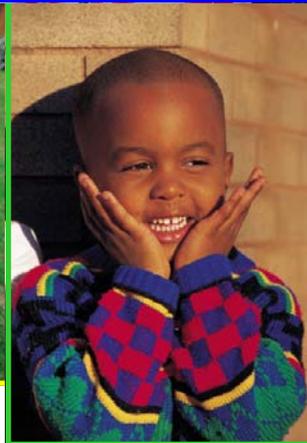
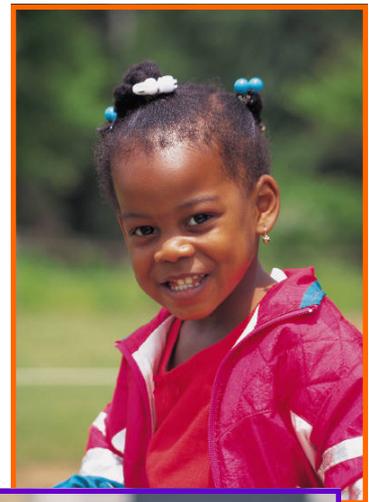
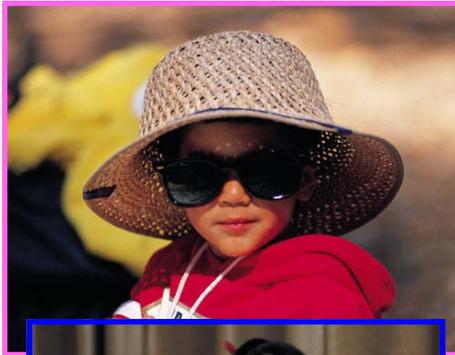


Tennessee Department of Children's Services



Annual Report

Fiscal Year

July 1, 2009-June 30, 2010

Vision, Mission and Values

Vision

Leading the way for safety and permanency in the lives of children and families by championing excellence in service.

Mission

Our mission is to empower families, and support community safety and partnerships, to help ensure safety, permanency and well-being for children.

Values

Integrity - The department values honor, respect, trustworthiness and principled action.

Commitment to Excellence - The department expects peak performance from all levels of staff, every day, in every degree.

Diversity - The department respects, celebrates and seeks to maintain the integrity of all cultures.

People - The department values all people, promoting partnerships between staff, families and community partners in order to create a comprehensive network of services.

Family-Focused - The department takes a strengths-based service approach, coordinating with family members as well as professionals and others to form an all-inclusive team promoting stability and permanence for children.

Community Partnerships - The department actively engages community stakeholders.

Safety - The department makes every effort to ensure the safety of children, families, staff and the community.

Employees - The department strives to create a work environment that allows for personal and professional growth, affording each employee a high quality of life. The department will also respect and promote each staff member's personal family interests recognizing that we must have the opportunity for safety and stability in our own lives before we can adequately and appropriately serve others.

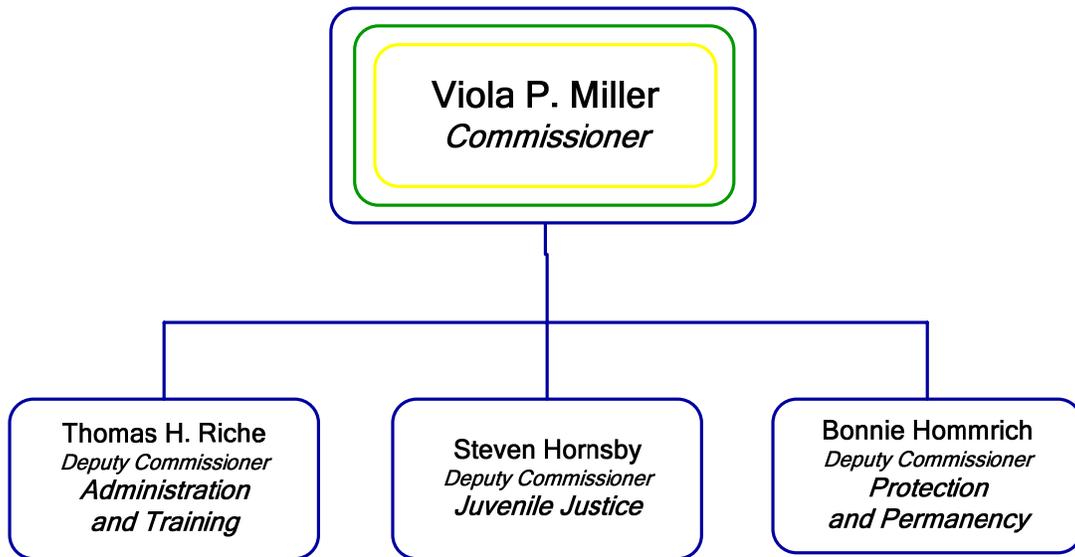
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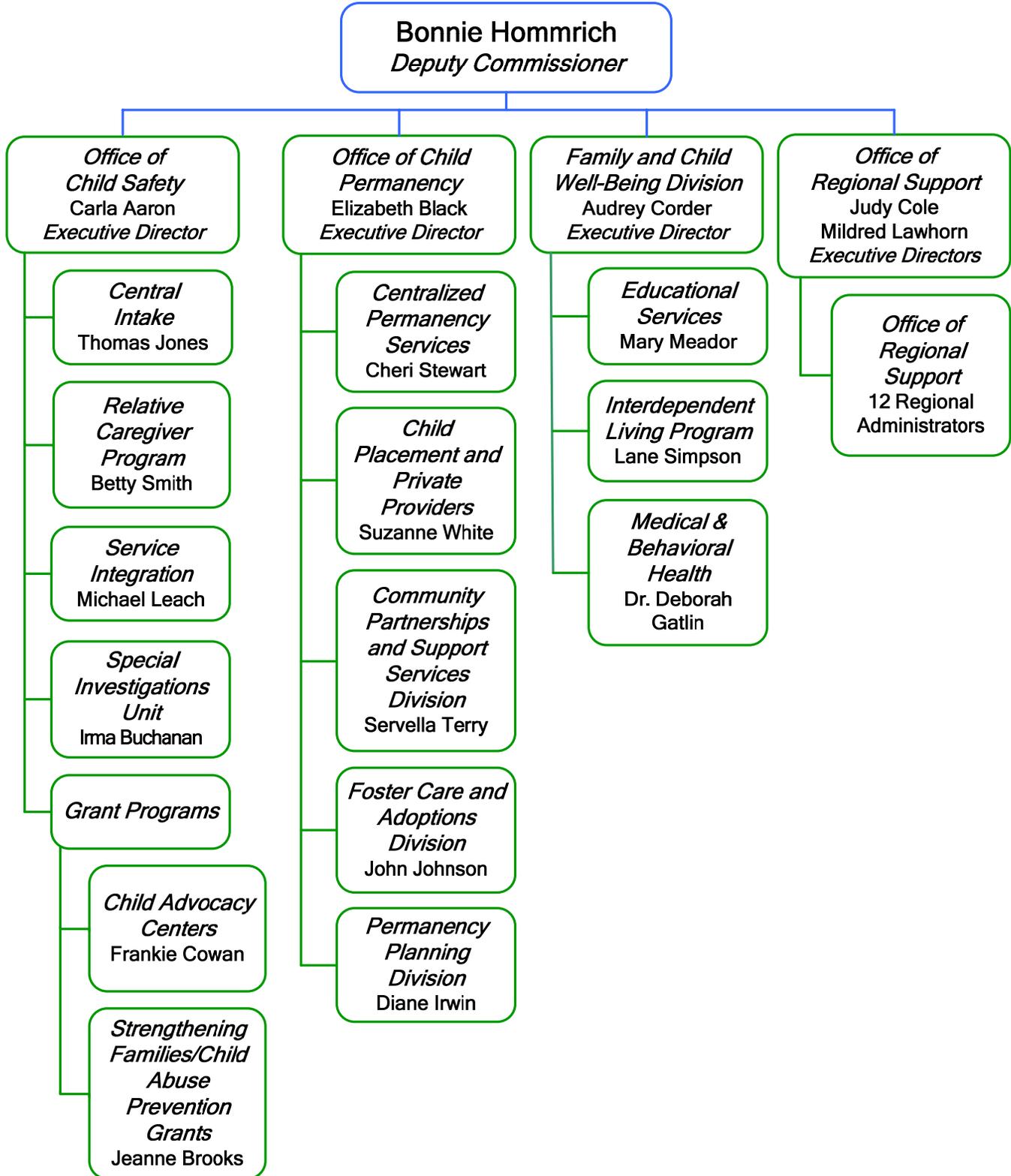
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DCS Organization Chart



Protection and Permanency



The Department of Children's Services (DCS) primary responsibility is always to protect children from abuse and neglect. In order to uphold this responsibility, DCS staff investigate reports of abuse and neglect, and work with families to resolve issues that may threaten the safety or well-being of children. DCS also works to maintain children in their own homes whenever safe and appropriate.

The department is also responsible for providing care for children who cannot remain in their own homes. This includes temporary out-of-home care for children whose safety is in jeopardy. The department works with families and other involved parties to achieve permanency and stability in the child's living situation. If it has been determined that a child cannot safely return home, the department strives to provide a nurturing permanent home through placement with relatives, friends or adoption.

Protection and Permanency also encompasses the department's Interdependent and Transitional Living Program. This program offers important opportunities expanding the competency, resiliency and self-confidence of youth transitioning from foster care to independence. An estimated 500 young adults leave foster care at age 18 or 19 each year in Tennessee without a formal connection to family. These youth are typically in need of services and support to assist with their education, physical health, mental health, employment, housing and personal support needs. This program seeks to help these young adults through the provision of such services.



Office of Child Safety

Carla Aaron, Executive Director

The Office of Child Safety (OCS) is responsible for the protection of children from abuse and neglect. This office was tasked with implementing the differential response approach called the Multiple Response System (MRS), and coordinates this approach with the Permanency and Well-Being divisions. This reform is also helping to foster development of stronger community partnerships in efforts to protect and support children and families. The Multiple Response System is comprised of three tracks: Investigations, Assessments, and Resource Linkage. The OCS also includes Central Intake, the Relative Caregiver Program, Service Integration, and the Special Investigations Unit.

The MRS is a service delivery model with early family and community engagement at its core. By leveraging community strengths and supports to effectively serve children and families earlier, MRS provides the potential for pre-empting abuse by intervening before family and caretaker issues escalate to a more serious level. Where abuse or neglect has occurred, MRS bolsters the Department's ability to work with families in minimally intrusive ways that strengthens family functioning, increases supportive resources, and reduces the likelihood of out-of-home placement, without sacrificing child safety.

In addition to the overarching themes and implementation of MRS, the following is specific to the three (3) tracks:

- a) **Investigations** – Addresses allegations of severe abuse and neglect, and are concluded within sixty (60) days, unless there are extenuating circumstances where an exception has been granted because families with reduced risks have other service options.
- b) **Assessments** – As opposed to the traditional approach to child protection outlined in Investigations, the Assessment track covers allegations of harm not covered by statutory requirements for investigations, which are typically lower risk allegations. When the family assessment identifies a need affecting the safety, stability, or well-being of the children, the family is offered assistance. Because of the complexity of this approach, Child Protective Services (CPS) assessment workers are given up to 120 days to work and close a case.
- c) **Resource Linkage (RL)** – Provides the opportunity for staff to work with community stakeholders to develop and connect available resources with children and families to improve and enhance the quality of their lives. Every region has a Community Advisory Board (CAB) developed to assist the agency and community in addressing the needs of the children and families within their community. This is the least invasive option in the MRS and is typically reserved for families without significant safety concerns or need for ongoing in-home department supervision. It also allows families to access support on a voluntary basis and directly articulate their needs. The Division of Community Partnerships and Support Services works closely with the OCS and community partners to identify local resources.

MRS is still relatively new to workers and does require a mind-shift and some adaptation to the different approaches. The following efforts have been made and are being made to assist and to support staff with this shift:

- OCS staff have been conducting case file reviews in the regions, providing technical assistance in areas of need. OCS is closing in on the aggressive plan to review and debrief with six regions by July 2010.
- East, Mid-Cumberland, Shelby County, Smoky Mountain, South Central, and Upper Cumberland regions have received intensive technical assistance from the OCS within the last year. OCS staff have randomly reviewed cases and have debriefed frontline staff and supervisors to include next steps, areas of improvement, and plans to create better working programs.
- OCS staff are being trained to become presenters on “Talking to Kids”. This training material helps staff ask age appropriate questions of children.
- OCS staff have spent numerous hours this year helping to build the Tennessee Family and Child Tracking System (TFACTS). OCS Central Office (CO) and regional staff were representatives in the efforts of building and testing this new system.
- OCS and Permanency staff have worked closely to prepare training material for the TFACTS roll-out around the new permanency plan and other areas of TFACTS that will be new to staff. As training is rendered, modifications are constantly being made to accommodate the ongoing changes of the TFACTS system.
- OCS staff assisted in the creation of the statewide Quality Review Tool, which captures quality case work and identifies gaps where quality is not present. The tool is currently being piloted. Feedback from CO and regional staff may result in revisions.

- OCS now has a member of its team to assist in the efforts to utilize data in the decision making process and in the determination of areas in need of technical assistance.
- OCS is receiving technical assistance on leadership and coaching from the Casey Foundation and the Center for Applied Research to improve on skills that will help Central Office to better support and meet the needs of the regions. OCS is co-chairing a workgroup of this leadership project that is providing high-level focus on South Central and Upper Cumberland regions to help to improve the Multiple Response System.
- OCS has been in contact with the National Resource Center, Casey Foundation, and other states in efforts to improve strategies around appropriate and effective technical assistance and training on MRS.
- Inter-rater reliability is being practiced on monthly phone calls, which include Central Office, Central Intake (CI), and CPS regional staff. Cases and MRS track assignments are reviewed for consistency and to discuss areas that can improve practice for CI and regional staff. This practice will continue through the MRS Team Excellence group that will consist of regional CPS and Permanency staff.
- Expanding the Internal Child Fatality review by OCS CO staff to include all child fatalities. CO saw the need to expand the reviews to each fatality case in addition to those cases where the Department has been involved with the family within the last three (3) years. It was found necessary to review cases for practices, trends, and repeat maltreatment. Such findings provide opportunities for learning.
- OCS is currently training and providing assistance to the implementation of the Family Advocacy and Support Tool (FAST) within the remaining seven regions. This family assessment tool will be utilized statewide by August 2010.

Central Intake

Thomas Jones, *Director*

DCS Child Protective Services begins at the point of Central Intake (CI). CI operates as a 24/7 manned call center receiving all allegations of child abuse and neglect for the state of TN. Each referral is individually evaluated based on criteria laid out in TN's Structured Decision Making (SDM) Track Assignment Tool. This tool allows for assignment to one of three DCS MRS tracks (investigation, assessment, or resource linkage) as well as the ability to screen the case out if minimum standards are not met for Departmental involvement. In addition to assigning the appropriate track, the Track Assignment Tool also allows staff to assign the appropriate Response Priority to the referral. The past fiscal year has brought about several new

changes within Central Intake, most notably:

- CI staff have been involved in the design, testing, and current implementation of TN's new SACWIS system, TFACTS. When the system came to a point of testing, Central Intake staff were called back in to test the system and their design to ensure it met all business needs. Central Intake is now in the infancy stages of rolling this system out now that the pilot TFACTS region has gone "live".
- A multi level referral review process has been started at Central Intake. The purpose of this process is to gain consistency in the use of the Track Assignment Tool. Each month, all supervisory staff are given 10 referrals to read and screen based on the Tool. Their screening

suggestions are compiled on a spreadsheet and given back to them at a monthly management meeting. Each person leads a discussion on a referral and the group collectively decides on the correct assignment. Not only does this help them gain consistency in the tool, it also gives an opportunity to discuss changes in policy, and Tennessee Code Annotated (TCA). Following this review, each supervisor brings three to five cases to their monthly team meetings for review and discussion with their staff. Similar to the management review, this allows each team to gain consistency in screening and an open forum to discuss policy and the law.

- A review was recently done of Central Intake's basic staffing pattern versus the pattern of high call volume and abandoned calls. Based on this review, a new structure was put in place to ensure appropriate staff coverage during the times of highest call volume. Additionally, a plan was implemented to "streamline" the call process. In this new plan, the CI Case Manager (CM) 1s and 2s will be only taking the calls. This is a change from their current duties of taking the call, researching the history of the family, and assigning the referral track and response priority. Following the call being taken, they will submit the referral to their team's Case Manager 3 who will look for all history on the family, review the referral, and provide an initial track and priority response. The Case Manager 3 will then pass the referral to the Team Leader (TL) who will do a final review for accuracy and give a final track assignment and response priority. Not only will this process allow for the CM 1s and 2s to return to the phones faster, it will also allow for a multi-level review of the referral for accuracy and mistakes. Allowing only supervisors to assign track and priority will also increase the consistency in assignment.

In the 2011 Fiscal Year, Central Intake will continue to work on consistency in screening referrals and the quality of the referral itself. TFACTS proficiency among staff will continue to rise and training on the system and its many features will be ongoing. A periodic review of call volume will be done to determine if staff need to be reallocated to meet demands. Additionally, the TeleNav program will proceed forward and staff will assist with statewide roll out and implementation.

Relative Caregiver Program **Betty Smith, *Program Coordinator***

The goal of the Relative Caregiver Program (RCP) is to support children who are in the care of relatives outside the formal child welfare system and to support efforts to prevent entry and re-entry into foster care. The relative caregiver must be caring for a child (ages 0-18) related by blood, marriage, or adoption outside the formal foster care system to be eligible for the program. Support services available through the Relative Caregiver Program by private agency staff include support groups, short term case management, respite/enrichment services, information and referral, educational workshops, children/teen groups, emergency one-time financial or start-up assistance, material assistance, whole family enrichment and community service learning opportunities for youth and teens.

The Relative Caregiver Program accepts kinship referrals from DCS for kinship families that are pending approval as a DCS resource home. Written approval from DCS Central Office to the local RCP is required. All RCP services are offered to kinship families, until the Foster Care Board Payment is approved. Once the kinship family is in receipt of the DCS foster care board payment, they will not be eligible for RCP finan-

cial assistance, but may still receive other RCP services.

Families First Kinship Care (FFKC)

The goal of this pilot program is to encourage placements with relatives for children who are at risk of removal from their home and placement in state custody. The FFKC pilot program allows DCS to prevent children from entering or re-entering state custody by offering eligible relative families an additional payment to supplement the Families First Child-Only grant offered by the Department of Human Services (DHS). Referrals for payments through this pilot are closed and payments are available only to current FFKC recipients in the following four regions: Davidson, East, Shelby and Upper Cumberland.

Service Integration

Michael Leach, Director

This Division works with staff by providing training and technical assistance in integrating the various assessment tools used by the Department in order to create a continuum of assessment information that is used throughout the life of a case. Children and their families are assessed around issues such as safety, well-being, permanency and resource availability. The strengths and needs of families are continually assessed until the family has achieved permanency and is no longer involved with the Department.

The Service Integration Division works on the development, implementation and continued evaluation of assessment tools that the Department uses. These assessments include the Family Functional Assessment (FFA), Child and Adolescent Needs and Strengths (CANS), Family Advocacy and Support Tool (FAST), Youth Level of Service/Case Management Inventory (YLS/CMI), Assessment of Services Quality (ASQ), and

Structured Decision Making (SDM) tools. The Division helps staff understand the importance of a comprehensive assessment and how this assessment information informs planning, decision-making, and outcome monitoring. Additionally, this Division helps staff understand how information crosses programmatic lines and custodial distinctions.

The Division works closely with the Vanderbilt University Center of Excellence (COE), the University of Tennessee, and the Memphis Center of Excellence (COE) with regard to the CANS, ASQ and FAST. Using the ASQ, Vanderbilt evaluates the quality of services being provided by DCS levels 3 and 4 contract provider agencies and provides consultation to these agencies around improvement. Last year, the Department was awarded a grant from the Atlantic Coast Child Welfare Implementation Center (ACCWIC). The grant focuses on appropriate assessment and service provision for families receiving non-custodial interventions from the Department. The Service Integration Division is working closely with the ACCWIC consultants and DCS regional staff to evaluate the quality of services being provided by private providers and assessing additional service needs for each region. This is a 27-month project, and the first 12 months have been completed.

Special Investigations Unit (SIU)

Irma Buchanan, Director

The Special Investigation Unit (SIU) was created to specialize in investigations involving custodial children and coordinating information resulting from these investigations with the appropriate program and regional DCS staff. The Unit ensures the safety of custodial children, works closely with regional staff as well as Foster Care staff to ensure children in state custody receive quality care and all allegations of child abuse

or neglect are investigated according to policy and procedure. The SIU also conducts all third party investigations alleging abuse or neglect, which includes schools, daycare facilities, residential facilities, and foster care facilities. Referrals are received, screened and referred through the Child Protective Services Central Intake Division. Additionally, SIU conducts investigations of DCS employees when there are allegations of abuse or neglect against the employee regarding their own children. SIU staff consists of 22 Special Investigators, four Team Leaders, two Team Coordinators and a Director. Since April of 2010, each SIU investigation has a second level approver for closure. The staff is strategically placed across the state to provide statewide coverage: Davidson County, Hamilton County, Knox County and Shelby County. Each investigation is read and approved by the Team Leader and/or Team Coordinator or Director to ensure quality assurance and child safety.

SIU has developed a Child Stat conference call for inter-rater reliability. Once a month, the entire SIU program staff calls into a conference line to hear a case manager present a case to the team for feedback, suggestions or comments. The call is also an open forum for the program to discuss any new business or policy changes that have occurred.

A Placement Quality Team (PQT) SIU/ Resource Home Review has been developed to discuss all SIU cases that involve resource homes. The resource homes are frozen at the initiation of the SIU investigation. The team meets weekly to discuss all of the indicated or concerning Resource Home SIU cases from the previous week. The PQT works with Child Placement and Private Provider (CPPP), Evaluation and Monitoring, Foster Care and Adoptions as well as SIU and the regions to make recommendations on keeping DCS and contract resource

homes open or to close the homes due to indications or serious concerns.

Child Advocacy Centers

Frankie Cowan, Program Coordinator

The department provides grant funds to 42 Child Advocacy Centers (CACs) across the state and to the Tennessee Chapter of Child Advocacy Centers. Child Advocacy Centers provide mental health services, forensic interviews, forensic medical exams on and off site, and multi-disciplinary team case reviews for child abuse victims and their family members. Services are provided in a child-friendly setting to help children feel safe. The CACs work with the department, local law enforcement and the district attorney's office to address the needs of the children in their communities. The funding to CACs also supports training opportunities for the multi-disciplinary Child Protection Investigation Team (CPIT) and the collection of data that is reported annually to the legislature. In addition, CACs provide victim advocacy services, plan public awareness events focused on child sex abuse, educate the public through prevention programs and partner with over 800 organizations to provide prevention programs in their communities. Where possible, members of the multidisciplinary team are co-located at the CAC in order to enhance communication and effectiveness of team investigations of severe child abuse.

Strengthening Families/ Child Abuse Prevention Grants

Jeanne Brooks, Program Coordinator

In Tennessee, if a couple does not get counseling before marriage, they pay a fee. A portion of this fee is combined with the Federal Community Based Child Abuse Prevention Grant and the revenue from the Tennessee Families First License Plate to

fund the Strengthening Families/Child Abuse Prevention grants. These grants provide services to prevent child abuse before it occurs. Prevention services may be home-based and may include parent training,

parent support groups, parent help hotlines, and parent leadership development. Additionally, Child Abuse Prevention grants fund community preventive education geared toward both children and adults.



Table 1: Indicated Victims by Age, Race and Gender - Fiscal Year July 1, 2009 – June 30, 2010

Race / Ethnicity	Gender	Age Category				Total
		0 - 1	2 - 4	5 - 12	13 - 18	
White Non-Hispanic	Male	583	482	1,236	889	3,190
	Female	672	468	900	397	2,437
Black Non-Hispanic	Male	225	175	535	357	1,292
	Female	263	175	441	140	1,019
Hispanic	Male	38	44	103	59	244
	Female	49	35	57	21	162
Multi-Race Non-Hispanic	Male	21	23	46	27	117
	Female	22	23	34	15	94
Asian	Male	0	0	0	2	2
	Female	1	0	2	3	6
American Indian/Alaska Native	Male	2	1	4	3	10
	Female	0	0	2	0	2
Native Hawaiian/Pacific Islander	Male	0	0	1	2	3
	Female	0	1	1	0	2
Unable to Determine	Male	74	58	117	78	327
	Female	75	60	96	26	257
Total		2,025	1,545	3,575	2,019	9,164

TFACTS is a "live" database with on-going additions and updates being made to data in the system.

Due to this continual process, results may vary based on the time a report is generated.

Table 2: Investigations of Child Abuse/Neglect Completed in FY10 by Region and Status as of June 30, 2010

Region	Total CPS & MRS Cases Completed	Total CPS Investigations		Indicated		Unfounded		No Finding**	
Davidson	4,606	1,880	40.8%	583	31.0%	1,170	62.2%	127	6.8%
East Tennessee	4,157	1,757	42.3%	549	31.2%	1,113	63.3%	95	5.4%
Hamilton	2,782	922	33.1%	137	14.9%	679	73.6%	106	11.5%
Knox	4,115	1,376	33.4%	431	31.3%	872	63.4%	73	5.3%
Mid Cumberland	8,204	2,829	34.5%	640	22.6%	1,935	68.4%	254	9.0%
Northeast	5,525	1,918	34.7%	519	27.1%	1,306	68.1%	93	4.8%
Northwest	2,887	1,045	36.2%	235	22.5%	764	73.1%	46	4.4%
Shelby	7,813	3,409	43.6%	1,292	37.9%	1,792	52.6%	325	9.5%
Smoky Mountain	4,724	1,685	35.7%	563	33.4%	1,046	62.1%	76	4.5%
South Central	4,422	1,627	36.8%	544	33.4%	875	53.8%	208	12.8%
Southeast	3,307	1,298	39.3%	408	31.4%	832	64.1%	58	4.5%
Southwest	3,473	1,303	37.5%	401	30.8%	804	61.7%	98	7.5%
Upper Cumberland	4,016	1,294	32.2%	386	29.8%	848	65.5%	60	4.6%
SIU	2,007	2,007	100.0%	148	7.4%	1,799	89.6%	60	3.0%
Statewide	62,038	24,350	39.3%	6,836	28.1%	15,835	65.0%	1,679	6.9%

Due to rounding, percentages may not equal 100.

**No Finding (includes administrative closure, allegation indicated sexually reactive child, and anonymous abandonment of infant)



Office of Child Permanency

Elizabeth Black, Executive Director

The mission of the Office of Child Permanency is to ensure the provision of adoption, foster care, and permanency planning services to children and families throughout Tennessee, so that every child in state custody returns to his or her own family, or becomes a member of a new family as quickly as possible. The Office of Child Permanency has five (5) primary divisions: 1) Centralized Permanency Services, 2) Child Placement and Private Providers (CPPP), 3) Community Partnerships and Support Services, 4) Foster Care and Adoptions, and 5) Permanency Planning.

The management staff of this Office are responsible for providing technical assistance and support to improve practice in the areas of permanency planning; child placement; the recruitment, retention and support of resource families; and services provided through the private providers. They are also responsible for providing centrally-administered technical assistance activities related to these areas. The staff promotes a model of practice that is family-focused, strengths-based, culturally sensitive, and that encourages strong engagement with the community.

Centralized Permanency Services

Cheri Stewart, Director

The Division of Centralized Permanency Services is responsible for assuring high quality performance through individual case management in program areas which have state-wide impact on permanency for children and families served by the department and community partners, as well as impact on persons who have secured adoptions in Tennessee. These programs include the Interstate Compact on the Placement of Children (ICPC), the Adoption Registry, the Putative Father Registry, and the Post-Adoption Services.

Annually, the Interstate Compact on the Placement of Children manages over 2,000 new referrals/requests for placement, maintaining a caseload of approximately 1,500 active cases. The Adoption Registry accepts approximately 1,500 records for preservation and sealing, plus provides access to sealed adoption records which are requested by administrative and judicial entities for audits, administrative reviews and when children return to the custody of the Department. The

Putative Father Registry processes approximately 5,000 requests for clearances annually. The Post-Adoption Services receives over 400 requests for access to records and other post-adoption services from the public, including approximately 100 requests for contact which results in over 250 search activities.

Child Placement and Private Providers Division

Suzanne White, Director

The Child Placement and Private Providers Division (CPPP) oversees the provision of technical assistance and support to the regions in developing a collaborative system of care between private contract agencies and the department. This division is a conduit through which residential services are coordinated and supported in a manner that improves outcomes for children in the care of DCS.

This division manages all active contracts with public and private agencies to provide out-of-home care and services to families

with children in the custody of the department. A significant portion of these contracts are out-of-home continuum contracts. Continuum contracts allow both providers and regions to coordinate services to children and their families while providing the flexibility to customize service delivery on an individual basis. This division is responsible for providing support, information, guidance, training, coordination and oversight of residential services to ensure an expeditious and efficient delivery of an adequate supply of residential resources.

The following represents some of the division's recent and current activities.

Performance-Based Contracting

The department's Performance-Based Contracting (PBC) initiative is an overarching plan to achieve better outcomes for the children served in out-of-home care by DCS' privately contracted providers. It uses an innovative approach that stresses permanency outcomes for children and utilizes a payment structure that reinforces provider agencies' efforts to offer services that improve those outcomes. As of July 1, 2009, with the implementation of Phase IV of the PBC initiative, the entire network of DCS primary contracting agencies is now made up of Performance-Based Contractors. A total of 35 agencies represent all levels of service from standard foster care through to the highly specialized and intensive Level IV sub-acute Psychiatric Hospitalization.

This network of PBC providers possesses the service array to appropriately address any of the ever-changing needs of the children and families coming to the attention of the department. From this point forward, all primary contractors with DCS will do so under a performance-based contract. These contractors will be evaluated annually on data collected and analyzed by the department in conjunction with consultants from the Chapin Hall Center for Children. Annual meetings are

held with each of the PBC providers in order to review their previous fiscal year outcomes and determine the financial calculation of either re-investment dollars earned by PBC agencies or any financial repayment of funds incurred on the part of these providers.

Enhanced Scope of Services

An Enhanced Scope of services was developed as a pilot to test whether prescribed periods of intense treatment for specialty services such as Alcohol and Drug (A&D) and Sex Offender Residential Treatment (SORT) could move children more expeditiously toward permanency. In the past, children in need of these types of services had a propensity to remain in care for longer periods of time.

The SORT pilot program has focused on quality assessments and programming for adolescent sex offenders based on current research and best practices. Licensed experts in the field of adolescent sex offending behaviors have been engaged in an effort to not only expedite the assessment process but to allow these assessments to be clinically sound on a consistent basis.

Goals for these programs for the upcoming fiscal year include continued maintenance and review of the census to ensure adherence to the capped length of stay associated with each respective program.

Resource Homes Eligibility Team (RHET) & Departmental Resource Homes Eligibility Team (D-RHET)

Private providers have full responsibility for ensuring the approval and continued eligibility of their resource homes. In addition to the approval requirements mandated by the Tennessee Code Annotated (TCA) and DCS policy, private provider homes must also meet all applicable Federal requirements for eligibility. During the 2008-09 fiscal year DCS implemented the Resource Home Eligibility

Team (RHET) review process. This initiative allows the Department to review and maintain all documents relating to Title IV-E eligibility for provider-approved resource homes both initially and annually. Payment recovery recommendations are calculated for non-compliance if a child is placed in a provider-approved home that is later determined by the RHET review to be ineligible. This initiative has been fully implemented.

The Department and CPPP had a goal to implement the same RHET review and monitoring process used for private provider resource homes and apply that process to our own DCS resource home network. This ultimately became known as the Departmental Resource Home Eligibility Team (D-RHET). During the 2009-10 fiscal year, this new program was fully implemented on a statewide basis. Central Office D-RHET staff members work closely with their regional counterparts to maintain the D-RHET databases in each region and offer technical assistance as they monitor compliance with regard to initially approved DCS resource homes as well as those undergoing their annual re-assessment.

During the upcoming 2010-11 fiscal year, it is the goal of RHET, D-RHET and those monitoring the facilities' piece to bring these entities into full IV-E compliance in preparation for the Department's next IV-E Eligibility Review.

Community Partnerships and Support Services Division

Servella Terry, Director

The Division of Community Partnerships and Support Services is responsible for developing partnerships and collaborations with consumers, stakeholders, and private providers in an effort to deliver high quality services. This division is tasked to develop and implement a standardized approach for building

community partnerships. In addition, this division is responsible for providing high quality technical assistance, consultation, and support to the regions in the areas of team building, cultural competency, neighborhood-based partnerships, faith-based engagement, the retention of resource families, and other community efforts. Its mission is to ensure that community work is done efficiently, respectfully and with maximum benefit for the children and families DCS serves. Each region has engaged community stakeholders to plan and problem-solve as well as develop local partnerships.

In Shelby County, Cathedral of Faith, a local faith-based collaborative, is providing resources and services for families within local zip codes. This collaborative has a partnership with the department and is actively recruiting resource homes, as well as serving on cross-functional and CQI teams. Due to the high volume of requests for furniture, Cathedral of Faith has established a furniture warehouse to serve families in the neighborhoods. Cathedral of Faith took the lead on providing technical assistance to the Mid-Cumberland Region on how to recruit and train community representatives. These representatives play a vital role in Child and Family Team Meetings (CFTMs).

South Memphis Alliance, another community collaborative in Shelby, partners with DCS to serve youth and families with substance abuse issues. CFTMs are also held at this agency.

Faith-based efforts have increased since the last report. Attention has been focused on the rural communities in an effort to partner with faith leaders to assist with recruitment of resource parents and relative caregivers. Friendship Baptist Church of Cross Plains, Tennessee, in rural Robertson County, has taken the lead in providing technical assistance to other faith communities upon request. There are two regions currently plan-

ning Faith-Based Roundtables as a result of the Permanency Convenings held in the spring. Several community informational forums were conducted in the Southwest Region for the purpose of addressing critical community barriers and challenges. These forums were attended by local residents, judges and court staff, mayors, school superintendents, etc.

The Division of Community Partnership continues to align with the Office of Child Safety in an effort to provide leadership and training to regional Community Advisory Boards. "The Power of the Community" is a DVD showcasing community representatives from East and Middle Tennessee sharing their stories of how helpful community engagement has benefited them. This DVD has been distributed to all the regions in the state and private providers as a tool to use as they engage others to highlight the importance of community engagement. It also illustrates differences in community dynamics. In addition to the DVD, a satellite broadcast was held on March 26, 2010. The broadcast consisted of a panel which included representatives from the faith-based community, a legislative staff member, representatives from South Central and Davidson County regions as well as Central Office staff. The broadcast was presented statewide to Community Advisory Boards, private providers, court and DCS Staff. The panelists were sharing lessons learned as they have worked with community partners and offering some examples of how the community can come together to support and strengthen children and families.

