Four: DCS will work with Foster Parents and providers to provide support, training, and evaluation in shifting the focus to foster care being a service to families and not a substitute for parents.	Action Steps:	FY 2021 Progress Benchmarks	Completion Date	Measure of Progress
<u>Objective One:</u> TN Key training for both DCS and provider agencies will include new curriculum that emphasizes the importance of mentoring birthparents.	<p>1. Office of Training and Development will work with the Capacity Building Center and others to determine new curriculum to implement in order to move foster parents to understanding their role as a mentor.</p> <p>2. New training curriculum will be implemented and provided to all new foster</p>	<p>Please see Training and Development systemic factor section for updates</p> <p>OTPD will develop an online course for existing parents approved prior to January 1st to cover the items in the new TN KEY Pre-Service that emphasizes the importance of mentoring birth families.</p>	7/1/21	New curriculum

	<p>parents during initial training.</p> <p>3. New training will be initiated and required of all current Foster Parents.</p>	<p>Existing parents currently have access to a virtual live facilitated Working with Birth Parents and Visitation course.</p> <p>All existing foster parents who have completed Working with Birth Parents and Visitation will be listed as completed or exempt for this new requirement.</p> <p>Foster parents not meeting the requirements above will be required to complete the new online course or the Working with Birth Parents and Visitation course by 6/30/21</p> <p>OTPD prepared existing Foster Parents and Providers for the new requirement by 10/1/20</p> <p>Marketing for the online course to existing foster parents started on 11/1/20</p> <p>The online training began on 12/1/20. Required participation is tracked on the monthly training report for DCS foster parents.</p>		
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<p><i>Objective Two:</i> DCS will strategically examine the willingness of Foster Parents to serve as mentors during the initial recruitment and training process.</p>	<p>1. New questions about serving as a mentor will be added to foster parent inquiry calls.</p> <p>2. Office of Professional Development and Training will develop an assessment tool to rate a foster parent's willingness to mentor as they go through TN Key sessions.</p>	<p>1. The mentoring expectation is part of the revised training curriculum and is covered in policy.</p> <p>2. The tool has been created and distributed to all trainers for immediate use. Please see Page 3 Module 1 for the information on the attachment TN KEY assessment that will measure potential foster parents' ability to mentor birth parents.</p>	<p>7/1/21</p>	<p>New recruitment plan will be developed that addresses how applicants will be screened.</p>
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Feedback Loops:

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

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

Implementation Supports

The Department is partnering with the Capacity Building Center for States to help improve the overall quality of assessments and the engagement of birthparents in macro-level continuous quality improvement processes. A Rapid Response Strategy Planning Session has occurred, and ongoing meetings are occurring to help define specific actionable activities to help the state improve in those two areas. The Capacity Building Center has been participating in Non-Overlapping Program Improvement Plan calls on a monthly basis and helped one region prepare for those meetings. The Center also participated in the 2021 Joint Planning Session.

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

The Department continues to partner with the Vanderbilt University Centers of Excellence. Vanderbilt COE employs the Assessment Consultants in each region that provide training and support for the CANS and FAST Assessments. Vanderbilt COE also partners with DCS to conduct intensive assessments on children and youth.

Annie E. Casey Child Welfare Strategy Group has worked closely with the Department on several projects including the Teen Connect Program in Davidson County. This program was an initiative in Goal Three of the CFSR PIP. The program was successful, and the Department is currently working with the group to expand the project into other regions. Goal Four of the CFSR PIP was designed to assure that the CFSP; results from the CFSR, and CFSR PIP were all incorporated into a meaningful plan that can help improve outcomes for children and families. DCS has incorporated the FFPSA, as well as the Tennessee Governor's Priorities and the organization's State Strategic Plan into one comprehensive and aligned plan. DCS continually evaluates to determine if additional supports are needed as the CFSP and CFSR PIP objectives and strategies are implemented.

DCS continues to partner with Zero to Three in order to ensure successful implementation of the Safe Baby Courts across the state. Zero to Three works closely with DCS, the Administrative Offices of the Courts and the Tennessee Department of Mental Health and Substance Abuse Services to promote greater collaboration and learning to ensure this project is successful. The Department has also begun working with Stongwell 180 to provide services to the families involved in Safe Baby Courts.

Chapin Hall has provided extensive technical assistance to the Department in planning for Family First Implementation. Specifically, Chapin Hall assisted the Department in completing data analysis on the children and youth the Department served on a non-custodial basis in Calendar Year 2019. The purpose of this analysis was to understand what needs family and children served demonstrated based on a standardized assessment, the FAST. After completing the data analysis, Chapin Hall assisted the Department in reviewing the self-assessment sent to providers. Based off answers from the self-assessments, the geographic distribution of evidence based programs in Tennessee, and the needs of children and families as demonstrated by the FAST, the Department selected 5 evidence based programs to be included in the initial submission of the 5 year prevention plan. Chapin Hall, in addition to the prevention services workgroup, assisted the Department in

drafting the 5-year prevention plan which was originally submitted to Children's Bureau in late April of 2021.

Services

Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)

Services for Children Adopted from Other Countries

DCS has had a unique, statewide contract with Harmony Family Center, 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. During the period of 2014-2019 Harmony provided ASAP services to over 133 private, domestic, and intercountry families. All referrals to Harmony are tracked. Historically there has not been a mechanism in place to readily identify out of country adoptions. Effective October 1, 2019, the TFACTS system added a mechanism to capture this information and referrals for services can be made when indicated/needed.

Services for Children Under the Age of Five

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

DCS workers across the state can access age appropriate therapies for children, as needed, regardless of the CPS substantiation. CPS often develop a Family Plan that will outline the need for services and can assist in providing case management and monitoring improvements. These plans can be dissolved at the conclusion of a CPS case or can be included in a petition before the juvenile court and ratified into a court order. They can also be the initial plan that is revised if a child enters into state custody. Many local mental health providers can provide therapy to children as young as age three. In cases where it is difficult to locate a provider for intensive needs, DCS staff has access to five Center of Excellence (COE) locations statewide. Each COE provides consultation, evaluation,

and assists with coordination of services for children and youth in DCS care with unique mental health needs. Services can also be accessed for severe abuse cases through more than 47 Child Advocacy Centers located across the state. Rural counties tend to have more difficulty accessing services due to multiple issues such as provider capacity (lengthy waiting lists) and transportation barriers. DCS has worked diligently with communities to identify gaps in services and to coordinate efforts to minimize those issues. This can include coordinating efforts with other state agencies such as the TN Department of Mental Health and Substance Abuse Services, Department of Health, private providers, faith-based organizations, and local school systems to identify strategies to increase service provision for families within a community. Each region has a DCS resource linkage coordinator that also assists with community resources benefitting both custodial and non-custodial children and families.

The first Infant Court (later named Safe Baby Court) was established in Davidson County through Building Strong Brains: Tennessee's ACEs Initiative. Initiated in October 2016, the court offers specialized, frequent contact to encourage affirmative interaction by biological parents with the infant who is in foster care or to determine that the child will not be with the biological parent so that bonding with an adoptive family occurs early. The purpose is to achieve permanency as quickly and safely as possible. A second court was developed in Grundy County, an impoverished rural county, that started in 2017. Legislation was passed in July of 2017 mandating the Department of Children's Services, in collaboration with the Administrative Office of the Courts (AOC) and the Department of Mental Health and Substance Abuse Services, to establish Safe Baby Courts in five jurisdictions by January 2018 and five additional jurisdictions by January 2019. The courts are modeled after the Zero to Three core components focusing on babies from the age of birth to three years old with the goal of reducing the time to permanency, reducing repeat maltreatment, reducing trauma, and increasing resource capacity. Coffee, Davidson, Grundy, Johnson, Knox, Madison, and Stewart Counties were the original Safe Baby Court jurisdictions. Safe Baby Courts are incorporated into the CFSR PIP (Goal Two – Strategy One). Five new Safe Baby Court sites were identified in 2019: Anderson, Dickson, Henry, Jefferson, and Rutherford counties and are fully established. There are two (2) additional courts identified and will be implemented during FY 2022.

Other services available to eligible children under age five in Tennessee, which includes children in foster care:

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

Efforts to Track and Prevent Child Maltreatment Deaths

Tennessee continues to be a mandatory reporting state (TCA 37-1-403) and as such, all child deaths that are suspected to be the result of abuse or neglect must be reported to DCS via the Child Abuse Hotline. This information comes from many sources including law enforcement and the medical examiner's office, or any other referent with knowledge or suspicion of a child abuse related death. The Child Abuse Hotline collects initial information regarding the child death and enters it into the CCWIS database. Following the initial report, an investigation is conducted, and additional information is gathered and entered. Upon conclusion of the investigation, all the child death information that has been collected is entered into the database. This information is stored and reported to the National Child Abuse and Neglect Data System (NCANDS) annually.