DCS sent a representative to the Strengthening Families Leadership Summit in October 2009. This summit was followed up with direct training in each grand region from the Center for the Study of Social Policy on using Community Cafés to engage families and empower them to work together and navigate community service venues. Next year DCS plans to work in collaboration with

the Tennessee Department of Health to hold Community Café opportunities for parents to help empower and teach them to be their own advocates as they navigate system resources.

Foster Care and Adoptions Division **John Johnson, Director**

The Foster Care and Adoptions Division develops policy and oversees services aimed at providing training and ongoing support for resource parents and custodial caregivers to assist them in meeting the unique needs of children and youth in state custody. This division assures that the Department of Children's Services uses a model of resource parenting consistent with the DCS Practice Model. This DCS Practice Model encourages resource parents to support birth families and encourage reunification. Resource parents are also encouraged to provide a nurturing and stable placement for children in state custody, and offer or assist in finding a permanent family relationship for children who are not able to return to their own parents. This division also oversees the development of effective and child-focused placement practices and performs centralized operations necessary to the regions in order to support and maintain resource homes for children. The Foster Care and Adoptions Division strives to support the efforts of resource families caring for children in the state's custody while working to achieve permanency for each child in care.

Permanency and support for children and caretakers is the primary focus of the division. Technical assistance and support is provided to regions and private providers to recruit and retain resource parents, support relative and kinship homes, eligibility/certification of subsidies, and development of plans for difficult-to-place children needing a permanent family. Most recently, energy and resources have been utilized to identify po-

tential adoptive homes for children in full-guardianship without permanent families identified. The core of this work has been spent on completing archeological digs; extensive case file reviews and re-connecting with significant, safe, caring adults from the child's past. Improved diligent searches enhanced the membership of the Child and Family Team (CFT) resulting in improvement to child-specific recruitment plans and has proven very beneficial in achieving permanence for children.

Last year, Tennessee identified two regions (Davidson County and Northeast) to receive targeted, specific technical assistance on investigating and piloting specific practice changes with the hope of improving their practice of placement with relatives and kin. These sites were able to identify an agency staff person to specialize in and champion the improvement of practice. This staff person will also develop local protocols to support relative placement. Protocols include steps to locate family/kin prior to removal, or, if removal is necessary, prior to a placement in out-of-home care. These protocols will fully integrate the foundations and intent of the "Fostering Connections to Adoptions Success" law which should allow the department to experience improved outcomes of children placed with relatives.

Beginning next fiscal year, this office will expand its human resources to take on the eligibility and certification for all adoption assistance and Subsidized Permanent Guardianship (SPG) subsidies. Currently, this work is being managed by regional staff which has caused inconsistencies in practice to exist. The group of employees stationed across the state who will continue to do this work will have direct supervision from Central Office. This will promote more uniformity, improved supervision and more accurate documentation to certify all children who are eligible for subsidies during their exit to permanency.

These staff will also have the responsibilities of annual renewal, required on-going documentation, support and training.

Permanency Planning Division **Diane Irwin, *Director***

The mission of the Permanency Planning Division is to model, coach and employ collaborative decision-making in all aspects of child welfare practice. This division has the primary responsibility for supporting the implementation of the Child and Family Team Meeting (CFTM) process as well as a high quality permanency planning process. The CFTM is the primary tool for making all placement-related and planning decisions for and with children and their families. This division is also responsible for supporting timely permanence for children in the custody of the state and those at risk of state custody.

The Child and Family Team Meeting (CFTM) process is the primary method DCS uses to support families back to permanence. Many of these meetings are lead by skilled facilitators. Presently there are 79 full time facilitators and 253 part-time or back-up facilitators across the state. Of this total group, 232 have completed the Competency Assessment process. The Competency Assessment qualifies some facilitators not only to facilitate CFTMs, but also to serve as a coach and mentor to others. One hundred thirty seven (137) of our trained facilitators have achieved this level of competency, which requires scores that "exceed expectations" on every skill area observed.

We anticipate that with the implementation of TFACTS, the Department's new automated child welfare information system, there will be a learning curve for data entry on CFTMs. We have enhanced the module for capturing CFTMs and developed the report to be drawn from that module. We have provided training on data entry to facilitators and select staff

from the TFACTS pilot region on CFTM data entry. This training has been reformatted to be available via Go-To-Meeting so that it can more be readily shared with the rest of the state as we move toward statewide implementation of TFACTS.

The most significant work this year related to Permanency Planning has been our involvement in designing the TFACTS system to support a more integrated planning practice. There will no longer be child-specific plans. Cases and case plans will be organized and developed around a family rather than an individual child. This will support greater collaboration between all program areas, and with private providers in the planning and delivery of services. A family-based plan will require program staff to work together to develop one plan when there are families involved with more than one program area, i.e., juvenile justice, non-custodial, foster care,

etc. Collaborating with the Offices of Juvenile Justice and Child Safety (protection) to design the Family Permanency Plan has greatly improved relationships, communication and cooperation among divisions that have too often been disconnected in their approach to working with children and families.

Extensive policy revisions have been made to support the practice changes required to move to a family-based case planning process. Our hope is that these changes, supported by the design of TFACTS, will result in better integration of assessment and planning, more uniform practices among program areas, and better outcomes for children and families. We have also provided the content expertise for the development of forms, help topics, and training. This has included the development of a presentation that provides an overview of this new integrated planning process.



Family and Child Well-Being Division

Audrey Corder, Executive Director

The Office of Well-Being has three divisions: 1) Education, 2) Interdependent Living and 3) Medical and Behavioral Health. Well-Being provides support and specific focus for addressing the educational, health, and interdependent living needs for children at risk of custody, in custody, and receiving post custody services. The Department has successfully integrated its Well-Being teams into the core functions of the agency. This successful organizational approach of supporting permanency goals by addressing the well-being needs for children is unique, and cited as one of the best initiatives in child welfare by the accrediting organization Council on Accreditation (COA).

The Well-Being core management team in central office assists in the development of policies and protocols for all areas of well-being, working to integrate practices with permanency and safety; provides technical assistance with child specific cases, serving as liaison with other departments or service providers and providing specific information to regional staff; and technically supports or supervises regional staff serving in the well-being teams.

Regional Well-Being teams are responsible programmatically for the system of support for well-being services in their region. They provide targeted technical assistance on specific cases from pre-custodial stages through transition to permanency and work directly with regional staff, resource parents, and both DCS and private provider families. They serve as consultants on cases where the treatment, educational, or transitional needs require specialized assistance.

Teams are represented by a nurse, psychologist, Child and Adolescent Needs and Strengths (CANS) consultant, Master of Social Work (MSW) staff, education consultant, interdependent living consultant, health advocate representative, and services and appeals tracking coordinator who enters data regarding health services into the child welfare tracking system. Weekly or bi-weekly triage meetings are held on new children entering care, providing immediate assistance to the Family Service Worker (FSW) on appropriate next steps and possible assessments that may be needed to facilitate a reduced length of stay and ensure the identification of needed services. A regional Well-Being liaison works closely with regional management to coordinate consultative services provided by Well-Being with regional permanency objectives.

Principal objectives of the Education Division include: timely enrollment of children in school with appropriate communication to the local educational agencies serving children, screening and supporting children with special educational needs, technical assistance to on-site non-public schools in provider residential programs, and administration of on-site schools for children committed to Youth Development Centers. The major focus for the Medical and Behavioral Health unit includes: Early Periodic Screening Diagnosis and Treatment (EPSDT) screening and follow-up services for all custodial children, providing support and communication regarding access to TennCare services, appropriate consent for psychotropic medications for custodial children, and review and support for the behavioral health services received through DCS provider agencies. Areas of focus for the Interdependent Living unit includes: completion of the independent living assessment and its integration into permanency planning for children, transition of special needs youth to available services, and supporting youth with services to promote successful education and independent transitions from custody. The Central Office Well-Being team supports the regional Well-Being teams through regular conference call meetings, educating them on accessing services, new protocols, and supporting problem solving through Continuous Quality Improvement (CQI).

Educational Services

Mary Meador, *Director*

The Education Division of the Department of Children's Services oversees education services for students in state custody who reside in Youth Development Centers (YDCs) or DCS group homes, and is recognized by the Tennessee Department of Education as a Local Education Agency (LEA) for the schools in these facilities. In addition, the Education Division, primarily through its regional education specialists, provides technical assistance to contract facilities with on-site schools. The division staff also advocates for students in state custody who attend public school.

All youth committed to the Department of Children's Services are screened by a community or facility classification/assessment team to determine their educational needs. A treatment team develops an Individual Program Plan (IPP) for each student. An Individual Education Program (IEP) is developed for students eligible for special education services.

Interdependent Living Program

Lane Simpson, *Director*

The purpose of the Interdependent/Transitional Living (IL) Program is to build a network of relevant supports and services for participating youth. This network is designed in such a way that these youth will have ongoing connections with caring adults, be productive individuals within their community, obtain and maintain employment, as well as obtain educational goals. Under this program, participating youth may receive financial assistance and skills training, as well as other resources to facilitate their transition to adulthood.

Interdependent/Transitional Living is responsible for developing a statewide program in

concert with the provisions of the Chafee Foster Care Independent Living Program (CFCILP) and the Education and Training Voucher (ETV) Program. These programs allow the state to increase its capacity to engage the community and provide culturally sensitive and developmentally age-appropriate services. These services are strengths-based, family-focused and child-centered, serving youth and young adults ages 14-22 (up to their 23rd birthday), who remain in care and/or age out with interdependent living services.

The IL Program seeks to build upon the mentoring program established in conjunction with the Governor's Mentoring Initiative. IL has utilized funding provided by the Office of the Governor to partner with a private agency to recruit, train and match caring mentors with youth in our care. The primary focus is youth aged 14-16. Over the life of the program, many youth have been served. Some unintended consequences have included mentors becoming resource parents, and at least one adoption. The long-term goal will be to have a mentor for every adolescent in care by the program's maturity. The IL Program will also be looking at partnering with communities to expand the use of the One Stop Shop Model in Knox and Shelby Counties and is beginning the process of implementing the work through Opportunity Passport.

Medical and Behavioral Health

Dr. Deborah Gatlin, *Chief Medical Officer*

The Division of Medical and Behavioral Health was created in 2002 in response to the Brian A. Settlement Agreement and is responsible for reviewing and overseeing the implementation of policies, procedures and practices related to the medical and behavioral health care of children in the custody of the Department of Children's Services. Within DCS Central Office, this division

consists of the Chief Medical Officer, and two Nurse Consultants who interface with the Director of TennCare Policy. Regionally, the division has Doctoral Mental Health Clinicians and Regional Nurses who interface with Health Advocacy Representatives and Service and Appeals Tracking Staff.

This divisions' primary mission is to ensure that all children in the care of DCS and their families have appropriate access to all

needed services to promote quality of life and achieve permanency. Additionally, the division provides oversight of health services and technical assistance for the departmental residential treatment facilities and group homes as well as the Youth Development Centers. The division oversees practice and policy change concerning protection from harm issues, which include the use of psychotropic medication and the use of seclusion and restraint methods for children



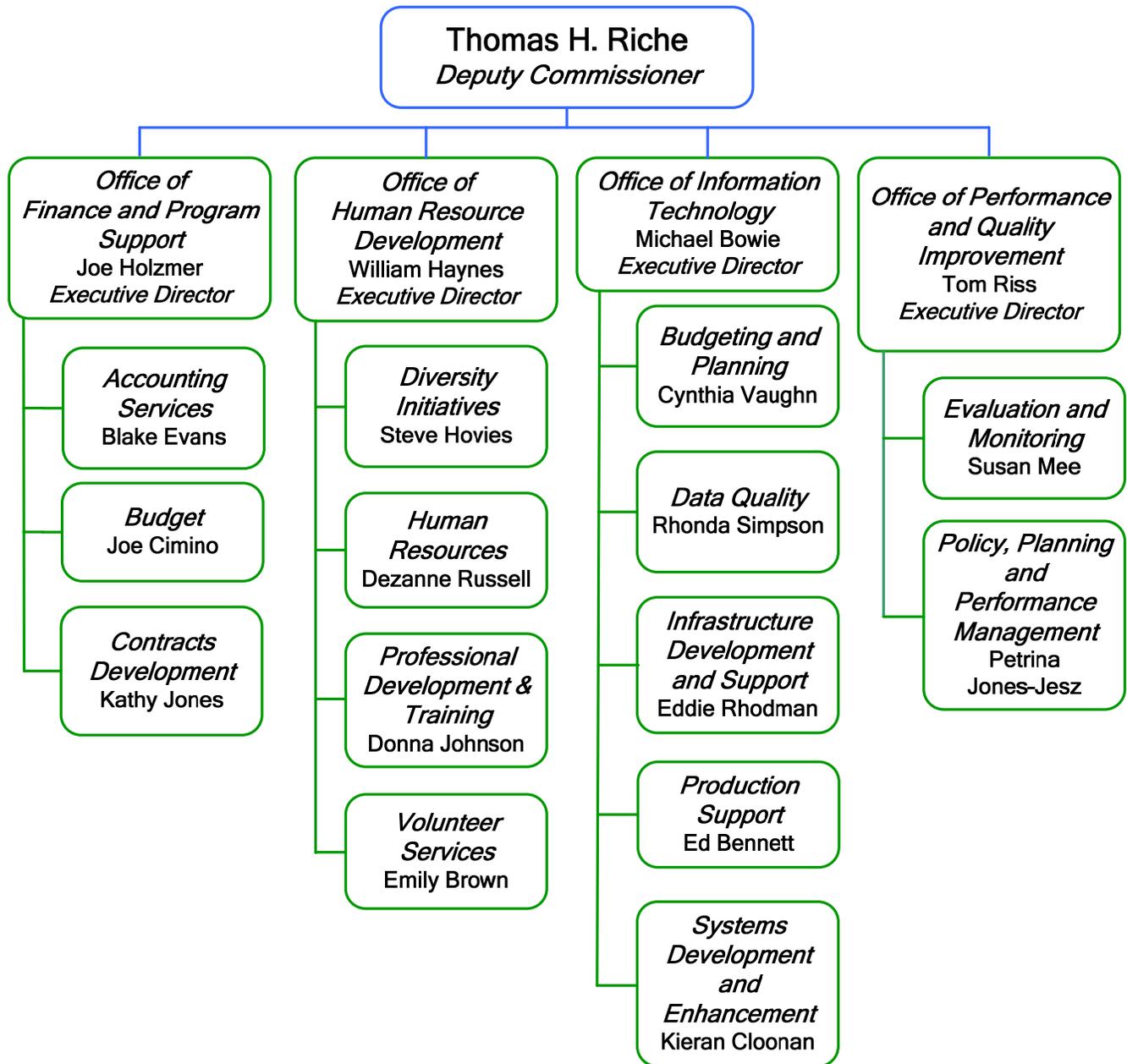
Office of Regional Support

Judy Cole and Mildred Lawhorn, *Executive Directors*

The Office of Regional Support provides programmatic support to all twelve (12) regions of the state. It is the goal of Regional Support to: assist regions with adherence to best practice case work, provide technical support for any requested regional initiative and work with each region to improve their outcomes for children and families.



Administration and Training



The Division of Administration and Training serves all staff of the department by providing support services in the areas of human resource development, information and technology, and finance and program support. Administration and Training enhances the performance and professional development of all staff by making provisions for staff to have access to necessary resources and financial assistance to implement and provide services to children and families across the state.

This division assesses the quality of service provision through its Office of Performance and Quality Improvement so that there are continuous strategies oriented to drive best practice. Overall, Administration and Training provides the fail-safe to assure that employees have the tools needed to deliver high quality services.

Office of Finance and Program Support

Joe Holzmer, *Executive Director*

Fiscal Services

Expenditures

The Office of Finance and Program Support (OFPS) provides a comprehensive set of fiscal services including general accounting, accounts payable, financial planning, budgeting, revenue maximization, trust accounting, eligibility services, regional fiscal services, procurement, and facility support services. Supported through OFPS are an array of Child Welfare and Juvenile Justice programs.

In FY 2010, the Department of Children's Services managed a total of \$660,956,200 in budgeted resources. Figure 1 summarizes these expenditures by category.

Resource Utilization

Administrative - \$69,391,700 (10.5%) . Administrative expenditures cover DCS services provided by Central Office Administrative and Training, Protection and Permanency, and Juvenile Justice Divisions as well as administrative functions of the Offices for Communications, General Counsel, Performance and Quality Improvement, and a Blue Ribbon Team, all of which serve at the pleasure of the Commissioner, Deputy Commissioners, and Executive Directors.

Family Support Services - \$34,487,100 (5.2%). Family Support Services include purchase of non-custodial intervention/prevention services, family preservation services, family resource centers, regional family support services networks, community intervention grants, child abuse and sexual abuse prevention and counseling services, and juvenile justice prevention and intervention services.

Custody Services - \$203,665,200 (30.8%) . These expenditures cover residential con-

tract services, individual resource home care and other custody support services, primarily to meet treatment needs and to enhance reunification efforts.

Needs Assessment - \$7,726,900 (1.2%) . Needs Assessment expenditures represent payments for services directed to the Brian A. Class child in custody or in danger of coming into custody due to dependency, neglect, or abuse.

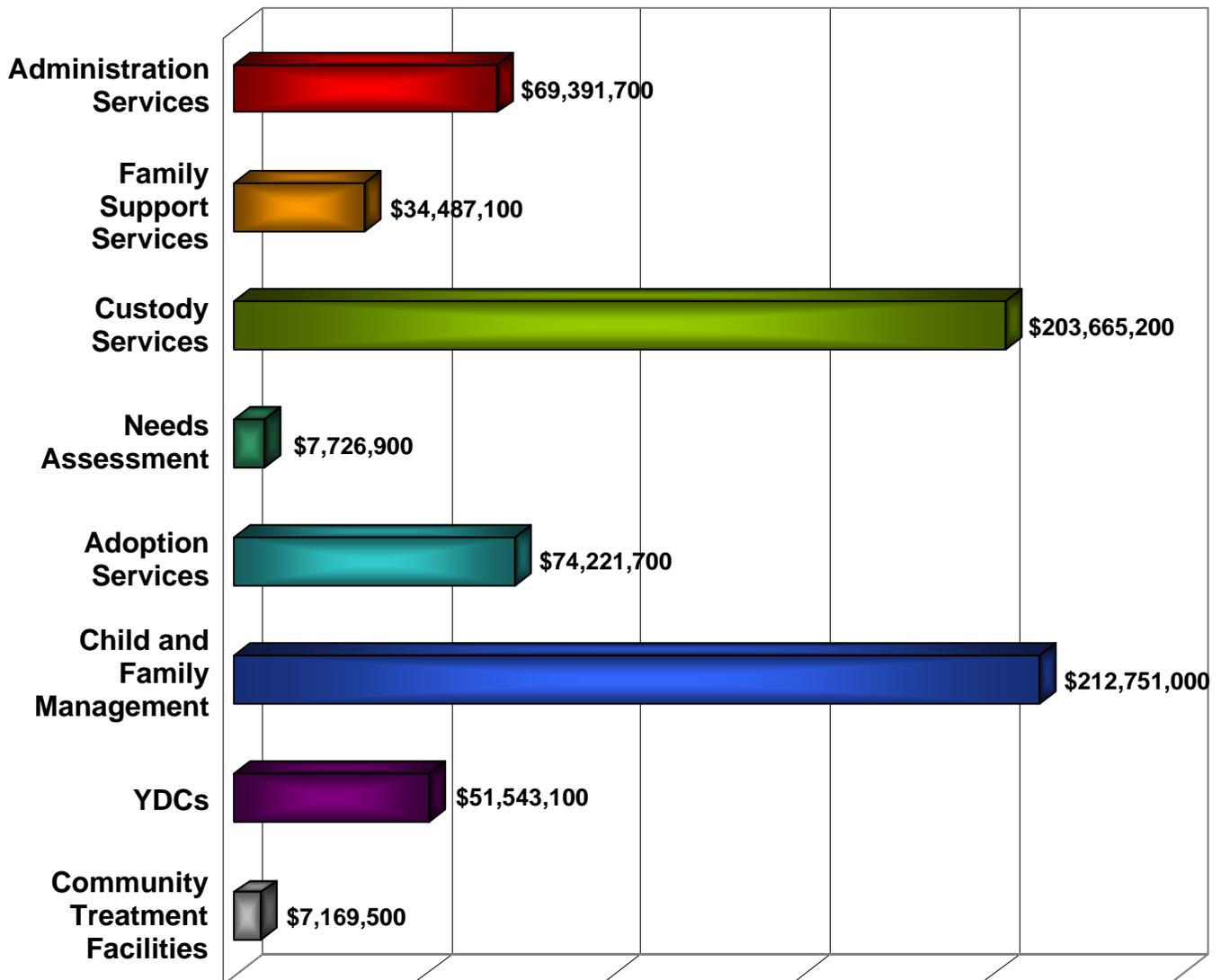
Adoption Services - \$74,221,700 (11.2%) . Adoption Services expenditures represent payments for special needs adoption assistance, adoption recruitment and placement services, and pre- and post-adoption support services.

Child and Family Case Management - \$212,751,000 (32.2%) . This category primarily represents expenditures for the 12 DCS regional offices and field staff providing case management services to custodial children, adoption services, non-custodial case management, and child protective services investigations.

Youth Development Centers - \$51,543,100 (7.8%) . These are expenditures for the operation of the department's five secure Youth Development Centers for delinquent youth (Mountain View, New Visions, Taft, Wilder, and Woodland Hills).

Community Treatment Centers - \$7,169,500 (1.1%) . Expenditures for Community Treatment Centers provide for the operation of the department's seven group homes and a residential observation and assessment center for delinquent youth.

Figure 1: Expenditures for Fiscal Year July 1, 2009 – June 30, 2010



Revenue

Figure 2 illustrates the sources of funding for the department in 2010. State appropriations of \$306,539,300 made up 46.4% of total funding. The major funding sources were Education (\$7,031,800 or 1.06%), Child Support (\$1,526,900 or 0.23%), Federal Title IV-B (\$5,629,000 or 0.85%), Federal Title IV-E (\$86,003,600 or 13.0%), and Federal Social Services Block Grants (\$17,188,100 or 2.6%). TennCare funds equaling \$231,918,300 represented 35.1% of all funding. The remaining \$5,119,200, which

represented 0.77% of expenditures, came from other sources.

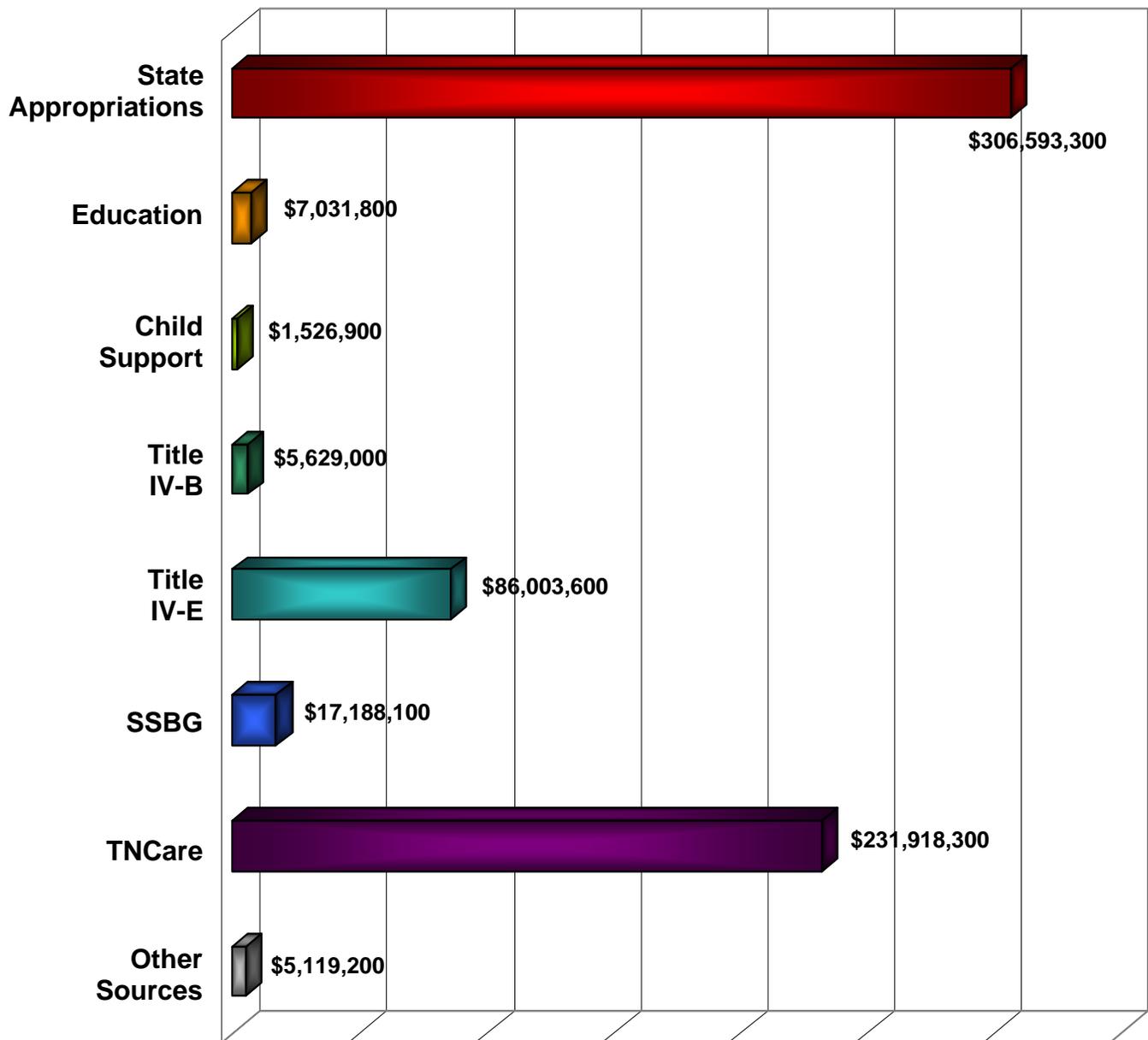
Educational funds represent a combination of formulary interdepartmental state and federal dollars.

Title IV-E is a federal entitlement program. Federal guidelines require that DCS earn reimbursement based upon eligibility criteria for each child served. TennCare has a managed care waiver through which Tennessee operates its Medicaid program.

TennCare functions as a capped health care entitlement program. Reimbursement earned by DCS is also based upon eligibility criteria for each child served. TennCare funds are used to reimburse treatment and administration, while Title IV-E funds reimburse maintenance and care of children in foster care and adoption assistance, training, and administration.

Title IV-B and the Social Services Block Grant are set dollar allocations based upon the state's percentage of the national allotment and are used, in part, to reimburse the state for child welfare services provided to children and families.

Figure 2: Revenue for Fiscal Year July 1, 2009 – June 30, 2010



Office of Human Resource Development

William Haynes, *Executive Director*

The Office of Human Resource Development (HRD) is responsible for the framework that allows the department to attract and sustain a qualified and diverse workforce. HRD ensures that the structure exists to recruit, hire, develop, and retain a staff that possesses the competencies necessary to respond appropriately to the challenges to DCS. The work of HRD is focused by a set of strategies and goals centered in three domains:

- Human Resource Structure and Process,
- Recruiting a Qualified Workforce, and,
- Creating an Environment that Sustains the Workforce.

Human Resource Development includes the divisions of Diversity Initiatives, Human Resources, Training and Professional Development, and Volunteer Services. HRD also provides leadership for DCS in the area of cultural competency.

DCS has undertaken a major initiative to increase the number of human services degrees within the department. This education initiative is led by HRD. On the undergraduate level DCS has established the Tennessee Child Welfare Certification Program (TCWCP), in collaboration with the Tennessee Center for Child Welfare (TCCW) at Middle Tennessee State University. Through the TCWCP students receive up to four semesters of tuition payments and stipends to complete the Bachelor of Social Work (BSW) degree. In exchange, the students agree to work for the department at least two years after graduation. Through August 2010 there have been 226 program participants, with 177 currently employed by DCS. DCS has also provided assistance for over 100 employees to complete work on the Master of Social Work (MSW) degree, also in exchange for a two year employment commitment.

Diversity Initiatives

Steve Hovies, *Director*

Diversity Initiatives, a division of the Office of Human Resource Development, is responsible for agency activities related to EEO, Affirmative Action, and compliance with Titles VI, VII and IX of the Civil Rights Act of 1964, in addition to implementing the ADA Accommodation and Compliance Program. The division is responsible for developing the annual Title VI Implementation Plan and assisting the Division of Education in developing the annual Title IX Implementation Plan. Also the division is responsible for Contract Compliance, Recruitment (Career/Job Fairs), Community Outreach, training in EEO/Diversity and support for the Cultural Competency Committee on Multi-Cultural Affairs. Diversity Initiatives investigates

employee EEO complaints, often in cooperation with other units within the department such as the Legislative and Constituent Services Division, Internal Affairs, Education or the Office of General Counsel.

Human Resources Division

Dezanne Russell, *Director*

Human Resources (HR) is responsible for managing all departmental personnel transactions, classification and compensation issues, recruitment and placement, benefits (including insurance), and employee relations. The specific areas administered by HR are listed below:

- Disciplinary Actions – Reviews and processes all disciplinary action across the state including: oral, written, sus-

pension, disciplinary demotions and/or terminations;

- Benefits – Administers all medical, dental, life, and vision insurance, deferred compensation, 401K, 457K, etc. for all employees statewide;
- Transactions – Handles all transactions related to hiring, separating, promoting, transferring or demoting of employees statewide;
- Attendance and Leave – Handles all issues related to attendance and leave including sick, annual and compensatory leave accrual and use. Also deals with issues related to Family Medical Leave Act, Worker's Compensation, Assault Injury, etc.;
- Classification/Compensation – Processes all lateral, downward and upward re-classifications of positions, position establishments and abolishments, equity increases, working out-of-class issues, pay differentials and position number changes statewide;
- Reporting – Creates reports for various key issues such as turnover, separations, appointments, job postings, vacancy report, etc. for the department statewide; and,
- Personnel files – Drafts and administers procedures/protocols regarding the maintenance of personnel files and processes all requests for personnel file information in accordance with Tennessee state law and rules.

The Central Office Human Resources Office functions as the Human Resource office for the approximately 900 Central Office employees, as well as directing the HR work of the multiple local HR offices (12 regional and five YDCs) across the state. Central Office HR is also responsible for all direct interaction and communication with the Tennessee Department of Human Resources, the Division of Benefits Administration, and Project Edison.

Professional Development and Training

Donna Johnson, Director

The Division of Professional Development and Training is responsible for ensuring that all DCS staff and resource parents are trained and have opportunities for professional development. The Division of Professional Development and Training works in collaboration with the fourteen-member Tennessee Social Work Education Consortium as well as the Tennessee Center for Child Welfare to provide training opportunities for all staff and resource parents. This division also works in collaboration with the Tennessee Department of Human Resources as well as the Tennessee Department of Correction's Training Academy to provide additional training opportunities to staff that are mandated statewide and/or are job specific.

This division is responsible for identifying training needs, developing appropriate curricula, coordinating enrollment, and tracking staff attendance at training courses. An additional responsibility is the coordination of training with private service providers who contract with the DCS to ensure that their staff training is comparable to that of DCS staff. Finally, the division recently began partnering with our DCS Human Resources division to enhance the performance management process within our agency in an effort to ultimately identify and develop more job specific professional development opportunities.

Volunteer Services

Emily Brown, Director

The State of Tennessee's Department of Children's Services is committed to strengthening and sustaining a viable and highly visible volunteer program to achieve better outcomes for children and their families. Community volunteers, in partnership with

DCS, play a crucial role in providing support to our children and their families as well as to agency staff. They are critical to the department's strategy of providing timely, appropriate and culturally responsive services to families in their neighborhood communities.

The Department of Children Services has developed a statewide community-based volunteer support program with protocols and guidelines in each one of our 12 Regions, five Youth Development Centers and eight Community Residential Programs.

The Volunteer Services program is pleased with the partnerships established with various

DCS divisions. Volunteer Coordinators, Juvenile Justice Residential Program Directors and staff, as well as Resource Linkage Coordinators, have worked with staff in other divisions to both develop and implement initiatives to better serve children and their families. We are also delighted with our progress and continuing efforts to build and strengthen our bonds and contacts with the Immigrant and Refugee communities.

The Volunteer Services program remains committed to the department's vision and mission statement through on-going efforts to enhance and strengthen our intra-agency, inter-agency and community partnerships.



Office of Information Systems

Michael Bowie, Executive Director

The department relies on technology to achieve its business goals. The Office of Information Systems (OIS) provides that technology, supporting more than 5,600 DCS computer users and 60 applications. The primary application is the recently released Tennessee Family and Child Tracking System (TFACTS), which helps the department attain safety, permanency and well-being for those children who are in state custody, or at risk of entering custody, and their families. Requests for new projects are reviewed by the department's Core Leadership Team to determine if the benefits justify the costs. Approved projects are forwarded to OIS, which is responsible for analysis, development or procurement, testing, implementation and ongoing support of all applications. The Data Quality Unit works with the regions to support conversion efforts and to ensure that key system data is timely and accurate.

OIS operates the DCS Help Desk, which provides telephone assistance to departmen-

tal computer users. OIS also has at least two employees in each region to provide technical and application support in the field. The Security Team controls access to the state network and DCS applications, while the Asset Management Team manages the distribution of computers and printers to DCS employees. OIS replaces the equipment approximately every three to four years. Additionally, OIS provides records management services and processes all orders for voice telecommunication products and services.

TFACTS Project

OIS will complete the development of a major application designated as TFACTS. The TFACTS system will replace TNKIDS as our major principle child welfare application. The purpose and goal of TFACTS is to create one electronic system that will meet all the department's case management and child welfare needs. TFACTS is designed to be driven by programmatic/case management

needs rather than simply by case tracking or data collection. The TFACTS electronic file will become the “official” client file and all information related to the child will be contained in the child’s record. This will ultimately serve in the best interests of the children and families served by DCS, as records will no longer be scattered across agencies and regions.