DCS worked with external partners and developed a comprehensive Child Death Review (CDR) process and policy. The process dictates activities required related to notifications, case oversight, and data collection. Additionally, the policy includes a robust review protocol, which culminates into an annual report. The CDR process includes participation of external partners and DCS staff. Additional staff positions were created to support the entire review process and training was created and delivered to every person at DCS. In the area of promoting greater transparency for child protection in Tennessee, a method for sharing child death and near-death information publicly was executed using the DCS website in Q4 2013. In 2014, DCS began posting, as available, preliminary information on child deaths to its website within two business days. Additionally, upon case closure, fully redacted death and near-death case files are published for public view on the DCS website. Transparency is also supported through child death and near death notifications by DCS to members of the state senate and house of representatives representing the child, to the committee of the house of representatives having oversight over children and families, and the district attorney for the judicial district in which the child was located. These notifications occur within 10 business days of the fatality or near fatality report to DCS. The process for publicly sharing child death and near-death information was enshrined in state law as part of TCA 37-5-107(c)(4); child deaths and near deaths meeting criteria for legislative and DA notifications is defined through TCA 37-5-124. Quarterly and Annual Death and Near-Death Summaries and redacted, closed case files are updated and posted quarterly on the DCS website. The Child Death Review Triage team completed 191 death and near-death case reviews in CY 2020. As a result of the reviews, trends were identified leading to statewide system improvements; including a focus on Safe Sleep Education and an increased knowledge and understanding of medical records as it applies to investigations. The Child Death Annual Report for 2019 has been reviewed by the Commissioner and will be posted for public view. https://files.dcs.tn.gov/childsafety/2019/2019-CDR_AnnualReport.pdf

DCS receives information from Vital Statistics, however, this information is usually a year or two behind NCANDS reporting timeframes and does not offer any additional information. With the structure and mandatory reporting requirements set forth by legislation, there is insufficient evidence to suggest that DCS' CCWIS database is not gathering timely and complete information on child deaths that are suspected to be the result of maltreatment. There is no plan currently to change the process for collecting NCANDS data regarding child deaths.

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

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

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

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

- **Family Preservation and Family Support Services (30% Title IV-B Funding)**
- **Time Limited Family Reunification Services (20% Title IV-B Funding)**
- **Adoption Promotion and Support Services (20% Title IV-B Funding)**

Family Preservation

Under the family preservation umbrella, the provision of funding to continue and expand the Annie E. Casey model of Teen Connect which was piloted in Davidson County with Casey support that is no longer available. The model engages parents of teens in an 8 to 10 week program that focuses on preventing their at-risk teens from entering care. Tennessee projects to serve 50 parents during this APSR cycle.

The state's family preservation contracts include family violence intervention, family visitation, and family support services contracted agencies currently provide these services to children and families across the state. Family Visitation Services are provided to enhance the opportunities parents have to practice parenting skills and demonstrate their ability and to help build safe and healthy relationships. Family Visitation staff deliver services including preparing the child, parents, and siblings for the visit, facilitating appropriate child/parent interaction during each supervised visit, and providing feedback and coaching to parents during and after each visit.

Family Violence Intervention Services are designed to help end the debilitating effects of the cycle of violence within families by promoting the five protective factors. Services also work to empower individuals to become self-sufficient and develop a capacity to maintain a violence-free lifestyle. For DCS cases involving family violence, there is an increased concern that abuse suffered by the victims can seriously compromise the safety of children in those families. Family Violence Intervention

Services work to meet the multiple needs of families that are affected by both child maltreatment and family abuse.

Family Support Services encompass a wide range of flexible and responsive service tailored to the individual child and family's strengths and needs. Specific services include, but are not limited to parent skill building, teaching, and modeling, advocacy, crisis management, anger management, stress reduction, conflict resolution, interpersonal communication, utilizing community resources and other service not covered by TennCare.

Time Limited Family Preservation & Reunification Services

Under the PSSF objective to address time limited family reunification in instances where children have been removed and placed in foster care, the Department will utilize funding to expand a contract with a current service provider whereby a small group of DCS and provider foster homes will convert to assessment homes during a nine-month pilot/exploration period. The purpose would be twofold- to quickly assess and be responsive to trauma or behavioral related needs of the child in a manner that enhances placement stability in the external placement setting and upon reunification. The DCS training division, in partnership with the service provider (Harmony Family Services) will provide an enhanced trauma focused module to foster homes participating in the project. Harmony will provide the comprehensive clinical assessment through the Child & Adolescent Needs Assessment tool (CANS) in tandem with Dr. Bruce Perry's Neuro-sequential Model of Therapeutics Assessment (NMT). Harmony will follow the child/youth for an intensive six-month period with evaluation, services, and in time response to issues in the placement setting or reunification setting along with the provision of a documented summary that can follow the child/youth. Tennessee projects to serve 150 to 180 children and youth during this APSR cycle.

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

The program serves children of any age (infant to age 18) who have serious emotional and behavioral problems.

Intercept specializes in diverting youth from out-of-home placements such as residential treatment facilities, foster homes, psychiatric residential treatment centers, hospitals, or group homes, and in successfully reuniting children with their families in the community.

Diversion services generally last four to six months, while reunification services generally last six to nine months. Intercept family intervention specialists are skilled at reuniting families even when the child has been out of the home for an extended period.

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

extensive help for families and children in accessing community resources and long-term, ongoing support.

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

Adoption and Guardianship Support and Preservation

Tennessee began a statewide Adoption Support and Preservation program (ASAP) in 2004, prompted by the settlement of a lawsuit, *Brian A. v. State of Tennessee* (Section 8 of the settlement agreement dealt with adoption and post-adoption support to families). In 2018, TN DCS allocated additional funding to provide Guardianship Support and Preservation (GSAP) services. ASAP and GSAP services are provided statewide through a contract with Harmony Family Center, which is based in East Tennessee. ASAP services include crisis intervention, in-home therapeutic counseling, monthly parent/guardian support groups, respite team building, adoption and guardianship preparation training, family and day camps, animal-assisted therapy, and other educational and advocacy opportunities for families. These programs serve over 3,000 parents/guardians and children annually.

The Adoption Assistance agreement, Subsidized Permanent Guardianship agreement, and the Harmony website all refer adoptive and subsidized permanent guardianship (SPG) families to the ASAP and GSAP programs. DCS Permanency Specialists begin talking to families about these services prior to adoption or guardianship and register DCS families for Adoption & Guardianship Preparation Training (AGPT), an 8-hour group offering. The AGPT curriculum was developed in 2007 and has undergone two subsequent revisions with the most recent update completed in 2018. The first four sessions of the training are dedicated to the caregiver and the second half is child-specific preparation focused on their child's specific story and trauma history. Completion of the training is mandatory for any DCS parent/guardian prior to finalizing their adoption or guardianship agreement. Over 1,100 caregivers attended AGPT in 2019.

Monthly FUSE (Families-United-Supported-Engaged) support groups are held in each of the 12 DCS regions throughout Tennessee. FUSE groups are provided for pre/post adoptive and guardianship families as well, as their children. Approximately 1,500 caregivers and children attended FUSE groups in 2019.

ASAP | GSAP requires that contact be made with families within 24 hours of receipt of the referral and Family Therapists make every attempt to schedule a face-to-face meeting with the family within 48 hours of case assignment. In-home counseling with an ASAP | GSAP Family Therapist and related services are free for any family who adopted or assumed guardianship through TN DCS. Services are also available on a sliding-scale fee basis for families with a private, domestic, or intercountry adoption. Harmony employs 21 Family Therapists who provide ASAP | GSAP services throughout Tennessee including a statewide Family Preservation Director, Clinical Manager, Clinical Training Manager, and Resource Center Manager.

ASAP | GSAP Family Therapists utilize a variety of treatment modalities in their work with clients that permeates clinical practice from assessment and treatment planning to supervision. All ASAP | GSAP clinicians are certified in the NMT (Neuro-sequential Model of Therapeutics), which is a promising evidence-informed tool designed to assess where a child has been, where they are now, and where they need to grow. Once the NMT Metric assessment is completed, a brain map and recommendations for the client are provided to the caregiver(s), which help inform what treatment approach will be most beneficial based on the child's neurodevelopmental level and related functioning. SMART (Sensory Motor Arousal Regulation Treatment) and EMDR (Eye Movement Desensitization Reprocessing) are treatment modalities utilized by the majority of ASAP | GSAP Family Therapists as they support and complement the findings and recommendations from the NMT assessment.

Most treatment strategies and interventions used in the ASAP | GSAP program are derived from a neurodevelopmental approach, which has proven to be highly effective - particularly in working with children who have experienced early childhood maltreatment and/or trauma. For other treatment modalities Family Therapists are certified or trained in ARC (Attachment, Self-Regulation, and Competency), and TF-CBT (Trauma-Focused Cognitive Behavior Therapy), which are evidence-based practices. Clinicians also use aspects of other intervention treatment models including TBRI (Trust-Based Relational Intervention), Circle of Security and Thera play.

In FY 2018-2019, the ASAP | GSAP program provided in-home services to 553 children and their families, with an average length of eight months in treatment. For pre-adoptive children, there was a disruption rate of 4% among families served and for post-adoptive families, a 1% disruption rate.

Service Decision-Making process for Family Support Services

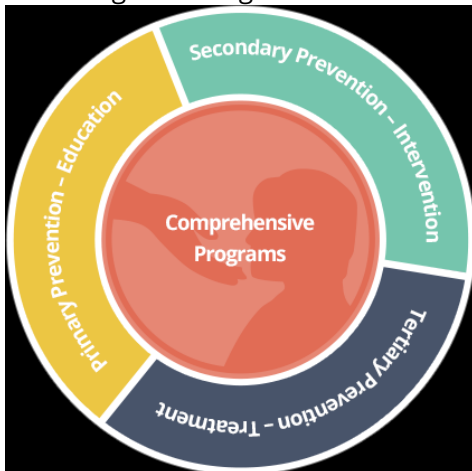
The Resource Linkage program (RL) area provides resources and material items to families in all 95 counties of TN in conjunction with the other DCS program areas and through community referrals and walk-ins. The most frequently provided material items include children and teen clothing, infant supplies,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

Community-Based Child Abuse Prevention (CBCAP)

Tennessee's CBCAP program receives consistent funding from federal and state-matched dollars which are distributed through publicly available child abuse prevention grants. The grants are specific to delivering primary and secondary prevention services. Community-based agencies are free to develop a program specific to the needs of their community. Stewards of Children, Nurturing Parenting and Parent Leadership were funded through CBCAP from July 1, 2020 to current.

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

Nurturing Parenting Model:



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

Populations at Greatest Risk of Maltreatment

- **Drug Exposed Children**

The specialization of drug teams has been implemented in 49 counties representing 6 regions across the state. Expanding and supporting the drug teams is a strategy for the CFSR PIP as well as outlined in the department's strategic plan. The specialized approach to addressing the population of infants born affected by substance abuse involves creating stronger relationships with hospitals, doctors, social workers, substance abuse treatment providers and mental health agencies. The approach is more intensive due to the dynamics of working with a family suffering from addiction. The case management is also longer due to the complexity of the treatment, relapse, and recovery.

The partnership with Omni Health continues in the eastern regions and an additional provider resource has been engaged to provide services in the middle and western portion of the state specifically related to long term oversight for families impacted by substance abuse. It is recognized that more intensive oversight and case management is needed with this population to ensure compliance with the services and child safety is not impacted or compromised. Building capacity and developing networks for the family to sustain progress is also a critical component to reduce the risk of further child welfare involvement.

In jurisdictions where there is a Safe Baby Court, there has also been a collaboration between the drug teams and the Safe Baby Court initiative. In 2019-2020, five (5) new Safe Baby Courts were established in Tennessee and planning will soon begin for 2 additional sites in FY 2022. Zero to Three is partnering with these courts as well as the existing seven (7) courts to strengthen the capacity to serve children ages three and under. The focus on infant mental health and the importance of attachment and bonding are critical components for the family and the Safe Baby Court team that supports them. Increasing community awareness and capacity to support these families is also a focus to meet the goals of reducing the number of children entering custody or to reducing the length of stay for those that must enter foster care.

- **Commercial Sexual Exploitation of a Minor (CSEM)**

DCS has updated TFACTS in the CPS case, Non-Custodial Assessments and the CANS tool used by Juvenile Justice and Foster Care to identify youth who have been trafficked as well as those at risk of being trafficked. The Department through its contract with Safe Measures has established reporting for CPS cases and further reports tracking this information are in development. With the Vanderbilt Center of Excellence, the CANS Risk Algorithm for Trafficking is under review for updating. The Department maintains workgroups across the state and have joined the Office of Criminal Justice Programs in crafting best practice guidelines and rules for state level grants for service providers working with those who have been trafficked. The Department continues to sit on the statewide Human Trafficking Advisory Council and is an identified agency to join a new Human Trafficking Taskforce modeled on the successful Drug Taskforce to decrease systems barriers in responding to reports of human trafficking.

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

Tennessee continues its focus on enhancing and evaluating the current kinship navigator program which the Department calls the Relative Caregiver Program (RCP). Central Office staff has been working closely with the RCP staff to ensure the structures in place after the assessment from Dr. Brad Grey continue to serve the program. The gap analysis identified strengthening relationships as the primary need between the Department and the relative caregiver providers which can be enhanced through more active communication, relationship building, and streamline process for referrals. A formal referral was created for use by DCS, DHS, and the community. DHS also worked closely with DCS to implement a protocol for DHS staff who will submit a referral to RCP when their cases meet criteria. DCS has also been consistent to invite RCP to team meetings and regional meetings. DCS training also hosted a live webinar for DCS staff and the community to learn more about RCP. These steps are among the few taken this year in response to the assessment that was completed in previous years with the use of Navigator funding. This year, due to the ongoing challenges of the COVID-19 pandemic, DCS was awarded the ability to utilize the Navigator funding directly for family needs related to COVID-19 challenges. RCP staff was able to utilize our needs assessments in order to capture the highest needs in each family. The funds were used to help families who had lost their jobs, gotten shorter hours, lost one caregiver in the home due to COVID-19, or caregivers who took in children because they lost their parents due to COVID-19. Because of the Navigator funds used by RCP, there were many families who were able to maintain residential stability, stock their home with food for the family, and obtain educational materials for families who had to utilize at-home learning due to schools turning virtual. Many families avoided disconnection of their utilities, maintained their health with hygiene items and needed household supplies, and prevented the children in their care from any risk of harm or placement disruption because of their current circumstance. Navigator funding being expanded in this way is continuing to support the program by allowing the caregivers to work closely with RCP to plan for their stability and self-determination. Relative Caregiver Provider information follows:

Davidson (Family and Children's Services)
East / Smoky (Omni Community Health)
Northeast (Omni Community Health)
Knox (Omni Community Health)
TN Valley (Southeast Development District)
Upper Cumberland (UC Development District)
South Central (The Center for Family Development)
Shelby (University of Tennessee)
Mid-Cumberland (New Visions)
Northwest (Carl Perkins Exchange Center)
Southwest (Carl Perkins Exchange Center)

Further information can be found at <https://www.tn.gov/dcs/program-areas/foster-care-and-adoption/fca/relative-caregiver.html>.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

DCS policies and protocols outline the minimum guidelines for maintaining contact between case workers at DCS and children placed in foster care. 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 outline the requirements of case manager contacts with service providers and birth parents. DCS also requires that face-to-face visits and other contacts with children, families, service providers and/or courts be documented. The documentation includes identified strengths and needs related to the case, a description of the discussion, observations, and any next steps to be completed. To improve engagement and global assessments on In Home cases, DCS implemented a Quality Contacts Initiative. This initiative is expected to strengthen staff's understanding of how they structure their time with case team members monthly to build the quality of contacts in a way that increases both formal and informal assessment improving the quality of contacts. TLs participating in the TL CFSR Mentoring Project were surveyed to get their feedback on how they felt the Quality Contacts training helped them. A common theme included the importance of addressing safety, permanency and well-being and how quality visits will determine what the underlying need is. Tennessee has seen continued improvements in quality caseworker visits which is attributed to these initiatives. DCS plans to use the Monthly Caseworker Visit Grant funds to support the initiative over the next five years.

Tennessee will continue to monitor monthly caseworker visits through ongoing CFSR reviews. Also, DCS continues to publish Regional Scorecards with aggregate data regarding monthly casework contacts. Monthly Provider Summary reviews occur quarterly, and providers are given feedback on the quality of the documentation in those summaries, as well as the quality of visits between the contract agency caseworker and the child.

Additional Services Information

Adoption and Legal Guardianship Incentive Payments

DCS will follow the guidelines of the FFPSA and has elected to begin in 2021. Tennessee submitted the five-year prevention plan in May 2021 and is currently working on additions based on feedback from the Children's Bureau.

Adoption Savings

DCS will follow the guidelines of the FFPSA and has elected to begin in 2021. Tennessee submitted the five-year prevention plan in May 2021 and is currently working on additions based on feedback from the Children's Bureau.

Family First Prevention Services Act Transition Grants

Tennessee Department of Children's Services will implement the Family First Prevention Services Act on July 1, 2021. The department's planned use of funds will be used for planning and implementing FFPSA for the following evidenced based prevention programs:

- 1.) Multi-Systemic Therapy
- 2.) Home builders - In-home skill-based
- 3.) Parent/Child Interaction Therapy
- 4.) Youth Villages Intercept program- program specializes in working with children who are at high risk of entry or re-entry into foster care by helping families retain children in their custody (prevention and reunification).