The system was being designed to be federally SACWIS compliant and is expected to provide the following key benefits:

- Increased worker productivity;
- Efficient data capture and information retrieval;
- Better matching of scarce resources to exact level of need;
- Single, comprehensive view of the child and family;
- Improved relations / communications with community partners and providers;
- Improved child welfare program management and quality assurance;
- Improved reporting capabilities;
- Improved system support and performance;
- Automation and integration of financial management functions;
- Elimination of expenses related to the operation of multiple legacy systems;
- Increased worker productivity by decreasing time spent on paperwork;
- Reduced travel expenditures by leveraging mobile technology;
- Increased worker productivity via system access to service providers;
- Reduced overpayments due to eligibility errors;
- Increased child support (IV-D) collections and child support medical orders; and,
- Reduced foster care and adoption assistance overpayments.



Office of Performance and Quality Improvement

Thomas Riss, *Executive Director*

The Office of Performance and Quality Improvement (PQI) has the mission of promoting best practice and enhancing outcomes through continued learning and improvement. PQI will work to track, understand, and inform decision-making around initiatives and activities impacting the DCS community. As PQI conducts this work, which includes providing technical assistance and training, they will do so in a manner that supports the needs of the members of the DCS community, recognizing each member's right to be treated with genuineness, empathy, and respect.

The structure of PQI provides an holistic approach to performance and quality improvement through the linking under one umbrella of activities related to performance management and improvement, quality improvement, and organizational learning. PQI consists of two divisions: Evaluation and Monitoring (E&M); and Planning, Policy Development and Performance Management (PPPM).

Evaluation and Monitoring

Susan Mee, Director

Evaluation and Monitoring (E&M) is comprised of the Quality & Compliance Monitoring unit which consists of Licensure, and Program Accountability Review (PAR), and an Evaluation unit that manages the Quality Services Review (QSR) process. This division performs a wide array of evaluation, monitoring and review activities. E&M conducts a variety of evaluation activities, including those related to federal child welfare evaluation. Through these activities and by synthesizing and analyzing quantitative and qualitative information from a variety of sources, E&M supports the department's capacity to improve services and outcomes for children and families.

Evaluation:

- Develops and tests performance management and evaluation tools;
- Provides technical assistance and support to strengthen self-assessment capacity and quality assurance oversight;
- Reviews, monitors and evaluates provider competence, as well as provider compliance with policy and contract requirements;
- Reviews, monitors, and evaluates administrative competence and DCS/provider service delivery practices;
- Evaluates process, performance, and/or impact of various DCS pilot programs and other program initiatives;
- Provides program administrators and policymakers with information about promising practices observed in the programs under review;
- Disseminates program evaluation findings to policymakers, practitioners in the field, the public, and program staff in order to assist with the continuous improvement of existing programs and the successful development and implementation of new

programs;

- Conducts an annual Quality Service Review (QSR) for each DCS region;
- Analyzes QSR results and develops regional summaries and annual reports that compare results over time for dissemination to key decision makers and stakeholders;
- Provides training and technical assistance to strengthen regional QSR and integration of results of QSR into regional planning and practice improvements;
- Collaborates with TCCY and TCCW to manage state level QSR training, planning, logistics, and implementation;
- Coordinates and leads self -assessment for federal CFSR;
- Coordinates and serves as state lead for CFSR onsite;
- Conducts detailed analysis of Incident Reports and Special Investigation Unit investigations for the purpose of quality assurance;
- Performs specific monitoring activities as identified in the Brian A. settlement; and,
- Participates in development and monitoring of CFSR Program Improvement Plan (PIP).

Since the last annual report, E&M has:

- Established meetings with the Commissioner, Deputy Commissioner, and Director of Child Placement and Private Providers to review scorecard measures, indicators, and data, as well as to further a comprehensive, integrated approach to provider monitoring and data utilization. The Provider Scorecard Workgroup meets at least once a quarter and focuses on scorecard and monitoring issues related to agency sizes, measures, indicators, and data;
- Identified performance indicators for the Provider Scorecard. Performance indica-

tors include quantitative and qualitative data sets. The scorecard is targeted for delivery by October 2010 for FY2009 to FY2010; and,

- Developed an intra-departmental Integrated Monitoring Drive that houses a wide array of previously disconnected pieces of data related to provider performance.

Licensure

Mark Anderson, *Director*

The Licensing team is a regulatory authority governed by statute and promulgated rules, and is responsible for the evaluation and licensing of all programs that fall within the purview of applicable state licensing regulations. These programs include: Family Boarding Homes, Group Care Homes, Child Placing Agencies, Residential Child Care Agencies, Juvenile Detention Centers, Temporary Holding Resources, Runaway Houses, Child Abuse Prevention Agencies and Maternity Homes.

- Monitors implementation of procedures in keeping with state licensing regulations and state and federal laws;
- Reviews legislation to determine impact on the operation of an agency or the state and gives recommendations regarding implementation of passed legislation;
- Coordinates the development, revision and promulgation of pertinent state licensing regulations;
- Compiles and publishes annual fee schedules for all domestic and international adoption agencies operating within the state of Tennessee;
- Participates in public hearings concerning agency issues, rules, regulations and/or compliance standards;
- Ensures compliance with applicable federal and/or state laws, regulations,

and/or department rules, standards, and guidelines;

- Makes recommendations on compliance related issues and provides follow up on corrective action plans; and,
- Reviews, investigates, documents and processes grievances, complaints, and/or implements disciplinary actions.

The licensing office also coordinates the accreditation of all hardware secure programs operated by the department through the American Correctional Association's Council on Accreditation, conducts annual reviews and provides onsite technical assistance to these programs in the interpretation and application of all pertinent standards in developing local policy and procedure.

Program Accountability Review

Carter Overton, *Director*

This team conducts annual monitoring of DCS contract service providers through on-the-ground reviews for compliance with terms of contracts including the Private Provider Policy Manual and other referenced performance standards, with a focus on the appropriateness and quality of services.

- Performs annual program performance reviews and special targeted reviews on-site, giving specific attention to program effectiveness, operational efficiency, and compliance with state and federal policies, rules, and regulations;
- Monitors agency contract services and performance;
- Shares aggregated reports of findings with department management and policy and practice stakeholders. A final report on the findings is sent to the monitored contractor;
- Advises DCS and contractor senior management of review results and the

department's recommendations for improvement through agency report and corrective action process;

- Works with PQTS and policy and practice stakeholders to review provider corrective action plan follow-up for target areas of review, as needed;
- Reports monitoring results as needed to the Core Leadership Team;
- Works as substantial contributor to the DCS Integrated Monitoring Process; and,
- Contributes to DCS's Balanced Scorecard in areas of client treatment and client protection from harm standards and practice.

Policy, Planning and Performance Management

Petrina Jones-Jesz, Director

Policy, Planning and Performance Measurement (PPPM) coordinates the work of three smaller teams within the division: Placement Quality Team System (PQTS) Facilitation, Continuous Quality Improvement (CQI), and the Accreditation team. PPPM is also responsible for various policy development and planning activities. This division develops and coordinates the creation and distribution of departmental policy, develops and monitors strategic plans and coordinates reports required by state and federal mandates.

- Develops the department's Strategic Plan and other plans required by state law;
- Develops the Title IV-B and Title IV-E Plans for submission to the federal government;
- Develops the department's Annual Report;
- Coordinates the Office of Performance and Quality Improvement's Emergency Response Plan;
- Identifies ongoing trends and patterns and emerging needs and issues, and

develops strategic plans to address these needs;

- Recommends and implements improvements to the DCS policy and planning process;
- Identifies and disseminates, through research, best practices and innovative approaches to service delivery;
- Designs and administers surveys;
- Develops and distributes forms related to policy;
- Requests and tracks National Child Welfare Resource Center Technical Assistance usage for the department; and,
- Leads the development and monitoring of CFSR Program Improvement Plan (PIP).

Accreditation

Brenda Bell, Director

The Accreditation Division promotes the establishment of standards of best practice that has resulted in the Department of Children's Services achieving accreditation through the Council on Accreditation (COA). The Accreditation Division facilitates a thorough self-assessment of policies, systems and practices; coordinates accreditation review processes; and, provides oversight for the maintenance of accreditation standards of best practice. This division:

- Develops, implements and maintains an effective accreditation process;
- Facilitates and evaluates agency-wide self-assessment reviews;
- Serves as the liaison between COA and DCS;
- Evaluates policies and procedures for implications related to COA standards and the maintenance of accreditation;
- Prepares and submits required reports to COA; and,

- Provides guidance for all accreditation activities by serving as an effective advocate and liaison for accreditation across the state.

Accreditation site visits to the Tennessee Department of Children's Services concluded in October 2009 following onsite reviews in the South Central, Hamilton, Knox, East, Smoky Mountain, and Shelby regions. These reviews marked the culmination of four years of capacity building focused on systems assessments, strengthened policy and procedures, identification of program outcome and improvement targets, enhanced community collaborations and focused staff training and support; thus, moving the Department one step closer to the goal of accreditation. In January 2010, the Department of Children's Services received notification from the Council on Accreditation that Tennessee had become the seventh state-administered child welfare agency to achieve this prestigious status.

Continuous Quality Improvement **Shirley Crawford, *Interim Director***

Continuous Quality Improvement (CQI) is philosophy based on the belief that people care about their work, learn from their experiences, and when they feel empowered to do so: create, innovate and improve. The concept is based on a Japanese principle, kaizen, which means progress through small continuous steps toward a goal. CQI is different from traditional quality assurance in that the focus is a self-directed, self-determined change rather than change imposed by an external entity. CQI is a process model for employee empowerment, creativity and accountability. The overarching goal of CQI is to empower DCS staff, clients, and community partners to assume an active role in improving the overall organizational performance by continually improving our system of care so that we can in turn improve

the outcomes experienced by the children and families we serve.

CQI is a process by which all staff are involved in the evaluation of the efficiency and effectiveness of services provided to children and families. Evaluation involves:

- The examination of the department's internal systems, procedures and outcomes;
- The examination of input from participants;
- The examination of relationships; and,
- Interaction between DCS and other stakeholders.

There have been numerous accomplishments in the realm of CQI over the past twelve months:

- Local CQI Teams review data in the CQI process.
- Local CQI Teams identify barriers and set measurable goals and practical action steps to improve their performance.
- The CQI Unit currently conducts Employee Satisfaction, CQI, Birth Parent, Youth, Resource Parent, Community Partner and Contract Agency surveys on an annual basis.
- A CQ Eye Newsletter is published six times per year.
- An action step tracking log for the State CQI Team was developed this year, and is now shared on a monthly basis with senior leadership in order to assist in closing the feedback loop.
- The DCS Group Homes now have functioning Youth CQI Teams. The youth in those facilities are trained in the CQI process. Each Group Home has its own CQI structure developed for the youth to send items they have identified to a higher level CQI team.
- Approximately, 80% of employees com-

pleted the annual CQI CBT training.

- Revision of the Case Process Review (CPR) Manual has been completed.
- An update of the Case Process Review Tools has been completed and loaded onto the PQI website page.
- PQI Coordinators training on CPR and COA PQI Standards changes has been accomplished.
- The 2010 CQI Plan has been revised.
- A new support process for State Level CQI has been developed.
- A weekly CQI update meeting has been initiated.
- A one-on-one dialogue with Central Office Directors to improve CQI in the Central Office has been initiated.
- A Divisional Central Office review of the risk matrix for use as a management tool has been conducted.
- CQI staff are currently re-establishing a Reliability Review Process.
- CQI staff participate in the RAs' Monthly conference calls on CQI Issues.
- CQI developed a feedback letter for Central Office referrals back to the regions.
- CQI developed a CQI referral form regions can use for immediate referral up to regional leadership and subsequently to Central Office State Level CQI.
- CQI program coordinator attended COA Training on Reaccreditation.
- CQI program coordinator participated in the COA webinar training for PQI.

• **Placement Quality Team System (PQTS)**

Larry Post, Director

The PQTS consists of three levels of teams: the Green Zone Team (GZT), Yellow Zone

Team (YZT) and Red Zone Team (RZT). Each team consists of program staff and subject matter experts throughout DCS, which includes Central Office and regional staff. Including regional staff on all teams has been a major objective of the PQI staff. Regional inclusion has allowed for better decision making whenever decisions about private providers' performance were needed.

Teams meet on a regular basis to address issues of concern as they relate to the performance of private residential/resource home providers. The Office of Performance and Quality Improvement is responsible for gathering pertinent information related to private provider performance and synthesizing the information into summary reports that are presented to the YZT/RZT. PQI staff meet regularly with the YZT, RZT and CAP Review Approval and Follow-up Team (CRAFT). PQI staff are also responsible for setting the YZT/RZT/CRAFT schedules and agendas, and facilitating these meetings. The Division of Child Placement, Private Provider (CPPP) facilitates the Green Zone SIU Resource Home Review Team and shares the responsibilities for collecting and disseminating information to other team members with the Division of Foster Care and Adoptions.

Green Zone Teams

There are now three functional Green Zone PQTS teams: the SIU Resource Home Review Team; CRAFT; and the Data Trending, Analysis Team (DTAT). The SIU Resource Home Review Team reviews closed SIU investigations on individual resource homes (both DCS and private provider resource homes) whenever the findings are either "Indicated" or "Closed Unfounded but with concerns". The SIU Resource Home Review Team has referred several private providers to the YZT once concerns or trends regarding the providers' performance were noted.

The CAPs from the Yellow Zone Team and PAR are reviewed and approved by CRAFT. This fiscal year, the team is completing follow-up to CAPs to determine if CAPs are being implemented by private providers.

Protocols for each team have been established which call for additional involvement of the regions and subject matter experts in Central Office. The revisions were made to provide additional ownership to members outside of Central Office. This decision should result in better communication internally and with private residential providers.

The new green zone team, DTAT, has recently started monitoring trends noted in Incident Report (IR) and SIU data from congregate care facilities and resource

homes. The data is synthesized and given to subject matter experts located within Central Office and the regions for review and follow-up with the private providers. Referrals to the CPPP or the YZT are made when necessary.

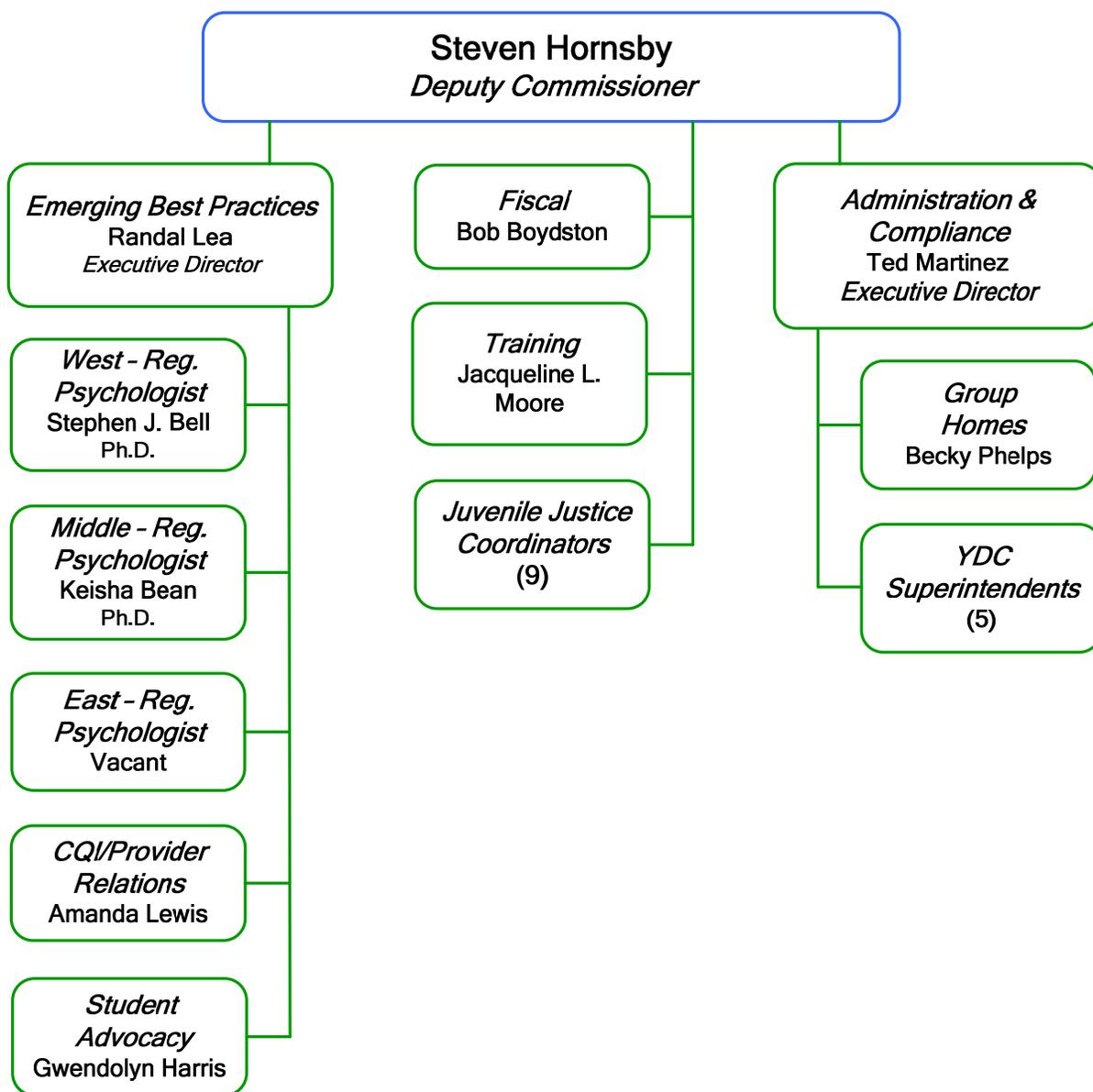
Yellow Zone Team/Red Zone Team

In situations where sub-par performance under the domains of safety, permanency, well-being and infrastructure indicates the need for intervention, the PQTS:

- Provides technical assistance to the provider;
- Places an admission freeze on the facility;
- Requires a written Corrective Action Plan (CAP) from the provider; and/or,
- Amends or cancels the contractual relationship with the provider.



Juvenile Justice



Division of Juvenile Justice Steven Hornsby, Executive Director

The Division of Juvenile Justice (DJJ) was created by an act of the legislature during the 2006 legislative session to coordinate statewide services to adjudicated delinquent youth and their families. The division's programs consist of probation and aftercare services, five Youth Development Centers serving youth with more serious delinquent offenses, seven community based group homes serving youth with less serious offenses, a residential treatment facility for developmentally challenged youth, and an observation and assessment center.

The Division of Juvenile Justice, including staff in all twelve (12) DCS regions and its residential facilities, serves approximately nine thousand (9,000) youth annually. Non-custodial

services include probation and aftercare supervision and monitoring, family engagement and resource linkage.

Fiscal Year 2009-2010 has seen a number of new initiatives begin to take shape:

- In October 2007, DJJ implemented the Youth Level of Service/Case Management Inventory (YLS/CMI). This assessment tool is an evidence-based tool that identifies the contributing factors that increase the youth's chances of recidivism. The tool also identifies strengths of the youth and family that can be built upon to decrease recidivism. This tool is being used to drive placement decisions so that these factors are addressed by the service provider when the youth requires out-of-home placement.
- Standardized services and programs within residential facilities. Our youth in state facilities deserve to receive the best in residential care regardless of where they may be placed. Basic programming, education and treatment should share a common philosophy and application. A uniform approach allows for program portability should a change in placement be necessary. This provides a measure of assurance that moving to a new facility will not delay the youth's progress. Specialized programs for special needs youth remain as well.
- Nine (9) regional juvenile justice coordinators were added to the Division of Juvenile Justice last fiscal year. They have served as subject matter experts to ensure that regional practices reflect current national models and DCS policy for work with delinquent youth. They have been involved in quality assurance activities, assisting the regions in preparation for the Council on Accreditation and assisting with the implementation of the Youth Level of Service/Case Management Inventory assessment tool in the regions.
- Restorative Justice (RJ) is a promising concept that promotes individual accountability, community responsibility and motivational change. DJJ is a collaborative partner with the Operation Safe Community Project in Memphis, Tennessee. The primary focus of this proposal uses restorative justice as a vehicle to link youth with services in four specific areas: continued education opportunities, vocational opportunities, mentoring, and specialized services. We will be working with youth that are receiving services at Wilder Youth Development Center in West Tennessee.
- Evidence-based Programming – Public Chapter 585, now codified as TCA 37-5-121, mandates by fiscal year 2012-2013, 100% of funds shall be spent on evidence-based programs. DCS has enlisted Dr. Mark Lipsey and Dr. Gabrielle Chapman of the Peabody Research Institute to assist with the technical aspects of determining the effectiveness of existing programs. Along with the consultants, and in conjunction with representatives of TCCY, the Administrative Office of the Courts, and provider agencies, DCS found that approximately 94% of all existing programs already use evidence-based strategies that have a positive effect on reducing recidivism. DCS submitted this information on current programs as required by law in a report to the Governor and General Assembly on December 31, 2008. DCS has begun the collection of data, linking specific dollars spent to the children who are receiving specific evidence-based services. DCS is ahead of schedule in the full implementation of the evidence-based law.



Office of Emerging Best Practices

Randall Lea, *Executive Director*

Working across divisions and disciplines, this unit places its focus on quality provision of services in the public and private sector, and incorporation into the private sector of any issue relating to safety, permanency and well-being. Mr. Lea is actively working with the Juvenile Justice Division to assist with the inclusion of Evidence-Based Practices to all Juvenile Justice programs provided or contracted by the state. He also is working with the Children's Mental Health Council created by public chapter 1062 to move Tennessee toward a system of care-based mental health for children. Mr. Lea represents the department on the Steering Panel for the Governor's Office of Children's Care Coordination, Tennessee Association of Mental Health Organizations, Child Welfare League of America, and serves on the advisory boards of OnCourse Education Collaborative and Tennessee Voices for Children.

Community Residential Programs

The Division of Juvenile Justice operates seven community residential programs located throughout the state. Each residential program has a capacity of eight youth. The facilities are designed as minimum security facilities and youth are carefully assessed and evaluated prior to placement. The community residential programs focus on providing a structured regimen of education, work experience, counseling, and community service. Each youth has an Individual Program Plan (IPP) intended to help guide the youth toward total re-integration into their home community and family.

Intensive Aftercare Programs

DJJ contracts with two private agencies to provide intensive aftercare supervision programs in the Knox and East regions, and

in Madison County of the Southwest region. The Exit Program serves the Knox and East regions and is administered by the Helen Ross McNabb Mental Health Center. The Reunion Program, administered by the Quinco Mental Health Center, is located in Jackson, Tennessee and serves Madison County. All programs begin while a youth is incarcerated in a Youth Development Center. Services continue to support the youth upon their return home. Agency staff members act as liaisons with educational programs and employment programs, and facilitate the delivery of other services including mental health services. The primary goal of the intensive aftercare program is to decrease the number of youth re-entering the juvenile justice system.

Juvenile Court Grants

DJJ provides funding for 21 juvenile court based grant programs. Funding for these programs address youth that are at high risk of entering the juvenile justice system. Funding is in three major areas: custody prevention, truancy prevention, and the provision of child and family intervention services.

Office of Administration and Compliance

Ted Martinez, *Executive Director*

Residential Operations

Residential Operations consists of the five Youth Development Centers (YDCs) with 456 beds, and seven community residential programs with 84 beds that primarily serve youth stepping down from the YDCs. Youth in all of these facilities receive individualized services within an evidence-based framework of operations. All efforts promote community re-entry and permanency.

Community Residential Programs

The Division of Juvenile Justice operates seven community residential programs located throughout the state. The three programs for females can serve up to 32 students and the four programs for males can serve up to 52 students. The community residential programs are designed as minimum security facilities and youth are carefully assessed and evaluated prior to placement. The programs provide a structured environment of education, work experience, counseling, and community service. Each youth has an Individual Program Plan (IPP) intended to help guide the youth toward total re-integration into their home community and family.

DCS Group Homes

- Elizabethton Group Home (female) – 12 Beds
150 Hatcher Lane
Elizabethton, TN 37643
- Henderson House – 10 Beds
235 North Highland
Jackson, TN 38301
- Inman Group Home (female) – 8 Beds
264 Hawkersmith Road
Tullahoma, TN 37388
- Johnson City Boys Group Home – 20 Beds
208 Quarry Road
Johnson City, TN 37601
- Madisonville Group Home (female) – 12 Beds
255 Wayman Road
Madisonville, TN 37354
- Nashville Transition Center – 10 Beds
2412 Plum Street
Nashville, TN 37202
- Magnolia View – 12 Beds
3951 Covington Pike
Memphis, TN 38135

Youth Development Centers (YDCs)

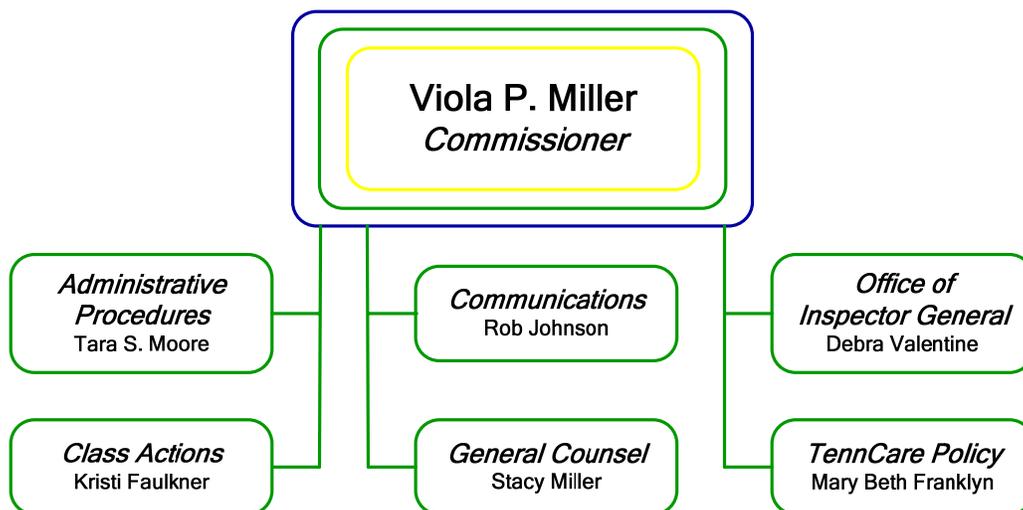
DJJ operates five YDCs. Each YDC is a hardware secure residential facility that provides treatment for delinquent youth ages 13 through 18. Upon admission each youth receives a comprehensive assessment from which an individualized program plan is developed. Within the context of a behavioral management program, each YDC provides special and regular education, GED preparation, pre-vocational education, medical and dental services, recreational programs, and programs to help youth develop independent living skills. Specialty services include therapy for a broad range of needs, alcohol and drug treatment, and speech therapy.

The DJJ Youth Development Centers are:

- Mountain View Youth Development Center – 108 Beds
809 Peal Lane
Dandridge, TN 37725
- New Visions Youth Development Center – 24 Beds
3981 Stewarts Lane
Nashville, TN 37218
- Taft Youth Development Center – 96 Beds
900 State Route 301
Pikeville, TN 37367
- Wilder Youth Development Center – 108 Beds
13807 Highway 59
Post Office Box 639
Somerville, TN 38068
- Woodland Hills Youth Development Center – 120 Beds
3965 Stewarts Lane
Nashville, TN 37243



Others Reporting Directly to the Commissioner



Administrative Procedures

Tara S. Moore, Administrative Judge

The Administrative Procedures Division is made up of three attorneys who sit as Administrative Judges/Hearing Officers, and an Administrative Services Assistant II. The Administrative Procedures Division is responsible for all hearings and appeals of the Department's contested cases governed by the Uniform Administrative Procedures Act. The Administrative Procedures Division staff also sit as the Commissioner's Designees in employee grievance hearings governed by the Rules and Regulations of the Tennessee Department of Human Resources.

Tara S. Moore, Attorney IV, handles cases in the regions of Davidson, Mid Cumberland, Upper Cumberland and Hamilton County. Carol Marcum, Attorney III, handles cases in the regions of Knoxville, East, Smoky Mountain, Northeast and all other Tennessee Valley Region's counties. Brent Rose, Attorney III, handles cases in the regions of Shelby, Southwest, Northwest and South Central. Lisa R. Myers, Administrative Services Assistant II, provides support for all three attorneys.

This office provides the general public an opportunity to appeal and have a fair hearing on issues related to denial, reduction or termination of adoption assistance; the denial of access to closed adoption records; the removal of foster children from resource homes after more than 12 months of residency in a particular resource home; and due process proceedings for release of records regarding perpetrators of child abuse and neglect. The Administrative Procedures Division also conducts hearings to address employee disciplinary actions and grievances and conducts reviews of performance evaluations and written warnings as defined by state law and the Tennessee Department of Human Resources.

Class Actions

Kristi Faulkner—*Legal Counsel*

This specialized legal counsel role provides legal advice and counsel to the Commissioner, Core Leadership Team, and Program Directors regarding compliance with departmental consent decrees.

This counselor:

- Addresses the federal lawsuits that affect how DCS provides services for children;
- Serves as the Central Office Privacy Officer for HIPAA;
- Provides training for the attorneys on HIPAA, confidentiality, and informed consent;
- Translates documents from English to Spanish;
- Serves as the HR liaison between Central Office and Shelby County;
- Handles all EEOC, ADA , and FMLA cases against the department;
- Works with the Attorney General's office in responding to any federal cases that will be litigated or mediated on the department's behalf; and,
- Works with the litigation team on employment cases.



Communications

Rob Johnson—*Executive Director*

The Communications Office serves as the public face of the Department of Children's Services. The Communications Office is the first place that the press, researchers, and the public turn to find information and answers. The Communications Office also serves as an internal clearinghouse, working closely with the web developers in the Office of Information Systems.



General Counsel

Stacy Miller

This office provides legal advice and counsel to the Commissioner and the department's employees. There are 74 attorneys, 13 legal assistants and 28 support staff who serve the Office of the General Counsel. The Office of the General Counsel has an office in Central Office and several field offices across the state. One attorney in each of the 12 DCS regions specializes in educational issues faced by children in state custody.



Office of Inspector General

Debra Valentine, Inspector General

In March 2004, the first Office of Inspector General (OIG) among Tennessee state government agencies was established at TDCS. This office supports departmental initiatives for child safety and quality service delivery to children and families in Tennessee by overseeing agency investigations, risk management planning and compliance audit functions.

The DCS Office of Inspector General is currently responsible for conducting agency audits for risk management, and compliance with state and federal policy. The OIG also conducts investigations of public complaints and allegations of employee misconduct by malfeasance, misfeasance and fraud. Three division units perform these specialized functions in accordance with their areas of expertise. These units are Internal Audit (IA), Internal Affairs (IAD), and Legislative and Constituent Services (LCS).

The OIG also maintains a direct connection with the National Crime Information Center for criminal background investigations surrounding the emergency placement of children. Additionally, an Absconder Recovery Program aids in the prevention, location and apprehension of custody children who runaway from custodial placements.

Internal Audit

Mason Ball, Director

The Division of Internal Audit provides independent and objective audits and assessments of the department's activities, operations, financial systems, and internal controls to ensure that the resources entrusted to the department are used efficiently, effectively, and properly. All audits are performed to ensure compliance with departmental policies and procedures, accounting standards, and state and federal laws and regulations. The Division of Internal Audit provides management with recommendations and suggestions to improve internal controls.

Internal Audit provides management with advice on whether the DCS Risk Management Plan is operating efficiently, effectively, and in accordance with law and regulations. The division receives, tracks, and summarizes reporting to the Department of Finance and Administration, external auditors, and the Council on Accreditation for risk assessment and planning.

Internal Audit is the liaison with the Comptroller's Office for reporting allegations of fraud, waste, and abuse. The division also coordinates requests to the department from external auditors.

Internal Affairs

David Shoemaker, Director

The Internal Affairs Division (IAD) is divided into three major areas of responsibility. This division:

- Conducts fair, impartial, prompt and professional investigations of a confidential administrative nature dealing with misconduct within the Department of Children's Services. In addition, IAD serves as the primary liaison with local, state and federal law enforcement agencies.
- Oversees the Absconder Recovery Program that facilitates the apprehension of custody children who abscond from approved placements. This is accomplished through a close liaison with law

enforcement and DCS agencies across the state.

- Processes background information on employees, foster/adoptive parents, contract agency employees, and volunteers. This includes a connection with the National Crime Information Center (NCIC) through the Tennessee Information Enforcement System (TIES) to facilitate background information for the emergency placement of children.

Legislative and Constituent Services – (LCS)

Tammy Feldman, *Director*

The Legislative and Constituent Services Unit (LCS) listens to concerns, answers questions and addresses a variety of problems for the benefit of children each year. The LCS Unit also responds to executive and legislative inquiries as well as inquiries from both private and public sources. This unit

conducts investigative research and serves as an internal/external liaison and agency representative. The LCS Unit works diligently with DCS regional and Central Office staff on these inquiries.

The purpose of the Legislative and Constituent Services Unit is to review and respond to concerns of and/or inquiries by clients, parents, foster and adoptive parents, advocates, legislators, and other concerned citizens regarding all areas within DCS, such as child protective services, foster care, adoption, agency programs, DCS policies and procedures, or service delivery.

The LCS Unit provides objective and neutral analysis of data, while maintaining confidentiality and working cooperatively with others. The unit is focused on providing timely, thorough, and accurate responses to inquiries and complaints that come to the department.



TennCare Policy

Mary Beth Franklyn—*Director*

The DCS TennCare Services Director serves as the liaison with the Bureau of TennCare, coordinates with TennCare managed care companies assigned to provide services for DCS children, and provides support for all DCS program areas regarding TennCare matters.

TennCare funding supports DCS case management activities, and residential and continuum services. Virtually all of the children in state custody will qualify for TennCare, and obtain medical, behavioral, and dental health services through the managed care networks.

The DCS TennCare Services Director meets regularly with the managed care companies serving children in and at the risk of custody to develop processes to enhance access to TennCare services for these children. The managed care companies serving children in custody have provided specific customer service telephone numbers to assist DCS staff with the children served by DCS, as well as medical case management, special reports, transition specialists, and inpatient psychiatric care coordination.

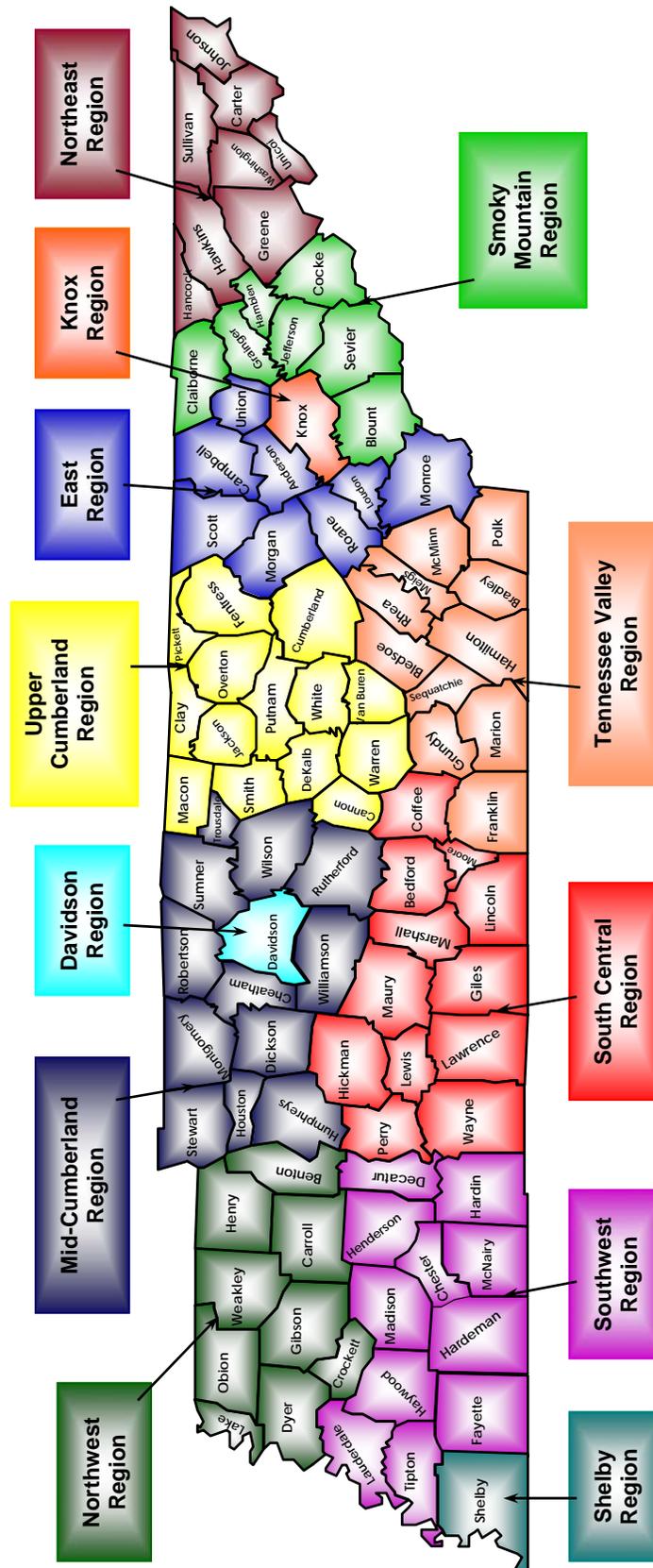
Quarterly reports are provided to the Bureau of TennCare regarding DCS TennCare activities, which include eligibility, outreach, and percentages of EPSDT screening appointments met. In

addition, the director coordinates the reporting required under the Grier and John B. class action lawsuits.

Technical assistance regarding TennCare is provided to the DCS regional Well-Being Units through telephone conferences, meetings, trainings, and educational materials. Information about accessing TennCare services is developed and provided to family service workers, foster parents, and DCS providers through meetings, newsletters, and the internet.



Map of Regions



Departmental Data

Figure 3: Number of Children in Custody by Region as of June 30, 2010

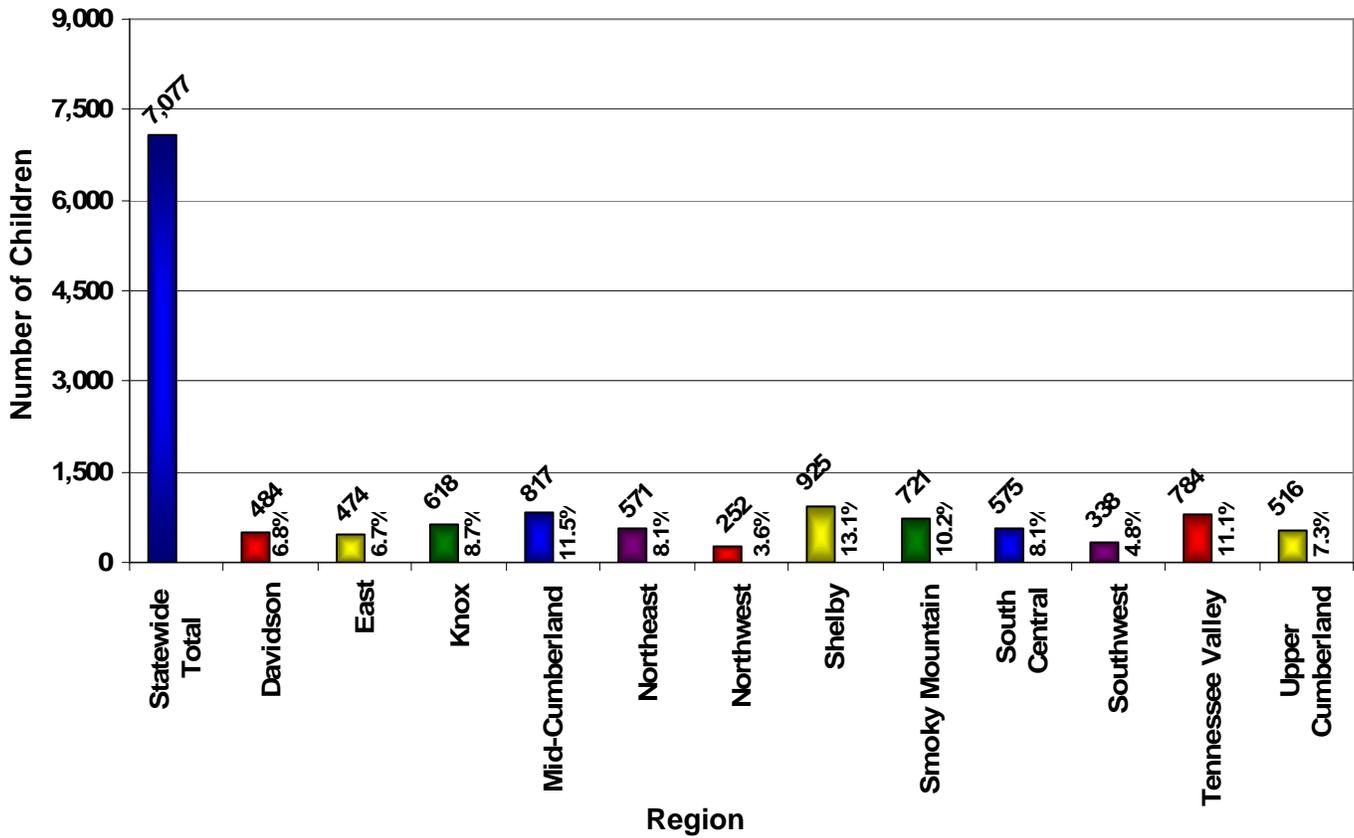


Figure 4: Sole and Concurrent Goals of Adoption on June 30, 2010 and the Number of Finalized Adoptions in FY09-10

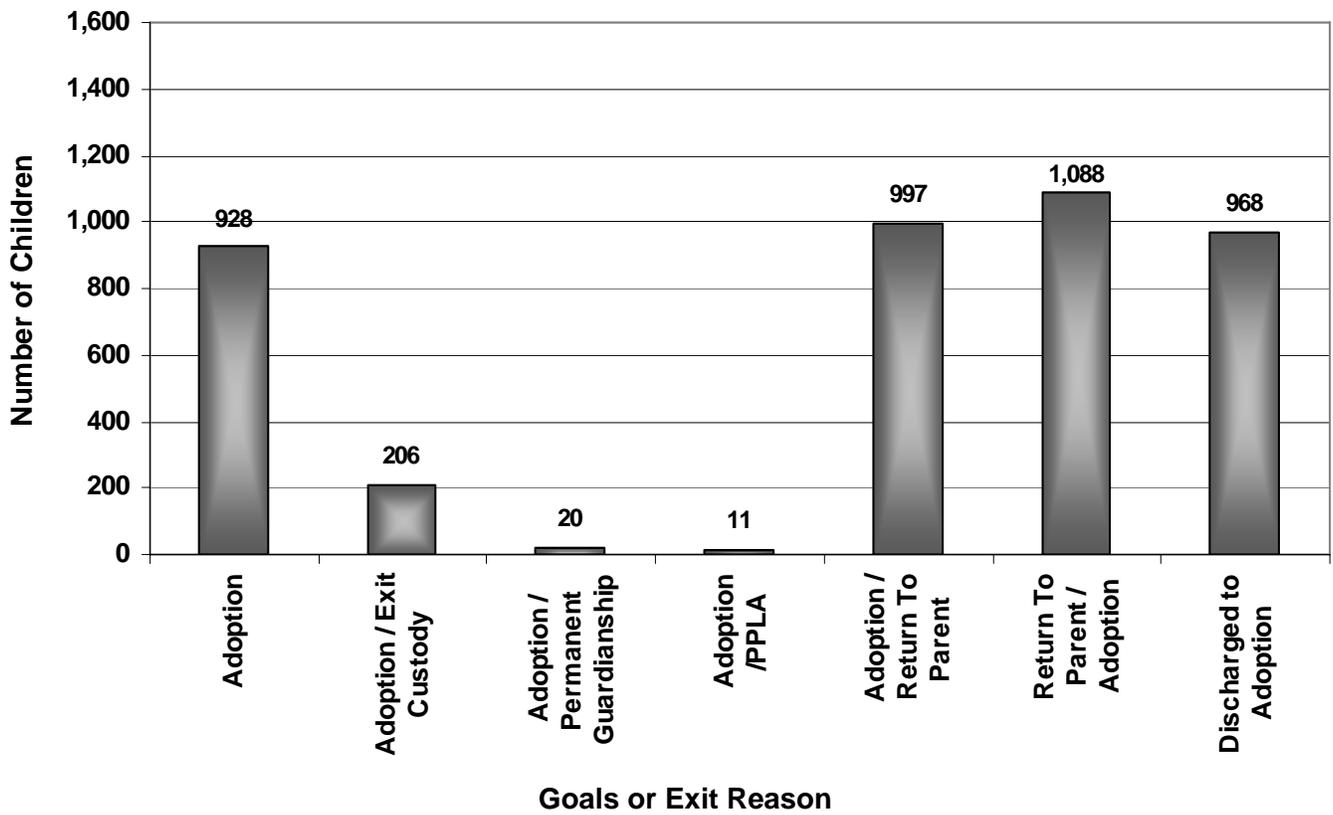


Table 3: Children (Either Dependent/Neglect or Unruly) in Custody Statewide on June 30, 2010 by Type of Permanency Goal Assigned

Permanency Plan Goals	Number of Children	Percent
Adoption	928	18.1%
Adoption/Exit Custody with Relative	206	4.0%
Adoption/Permanent Guardianship	20	0.4%
Adoption/Planned Permanent Living Arrangement (PPLA)	11	0.2%
Adoption/Return to Parent	997	19.4%
Exit Custody with Kin	1	0.0%
Exit Custody with Kin/Return to Parent	1	0.0%
Exit Custody with Relative	227	4.4%
Exit Custody with Relative/Permanent Guardianship	11	0.2%
Exit Custody with Relative/Planned Permanent Living Arrangement (PPLA)	6	0.1%
Exit Custody with Relative/Return to Parent	1,465	28.6%
Permanent Guardianship	29	0.6%
Permanent Guardianship/Planned Permanent Living Arrangement (PPLA)	1	0.0%
Permanent Guardianship/Return to Parent	31	0.6%
Planned Permanent Living Arrangement (PPLA)	11	0.2%
Planned Permanent Living Arrangement (PPLA)/Return to Parent	3	0.1%
Return to Parent/Adoption (see bar graph on page 51)	1,088	21.2%
Unknown/Missing	91	1.8%
Total	5,127	100%

TFACTS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

Table 4: Children Entering and Exiting Custody by County of Commitment FY10

County of Commitment	2010 Population Projections Age under 19 *	Commitment Rate (per 1,000 Age 0-19)	Entering by Adjudication			Total Number Entering	Total Number Exiting	Net Change (+/-)
			Delinquent	Dependent/Neglected	Unruly			
Anderson	18,025	6.7	17	101	3	121	182	(61)
Bedford	13,548	4.0	25	28	1	54	52	2
Benton	3,771	3.7	5	9	0	14	9	5
Bledsoe	3,226	0.3	1	0	0	1	8	(7)
Blount	29,942	6.0	22	158	0	180	129	51
Bradley	25,265	4.3	21	86	2	109	85	24
Campbell	9,975	5.8	4	53	1	58	67	(9)
Cannon	3,598	1.4	1	4	0	5	5	0
Carroll	7,253	4.1	3	26	1	30	26	4
Carter	13,561	2.5	8	26	0	34	37	(3)
Cheatham	11,270	2.1	16	7	1	24	32	(8)
Chester	4,619	1.1	1	4	0	5	6	(1)
Claiborne	7,777	5.1	5	35	0	40	62	(22)
Clay	1,910	8.4	2	14	0	16	5	11
Cocke	8,763	9.9	20	64	3	87	94	(7)
Coffee	14,150	6.6	10	82	2	94	84	10
Crockett	4,037	1.2	3	2	0	5	5	0
Cumberland	12,064	4.9	16	35	8	59	60	(1)
Davidson	153,994	3.4	144	383	1	528	525	3
Decatur	2,644	1.5	1	2	1	4	3	1
DeKalb	4,787	7.7	8	29	0	37	35	2
Dickson	13,584	6.3	28	54	3	85	86	(1)
Dyer	10,544	1.2	5	8	0	13	18	(5)
Fayette	9,844	2.0	6	14	0	20	12	8
Fentress	4,516	3.5	8	6	2	16	28	(12)
Franklin	10,660	12.6	35	97	2	134	106	28
Gibson	12,829	7.0	31	58	1	90	60	30
Giles	7,412	4.3	20	12	0	32	28	4
Grainger	5,726	4.4	1	24	0	25	14	11
Greene	16,279	5.4	27	57	4	88	113	(25)
Grundy	3,976	7.5	7	23	0	30	21	9
Hamblen	16,243	6.8	26	84	0	110	95	15

Table 4 Continued

County of Commitment	2010 Population Projections Age under 19 *	Commitment Rate (per 1,000 Age 0-19)	Entering by Adjudication			Total Number Entering	Total Number Exiting	Net Change (+/-)
			Delinquent	Dependent/Neglected	Unruly			
Hamilton	77,449	3.5	95	172	4	271	238	33
Hancock	1,626	6.2	3	7	0	10	9	1
Hardeman	7,296	5.1	19	18	0	37	54	(17)
Hardin	6,472	5.3	2	31	1	34	33	1
Hawkins	14,420	4.6	23	38	5	66	56	10
Haywood	5,740	3.5	12	7	1	20	20	0
Henderson	7,192	2.5	5	11	2	18	21	(3)
Henry	7,645	5.2	10	30	0	40	30	10
Hickman	6,549	4.9	4	28	0	32	33	(1)
Houston	2,229	1.8	3	1	0	4	6	(2)
Humphreys	4,785	3.8	3	15	0	18	30	(12)
Jackson	2,653	8.3	2	20	0	22	15	7
Jefferson	13,296	7.6	8	88	5	101	78	23
Johnson	3,742	5.3	7	13	0	20	17	3
Knox	106,343	4.0	34	394	0	428	392	36
Lake	1,537	4.6	1	6	0	7	4	3
Lauderdale	7,424	2.7	8	12	0	20	31	(11)
Lawrence	11,470	4.5	17	34	1	52	55	(3)
Lewis	3,281	5.2	2	15	0	17	18	(1)
Lincoln	8,557	4.1	10	25	0	35	36	(1)
Loudon	10,598	4.7	9	41	0	50	65	(15)
Macon	6,146	8.9	6	49	0	55	45	10
Madison	27,617	5.0	33	106	0	139	110	29
Marion	6,867	5.4	5	26	6	37	20	17
Marshall	8,050	4.1	13	20	0	33	41	(8)
Maury	21,971	5.7	14	103	9	126	99	27
McMinn	14,094	7.5	25	79	2	106	97	9
McNairy	6,865	3.2	8	14	0	22	12	10
Meigs	3,236	1.9	1	5	0	6	11	(5)
Monroe	12,314	5.8	22	50	0	72	66	6
Montgomery	47,067	3.6	52	117	0	169	150	19
Moore	1,502	3.3	4	1	0	5	7	(2)
Morgan	4,912	3.5	17	0	0	17	12	5
Obion	8,482	1.7	5	9	0	14	16	(2)

Table 4 Continued

County of Commitment	2010 Population Projections Age under 19 *	Commitment Rate (per 1,000 Age 0-19)	Entering by Adjudication			Total Number Entering	Total Number Exiting	Net Change (+/-)
			Delinquent	Dependent/Neglected	Unruly			
Overton	5,282	6.4	1	32	1	34	26	8
Perry	1,951	4.1	8	0	0	8	15	(7)
Pickett	1,119	13.4	1	12	2	15	4	11
Polk	4,070	4.7	7	12	0	19	22	(3)
Putnam	18,176	5.1	7	84	1	92	67	25
Rhea	7,871	3.0	4	20	0	24	22	2
Roane	12,809	3.7	8	38	2	48	51	(3)
Robertson	18,158	3.4	32	22	8	62	73	(11)
Rutherford	69,795	1.7	12	110	0	122	128	(6)
Scott	6,313	4.3	9	17	1	27	38	(11)
Sequatchie	3,604	5.5	11	7	2	20	20	0
Sevier	20,598	4.0	22	60	0	82	104	(22)
Shelby	279,660	4.3	303	912	0	1,215	1,279	(64)
Smith	5,142	5.3	3	20	4	27	21	6
Stewart	3,492	3.2	5	5	1	11	17	(6)
Sullivan	35,493	5.1	63	117	2	182	172	10
Sumner	42,738	2.2	57	35	3	95	159	(64)
Tipton	17,274	2.4	14	28	0	42	34	8
Trousdale	2,073	1.9	3	1	0	4	8	(4)
Unicoi	3,960	7.3	13	15	1	29	29	0
Union	5,426	8.1	42	2	0	44	43	1
Van Buren	1,376	3.6	3	2	0	5	11	(6)
Warren	10,834	5.0	17	36	1	54	52	2
Washington	27,922	3.7	28	73	1	102	113	(11)
Wayne	3,790	7.7	9	20	0	29	28	1
Weakley	9,015	4.9	14	27	3	44	43	1
White	6,313	6.3	15	25	0	40	42	(2)
Williamson	49,488	1.5	24	42	6	72	53	19
Wilson	29,950	4.3	48	73	8	129	134	(5)
Unassigned/ Missing		0.0	4	10	0	14	6	8
Total	1,648,911	4.2	1,796	5,027	119	6,942	6,833	109

*2010 Population Projections Age under 19 taken from Tennessee Department of Health Population Projections 2000-2010. TFACTS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

Table 5: Children Remaining in Custody by County of Commitment on June 30, 2010

County of Commitment	Adjudication						Total
	Delinquent		Dependent/Neglected		Unruly		
	Number	Percent	Number	Percent	Number	Percent	
Anderson	21	12.6%	144	86.2%	2	1.2%	167
Bedford	20	45.5%	24	54.5%	0	0.0%	44
Benton	3	15.8%	15	78.9%	1	5.3%	19
Bledsoe	0	0.0%	4	100.0%	0	0.0%	4
Blount	24	10.2%	211	89.8%	0	0.0%	235
Bradley	26	19.4%	107	79.9%	1	0.7%	134
Campbell	4	9.3%	39	90.7%	0	0.0%	43
Cannon	1	7.7%	10	76.9%	2	15.4%	13
Carroll	3	16.7%	14	77.8%	1	5.6%	18
Carter	4	12.1%	29	87.9%	0	0.0%	33
Cheatham	14	51.9%	12	44.4%	1	3.7%	27
Chester	1	11.1%	8	88.9%	0	0.0%	9
Claiborne	4	11.1%	32	88.9%	0	0.0%	36
Clay	1	7.1%	13	92.9%	0	0.0%	14
Cocke	19	22.4%	66	77.6%	0	0.0%	85
Coffee	11	9.3%	104	88.1%	3	2.5%	118
Crockett	1	33.3%	2	66.7%	0	0.0%	3
Cumberland	10	14.9%	50	74.6%	7	10.4%	67
Davidson	168	35.1%	309	64.6%	1	0.2%	478
Decatur	1	16.7%	4	66.7%	1	16.7%	6
DeKalb	7	19.4%	29	80.6%	0	0.0%	36
Dickson	28	27.2%	71	68.9%	4	3.9%	103
Dyer	3	60.0%	2	40.0%	0	0.0%	5
Fayette	5	29.4%	12	70.6%	0	0.0%	17
Fentress	4	26.7%	9	60.0%	2	13.3%	15
Franklin	19	25.3%	54	72.0%	2	2.7%	75
Gibson	34	35.8%	59	62.1%	2	2.1%	95
Giles	16	44.4%	20	55.6%	0	0.0%	36
Grainger	1	2.9%	33	97.1%	0	0.0%	34
Greene	26	21.3%	87	71.3%	9	7.4%	122
Grundy	4	21.1%	15	78.9%	0	0.0%	19
Hamblen	29	22.3%	101	77.7%	0	0.0%	130
Hamilton	107	30.5%	239	68.1%	5	1.4%	351
Hancock	2	22.2%	7	77.8%	0	0.0%	9
Hardeman	19	45.2%	23	54.8%	0	0.0%	42
Hardin	3	10.7%	24	85.7%	1	3.6%	28
Hawkins	12	20.7%	40	69.0%	6	10.3%	58

Table 5 Continued

County of Commitment	Adjudication						Total
	Delinquent		Dependent/Neglected		Unruly		
	Number	Percent	Number	Percent	Number	Percent	
Haywood	5	33.3%	10	66.7%	0	0.0%	15
Henderson	3	16.7%	13	72.2%	2	11.1%	18
Henry	7	16.7%	35	83.3%	0	0.0%	42
Hickman	1	4.5%	21	95.5%	0	0.0%	22
Houston	2	66.7%	0	0.0%	1	33.3%	3
Humphreys	4	23.5%	11	64.7%	2	11.8%	17
Jackson	3	8.8%	31	91.2%	0	0.0%	34
Jefferson	5	4.4%	104	91.2%	5	4.4%	114
Johnson	2	12.5%	13	81.3%	1	6.3%	16
Knox	38	6.3%	565	93.7%	0	0.0%	603
Lake	1	16.7%	5	83.3%	0	0.0%	6
Lauderdale	2	10.0%	18	90.0%	0	0.0%	20
Lawrence	22	21.6%	78	76.5%	2	2.0%	102
Lewis	0	0.0%	8	100.0%	0	0.0%	8
Lincoln	10	37.0%	17	63.0%	0	0.0%	27
Loudon	5	13.9%	31	86.1%	0	0.0%	36
Macon	2	2.8%	66	91.7%	4	5.6%	72
Madison	28	23.1%	93	76.9%	0	0.0%	121
Marion	3	9.7%	23	74.2%	5	16.1%	31
Marshall	16	43.2%	20	54.1%	1	2.7%	37
Maury	14	10.9%	104	80.6%	11	8.5%	129
McMinn	21	18.8%	90	80.4%	1	0.9%	112
McNairy	3	10.7%	25	89.3%	0	0.0%	28
Meigs	0	0.0%	9	100.0%	0	0.0%	9
Monroe	18	24.3%	56	75.7%	0	0.0%	74
Montgomery	59	30.4%	134	69.1%	1	0.5%	194
Moore	4	100.0%	0	0.0%	0	0.0%	4
Morgan	1	3.8%	25	96.2%	0	0.0%	26
Obion	8	40.0%	12	60.0%	0	0.0%	20
Overton	1	2.8%	34	94.4%	1	2.8%	36
Perry	0	0.0%	11	100.0%	0	0.0%	11
Pickett	0	0.0%	13	86.7%	2	13.3%	15
Polk	3	37.5%	5	62.5%	0	0.0%	8
Putnam	7	6.1%	108	93.9%	0	0.0%	115
Rhea	5	14.7%	28	82.4%	1	2.9%	34
Roane	8	12.9%	52	83.9%	2	3.2%	62
Robertson	27	46.6%	25	43.1%	6	10.3%	58

Table 5 Continued

County of Commitment	Adjudication						Total
	Delinquent		Dependent/Neglected		Unruly		
	Number	Percent	Number	Percent	Number	Percent	
Rutherford	16	14.4%	95	85.6%	0	0.0%	111
Scott	6	21.4%	22	78.6%	0	0.0%	28
Sequatchie	8	40.0%	11	55.0%	1	5.0%	20
Sevier	18	18.6%	78	80.4%	1	1.0%	97
Shelby	254	28.7%	631	71.3%	0	0.0%	885
Smith	4	12.9%	23	74.2%	4	12.9%	31
Stewart	3	33.3%	5	55.6%	1	11.1%	9
Sullivan	58	30.4%	130	68.1%	3	1.6%	191
Sumner	48	38.4%	72	57.6%	5	4.0%	125
Tipton	10	31.3%	22	68.8%	0	0.0%	32
Trousdale	2	50.0%	2	50.0%	0	0.0%	4
Unicoi	6	23.1%	19	73.1%	1	3.8%	26
Union	0	0.0%	42	100.0%	0	0.0%	42
Van Buren	3	50.0%	3	50.0%	0	0.0%	6
Warren	15	29.4%	35	68.6%	1	2.0%	51
Washington	14	11.8%	104	87.4%	1	0.8%	119
Wayne	7	24.1%	22	75.9%	0	0.0%	29
Weakley	11	24.4%	32	71.1%	2	4.4%	45
White	9	27.3%	24	72.7%	0	0.0%	33
Williamson	19	24.1%	54	68.4%	6	7.6%	79
Wilson	34	35.1%	57	58.8%	6	6.2%	97
Unassigned/ Missing	3	30.0%	7	70.0%	0	0.0%	10
Total	1,541	21.8%	5,405	76.4%	131	1.9%	7,077

TFACTS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

Figure 5: Length of Time to Adoption Fiscal Year July 1, 2009 – June 30, 2010

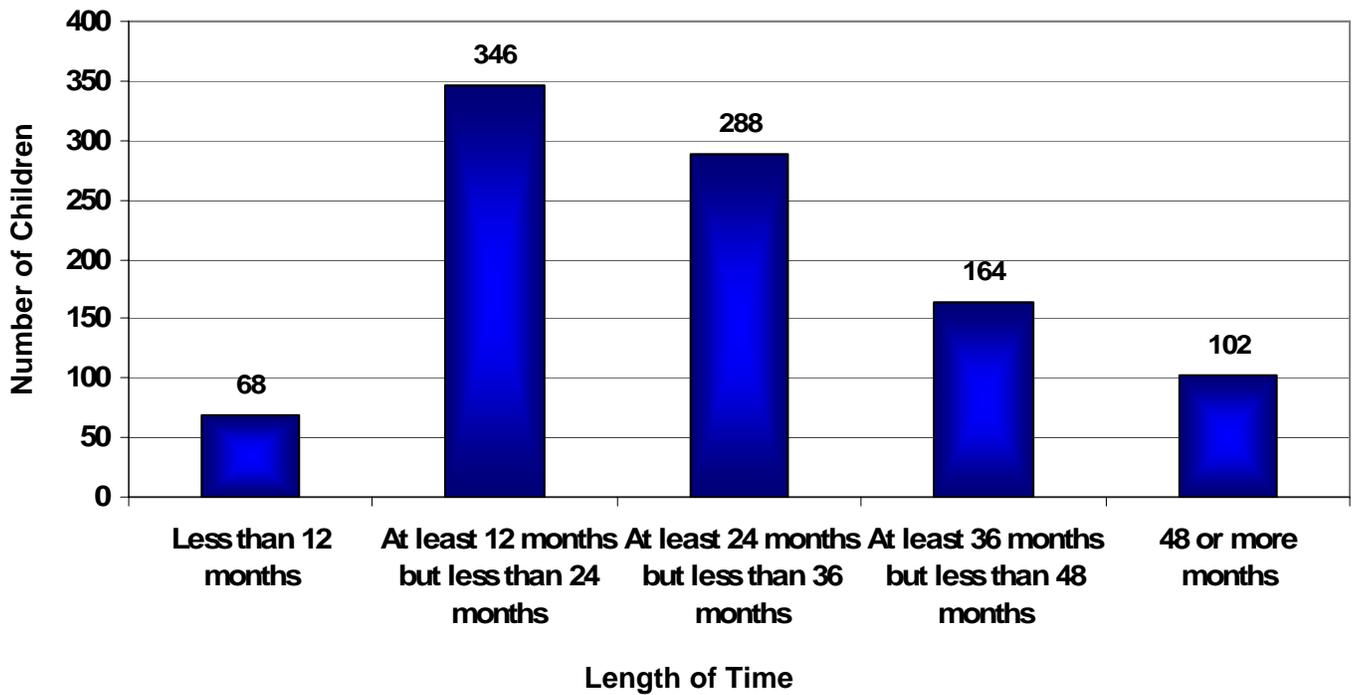


Figure 6: Length of Time to Reunification Fiscal Year July 1, 2009 – June 30, 2010

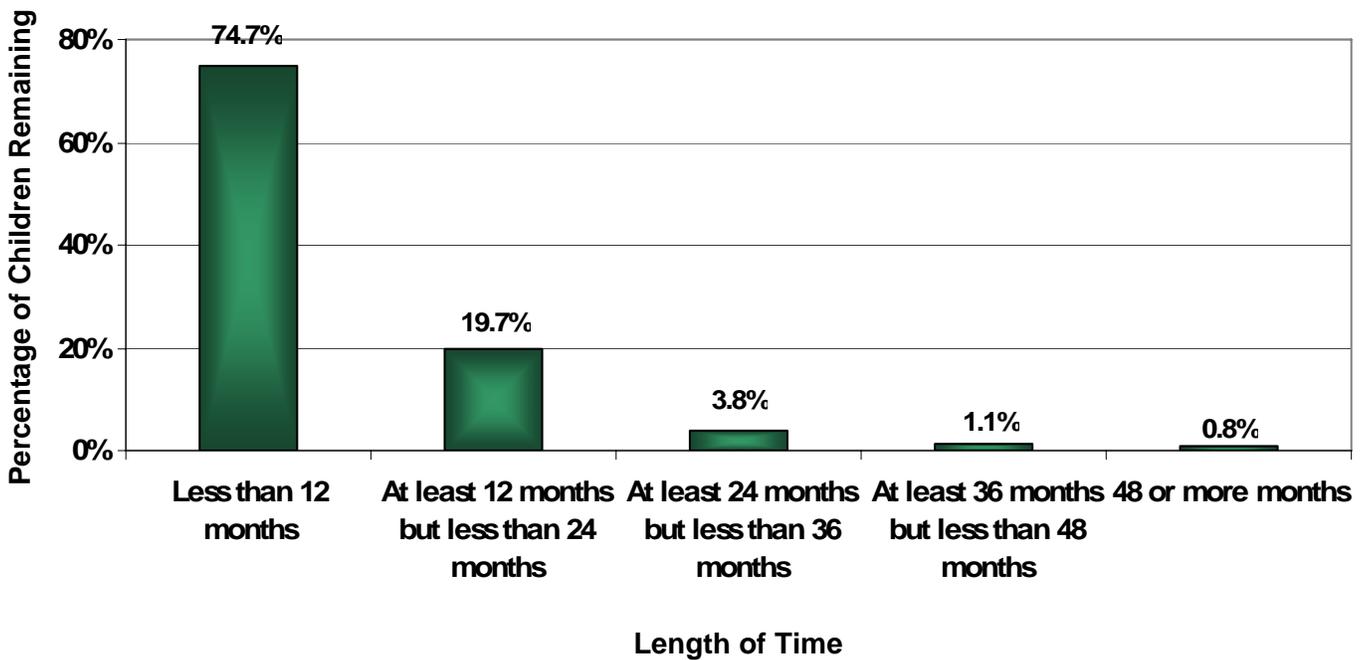


Figure 7: Of All Children Who Entered Care During the Year, What Percentage Reentered Within 12 Months of a Prior Foster Care Episode?

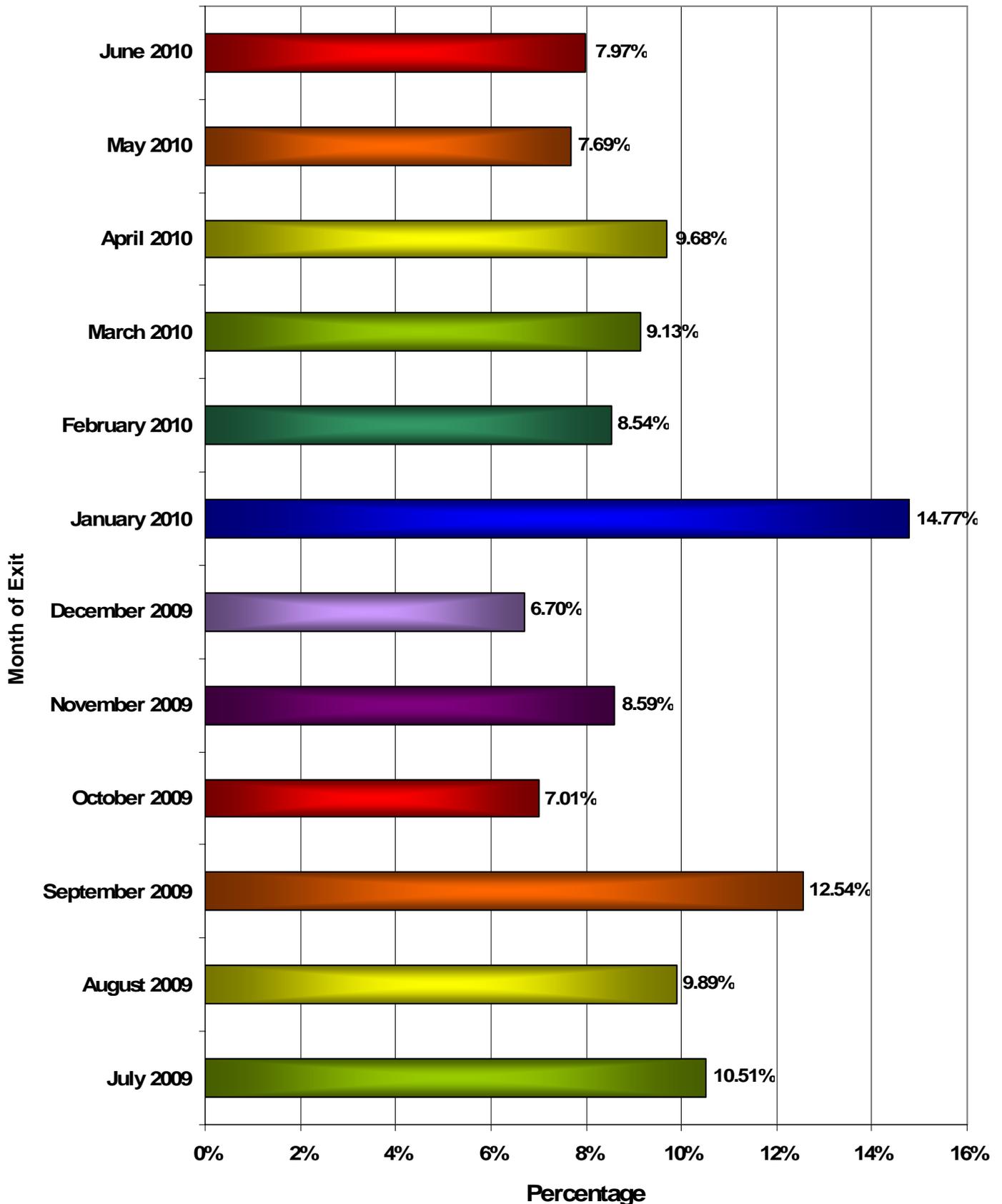


Table 6: Of the Children in Foster Care for Less Than 12 months, What Percentage Had No More Than 2 Placement Settings?