In addition, Tennessee will continue to evaluate providers current training needs in order to be able to implement evidence-based services selected by the Department. Additionally, we continue to engage with our prevention community to determine if there are other EBPs that have been reviewed by the Clearinghouse that they would be able to institute through their agency with financial assistance from the Department.

Family First Transition Act Funding Certainty Grants

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

1.) IV-B allowable activities such as:

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

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

2.) Activities previously funded with demonstration project:

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

Foster Care/Continuum of Care

Children entering foster care receive services based on a level of care determined by the needs of the child through assessments and finalized in the Child and Family Team Meeting. Levels of services include Levels 1 - DCS and Contract Agency Resource Homes, Level 2 and 3 – Contract Agency Resource home and Congregate Care, Level 4 – Acute Psychiatric Hospitalization, and Youth Development Center placement types. DCS currently maintains a network of 30 private agencies providing foster care and services to children in the custody of the Department and services to their families. Continuum contracts allow both providers and regions to coordinate services to children and their families while providing the flexibility to customize service delivery on an individual, child-specific basis.

The DCS continuum model was developed in order to effectuate changes in the way out-of-home services are delivered to children in the custody of the state. The protocol associated with the continuum model affords providers greater flexibility in designing services for children and families, the ability to facilitate timely movement of children through the service system toward permanency as well as the ability to customize the delivery of services to children and families in the least restrictive, family-like setting appropriate to needs and strengths in the most cost-effective manner. The continuum model as implemented in Tennessee is service-based and geared to purchase successful and timely permanency for children. It provides incentives for placement in the most appropriate, least restrictive, community-based settings. In addition to residential treatment or group home settings, continuum care provides a broad array of treatment and case management services extending to community-based care. These services are delivered by providers in such a way as to meet the clinical, behavioral, and medical treatment needs of children. Children enter a continuum program at a specified level of care. The continuum model requires providers to have the full array of services that will appropriately meet the needs of children at the recommended level.

In general level 1 services are provided in a least restrictive, home like environment such as a foster home. The higher levels of care can be provided in a variety of settings including foster home, congregate care, and hardware secure depending on the individual behaviors of the child, age of the child and whether the child is part of a sibling group that DCS is trying to preserve.

Beginning at the high end of services, level 4 sub-acute services are designed for children/youth who are exhibiting a high level of mental health disturbance or have diagnosed syndromes that require intermittent psychiatric hospitalization. Like psychiatric in-patient, level 4 is meant to be short term and designed to stabilize the behavior/mental health condition enough to step the child down to a lower level of care in a least restrictive environment. Level 4 programs are by their nature secure, meaning that the child cannot walk out the door and is never left unsupervised. Barriers such as fences, locked doors and cameras are common in those placements due to the volatile nature of the behaviors.

Level 3 services have a wide range of placement alternatives from foster home to hardware secure YDC. The level 3 service provider is required to provide individual, family and group counseling in prescribed dosages and adhere to programs that are evidence based as well as a behavior modification component that addresses behavior issues such as non-compliance with rules, fighting, etc. Level 3 services can be specific to the type of needs and behaviors of the child such as a level 3 sex offender program or a level 3 alcohol and drug treatment program. It is possible for a sibling

group to have one or more children who require a lower level of service (level 2 or level 1) and one of the siblings who requires a higher level of service (level 3) to be placed in the same foster home and each receiving the appropriate level of services within that home.

Level 3 programs can provide congregate care services to both dependent and neglected children as well as delinquent children in the same setting. For example, a 14 year old dependent and neglected child with a history of truancy or unruly behavior who has experienced domestic violence or abuse may require a level 3 of mental health care while a 14 year old with the same background who also has as minor (misdemeanor) charge of shoplifting and theft under \$500 could be housed in the same congregate care facility with a dependent and neglected child. The Child and Adolescent Needs and Strengths assessment determines the level of services needed but the Child and Family Team (CFT) determines the placement type based on age, offense history and behaviors. All level 3 congregate care settings (both staff and hardware secure) provide in-house education services. Youth attend school and receive credits for academic achievement within the program setting. All mental health services are also provided in-house. Youth do not leave the congregate care facility for any of their mental health or educational services.

Level 3 Juvenile Justice enhanced services were specifically developed to serve only juvenile justice youth who have a more extensive delinquent history than the child described above and may have some additional factors such as drug and alcohol use or chronic runaway behavior. The youth may be older (15+) and the CFT decides that it is best to meet his/her treatment needs in a facility that does not serve dependent and neglected youth. Both programs (the level 3 and the level 3 JJ enhanced) provide the same level of mental health counseling and behavioral management services but provide those in different settings depending on the age and offense history/behaviors of the youth.

In general, the level 3 congregate care programs described above are considered "staff secure" meaning that the ratio of staff to youth and the construct of the facility (perimeter fencing, alarmed panic hardware egress and cameras) provide the security for the facility. Youth are not locked in their rooms at night.

All hardware secure facilities provide level 3 mental health services (individual, group and family counseling, evidence-based programming, education, etc.) but the setting provides for maximum security. A hardware secure facility is characterized by individual locked doors (either keyed like Wilder YDC or electronic locks like Mountain View) at all points of the buildings. Egress from the buildings must always be controlled by staff. This is the most restrictive setting available to DCS. The CANS for a juvenile justice youth placed in a hardware secure facility will be a level 3 for services, but the CFT makes the decision that due to the nature of the offense, age of the youth and current behaviors that the most secure setting is the best place for this youth to receive services. All services are provided in-house including routine health and dental care. These youth are considered a risk to the community and must be securely housed.

It is logical to group the levels of services within the congregate care provider network. A provider can more efficiently provide level 2 or level 3 or level 4 services to a group of children/youth in the same facility particularly since level 3 and level 4 must provide in-house school and in-house mental health treatment.

Level 2 services are characterized by a lower level of mental health and behavior service needs. In general, the child may need primarily individual and or group counseling in combination with basic behavior management. These services can usually be provided in a least restrictive setting such as a foster home where in-home counseling services are provided to the family. In-home services bring services into the home/family setting so that the child/youth's behaviors are addressed within the family setting and foster parents can learn how to manage behavior and how best to deal with mental health issues that may be causing the behaviors. These types of settings and services are best suited to younger children and children in sibling groups where the children may display some aggressive behavior toward siblings or non-compliance with the rules/structure of the foster home. Some level 2 services may also be delivered in a congregate care setting. These are sometimes used as step downs from level 3 services where the mental health treatment needs have decreased, and the child/youth is preparing to return to their family. Like level 2 services in a foster home setting the services focus on milder mental health and behavioral needs. Teens with ties to biological/kin families may be placed in these settings which allow them a least restrictive community setting while integrating back into society.

Level 1 services include basic care (housing, supervision, food, etc.) in a least restrictive home like environment – usually a foster home. These children may be very young or youth approaching adulthood while they complete education programs. As referenced above, frequently sibling groups will be placed in a foster home with varying levels of services provided in the home. Basic parenting is the primary characteristic of level 1 services.

A final level of service is for medically fragile children. These children will vary in their levels of service needs based on the type of medical condition present. These services are generally designed on a case by case basis.

John H. Chafee Foster Care Program for Successful Transition to Adulthood

Agency Administering Chafee (section 477(b)(2) of the Act)

The TN Department of Children's Services provides the John H. Chafee Foster Care Program for Successful Transition to Adulthood through its Office of Independent Living Division and Extension of Foster Care (EFC) Services. As a part of the federal mandate, this Division is charged with building a network of appropriate supports and services for youth transitioning out of care and for those who are likely to remain in care. The Department's goal is to provide each young person in foster care, age 14 or older, with supports, services, experiences, and opportunities that are individualized based on the strengths and needs of each individual youth, that are important to healthy adolescent development, and that will help the youth successfully transition to adulthood. The strengths and needs of a 14-year-old who is four years from legal independence are generally different than that of a 17-year-old who is facing the imminent assumption of adult rights and responsibilities, and so the planning and services are tailored on that basis.

Description of Program Design and Delivery

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

Five Year Strategic Plan Progress

- Improve practice around expectant and parenting youth and young adults, to include young fathers. Develop strategies to collect and analyze related data.

Update: During FY20 TFACTS enhancement was made to add a Pregnant/Expectant and Parenting Need record. A protocol for staff was developed for the use of the need category. Reports can be generated to collect and analyze the data from the use of the record being generated.

- Increase planning for housing stability for youth aging out. Address housing options prior to the CFTM established for all youth exiting to adulthood. Develop more supportive options for housing for youth aging out.

Update: During FY21 partnerships were developed with the cities of Memphis, Knoxville, Nashville, Oak Ridge, Johnson City, and Morristown to begin utilizing HUD's Foster Youth to Independence housing vouchers. Meetings with additional housing authorities are in the process of being scheduled. The Supervised Independent Living programs at Chambliss Center for Children, Partnership for Children, Families, and Adults, Monroe Harding, and TN Children's Home had expansions to their capacity for EFC young adults. During FY20 the Supervised Independent Living programs at Partnership for Children, Families in Chattanooga and Omni Visions in Nashville expanded to include Victory Lap. Victory Lap provides the opportunity for eligible youth to reside in a retirement community with the benefits of employment, community service, and supportive connections to senior adults. Also, during FY20 an increased number of former foster youth have received HUD's Family Unification Program vouchers in the cities of Nashville, Knoxville, and Memphis.

- Ensure that young people understand the services, supports, and opportunities that should be available to them, the increased responsibility that they need to exercise consistent with these opportunities, and what to do if they feel that they are not getting the services, supports and opportunities they feel they need.

Update: The Independent Living Specialist in each region routinely participates in Child and Family Team Meetings to discuss available services and supports to young people. They are also charged

with the responsibility of enrolling eligible youth into Extension of Foster Care Services. A youth voice video promoting Extension of Foster Care was developed to be shown during meetings with youth to better help them understand the service from other youth's perspectives.

- Ensure that, when additional financial supports are necessary to allow foster parents and congregate care staff to provide any specific types of services, supports or opportunities, "wraparound" or "flex funds" are available to provide that support and/or that private provider contracts address those specific types of services, supports or opportunities. Continue evaluation and improvement to the transition planning process. The Office of Independent Living and the Department will conduct ongoing reviews to determine areas of improvement within transition planning.

Update: The Independent Living Specialists and Coordinators continue to conduct case file reviews. Staff are reviewing independent living plans for custodial youth ages 14-17, transition plans for custodial youth ages 17 and up, and EFC transition plans for young adults ages 18-20. Feedback is provided to regional leadership, FSW, TL, and Youth Villages specialist and supervisor as applicable.

- Add the two additional criteria for EFCS: employment and looking for employment.

Update: The Office of Independent Living is utilizing the EFC flexibilities under the Supporting Foster Youth and Families through the Pandemic Act as a small test of change project towards full expansion. Data is being collected on the population of young adults receiving the service that meet the two additional criteria that normally isn't recognized. This data will be analyzed and presented for a fiscal analysis towards this effort.

- Continue to fund the Jim Casey Resource Centers and increase youth involvement.

Update: Four resource centers contracts are active. Each center has developed procedures to offer classes virtually as a response to continue to serve youth during the COVID-19 pandemic.

- Continue to engage aged out youth who didn't accept services, to ensure they get connected to support and services, as needed.

Update: During FY20 a process was developed for tracking and engaging youth that did not accept EFCS three months after they aged out of foster care.

Engaging Youth and Young Adults

The Department has redesigned Youth Engagement work and developed a youth engagement model that promotes meaningful youth-adult partnerships that supports system and organizational change while providing opportunities for youth to develop, master and apply leadership skills. The Department has worked with young leaders who serve on advisory boards to implement youth voice in areas of advocacy, policy improvement, as well as organizational change. The Office of Independent Living began efforts to revamp the Young Adult Advisory Council "YAAC" which is a statewide council during FY21. Four new council members were added with referrals still being

accepted. The YAAC was instrumental in organizing and leading Youth COVID-19 Townhall meetings. They assisted with the development of a Youth and Young Adult COVID-19 survey which asked specific questions about how youth were faring during the pandemic. Survey responses with an immediate need were sent to local DCS and provider agency partners for follow up and assistance. The YAAC assisted with a review of the new Life Skills 2.0 questions that were developed into the TFACTS Assessment Integration project. The YAAC was instrumental in identifying the needs of youth and young adults during the pandemic and determining the plans to spend the additional Chafee funding from the Supporting Foster Youth and Families through the Pandemic Act. They identified the main needs of this population is direct cash assistance, assistance with paying rent, and assistance with car insurance. These plans began in late June 2021 and the YAAC will be involved in spreading the word to other eligible young adults. DCS has Youth Boards across the state in Nashville, Chattanooga, Memphis, and Knoxville. However, the pandemic has affected some of the group's active participation. It is expected that participation will increase into the Fall of 2021. DCS has had youth involved in CFSP development, CFSR, trainings to staff and many regional activities. Focus groups that were completed with youth across the state contributed to the development of the Parenting Independent Living Allowance rate for parenting young adults receiving Extension of Foster Care Services. Going forward we will continue to strengthen youth adult partnerships and include youth and young adults in our planning process to help guide our future steps around assessment, practice improvement, and to help drive our NYTD work.

NYTD Data Quality Improvement Plan
<p>There is still work to be done to improve data entry and overall improve data quality in identified areas, and to include young people more significantly in the NYTD process. The following outlines the areas still requiring remediation identified on the QIP and what is needed and planned to resolve these issues:</p>
<p>1. The state must revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DCS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1). DCS needs to develop a way for placement providers and others that the Office of Independent Living has direct contracts with, such as Youth Villages and the Resource Centers, to document such services and educational information for youth served external to DCS. It will need to be included in contracts. Need documentation regarding the state's action plan, RE: business process plan, data quality reports or plan.</p> <p>Office of Independent Living staff requested information from the federal NYTD team regarding acceptable methods for ensuring NYTD services data is available in the TFACTS database so it can be reported in the NYTD submission. The challenge continues to be provider agencies having their own systems, as most of the documentation of "soft" services such as non-paid, life skills related activity is documented in narrative form and not as data sets. Another challenge is reporting services provided utilizing the additional funding allocated under Division X. Different methods are being implemented to provide stimulus type payments directly to young adults that are not associated with the usual data collection procedures, and additional contracts with providers are being developed that also present the data collection challenges described above with the additional challenge of likely large numbers of service recipients. While the ability to provide more</p>

resources to young people is welcomed and necessary, having some flexibility and more information on what is allowable as a state with a transitional CCWIS will be helpful to determining solutions. A TFACTS fiscal build is also underway and may provide some opportunities to re-engage providers about using the state's system for such data entry. Youth Villages does continue to enter services paid out of their LifeSet contract in TFACTS (as reporting-only services), but not the non-paid, life skills type services.

2. The state should consider expanding training opportunities for state staff involved in administering the NYTD survey in order to improve its survey participation rate.

Youth Villages continues to be contracted to administer the NYTD survey in Tennessee. Youth Villages staff have been doing this work before the pilot NYTD review in 2015, are familiar with the NYTD requirements and continue to improve their procedures. There is close and consistent communication and mutual support between Tennessee DCS and Youth Villages in terms of the NYTD survey collection process. Per prior reporting, state staff very rarely administer NYTD surveys. Independent Living Program Specialists do help obtain surveys on occasion and are provided targeted assistance as needed. Tennessee DCS requests that this finding be considered remediated.

3. The state is strongly encouraged to develop and implement a plan to stay in touch with and to collect updated contact information from youth who leave foster care between survey waves. Please provide an update on the state's efforts to engage the Youth Advisory Board on locating strategies. Was anything decided? New plans developed?

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

4. The state is strongly encouraged to develop and implement a systematic effort to analyze NYTD data to assess youths' access to services and the quality of services. The state should engage young people in developing and implementing these plans. Please provide more information about the NYTD data analysis conducted and shared with partners.

NYTD data continues to be included in the annual Youth Transitions Advisory Council report, released annually. This report is also provided to the Tennessee legislature, and agency partners and stakeholders, and the public. Progress has still not been made to include more detailed information about NYTD on the DCS Independent Living website. Collaboration with the DCS

Communications office and youth leaders will be scheduled to discuss and implement an enhanced NYTD presence.

5. The state is strongly encouraged to incorporate older youth cases into its QSR process and to develop performance measures using NYTD data to raise visibility of practice issues impacting transitioning youth. Need documentation regarding the changes made to the state's QSR process.

Tennessee no longer utilizes the QSR process. Discussions are under way to transition to use of the CFSR, and development of a CQI process to monitor NYTD quality more comprehensively.

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

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

An analysis was done in 2018 to determine the number of children who may be affiliated with a tribe. This analysis was made possible by looking at the children whose documented Race in TFACTS is 'American Indian/Alaska Native Race value, which is enforced'. The analysis showed that less than 1% of the AFCARS reporting population were documented with this Race value. This will be revisited during the Person /Intake Packet project that was re-scheduled to begin later this year (2021, expected to be completed in 2022).

7. The state is to establish supervisory controls to ensure that information on a youth's education record is entered/updated timely, especially for youth who are no longer in the state's custody (this includes special education/IEP data).