Movement Frequency *			Placement Frequency **		
Number of Movements	Number	Percent	Number of Placements	Number	Percent
One - Two	2,656	59.7%	One - Two	2,492	58.5%
Three - Five	1,189	26.7%	Three - Five	1,175	27.6%
Six - Eight	343	7.7%	Six - Eight	338	7.9%
Nine - Ten	100	2.2%	Nine - Ten	99	2.3%
More than Ten	161	3.6%	More than Ten	156	3.7%
Total	4,449	100.0%	Total	4,260	100.0%

*Temporary breaks in placement are counted here. This includes In-Home and Trial Home Visit placements as well as children on runaway status. Also, In-Patient Psychiatric Care and Medical/Surgical Hospital stays of less than 10 days.

**Temporary breaks in placement are excluded from these counts.

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Table 7: Children in Custody Statewide by Age, Gender and Race on June 30, 2010

Race / Ethnicity	0-1		2-4		5-12		13-18		19		Total
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
White Non-Hispanic	265	233	316	286	625	583	1,164	808	0	0	4,280
Black/African American Non-Hispanic	78	56	103	103	219	160	882	398	1	0	2,000
Hispanic	18	17	35	26	35	36	66	36	0	0	269
Multi-Race Non-Hispanic	13	17	14	18	43	40	48	35	0	0	228
Asian	0	1	1	0	1	1	4	9	0	0	17
American Indian/Alaska Native	0	0	2	0	2	0	3	4	0	0	11
Native Hawaiian/Pacific Islander	0	0	0	0	3	0	2	2	0	0	7
Unable to Determine	23	22	20	22	28	33	66	51	0	0	265
Total	397	346	491	455	956	853	2,235	1,343	1	0	7,077

TFACTS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

Figure 8: Children in Custody by Race/Ethnicity on June 30, 2010

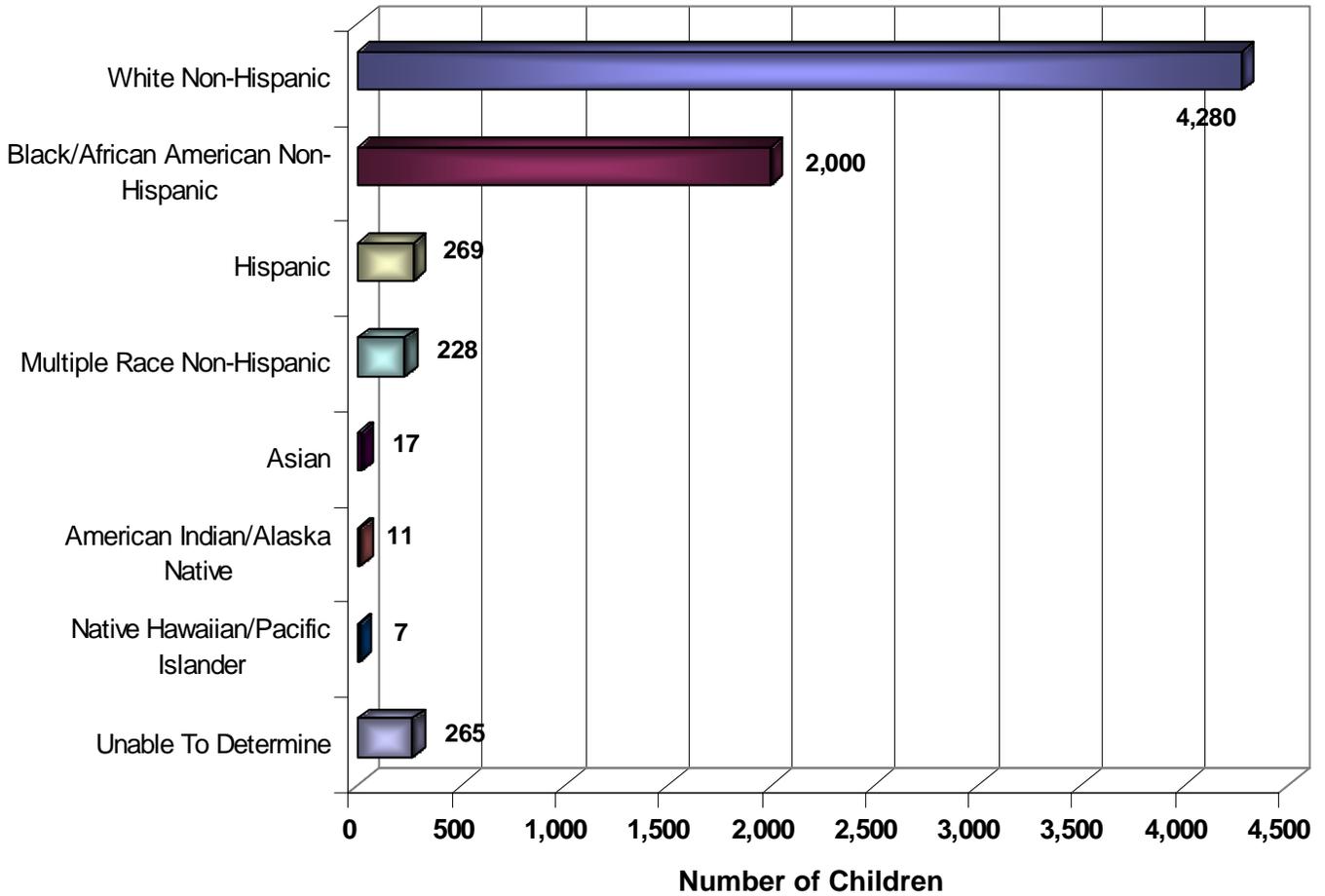


Figure 9: Children in Custody Statewide by Gender and Adjudication on June 30, 2010

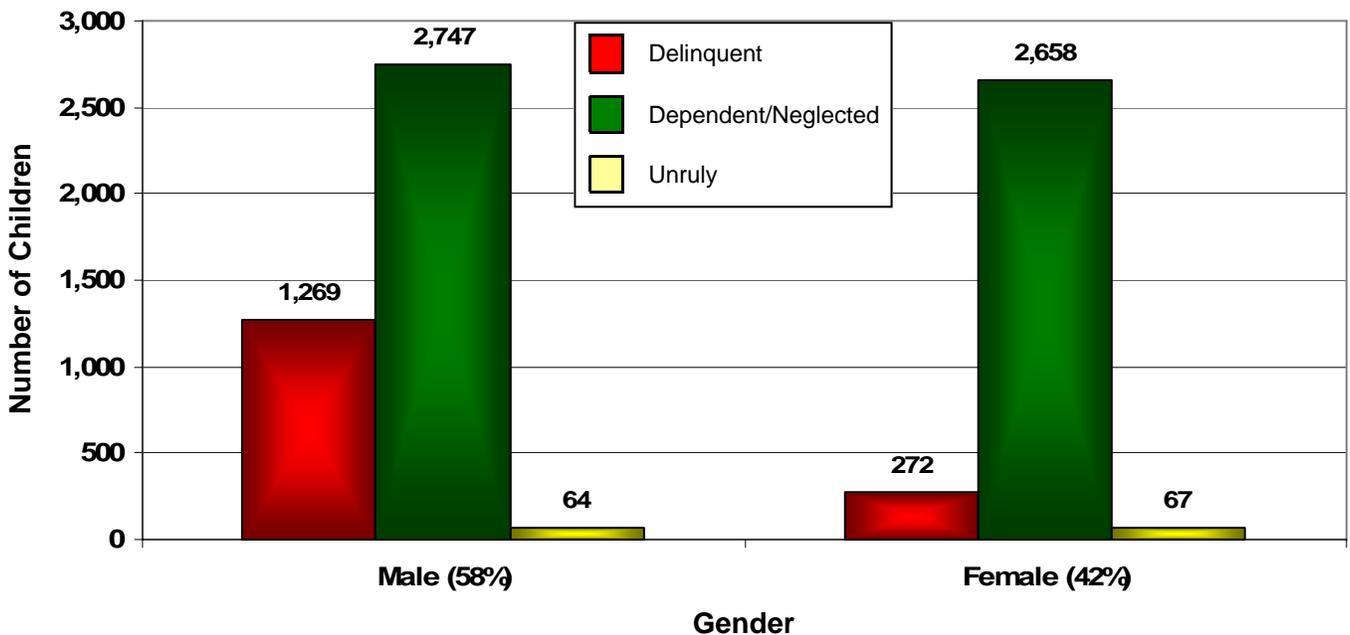


Figure 10: Children in Custody on the Last Day of Each Fiscal Year – Fiscal Years 2000 - 2010

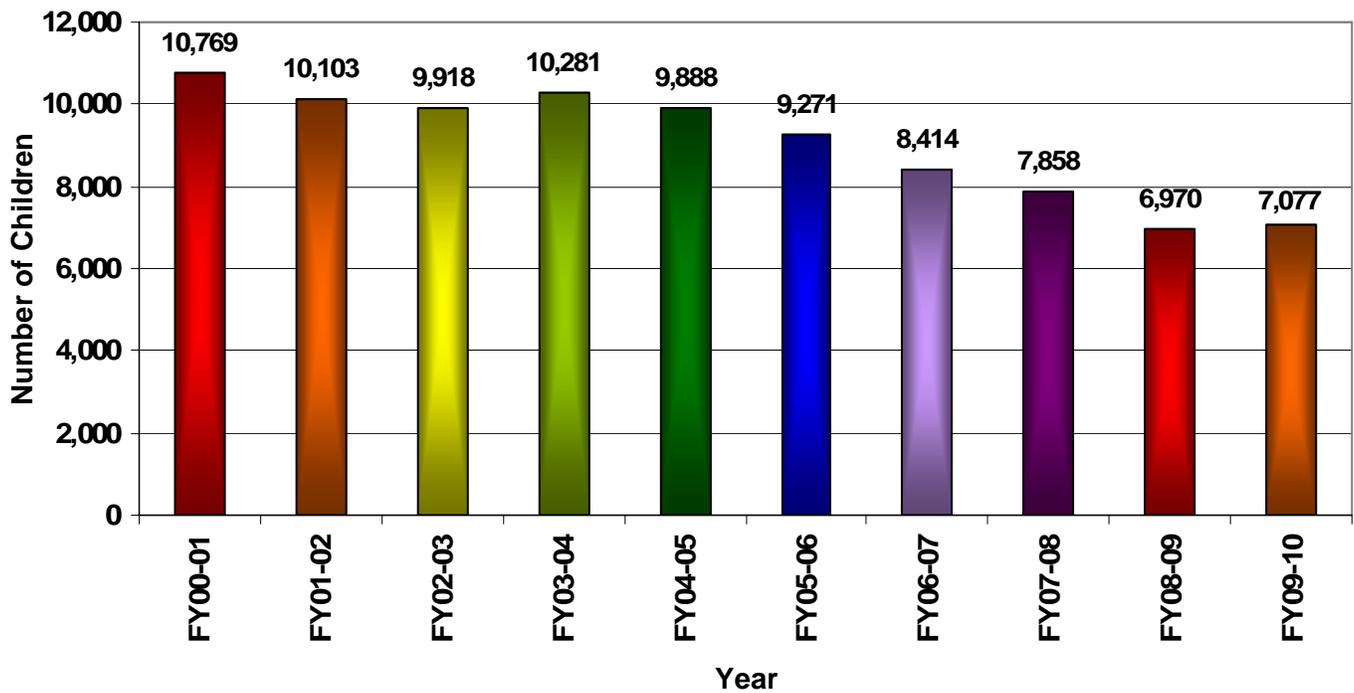


Figure 11: Length of Stay in Care by Adjudication Fiscal Year 2010

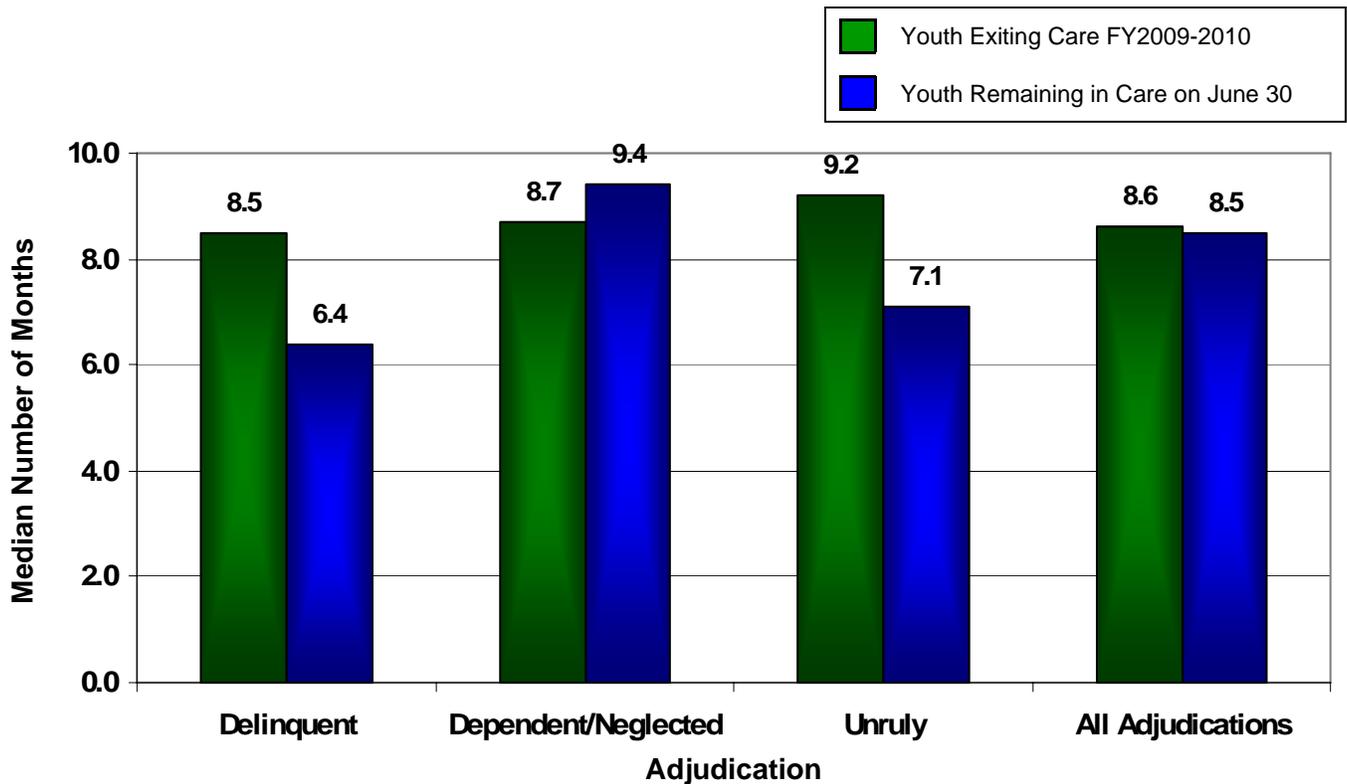


Figure 12: Children Entering and Exiting Custody by Month – Fiscal Year 2010

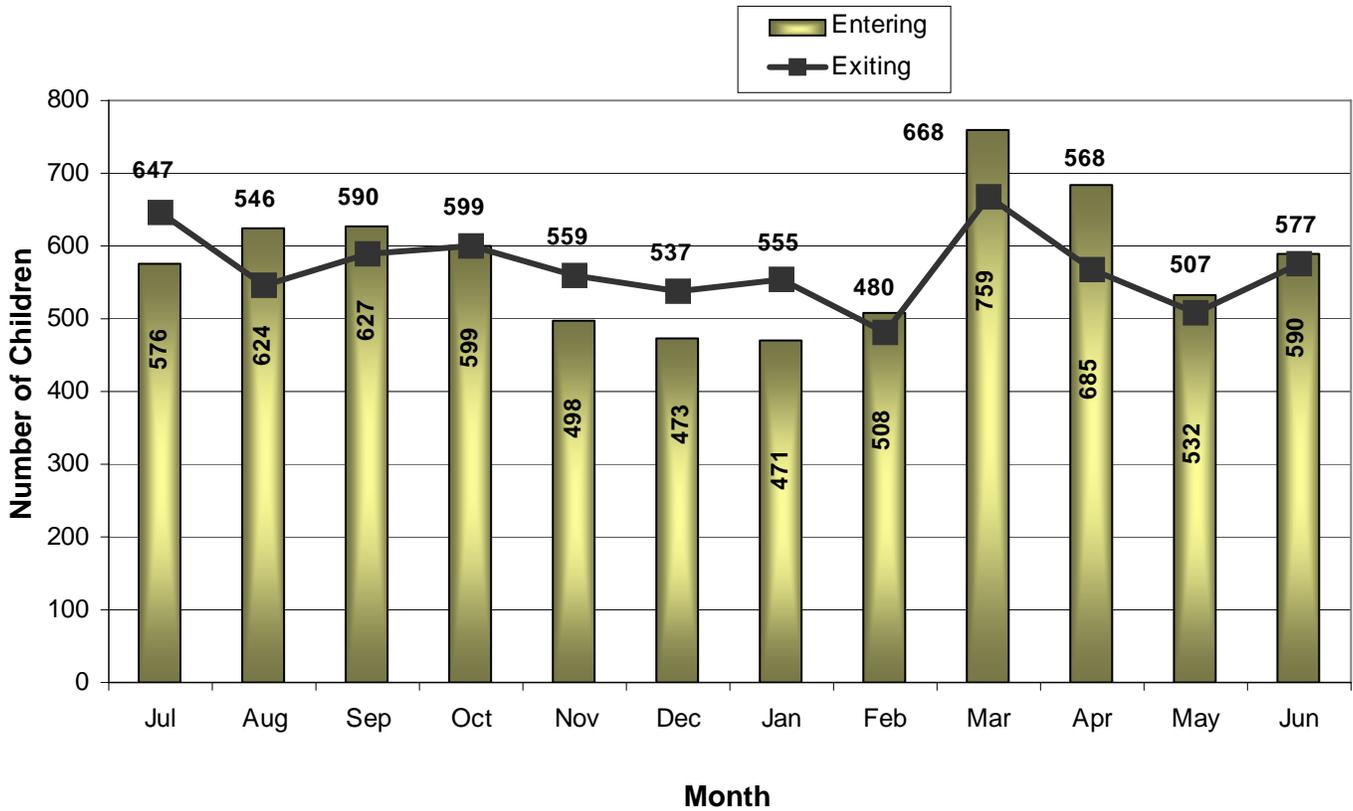


Figure 13: Children Exiting to Finalized Adoption – Fiscal Years 2000– 2010

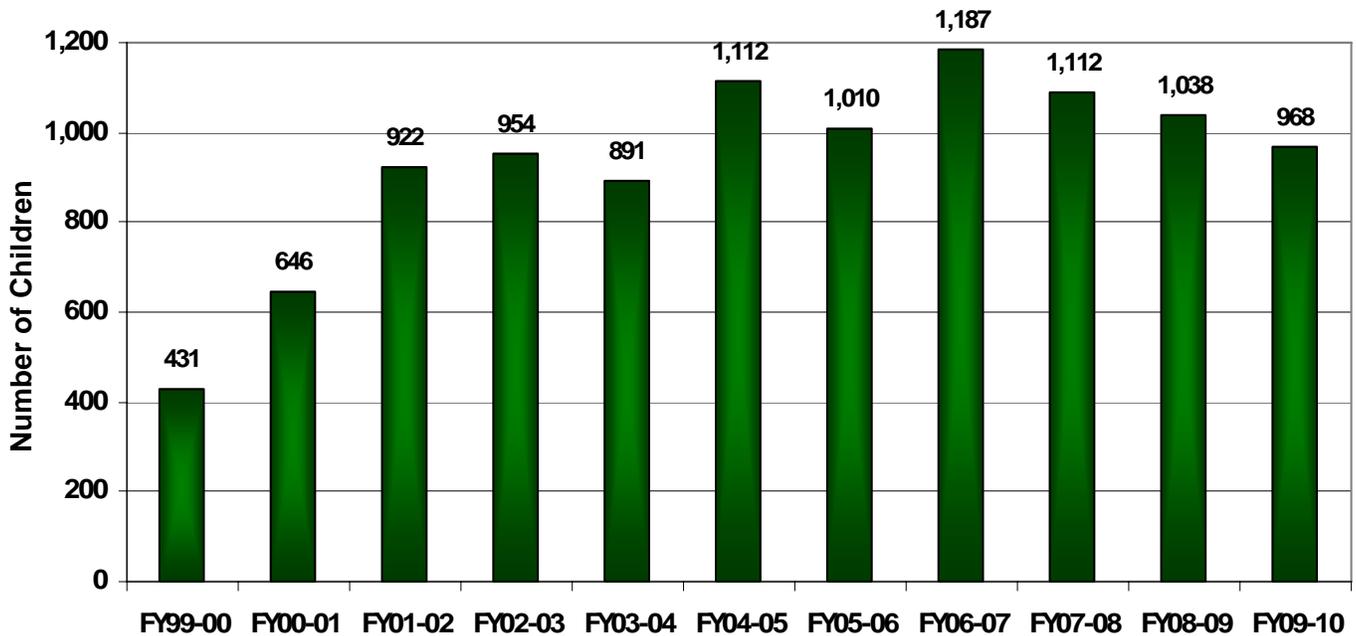


Table 8: Direct Service Staff Vacancies on June 30, 2010

Case Manager (FSW)			
Region	Positions Vacant	Positions Filled	Average Salary*
Davidson	19	232	3,834
East	3	164	3,428
Knox	5	134	3,361
Mid-Cumberland	28	293	3,287
Northeast	9	208	3,417
Northwest	2	108	3,379
Shelby	29	309	3,492
Smoky Mtn	11	182	3,236
South Central	15	166	3,311
Southwest	7	178	3,416
Tennessee Valley	7	261	3,345
Upper Cumberland	9	177	3,361
Central Intake	4	60	2,988
SIU	3	27	2,986
Total	151	2,499	3,346

Attorney		
Region	Positions Vacant	Positions Filled
Statewide	9	74

Paralegal		
Region	Positions Vacant	Positions Filled
Statewide	2	12

Some of these positions are “flex” positions and are filled on an as needed basis. As such, there are not vacancies per se. *These dollar amounts are average yearly salaries.

Figure 14: Children in Custody Statewide by Age and Adjudication on June 30, 2010

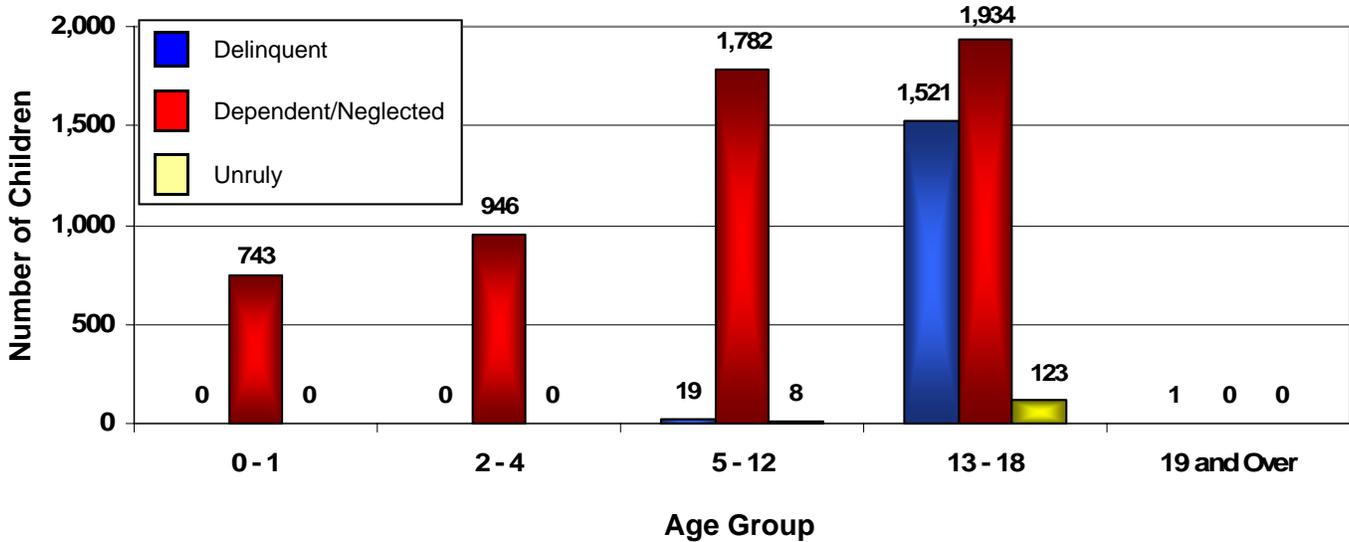


Table 9: Children in Custody Statewide by Placement Type on June 30, 2010

Placement Type/Level	Frequency	%
Contract Foster Care	1,913	27.0%
DCS Foster Care	2,067	29.2%
DCS Group Home	52	0.7%
DCS Overnight Office Placement	30	0.4%
Detention/Jail Placement	51	0.7%
Independent Living Placement	1	0.0%
Inpatient	17	0.2%
Level 2	326	4.6%
Level 3	514	7.3%
Level 4	74	1.0%
Medically Fragile Foster Home	52	0.7%
Preadoptive Home	645	9.1%
Runaway	152	2.1%
Trial Home Visit	616	8.7%
Youth Development Center Placement	419	5.9%
Unassigned/Missing	148	2.1%
Total	7,077	100.0%

Table 10: Discharge Reasons for Children Exiting Custody – Fiscal Year 2009 through 2010

Discharge Reason	Number of Children	Percent
Reunification With Parents or Primary Caretakers	3,701	54.2%
Living With Other Relatives/Kin	1,376	20.1%
Adoption	968	14.2%
Emancipation	570	8.3%
Permanent Guardianship	95	1.4%
Transfer to Another Agency	72	1.1%
Runaway	38	0.6%
Death of Child	8	0.1%
Unassigned/Missing	5	0.1%
Total	6,833	

TFACTS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

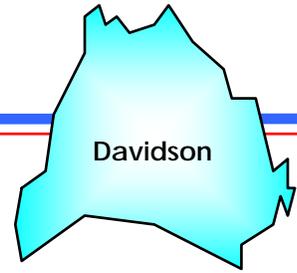
Table 11: Children in Custody by Region and Age on June 30, 2010

Region of Assignment	Age Group					Total
	0 - 1	2 - 4	5 - 12	13 - 18	19	
Davidson	46	54	85	298	1	484
East Tennessee	46	71	143	214	0	474
Knox	101	110	196	211	0	618
Mid Cumberland	83	83	176	475	0	817
Northeast	59	84	151	277	0	571
Northwest	20	28	49	155	0	252
Shelby	85	103	196	541	0	925
Smoky Mountain	84	96	226	315	0	721
South Central	44	72	175	284	0	575
Southwest	27	63	78	170	0	338
Tennessee Valley	79	109	183	413	0	784
Upper Cumberland	69	73	151	223	0	516
Unassigned/Missing				2	0	2
Total	743	946	1,809	3,578	1	7,077
Total Percent	10.50%	13.37%	25.56%	50.56%	0.01%	

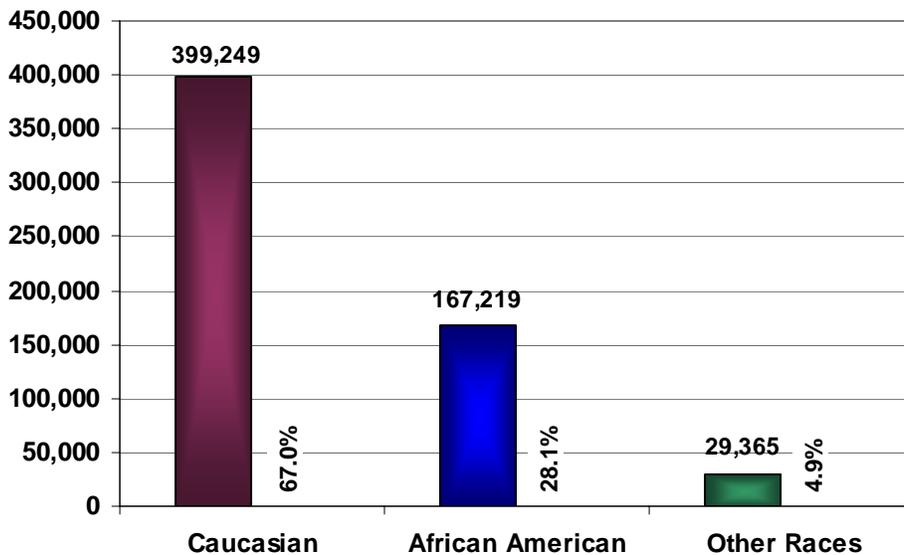
TFACTS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.



Davidson Region



Total Population— 595,833*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2010 US Census.)

Table 12: Placement Type for Children In Care In the Davidson Region as of June 30, 2010

Placement Type/Level**	Frequency	%
Contract Foster Care	117	24.2%
DCS Foster Care	106	21.9%
DCS Group Home	8	1.7%
Detention/Jail Placement	10	2.1%
Independent Living Placement	1	0.2%
Inpatient	1	0.2%
Level 2	34	7.0%
Level 3	65	13.4%
Level 4	6	1.2%
Medically Fragile Foster Home	2	0.4%
Pre Adoptive Home	30	6.2%
Runaway	19	3.9%
Trial Home Visit	40	8.3%
Youth Development Center Placement	37	7.6%
Unassigned/Missing	8	1.7%
Total	484	100.0%

Hispanics and Latinos represent 48,632 (8.2%) of Davidson Region's populace and are included in the total population number above.

Population ages 19 and under as of June 30, 2010 – 153,994

Number of children in care as of June 30, 2010 – 484

The Davidson Region is a single-county region located in Middle Tennessee. It includes the city of Nashville where the regional office is located. The region has 251 FSW positions who assist in the provision of services to the children and families of Davidson County.

Davidson County is the 9th largest region in the state based on the number of 484 children in custody.

(Data Source: TFACTS)

TFACTS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

**See glossary for complete definitions of terms used in this table under "Placement Levels of Care."

Figure 15: Children in Custody in the Davidson Region By Age Group Compared with Statewide Totals as of June 30, 2010

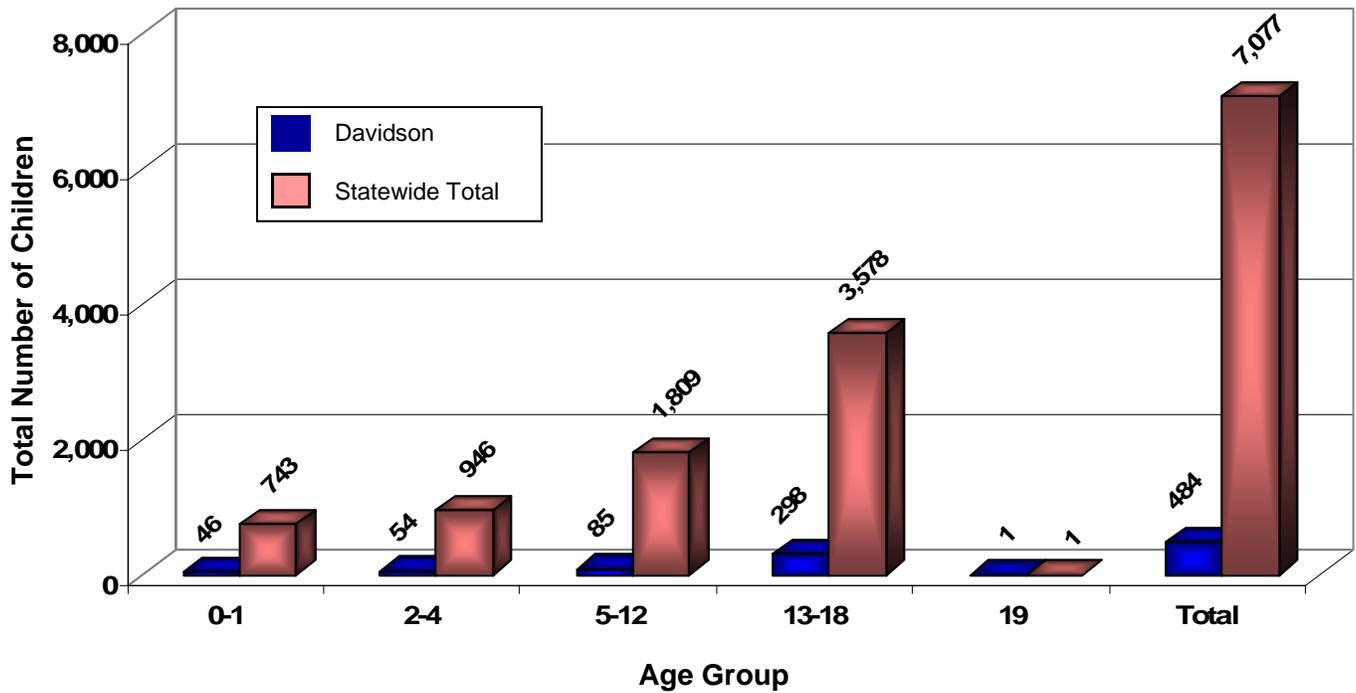


Figure 16: Children in Custody in the Davidson Region By Gender as of June 30, 2010

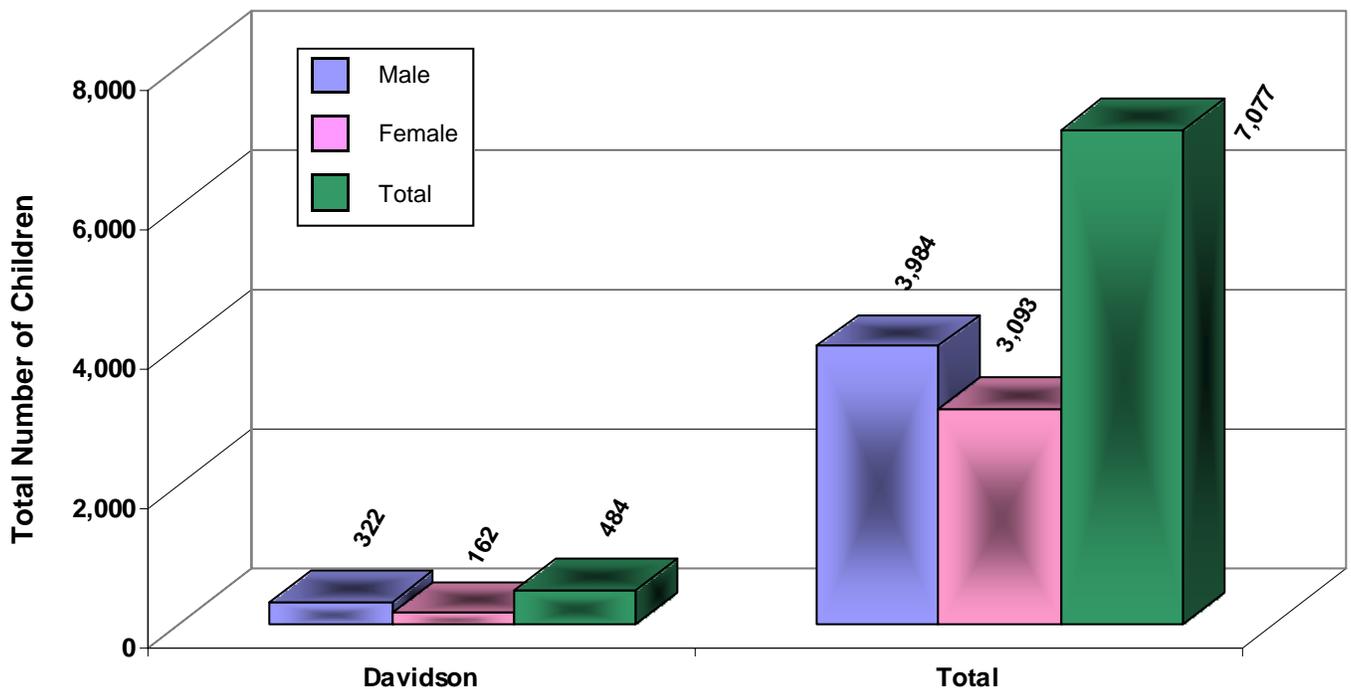


Figure 17: Children in Custody in the Davidson Region By Race/Ethnicity as of June 30, 2010

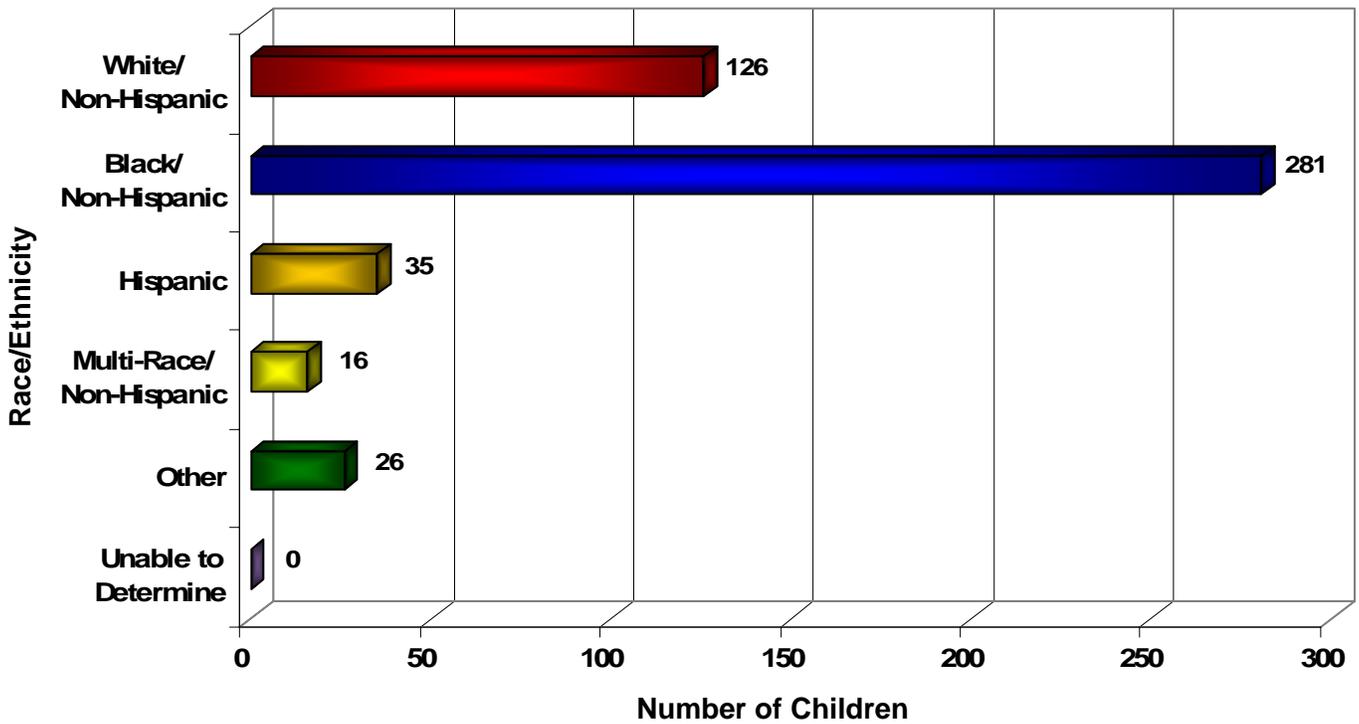
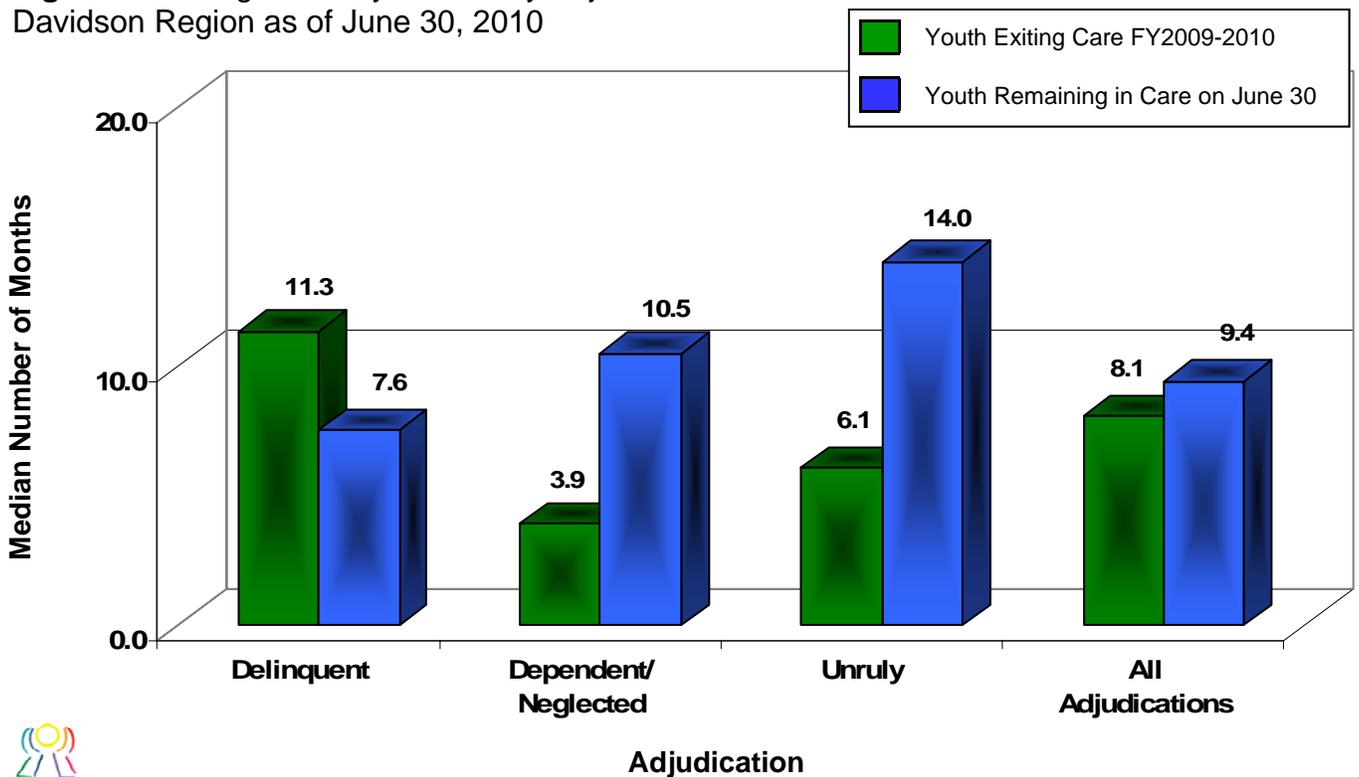
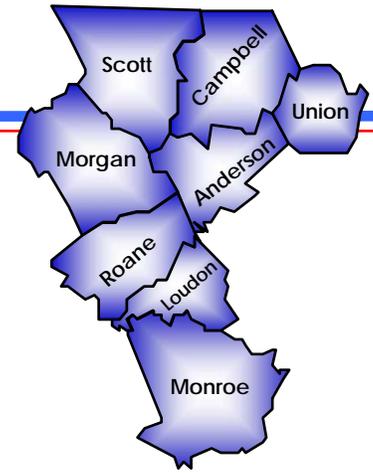


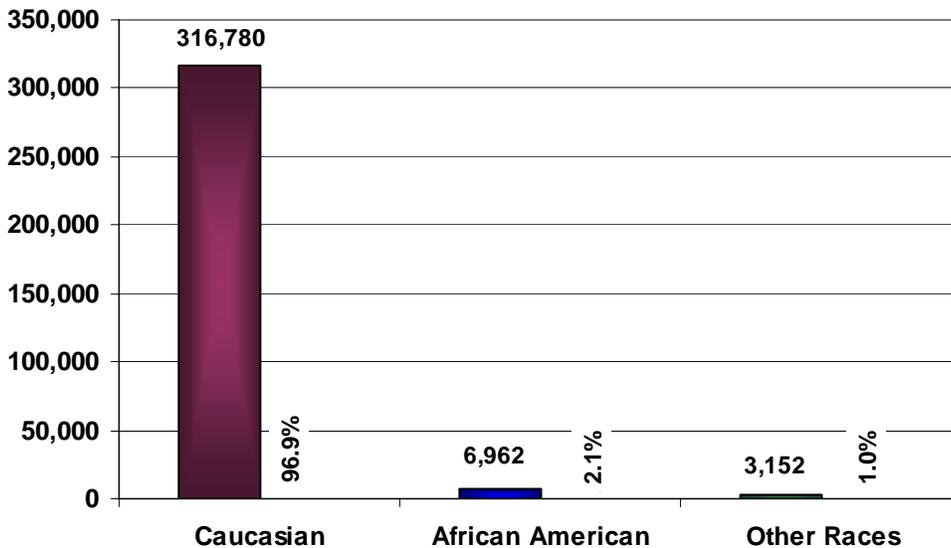
Figure 18: Length of Stay in Care by Adjudication in the Davidson Region as of June 30, 2010



East Region



Total Population—326,894*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2010 US Census.)

Table 13: Placement Type for Children In Care In the East Region as of June 30, 2010

Placement Type/Level**	Frequency	%
Contract Foster Care	90	19.0%
DCS Foster Care	176	37.1%
DCS Group Home	3	0.6%
DCS Overnight Office Placement	1	0.2%
Detention/Jail Placement	1	0.2%
Inpatient	2	0.4%
Level 2	20	4.2%
Level 3	26	5.5%
Level 4	7	1.5%
Medically Fragile Foster Home	2	0.4%
Pre Adoptive Home	53	11.2%
Runaway	8	1.7%
Trial Home Visit	55	11.6%
Youth Development Center Placement	23	4.9%
Unassigned/Missing	7	1.5%
Total	474	100.0%

Hispanics and Latinos represent 5,865 (1.8%) of East Region's populace and are included in the total population number above.

Population ages 19 and under as of June 30, 2010 – 80,372

Number of children in care as of June 30, 2010 – 474

The East Region includes eight counties with the regional office located in Clinton. There are 167 staff positions to support service delivery. The eight counties in the East Region are: Anderson, Campbell, Loudon, Monroe, Morgan, Roane, Scott and Union.

In Fiscal Year 2010, East was the 10th largest region based on 474 children in custody.

(Data Source: TFACTS)

TFACTS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

**See glossary for complete definitions of terms used in this table under "Placement Levels of Care".

Figure 19: Children in Custody in the East Region by Age Group Compared with Statewide Totals as of June 30, 2010

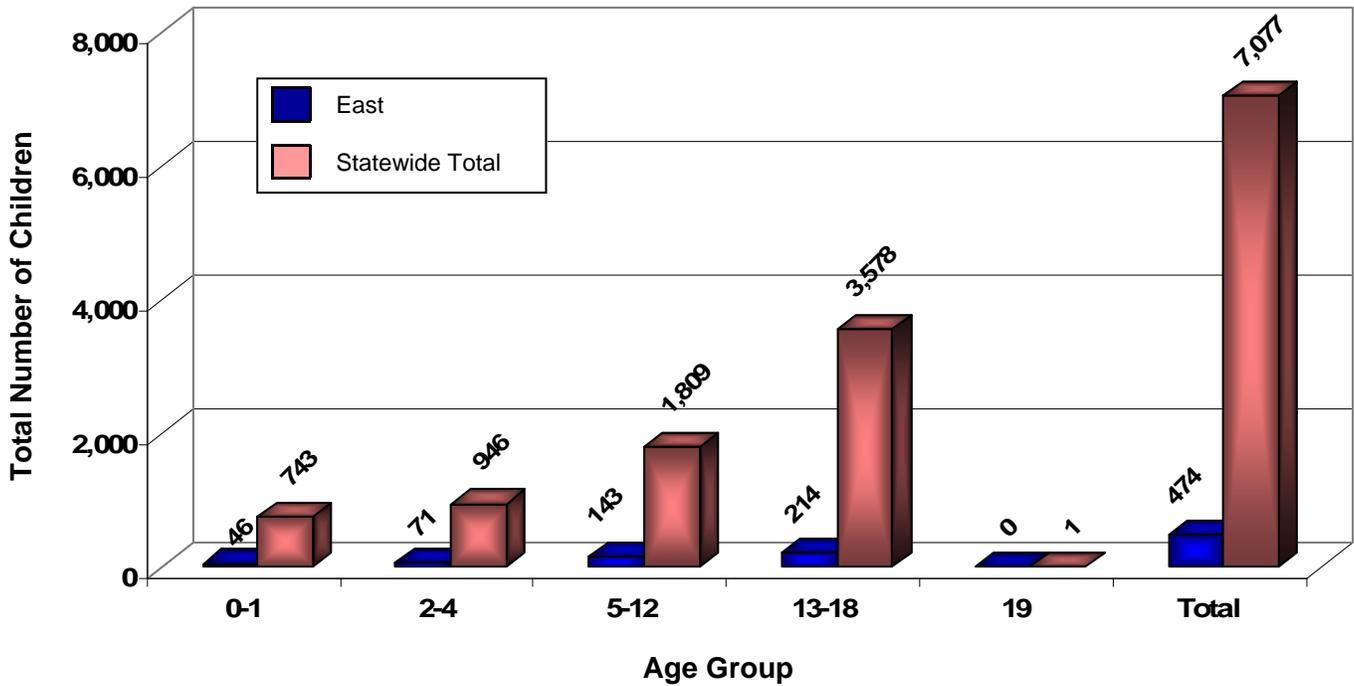


Figure 20: Children in Custody in the East Region by Gender as of June 30, 2010

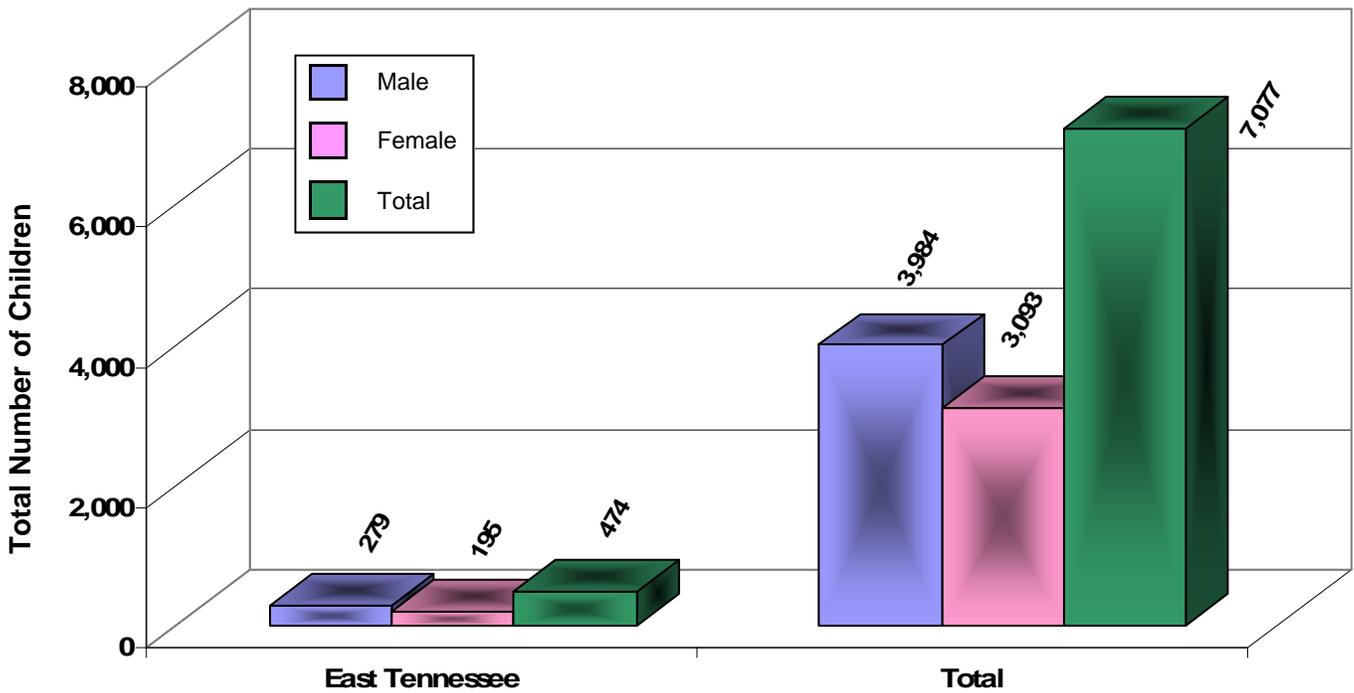


Figure 21: Children in Custody in the East Region by Race/Ethnicity as of June 30, 2010

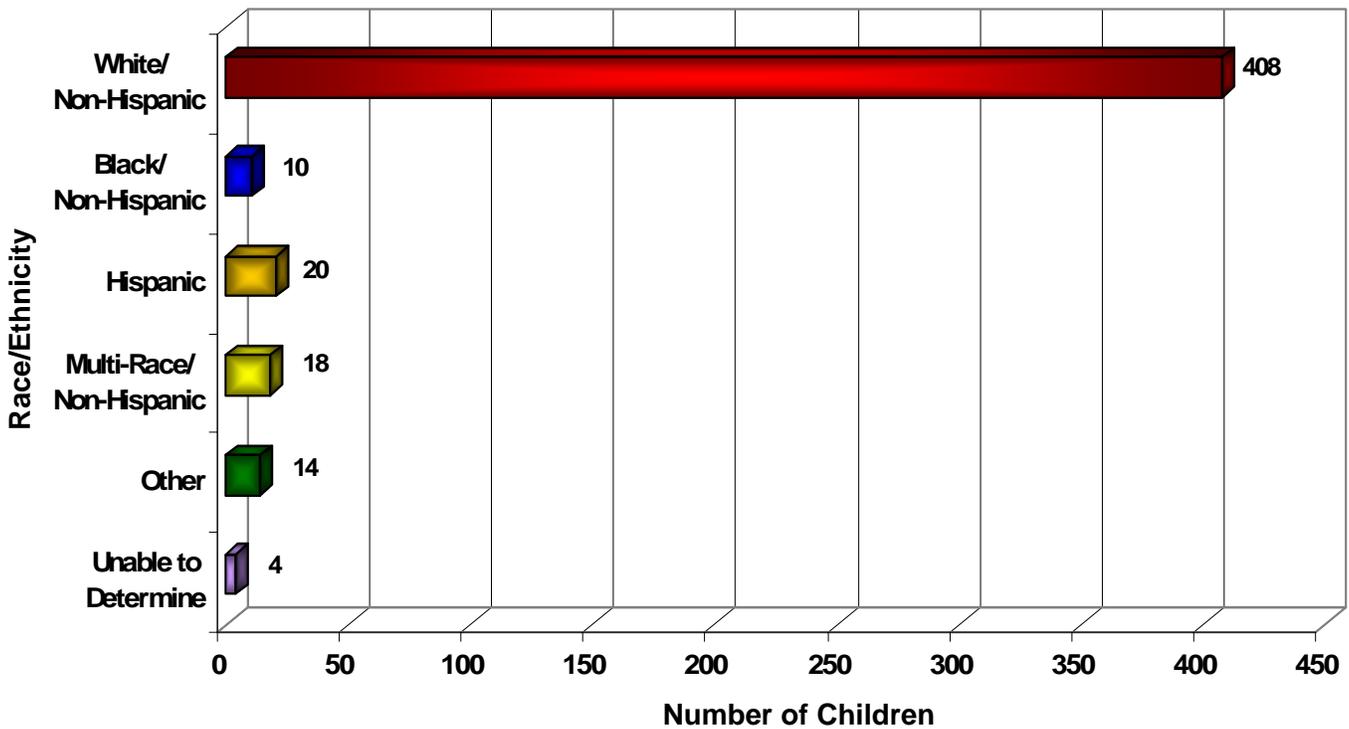
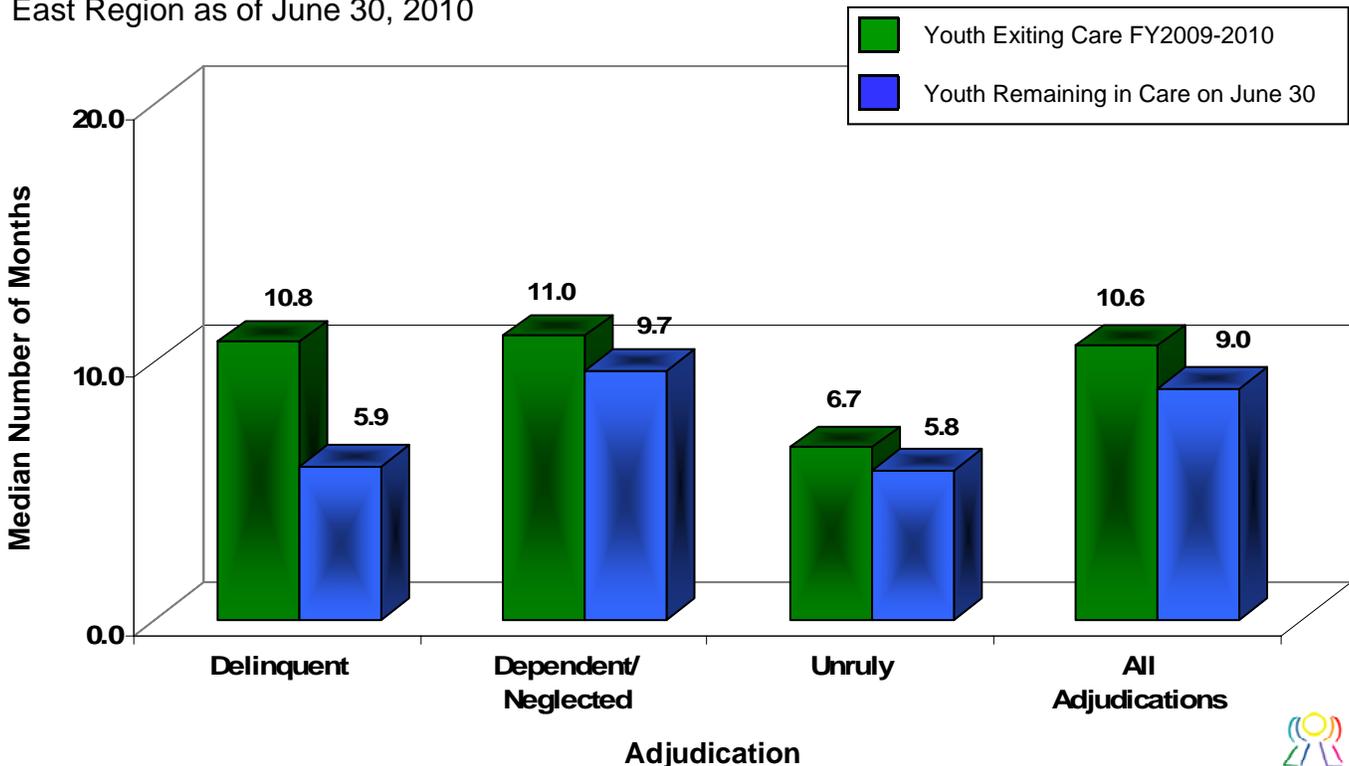
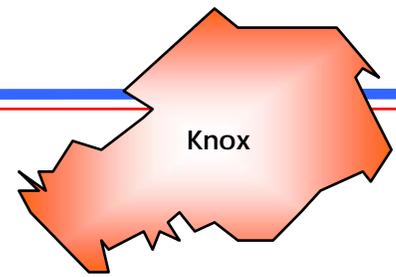


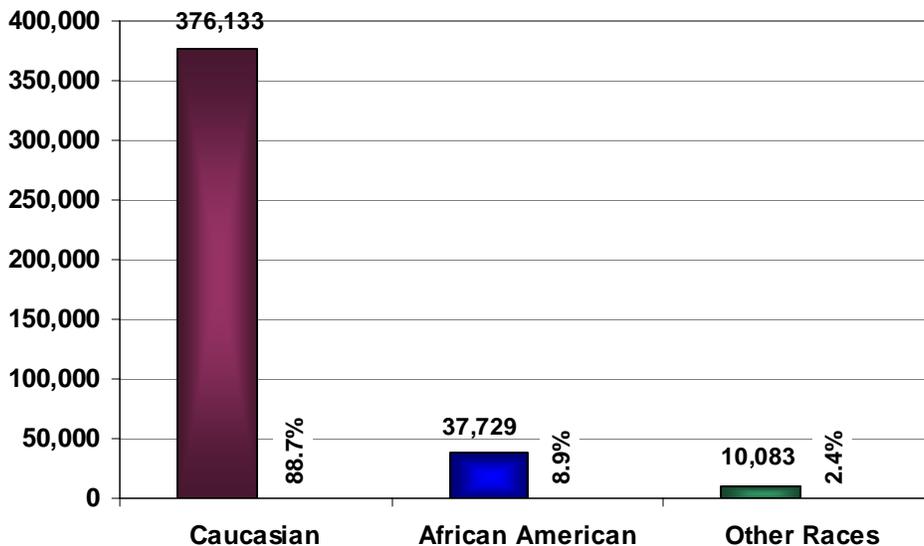
Figure 22: Length of Stay in Care by Adjudication in the East Region as of June 30, 2010



Knox Region



Total Population— 423,945*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2010 US Census.)

Table 14: Placement Type for Children In Care In the Knox Region as of June 30, 2010

Placement Type/Level**	Frequency	%
Contract Foster Care	193	31.2%
DCS Foster Care	169	27.3%
DCS Group Home	3	0.5%
DCS Overnight Office Placement	1	0.2%
Detention/Jail Placement	3	0.5%
Inpatient	1	0.2%
Level 2	23	3.7%
Level 3	37	6.0%
Level 4	4	0.6%
Medically Fragile Foster Home	9	1.5%
Pre Adoptive Home	83	13.4%
Runaway	13	2.1%
Trial Home Visit	60	9.7%
Youth Development Center Placement	16	2.6%
Unassigned/Missing	3	0.5%
Total	618	100.0%

Hispanics and Latinos represent 7,782 (1.8%) of Knox Region’s population and are included in the total population number above.

Population ages 19 and under as of June 30, 2010 – 106,343

Number of children in care as of June 30, 2010 – 618

Knox Region, which includes the city of Knoxville, is the sixth largest metropolitan area in Tennessee. It is located in the Tennessee Valley of East Tennessee between the Cumberland Mountains and the Great Smoky Mountains National Park. The county is a mixture of suburban and rural areas. The regional office is located in Knoxville. There are 139 staff positions located throughout the region.

Based on the number of children in care, Knox is the 5th largest region in the state with 618 children in custody.