As previously reported, Tennessee DCS pursued the ability to interface with the Tennessee Department of Education's information system, but the Tennessee DOE will not allow this and therefore no data from that system can be maintained in TFACTS for monitoring and reporting purposes. References to this will no longer be included in future APSR updates, as it is not likely this will be implemented. There is still discussion about generating pop up messages at various points in the TFACTS workflow, such as during the development of permanency plans when educational information is required, that prompt the workers to update education data using the applicable records. Progress on this has still not been made. This will be revisited during the Person /Intake Packet project that was re-scheduled to begin later this year (2021, with an expected completion date of 2022). Office of Independent Living staff continue updating education records for youth who receive Education and Training Voucher (ETVs) or the state funded Bright Futures scholarship, and for youth who exited custody to adoption or SPG who are receiving an independent living service. DCS submitted a request to ACF to participate in the NYTD Data Challenge, which is focused on improving the collection and use of education data but has not received any more information about this. Tennessee DCS will continue to monitor, and partner with, the state's information technology division regarding progress in this area.

In addition to continuing efforts to complete the corrective action items in the QIP, Tennessee will continue working on improving ongoing monitoring of reports generated from the TFACTS database. A focus will continue to be on using reports to monitor identification of the baseline population and their survey status and improving the ability of the provider agency contracted to obtain surveys to get participation from this population using such reports. Movement in and out of foster care and changes in foster care placement status during the survey time frame makes tracking this population challenging, and refinement of reporting will help ensure better participation rates. Getting such monitoring reports into production, so that program leadership can access them on demand, is still needed. Tennessee DCS will reach out to the federal NYTD team to request a current review of Tennessee's NYTD QIP status, and to discuss the aforementioned options for capturing data in ways that are allowable but also provide flexibilities for the state as well as provider agencies.

Coordinating Services with other federal and state programs for youth

The U.S. Department of Housing and Urban Development Family Unification Program is currently administered through partnerships with the local housing authorities in Nashville, Memphis, Knoxville, and Chattanooga. The Nashville housing authority was recently awarded an additional 55 FUP vouchers in June 2021. Young adults between the ages of 18-24 that have left foster care and are homeless or at risk of being homeless are eligible for a voucher. Partnerships have been obtained with the Memphis, Knoxville, Oak Ridge, Nashville, Morristown, and Oak Ridge housing authorities for HUD's Foster Youth to Independence voucher program. Eligible young adults are currently being referred to obtain these vouchers. The Family Unification Program and Foster Youth to Independence voucher programs will be instrumental in providing stability to young adults that leave Extension of Foster Care Services after September 30, 2021 which is the deadline of the education and employment flexibilities in the Supporting Foster Youth and Families through the Pandemic Act. The Department of Children's Services continues to administer the federal Personal Responsibility Education Program to support the Oasis Center's implementation of the Wyman's Teen Outreach Program (TOP®), an evidence-based Positive Youth Development model, in selected Level II and III residential treatment centers, at John C. Wilder Youth Development Center, through Metro Nashville Juvenile Court and in a Metro Nashville schools. This program in TN is designed to target Juvenile Justice and Delinquent youth. TOP® takes a broad youth development approach to the prevention of pregnancy and other risky behaviors by engaging youth in curriculum-guided discussion groups that are active and engaging as well as youth-driven community service-learning projects. In addition to the Teen Outreach Program, the federal Personal Responsibility Education Program supports the implementation of the Sisters Saving Sisters Program at the four resource centers across the State of Tennessee (Helen Ross McNabb, Monroe Harding, Partnership for Families, Children and Adults, and South Memphis Alliance). Sisters Saving Sisters aims to address the higher risk of HIV/STDs in Latina and African American female adolescent populations. The program is designed to reduce frequency of unprotected sexual intercourse (with and without drug and alcohol use), number of sexual partners, and incidence of sexually transmitted infections. Sisters Saving Sisters is a skills-based risk-reduction intervention administered in small groups of female adolescents and led by trained facilitators. Lastly, the Personal Responsibility Education Program supports Harmony's implementation of the SHARP Program which includes sexual health and family planning curriculum that is offered during Leadership Academy Camps. During the

camps youth participate in a spectrum of events around team building, IL skill development, sexual health and family planning, and fellowship with other foster youth. Additional activities during the camps include ropes courses, wall climbing, equestrian therapy, swimming, hiking, preparing meals, and campfires and s'mores.

Serving Youth Across the State

DCS uses Chafee Foster Care Program for Successful Transition to Adulthood funds to staff Independent Living Program Specialists (ILPS) in each of the state's regions. The DCS ILPS work directly and collaboratively with Family Service Workers (FSW), foster parents, contracted providers, community-based organizations, and youth. They are responsible for local program coordination, service delivery, and community resource development, working with specialized Foster Care Review Boards and on-going consultation to agency staff, foster parents, and youth. The Independent Living program staff report to DCS Central office under the Division of Independent Living (IL) which resides under the Office of Child Programs. The IL team meets regularly to discuss ongoing barriers, concerns and to ensure that statewide policies are adhered to within Independent Living. Tennessee collects and reports data related to participation and retention related to young adults receiving Extension of Foster Care Services by region and even by county. Although data reporting has been done this way at times on general Chafee or ETV administration, when requested by stakeholders such as state legislative representatives, it has not been a part of the consistent reporting. Tennessee commits to including data reporting of this type, to include NYTD data as current and applicable, in ongoing, standardized reports including the APSR.

Serving Youth of Various Ages and Stages of Achieving Independence (section 477(b)(2)(C) of the Act)

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

The second group is the 14-16-year-old, for whom federal law is less prescriptive in the number of domains to be addressed in IL planning. For this group, normal adolescent development requires increasing levels of responsibility for taking care of themselves and learning some basic self-care skills (cooking, cleaning, health and hygiene habits), introductory budgeting, and opportunities for social interaction, recreational activities, and pursuit of interests that build relationships, confidence

and competence. Opportunities for these young people should be shaped by individual interests, levels of maturity, and functioning—the normalizing experiences that would characterize what we expect a younger adolescent to experience in a reasonably well functioning, intact family.

Tennessee includes a breakout of Chafee services provision in standardized data reporting that differentiates the Extension of Foster Care Population (EFCS) from the youth population still in DCS custody, youth who exited foster care to adoption or subsidized permanent guardianship at or after age 16, and other eligible populations who receive Chafee-based services from contracted providers. This reporting, such as in the APSR, does include measures and outcomes for youth served by the Youth Villages LifeSet grant, which is the largest recipient of general Chafee funds and serves the most youth outside of the EFCS young adult population. More attention will be paid to interpreting the data to evaluate how offering (and now privatizing) Extension of Foster Care impacts channeling Chafee funding to other populations and improving outcomes for those youth, and include more detail regarding ETV utilization for eligible youth not receiving EFCS. The ability to capture and analyze that data is in process and will be included in future reporting.

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

July 1, 2020 to April 30, 2021:

Total IL Wrap Services Provided July 1, 2020-April 30, 2021	Total Youth July 1, 2020-April 30, 2021	Total Expenditure July 1, 2020-April 30, 2021
148	78	\$31,426.76

Table 1: Independent Living Wraparound Services Custodial Population

July 1, 2020 to April 30, 2021:

Total IL Wrap Services Provided July 1, 2020-April 30, 2021	Total Youth July 1, 2020-April 30, 2021	Total Expenditure July 1, 2020-April 30, 2021
173	120	\$44,854.53

Table 3: Adoption/SPG: Education and Training Voucher, Bright Futures Scholarship, IL Wrap-Around Services: Participation, Instance of Services, and Expenditures 7/1/20 to 4/30/21:

Number of youth and young adults who received Education and Training Voucher Funding:	25
Instances of Service:	41
Total Expenditures:	\$95,812.32
Number of youth and young adults who received Bright Futures Scholarship Funding:	2
Instances of Service:	3
Total Expenditures:	\$2,419.00
Number of youth and young adults who received Independent Living Wraparound Services:	5
Instances of Service:	8
Total Expenditures:	\$1,156.67

Citation A: Youth Villages LifeSet Services 7/1/20 to 4/30/21:

The data presented here represents the proportion of youth and young adults served with only Youth Villages LifeSet and not the youth receiving Extension of Foster Care Services served on the grant.

Since the inception of the grant in December 2006, Youth Villages has served a total of 12,652 youth in the LifeSet program, with 7,284 of those youth served under the DCS grant. From July 1, 2020 to April 30, 2021, 719 youth were served in LifeSet funded by the DCS grant, with 153 of those youth still enrolled at the end of April. An additional 401 privately funded youth participated in the program in FY 21 (through April 30). Across all funding sources, 1,156 youth have participated in LifeSet (note that some youth may have been funded by different funding sources at different times, and therefore the sum of the two funding sources will be greater than the total number of youths served). An average of 590 youth was served daily in FY 21 (through April 30).

Upon discharge from the YVLifeSet program:

- 92.4% of youth live with family or independently
- 92.7% of youth are satisfied with the Youth Villages LifeSet program

At two years post-discharge:

- 97.3% are living successfully with family or independently
- 97.2% report no trouble with the law
- 94.3% are in school, have graduated high school, and/or are employed

The Casey Life Skills Assessment continues to be the assessment tool cited in state protocol as the recommended method for evaluating young peoples' stages of development, particularly as it relates to learning life-skills, planning for the future in the areas of education, employment, related activities, and building a network of supportive adults. Youth identified as having intellectual/developmental disabilities may have individualized assessment methods utilized that are developed by qualified staff. Young adults receiving Extension of Foster Care Services may be engaged using less formal assessment methods such as a discussion of their needs and strengths, per their preferences. The TFACTS Assessment Integration project will include the creation of a Life Skills Assessment that will generate Strengths and Needs (permanency plan building blocks) based on the responses to the assessment. Projected completion of this project is July 2021.

Collaboration with Other Private and Public Agencies (section 477(b)(2)(D) of the Act)

The primary mechanism for Tennessee DCS to collaborate with other agencies regarding youth transition issues is via the legislatively mandated Youth Transitions Advisory Council. The council's membership includes representation from state departments such as the Department of Mental Health, Department of Intellectual and Developmental Disabilities, the Bureau of TennCare, and other agencies such as the Tennessee Association of Mental Health Organizations, Workforce Investment, provider agencies with contracts or other initiatives in place to serve transitioning youth such as Youth Villages, the Oasis Center, Helen Ross McNabb, Monroe Harding, Partnership for

Families, Children and Adults, and South Memphis Alliance, representatives from the Tennessee Children's Cabinet, and other entities who request attendance. Much of the membership of this current forum were instrumental in passage of legislation to extend foster care to age 21 in Tennessee, and successfully obtaining approval from the state's Department of Safety to provide free photo identification cards to all youth in state's custody age 16 and older, and young adults receiving Extension of Foster Care Services. There has been collaboration with Tennessee Works. Tennessee Works deals with young people that have intellectual and developmental disabilities. The goal of Tennessee Works is to increase the number of young people with intellectual and developmental disabilities who are employed in the state. Their focus is to ensure that every young person with a disability can find a good job.

Chafee Training

Training for the new Life Skills 2.0 assessment was developed during this reporting period for all staff in the case manager series of DCS. The development of this assessment was coordinated with the Office of Independent Living training workgroup and members of the Young Adult Advisory Council. The Office of Independent Living in collaboration with the Office of Training and Professional Development and the Office of Child Health worked together to develop a computer-based training for staff, providers, and foster parents on preparing for adult transitions. The training provides detailed information on the difference between Extension of Foster Care, ECF Choices, and Adult Behavioral Health transitions into adulthood. The goal of developing this training is to raise awareness of the available adult transition options for youth that age out of foster care and to ensure proper planning is in place for the transition into adulthood. The Office of Independent Living supports initial and ongoing training regarding the importance of assisting youth in making successful transitions to adulthood needs to a wide range of stakeholders. Training should include information about the availability of Fostering Connections/EFCS and educational, legal, and other services and supports that help young adults navigate the many barriers they face. In addition to the youth themselves, the following stakeholders will benefit from such training.

- Department of Children's Services staff;
- Juvenile court judges and magistrates;
- Youth services officers and other juvenile court staff;
- Court Appointed Special Advocates (CASAs);
- Guardians ad Litem;
- Attorneys who practice in juvenile court;
- Foster care review board members;
- Foster parents;
- Residential provider agency staff;
- Mental health service providers;
- School guidance counselors/school social workers;
- Peer advocates; and
- Mentors for current/former foster youth.

Education and Training Vouchers (ETV) Program (section 477(i) of the Act)

The TN Department of Children's Services is the sole administrator of Education and Training Vouchers. The Office of Independent Living has a Scholarship Coordinator who manages the ETV funds available, and a State Funded Scholarship called Bright Futures. ETV applicants are required to

provide documentation along with ETV or Bright Futures Scholarship applications that include the FAFSA SAR, the financial aid package for the programs they are enrolled in, total cost of attendance, and progress reports when applying for subsequent awards. The Bright Futures Scholarship is used for youth who do not qualify for ETVs, or to supplement ETV allocations (not concurrently). These verification documents are reviewed to determine the amount of award needed against other financial aid awards, and to ensure total cost of attendance is not exceeded. The required documentation is scanned and uploaded via the state's CCWIS system. Each ETV and Bright Futures Scholarship award is processed as a service in the state's CCWIS system, with entry, review, and approval of each service by different staff and utilizing standardized payment procedures in the CCWIS and the state's enterprise payment processing system, EDISON. These internal controls guard against duplication of service and exceeding maximum allowable liability. A focus moving forward is to better identify barriers to continued educational progress and program completion, and to build partnerships and implement strategies with post-secondary institutions to improve such outcomes.

Since the enactment of the Supporting Foster Youth and Families through the Pandemic Act, Consolidated Appropriations Act, 2021, the Office of Independent Living and Youth Villages staff have made efforts to re-engage youth that are disconnected from services. Re-Establishments of youth into Extension of Foster Care began in January 2021 utilizing the flexibilities in the law. Plans for eligible youth to begin receiving the additional ETV funding towards their post-secondary education is set to begin in July 2021. In addition to re-establishments, preventing aging out measures were taken as well. Youth that turned 18 were given the option to enroll in Extension of Foster Care with the education criteria waived. These efforts led to more than 150 additional young adults enrolling into the program. Utilizing the additional Chafee funding under the Consolidated Appropriations Act, young adults between the ages of 18 through 26 that were in foster care at the age of 14 or older are eligible for a direct stimulus payment of \$1,200. Young adults in the Extension of Foster Care program are eligible for a direct stimulus payment of \$1,000. In addition to the direct stimulus payment, a contract was developed with Youth Villages to provide direct vendor payments up to \$1,000 on behalf of the young adult. The direct vendor payments are used to address immediate financial needs of young adults that apply for the DCS pandemic support. Immediate financial needs being addressed include preventing evictions, vehicle repossessions, utility services, phone services, etc. The additional Education and Training Voucher funding under the Consolidated Appropriations Act is used to provide scholarship support to young adults up to age 27. Policy revision was approved to raise the maximum award to \$12,000 per year until September 30, 2022 to be in compliance with the law. Funding is being applied towards the total cost of attendance as well as paying educational debt to allow young adults to enroll or remain in school.

Consultation with Tribes (section 477(b)(3)(G))

All eligible youth of Indian/Native American heritage are provided the same Chafee services and incentives that are available to all other state custodial youth. Reports continue to show that less than 1% of the AFCARS reporting population were documented with this Race value.

Consultation and Coordination between States and Tribes

- Mississippi Band of Choctaw Indian

There are no federally recognized Native American tribes officially established with the State of Tennessee. The Mississippi Band of Choctaw Indians (MBOC) possesses a Land Trust in Henning (Lauderdale County), Tennessee on the Mississippi border consisting of approximately 88.15 acres of land; however, the tribe is not established in Tennessee as a federally recognized tribe. Tennessee has attempted to engage the Choctaw to become a collaborative partner. Currently the tribe does not wish to enter such a relationship.

- Eastern Band of Cherokee Indian

The U.S. Congress passed a bill on April 16, 2018 to take specified lands and easements in Monroe County, Tennessee, into trust for the use and benefit of the Eastern Band of Cherokee Indians. These lands include the Sequoyah Museum, the Choctaw Memorial, the Tanasi Memorial, and land to provide support for these properties and cultural programs.

On June 18, 2019 the Eastern Band of Cherokee Indians purchased 122 acres of land in Sevier County, Tennessee for \$7.656 million with the intent to develop a casino once permitted by state law. The tribe intends to also use this land for economic diversification.

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

- Relationship has been established with two points of contact from the Eastern Band of Cherokee Indians through the University of Tennessee's College of Social Work.
- Both became members of the CFSP Quarterly Advisory Board and attended two meetings in October and January to begin collaboration with the CFSP goals and objectives and APSR updates.
- Both Points of contact were invited to attend the 2021 Joint Planning Annual Meeting on May 19, 2021.
- Send both tribes a copy of Tennessee's ICWA policies and invite the tribe to have input in them.
- Established a point of contact at DCS for the designated tribal contact in case either tribe has questions or wants to engage in a collaborative project.