(Data Source: TFACTS)

TFACTS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

**See glossary for complete definitions of terms used in this table under "Placement Levels of Care".

Figure 23: Children in Custody in the Knox Region by Age Group Compared with Statewide Totals as of June 30, 2010

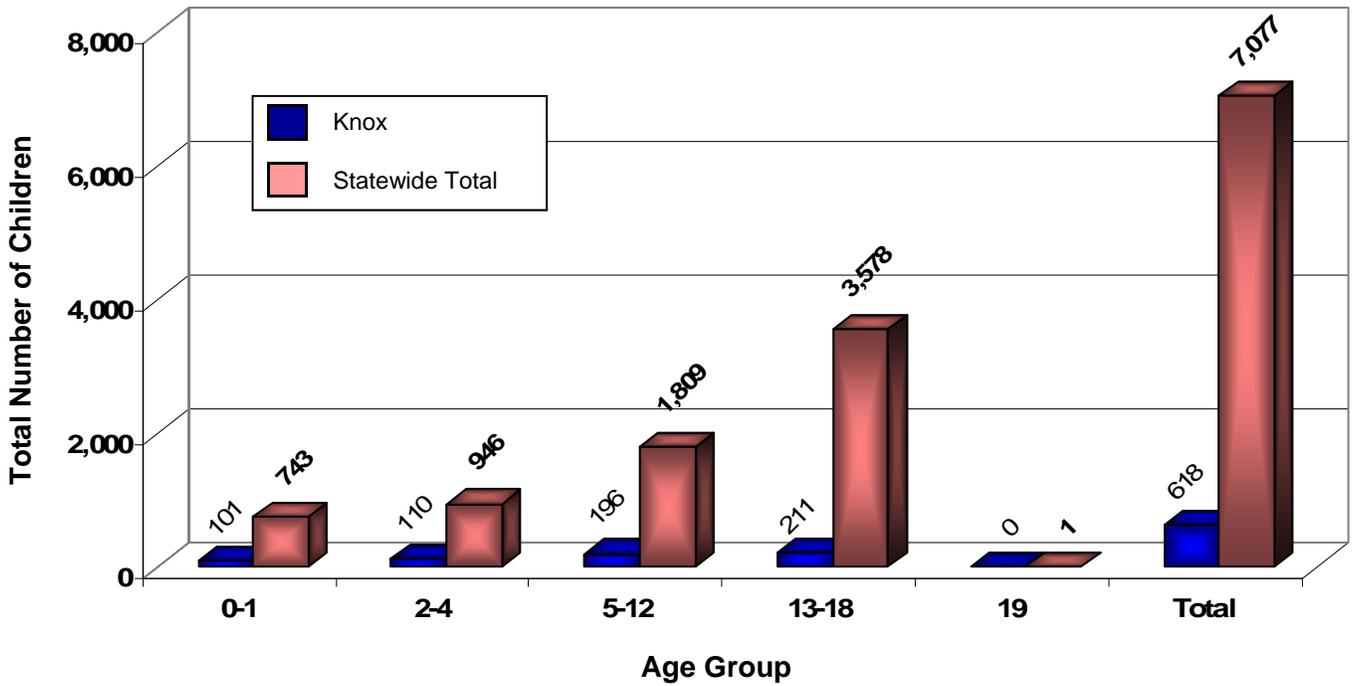


Figure 24: Children in Custody in the Knox Region by Gender as of June 30, 2010

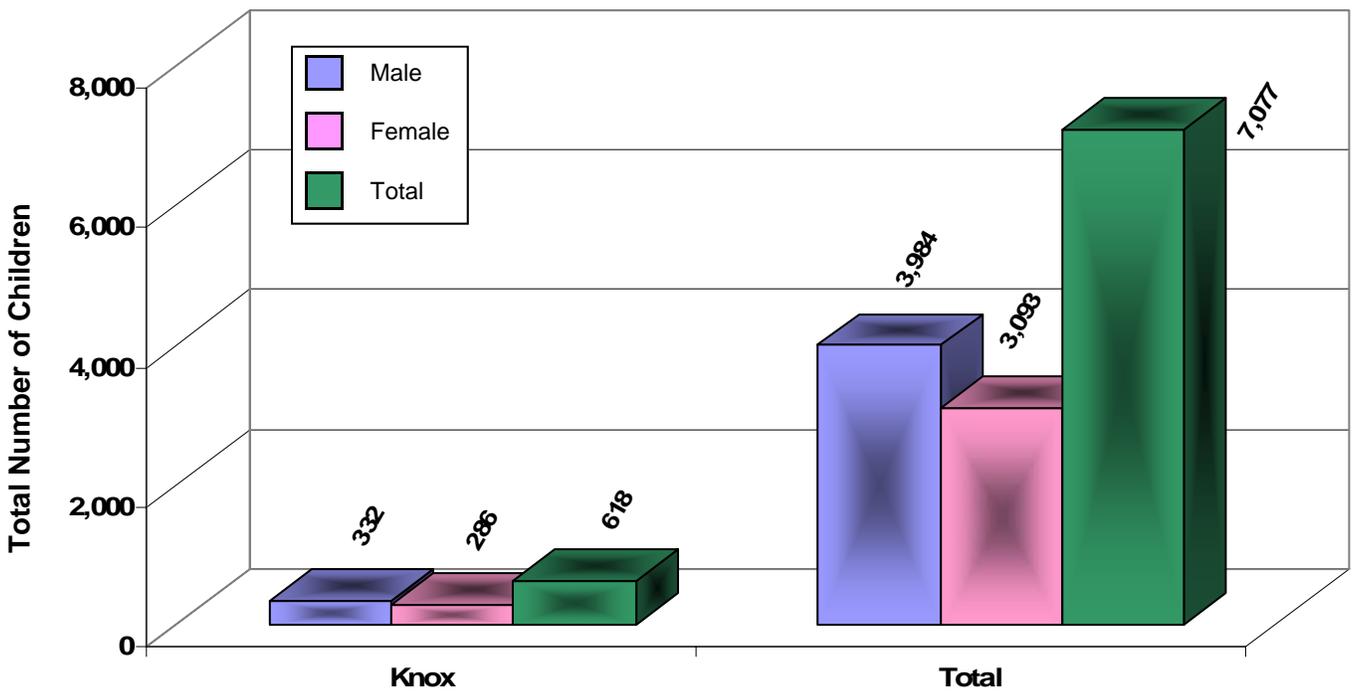


Figure 25: Children in Custody in the Knox Region By Race/Ethnicity as of June 30, 2010

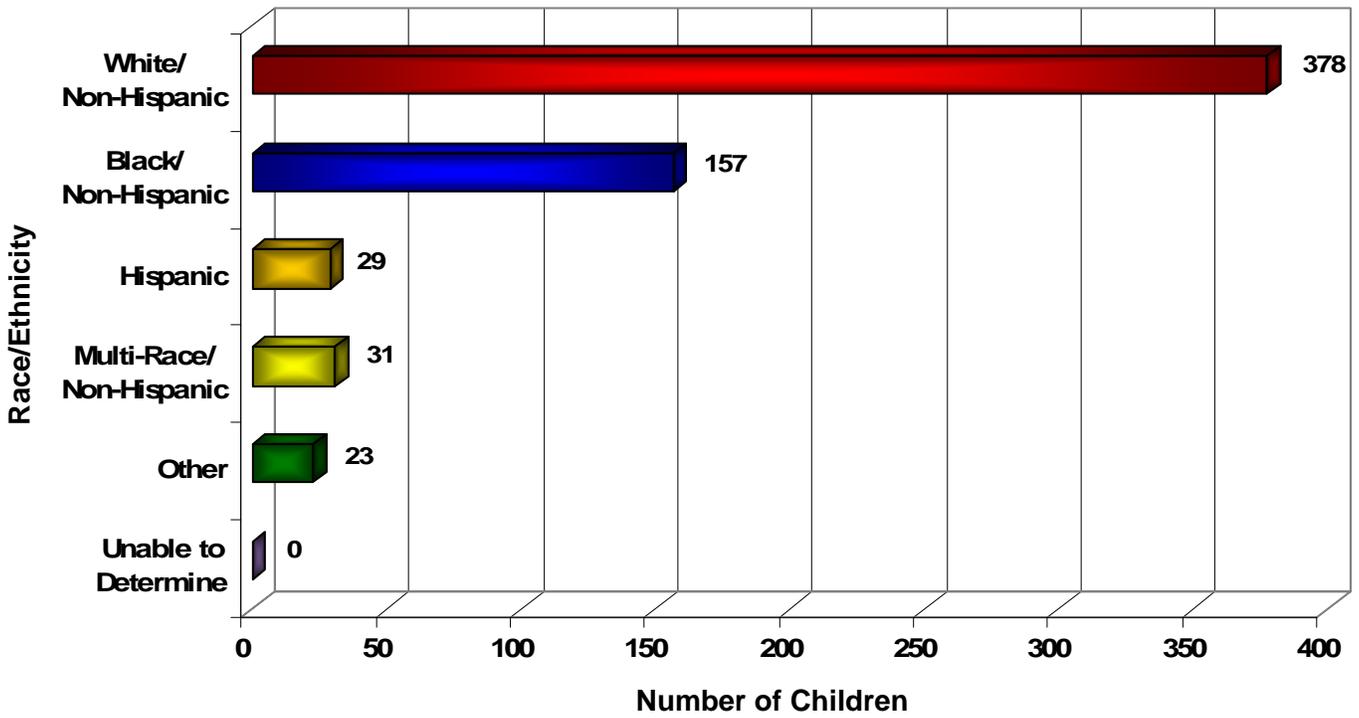
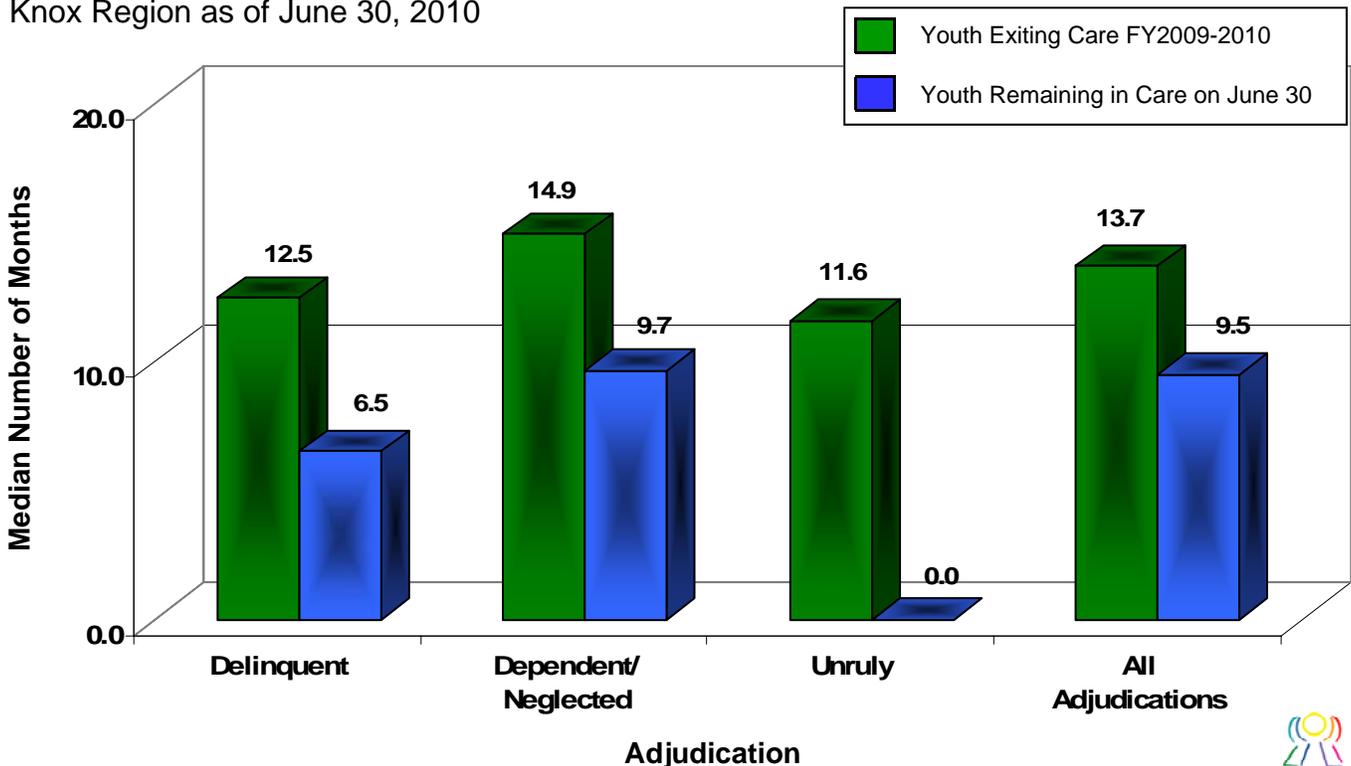
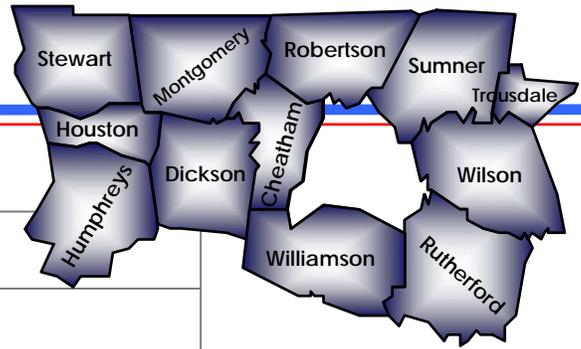


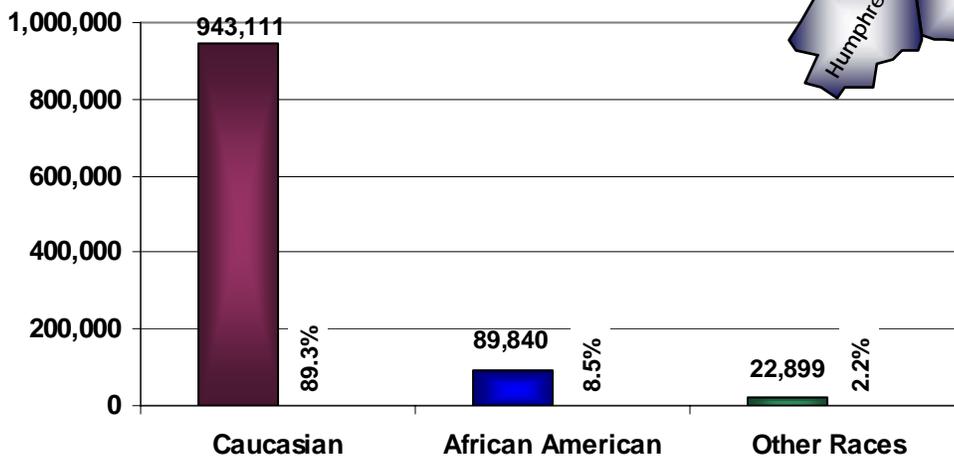
Figure 26: Length of Stay in Care by Adjudication in the Knox Region as of June 30, 2010



Mid-Cumberland Region



Total Population— 1,055,850*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2010 US Census.)

Table 15: Placement Type for Children In Care In the Mid-Cumberland Region as of June 30, 2010

Placement Type/Level**	Frequency	%
Contract Foster Care	242	29.6%
DCS Foster Care	226	27.7%
DCS Group Home	3	0.4%
DCS Overnight Office Placement	2	0.2%
Detention/Jail Placement	6	0.7%
Inpatient	2	0.2%
Level 2	31	3.8%
Level 3	52	6.4%
Level 4	5	0.6%
Medically Fragile Foster Home	3	0.4%
Pre Adoptive Home	71	8.7%
Runaway	19	2.3%
Trial Home Visit	90	11.0%
Youth Development Center Placement	40	4.9%
Unassigned/Missing	25	3.1%
Total	817	100.0%

Hispanics and Latinos represent 39,379 (3.7%) of Mid-Cumberland Region's populace and are included in the total population number above.

Population ages 19 and under as of June 30, 2010 – 294,629

Number of children in care as of June 30, 2010 – 817

The Mid-Cumberland Region makes up the largest geographic area in the state. It consists of the urban and rural counties surrounding Metro Nashville. The 12 counties are: Cheatham, Dickson, Houston, Humphreys, Montgomery, Robertson, Rutherford, Stewart, Sumner, Trousdale, Williamson and Wilson. The regional office is located in Murfreesboro. The U.S. military installation, Ft. Campbell, spans Montgomery and Stewart counties in Tennessee and Kentucky. Child Protective Services, Social Services and Juvenile Justice staff all deal with military families in this area. Their caseloads are unique because of military protocol. The region has 321 staff positions.

Based on the number of children in custody, Mid-Cumberland is the 2nd largest of the twelve regions with 817 children.

(Data Source: TFACTS)

TFACTS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

**See glossary for complete definitions of terms used in this table under "Placement Levels of Care".

Figure 27: Children in Custody in the Mid-Cumberland Region by Age Group Compared with Statewide Totals as of June 30, 2010

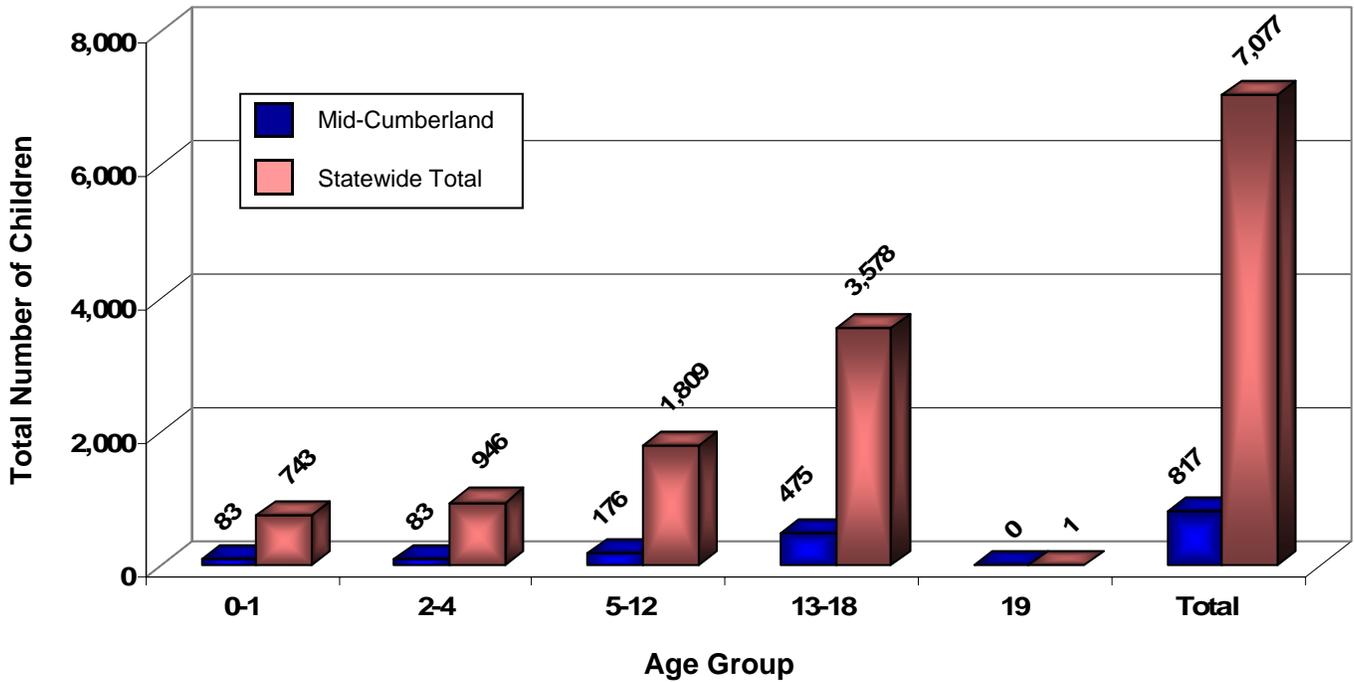


Figure 28: Children in Custody in the Mid-Cumberland Region by Gender as of June 30, 2010

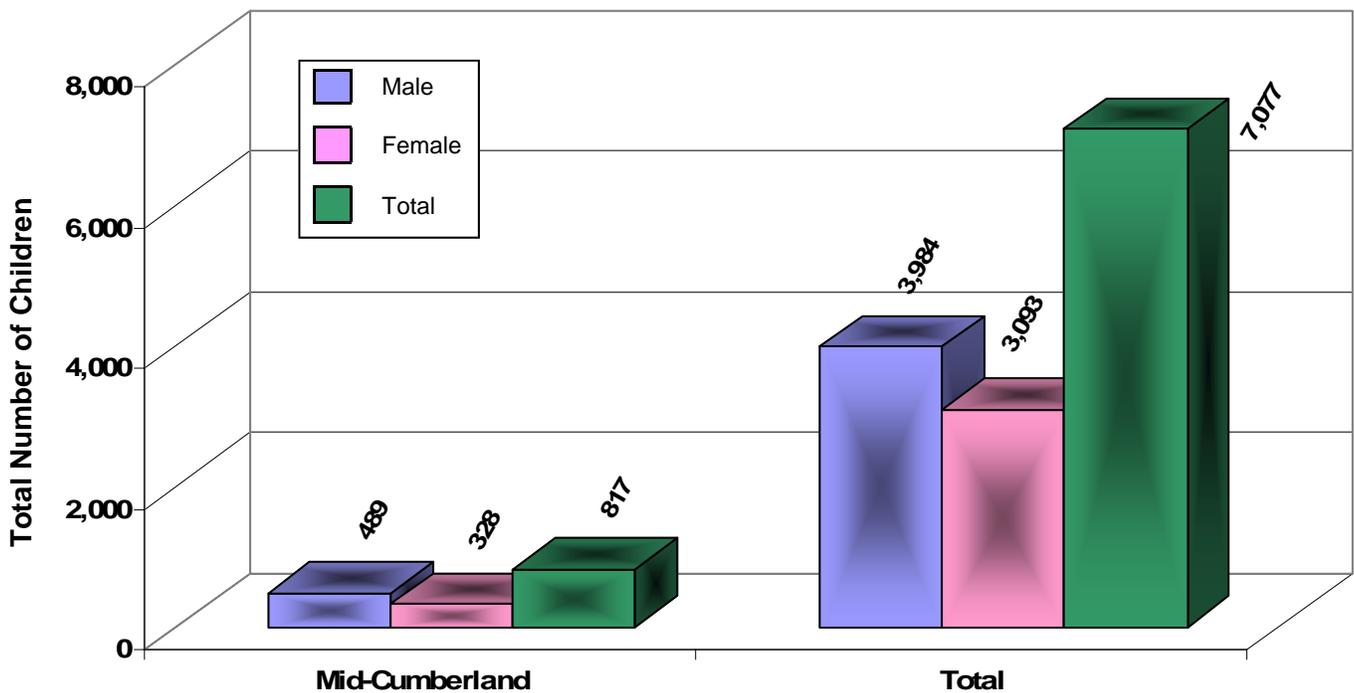


Figure 29: Children in Custody in the Mid-Cumberland Region by Race/Ethnicity as of June 30, 2010

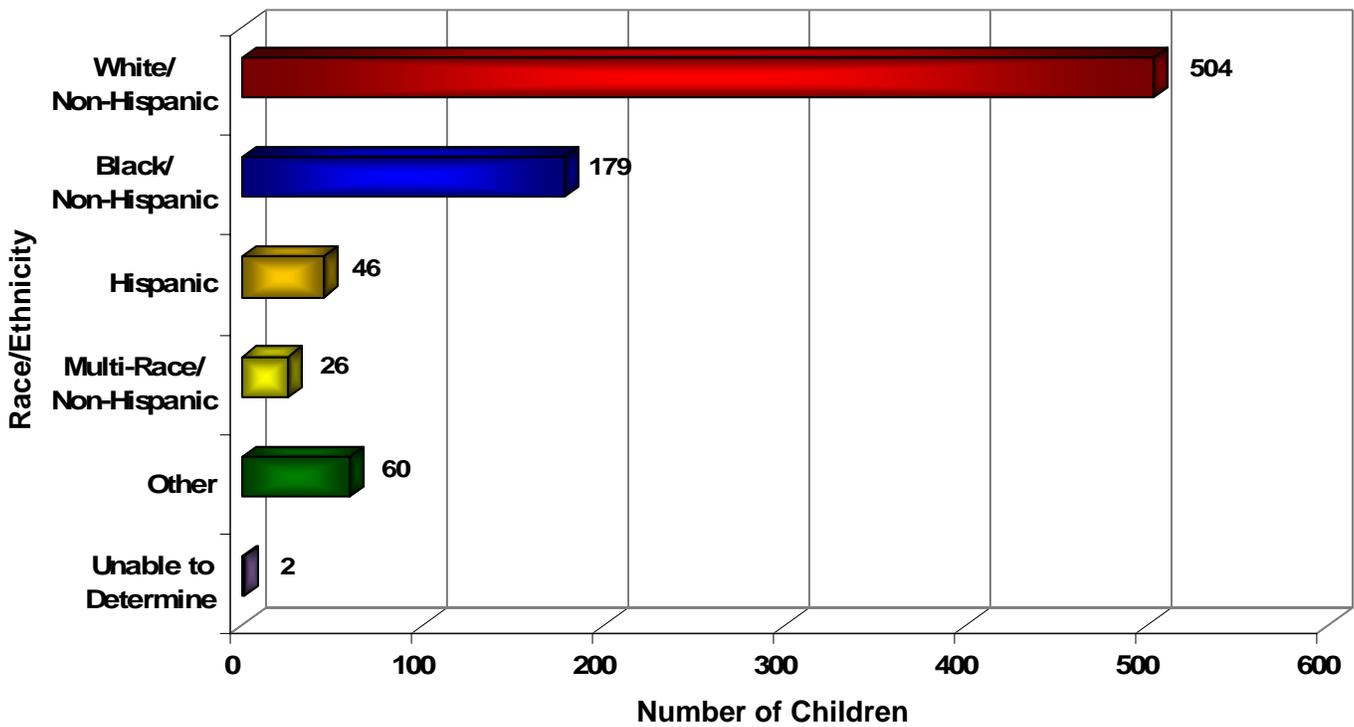
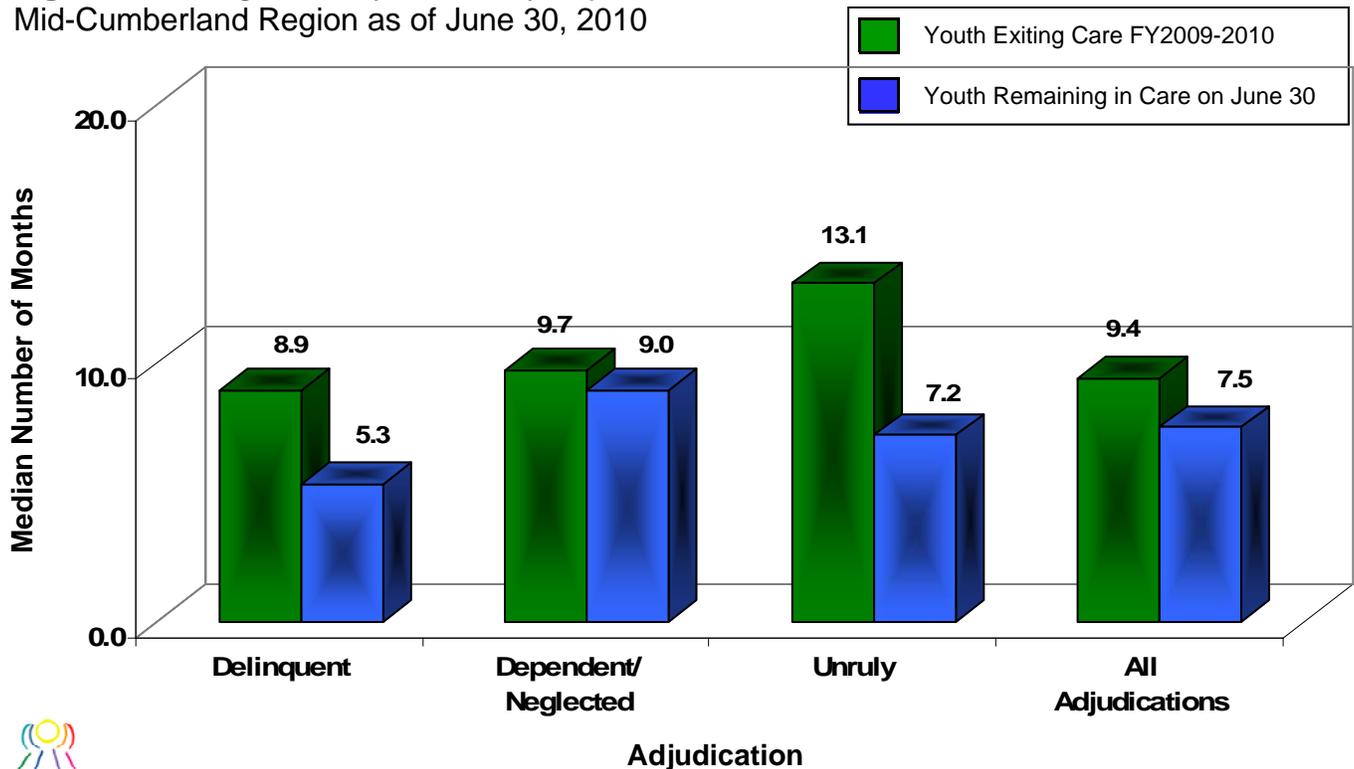


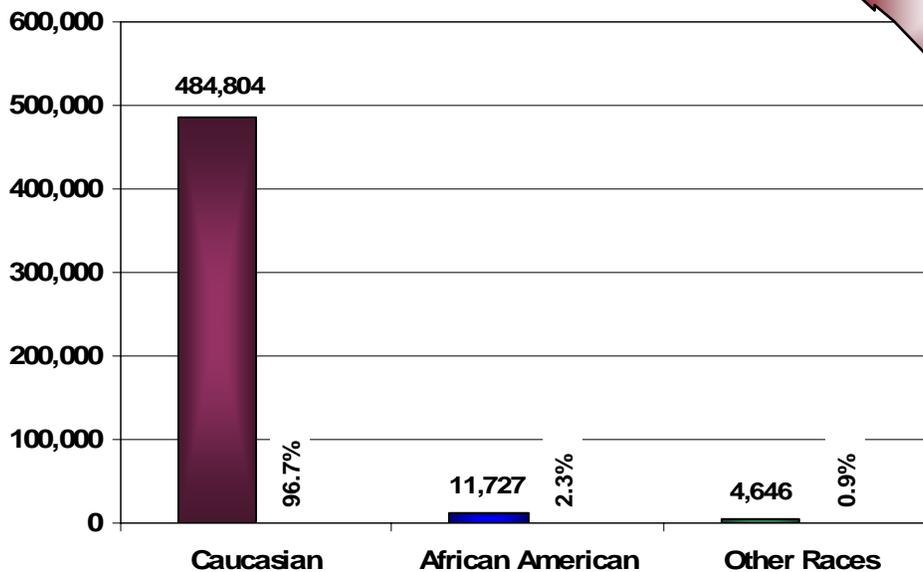
Figure 30: Length of Stay in Care by Adjudication in the Mid-Cumberland Region as of June 30, 2010



Northeast Region



Total Population— 501,177*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2010 US Census.)

Table 16: Placement Type for Children In Care In the Northeast Region as of June 30, 2010

Placement Type/Level**	Frequency	%
Contract Foster Care	188	32.9%
DCS Foster Care	151	26.4%
DCS Group Home	3	0.5%
DCS Overnight Office Placement	5	0.9%
Detention/Jail Placement	5	0.9%
Inpatient	3	0.5%
Level 2	22	3.9%
Level 3	39	6.8%
Level 4	2	0.4%
Medically Fragile Foster Home	3	0.5%
Pre Adoptive Home	50	8.8%
Runaway	11	1.9%
Trial Home Visit	48	8.4%
Youth Development Center Placement	32	5.6%
Unassigned/Missing	9	1.6%
Total	571	100.0%

Hispanics and Latinos represent 7,732 (1.5%) of Northeast Region's populace and are included in the total population number above.

Population ages 19 and under as of June 30, 2010 – 117,003

Number of children in care as of June 30, 2010 – 571

The Northeast Region is located in the extreme northeastern part of the state with the regional office in Johnson City. The region comprises eight counties and has 217 staff positions providing services. The eight counties are: Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi and Washington.

Based on the number of children in custody, the Northeast Region is the 7th largest with 571 children in custody.

(Data Source: TFACTS)

TFACTS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

**See glossary for complete definitions of terms used in this table under "Placement Levels of Care".

Figure 31: Children in Custody in the Northeast Region by Age Group Compared with Statewide Totals as of June 30, 2010

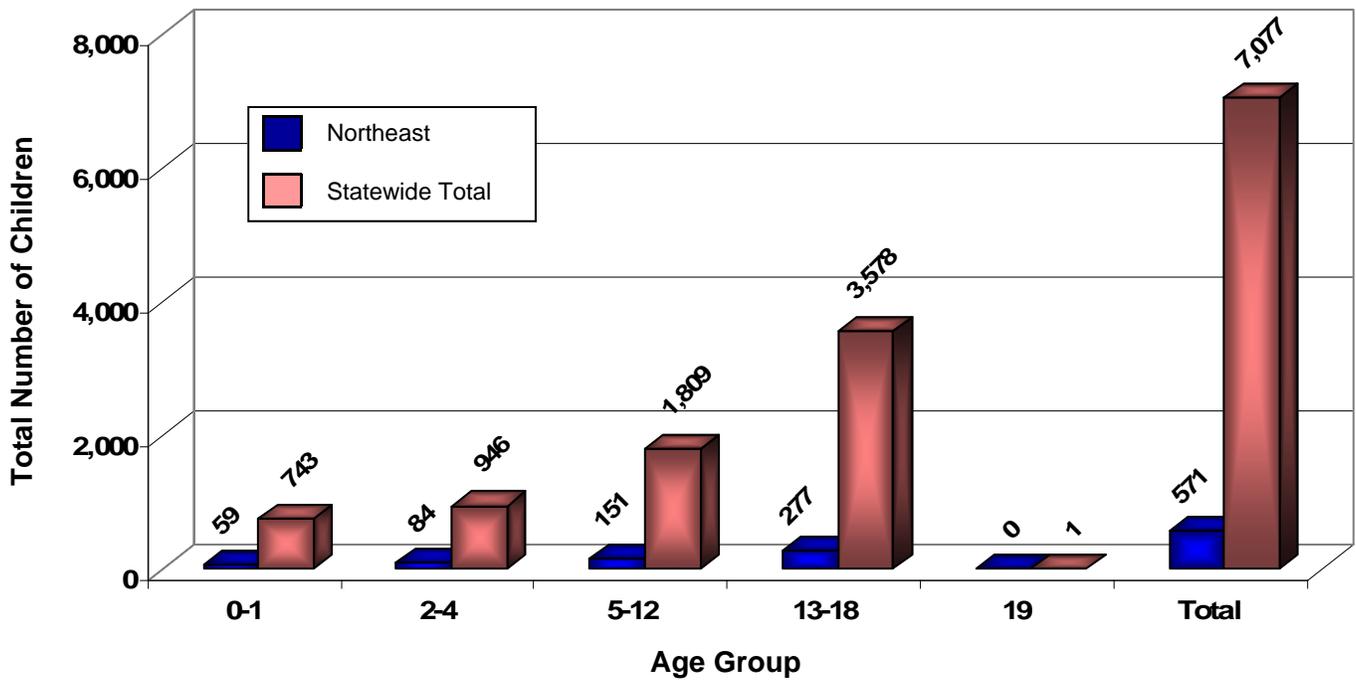


Figure 32: Children in Custody in the Northeast Region by Gender as of June 30, 2010

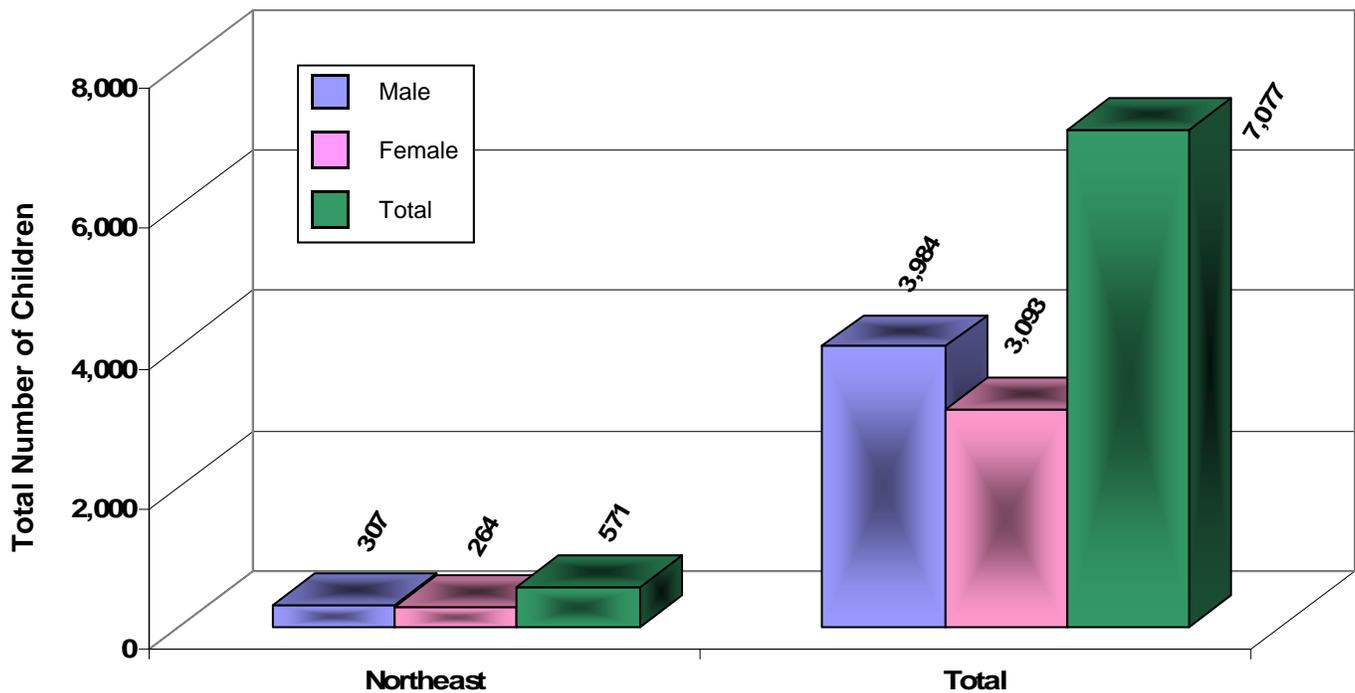


Figure 33: Children in Custody in the Northeast Region by Race/Ethnicity as of June 30, 2010