There have been no revisions to Tennessee's DCS policy regarding the Indian Child Welfare Act (ICWA) policy 16.24, Native American Children since January 2012. The state is in compliance with the ICWA law with the most recent Title IV-E plan. This grants a retroactive approval for the

Fostering Connections Act, to October 1, 2010, and included a revised policy 31.3, Case Transfer Guidelines Between Regions, Agencies, and Facilities, that demonstrates DCS' compliance to ensure seamless transfer of a Native American child to a Tribal title IV-E agency or an Indian Tribe with a Title IV-E agreement.

- Indian Child Welfare Act (ICWA) Compliance

DCS continues to maintain Policy 16.24: Children of Native American Heritage. The policy ensures compliance with the ICWA law as it was submitted with the most recent Title IV-E plan. This approval grants a retroactive approval to October 1, 2010 for the Fostering Connections Act. DCS enacted new Policy 31.3: Case Transfer Guidelines between Regions, Agencies and Facilities as of November 2013, which demonstrates DCS' compliance to ensure the seamless transfer of Native American children to a Tribal Title IV-E agency or an Indian Tribe with a Title IV-E agreement. Tennessee is one of 14 States without a federally or State recognized tribe. Less than one percent (1%) of TN's AFCARS reporting populations continue to have a documented tribal affiliation.

Target Plans:

A. Foster Parent Adoptive Parent Diligent Recruitment Plan

Tennessee operates a state administered system whereby the Division of Foster Care and Adoption Services provides support to 12 geographic regions that have flexibility in creating their own annual recruitment and retention plans based upon demographic indicators. These, generally, seem to reflect commonalities at a statewide level in terms of needing more homes for teenagers and large sibling groups. Annual regional plans are targeted to the unique needs of each region based upon ethnic/cultural needs, gender needs, etc. Please see changes and updates in Appendix A

B. Health Care Oversight and Coordination Plan

Through interagency agreement and established processes, the Department of Children's Services (DCS) and the Tennessee Division of TennCare, the State of Tennessee's Medicaid program, and the selected Managed Care Organization, TennCare Select (TCS), collaborate to provide children in custody with primary physical and behavioral health services. DCS also partners with other state agencies including the Tennessee Department of Health, the Department of Education, and the Department of Intellectual and Developmental Disabilities Services to ensure care coordination and oversight. The elements are further outlined in the Health Care Oversight and Coordination Plan. Please see updates in Appendix B.

C. Disaster Plan

The Continuity Plan applies to the functions, operations, and resources necessary to ensure the continuation of the Department of Children's Services' essential functions in the event its normal operations are disrupted or threatened with disruption and that Department of Children Services is capable of conducting its essential missions and functions under all threats and conditions, with or without warning. This plan applies to all Department of Children's Services personnel, unless specified otherwise. Department of Children's Services staff should be familiar with continuity policies and procedures and their respective

continuity roles and responsibilities. The plan has been updated to include COVID 19 pandemic and is in draft form waiting approval from the Commissioner. Please see Appendix C.

D. Training Plan

The plan provides a list of pre-service and ongoing trainings required for staff and providers. A description of each class and the credit hours is also provided. Please see updates in Appendix D.

Statistical and Supporting Information

CAPTA Annual State Data Report Items:

CAPTA Annual Report attached.

Information on Child Protective Services Workforce

Basic qualifications, education and training requirements established by the State of Tennessee Department of Human Resources for child protective service professionals continue as follows:

- Graduation from an accredited college or university with a bachelor's degree and experience equivalent to one year of full-time professional work providing child welfare services including, but not limited to, one or a combination of the following: social, psychological, correctional counseling or case management; volunteer services coordination for a children's service program; and/or juvenile classification coordination. An applicant with no experience may be hired at the entry level under the condition of a longer probationary period of one year, at which time the employee may be eligible for advancement.
- All Child Protective Service professionals have at minimum a bachelor's degree and complete 40 training hours per fiscal year. Training is delivered according to policy 5.2 Professional Training and Development Requirements <https://files.dcs.tn.gov/policies/chap5/5.2.pdf> and required training chart: <https://files.dcs.tn.gov/policies/chap5/ReqTrainChart.pdf>
- The average caseload of a CPS worker is 20 cases per month with the goal of not exceeding a caseload of 30. The average number of new referrals each month for a CPS worker is 8, however that can be negatively impacted by a variety of issues such as vacancies, FMLA, and increased referrals.

Gender and Ethnic Description of Child Protective Services Professionals 2021

Gender	Number
Male	128
Female	827
Total	955

Ethnic Group	Number
American Indian or Alaska Native (Not Hispanic or Latino)	3
Asian (Not Hispanic or Latino)	6
Black or African American (Not Hispanic or Latino)	329
Hispanic or Latino	9
Unknown and other	6
White (Not Hispanic or Latino)	596
Native Hawaiian or Other Pacific Islander	1
Two or More Races	5
Total	955

Education and Experience of Child Protective Services Professionals

This table shows the types of degrees that CPS employees in the Case Manager series hold according to data derived from the information submitted by regional HR staff on their Education and Experience spreadsheets as of June 2021.

Region	Total CM	CM 1	CM 2	CM 3	CM 4	Bachelor	Master's	% with Master's	MSW	Other	% with MSW
Davidson	47	16	5	14	12	36	11	0.23	4	7	0.36
East	53	17	14	15	7	49	4	0.08	0	4	0.00
Northeast	52	2	7	35	8	35	17	0.33	6	11	0.35
TN Valley	88	27	13	31	17	74	14	0.16	6	8	0.43
Knox	51	8	16	19	8	40	11	0.22	2	9	0.18
Smoky	58	10	15	23	10	53	5	0.09	1	4	0.20
Upper Cumberland	67	8	13	35	11	64	3	0.04	0	3	0.00
MidCumberland	90	16	17	43	14	77	13	0.14	3	10	0.23
Southwest	63	8	17	29	9	48	15	0.24	8	7	0.53
Northwest	43	2	7	25	9	34	9	0.21	5	4	0.56
South Central	47	2	12	25	8	44	3	0.06	1	2	0.33
Shelby	136	8	73	31	24	100	36	0.26	14	22	0.39
Hotline	67	12	31	15	9	53	14	0.21	5	9	0.36
SIU	25	0	0	19	6	18	7	0.28	2	5	0.29

Juvenile Justice Transfers

According to data from TFACTS, of all children in care adjudicated dependent and neglected or unruly there were 212 (as of April 30, 2021) that transferred to the juvenile justice custodial population due to acquiring delinquent charges that made them best suited for services in DCS' Juvenile Justice system of care.

Education and Training Vouchers: Please see Attachment D

Inter-Country Adoptions:

The State currently has an explicit element in TFACTS that identifies if a child was previously adopted (AFCARS FC #16). Responses to this element include a value that indicates/identifies a child whose previous adoption involved an Inter-Country Adoption. During FY 2021 there were zero (0) children identified as adopted from other countries and who entered custody as a result of the disruption of a placement for adoption or the dissolution of an adoption.

Monthly Caseworker Visit Data



Tennessee Federal Caseworker Face to Face Visits Federal Fiscal Year 2020

12636	The aggregate number of children in the data reporting population
93390	The total number of monthly visits made to children in the reporting population
95909	The total number of complete calendar months children in the reporting population spent in care
76596	The total number of monthly visits made to children in the reporting population that occurred in the child's residence
97.37	Percentage of visits made on a monthly basis by caseworkers to children in foster care
82.02	Percentage of visits that occurred in the residence of the child

* Population logic is exactly the same logic used in the AFCARS submission 20A & 20B

** Data as of 12/11/2020 Database Instance eidwprd

Supplemental Appropriations for Disaster Relief Act

- 1. Specify whether the state was affected by a natural disaster since submission of the 2021 APSR, and if so, describe how the Disaster Plan was used and assess its effectiveness.**

The State of Tennessee, as a whole, was not affected by any natural disaster since the submission of the 2021 APSR that caused the agency's essential function to be impacted and the implementation of the Disaster Plan.

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

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

- 3. Indicate in the 2022 APSR, if there are any changes or additions needed to the plan included any needed updates to maintain contact with families and ensure uninterrupted essential agency operations during a public health emergency.**

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

Financial Information:

Title IV-B subpart 1

- Tennessee does not currently use title IV-B, subpart1 funds for child care, foster care maintenance or adoption assistance payments.
- Tennessee did use IV-B subpart 1 funds of \$1,245,174.68 in FY 2005 for Foster Care Maintenance payments as part of the state match. The State will not exceed this amount for FY 2021 as part of state match.
- Tennessee will not spend more than (10%) ten percent of title IV-B, subpart1 funds for administrative costs.

Title IV-B subpart 2

- The state and local spending figure for the Title IV-B subpart 2 programs in FY 2020 was \$3,535,820 compared against the 1992 base year subpart 2 figure of \$2,063,054.
- Tennessee does not expect any challenges in expending Title IV-B, Subpart 2 funds in a timely manner in FY 2021.