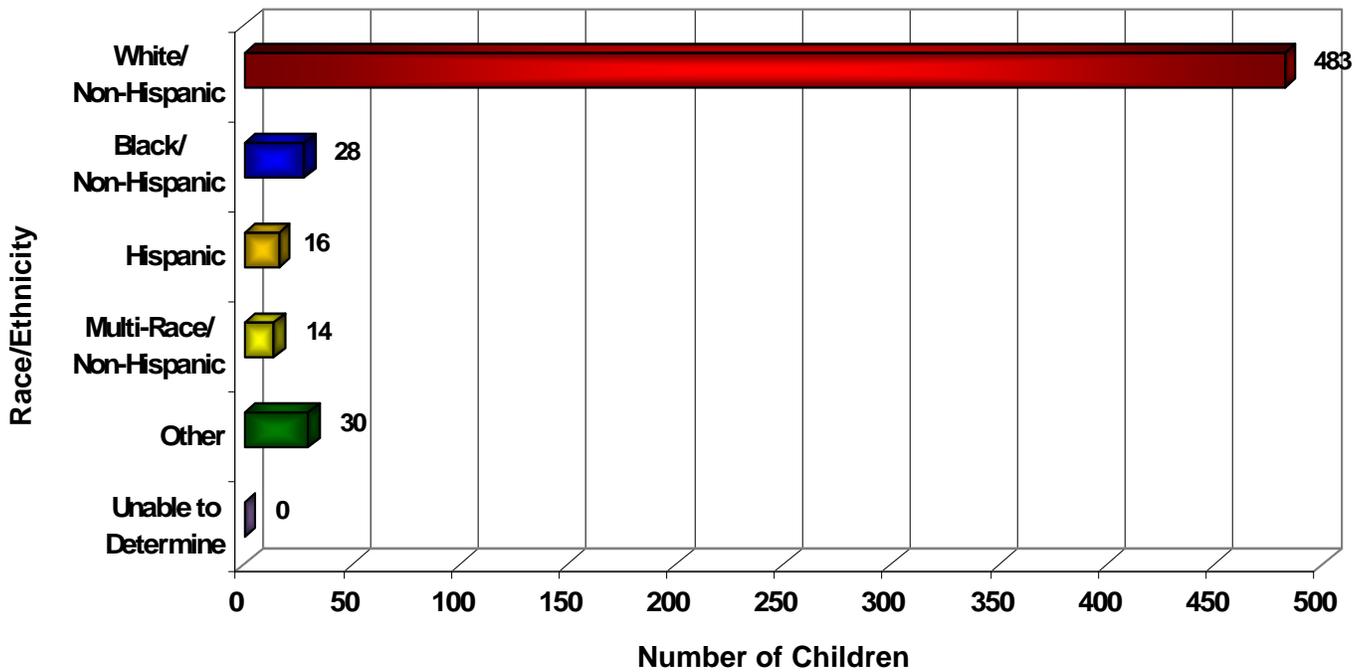
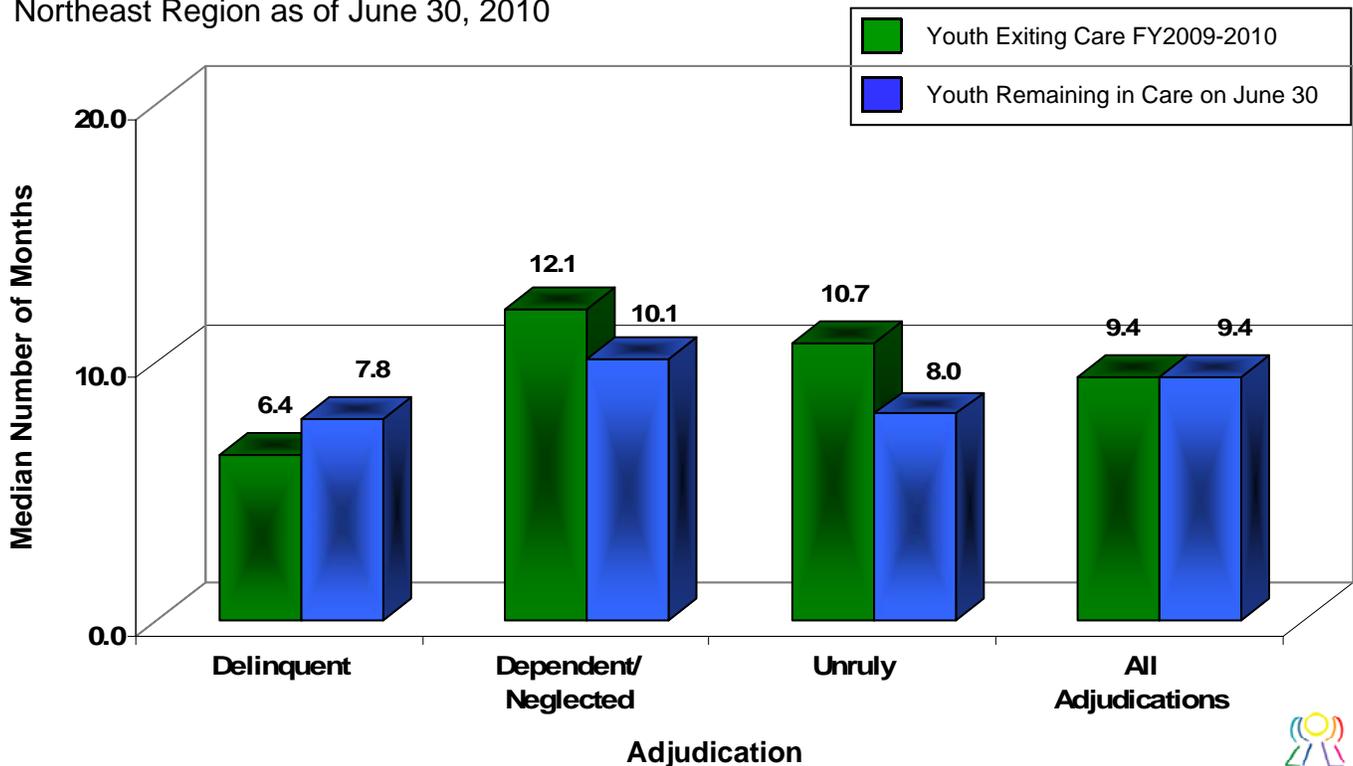
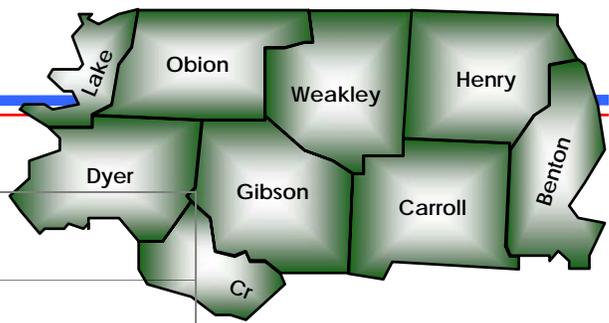
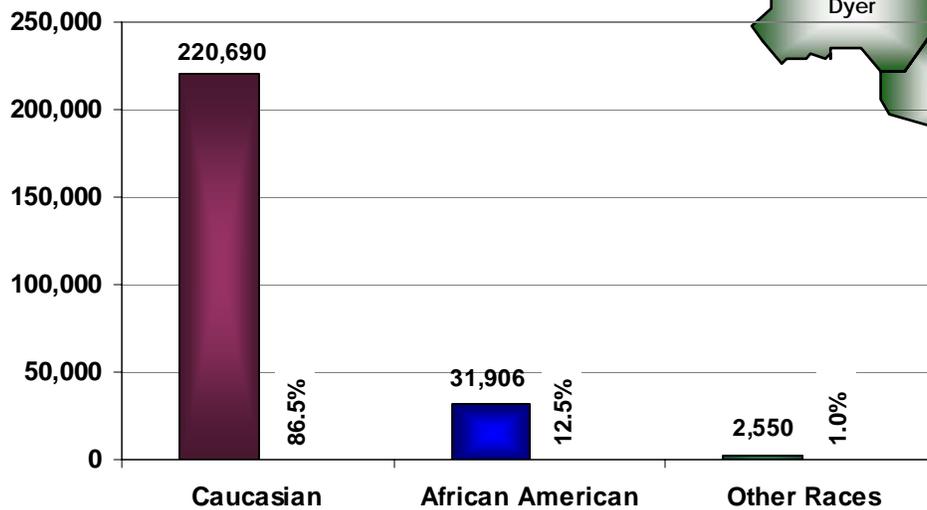


Figure 34: Length of Stay in Care by Adjudication in the Northeast Region as of June 30, 2010



Northwest Region

Total Population— 255,146*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2010 US Census.)

Table 17: Placement Type for Children In Care In the Northwest Region as of June 30, 2010

Placement Type/Level**	Frequency	%
Contract Foster Care	44	17.5%
DCS Foster Care	95	37.7%
DCS Group Home	1	0.4%
DCS Overnight Office Placement	1	0.4%
Detention/Jail Placement	3	1.2%
Inpatient	1	0.4%
Level 2	19	7.5%
Level 3	34	13.5%
Level 4	1	0.4%
Pre Adoptive Home	7	2.8%
Runaway	2	0.8%
Trial Home Visit	19	7.5%
Youth Development Center Placement	12	4.8%
Unassigned/Missing	13	5.2%
Total	252	100.0%

Hispanics and Latinos represent 6,490 (2.5%) of Northwest Region's populace and are included in the total population number above.

Population ages 19 and under as of June 30, 2010 – 65,113

Number of children in care as of June 30, 2010 – 252

The Northwest Region includes the nine counties of northwest Tennessee. The nine counties are: Benton, Carroll, Crockett, Dyer, Gibson, Henry, Lake, Obion and Weakley. It is bounded on the west by the Mississippi River, on the north by the state of Kentucky, and on the east by the Tennessee River. It covers 4,222 square miles. The regional office is located in Trenton. There are 101 staff positions to support service delivery in the region.

The Northwest Region ranks 12th among the twelve regions with 252 children in custody.

(Data Source: TFACTS)

**See glossary for complete definitions of terms used in this table under "Placement Levels of Care".

TFACTS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

Figure 35: Children in Custody in the Northwest Region by Age Group Compared with Statewide Totals as of June 30, 2010

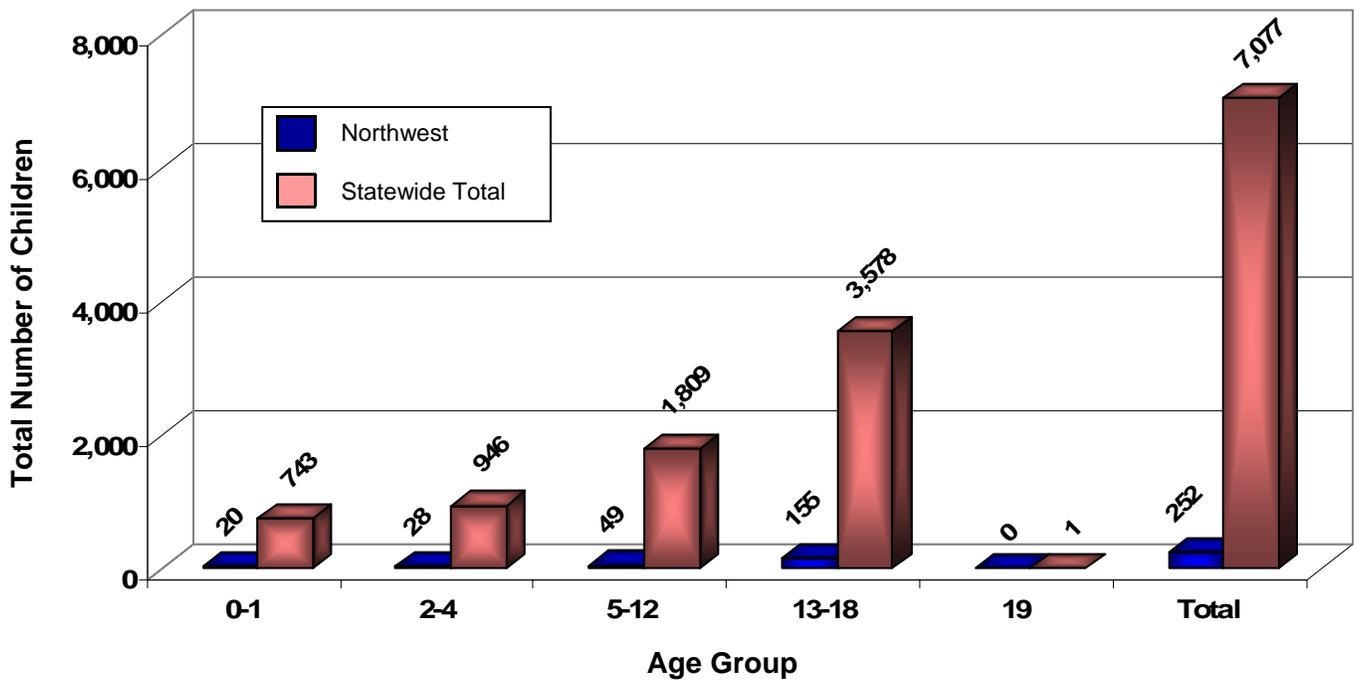


Figure 36: Children in Custody in the Northwest Region by Gender as of June 30, 2010

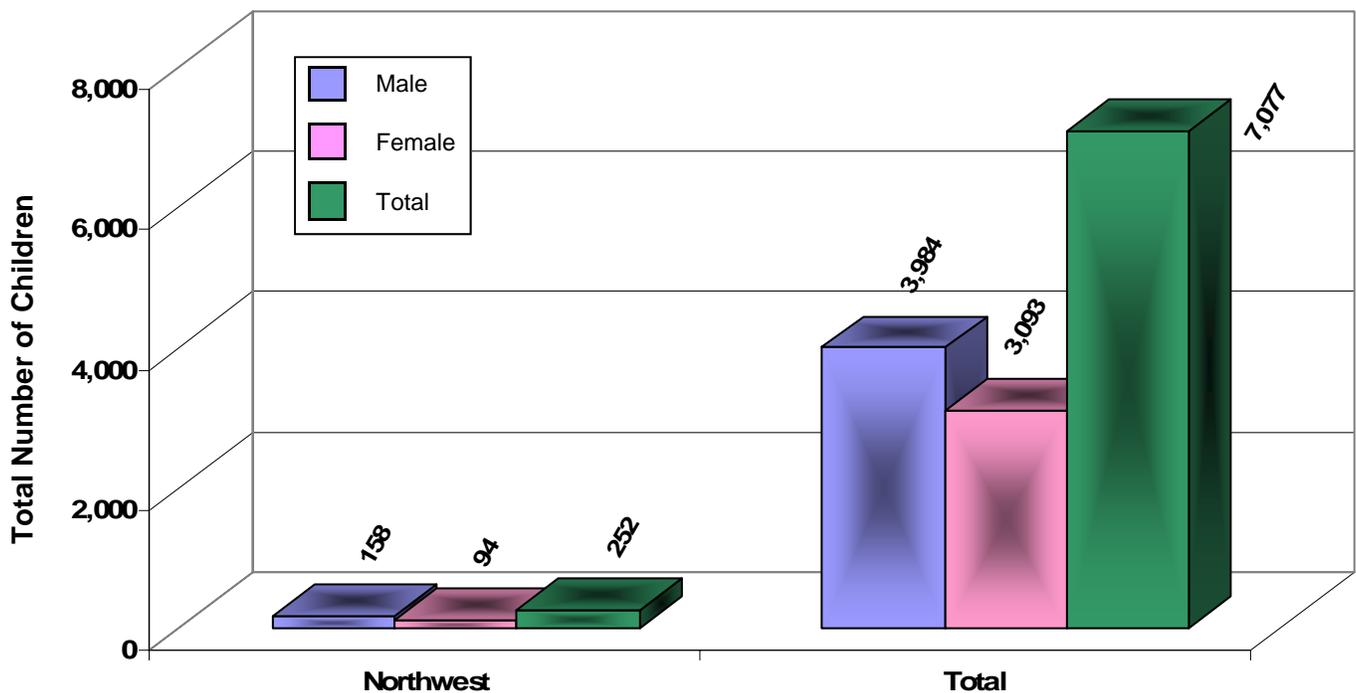


Figure 37: Children in Custody in the Northwest Region by Race/Ethnicity as of June 30, 2010

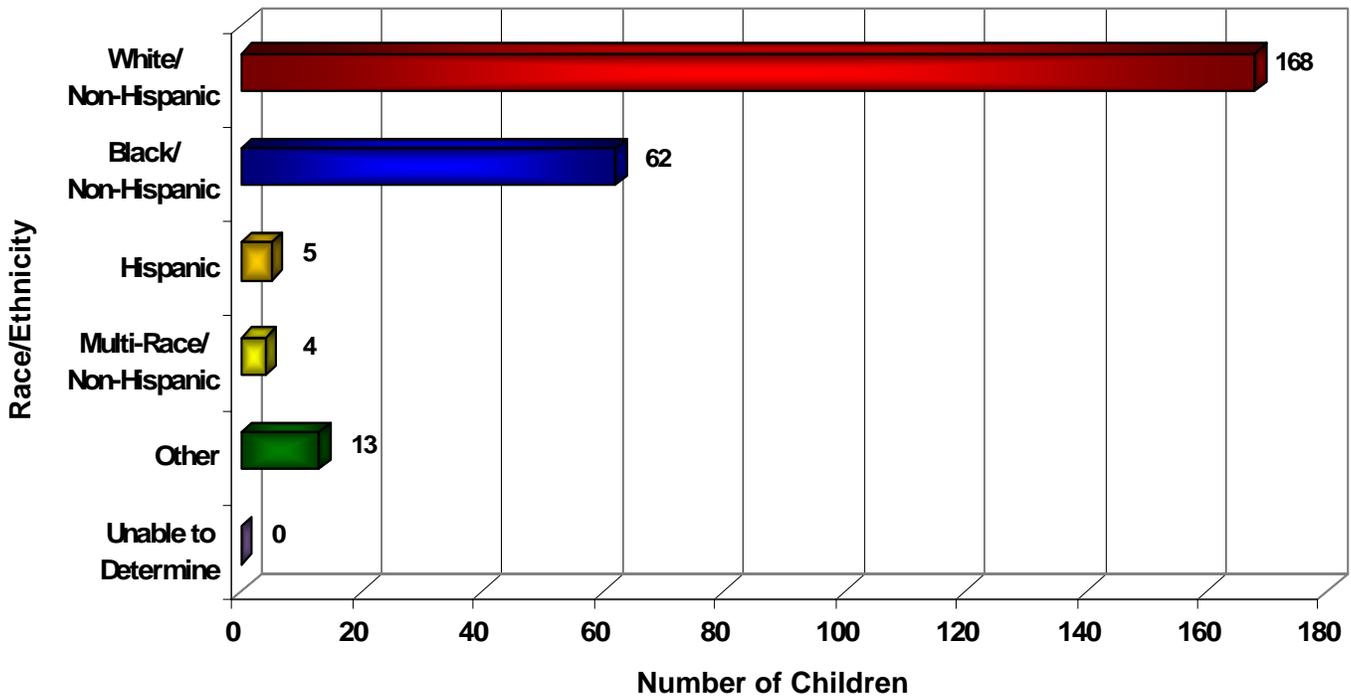
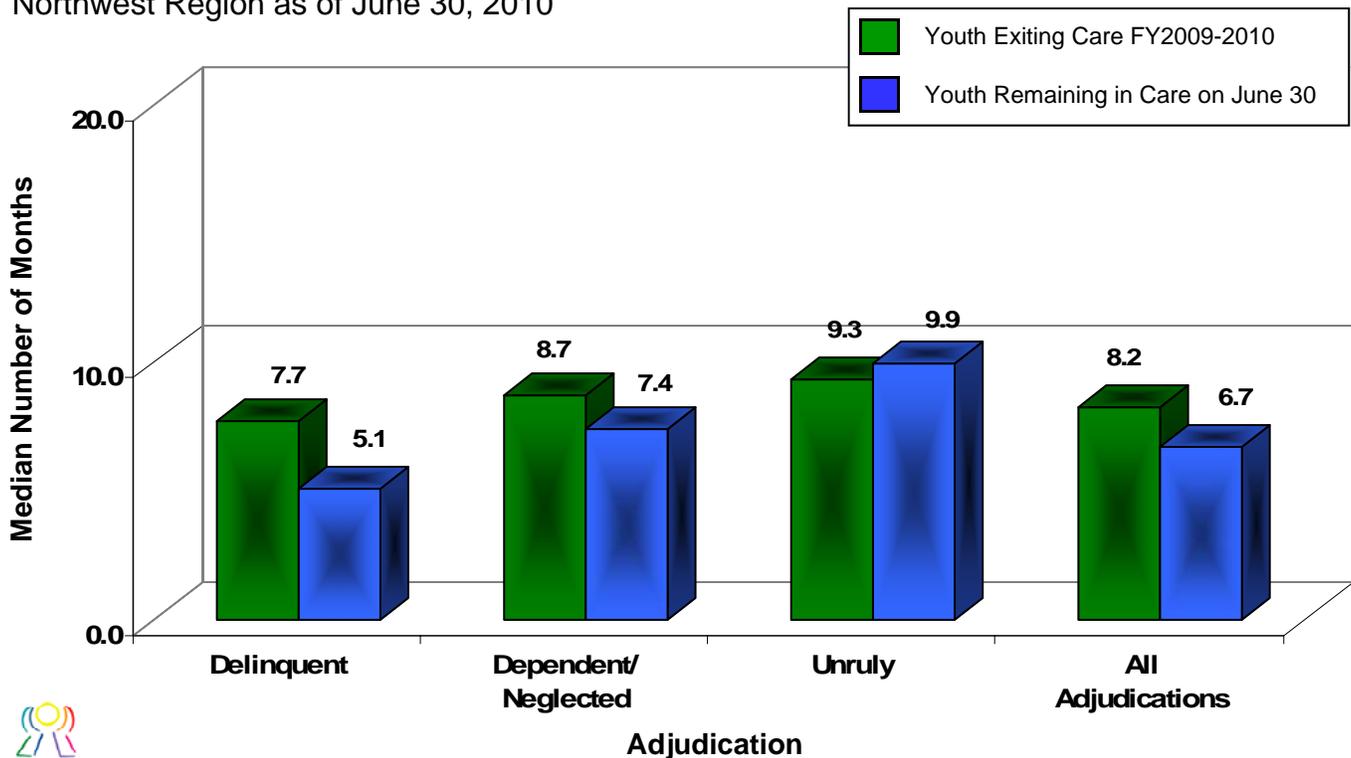
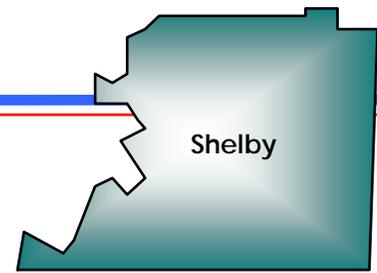
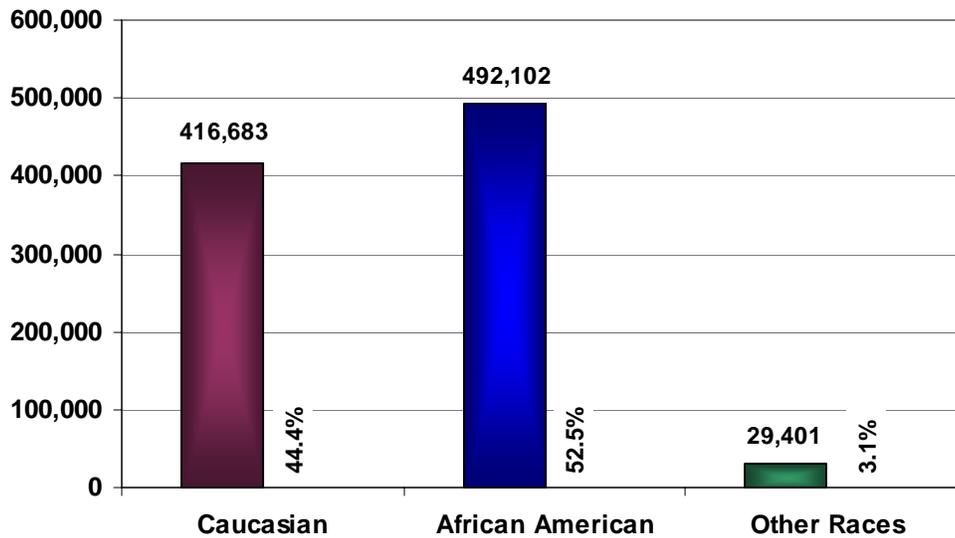


Figure 38: Length of Stay in Care by Adjudication in the Northwest Region as of June 30, 2010



Shelby Region

Total Population— 938,186*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2010 US Census.)

Table 18: Placement Type for Children In Care In the Shelby Region as of June 30, 2010

Placement Type/Level**	Frequency	%
Contract Foster Care	345	37.3%
DCS Foster Care	123	13.3%
DCS Group Home	8	0.9%
Detention/Jail Placement	12	1.3%
Inpatient	4	0.4%
Level 2	8	0.9%
Level 3	84	9.1%
Level 4	17	1.8%
Medically Fragile Foster Home	5	0.5%
Pre Adoptive Home	89	9.6%
Runaway	43	4.6%
Trial Home Visit	44	4.8%
Youth Development Center Placement	125	13.5%
Unassigned/Missing	18	1.9%
Total	925	100.0%

Hispanics and Latinos represent 44,928 (4.8%) of Shelby Region’s populace and are included in the total population number above.

Population ages 19 and under as of June 30, 2010 – 279,660

Number of children in care as of June 30, 2010 – 925

Shelby Region is one of three single-county regions. It is the largest metropolitan area in the state and is located in the extreme southwestern part of Tennessee. The county shares a border with Arkansas and Mississippi. The regional office is located in Memphis. There are 338 staff positions in the Shelby Region.

Shelby is the 1st largest region based on the number of children in custody, 925.

(Data Source: TFACTS)

TFACTS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

**See glossary for complete definitions of terms used in this table under “Placement Levels of Care”.

Figure 39: Children in Custody in the Shelby Region by Age Group Compared with Statewide Totals as of June 30, 2010

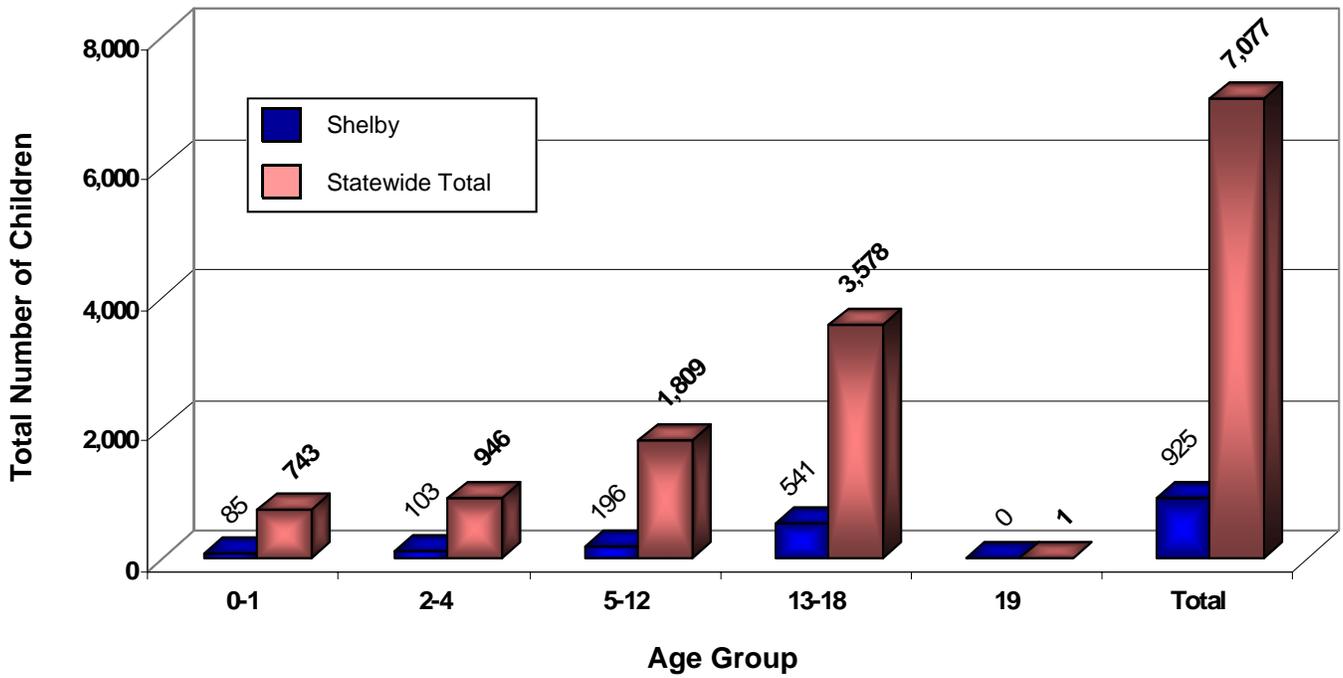


Figure 40: Children in Custody in the Shelby Region by Gender as of June 30, 2010

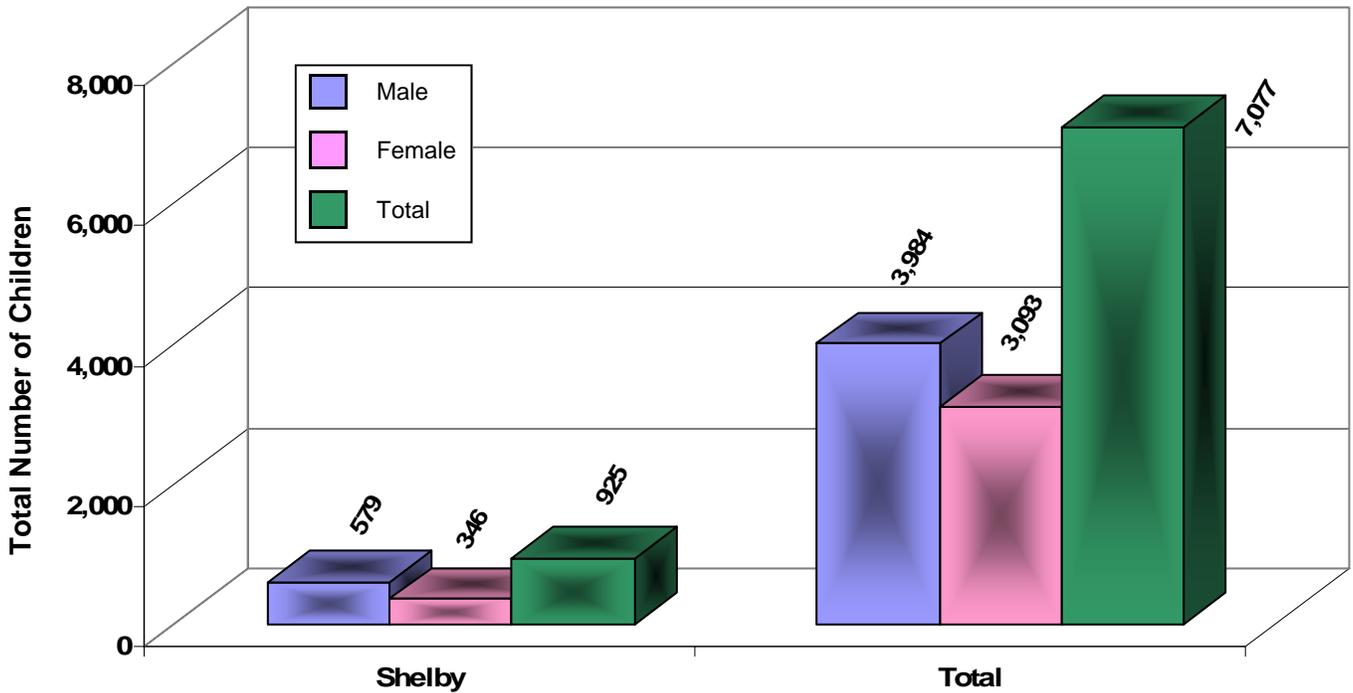


Figure 41: Children in Custody in the Shelby Region by Race/Ethnicity as of June 30, 2010

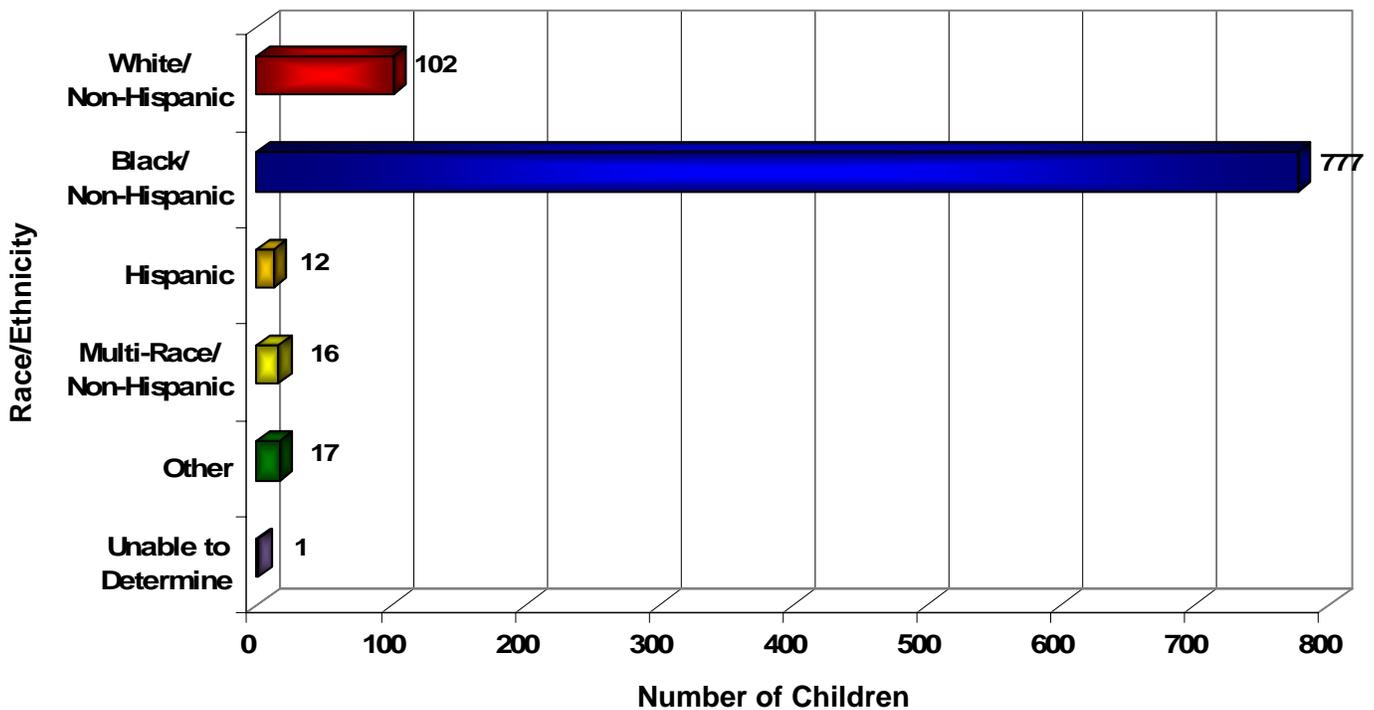
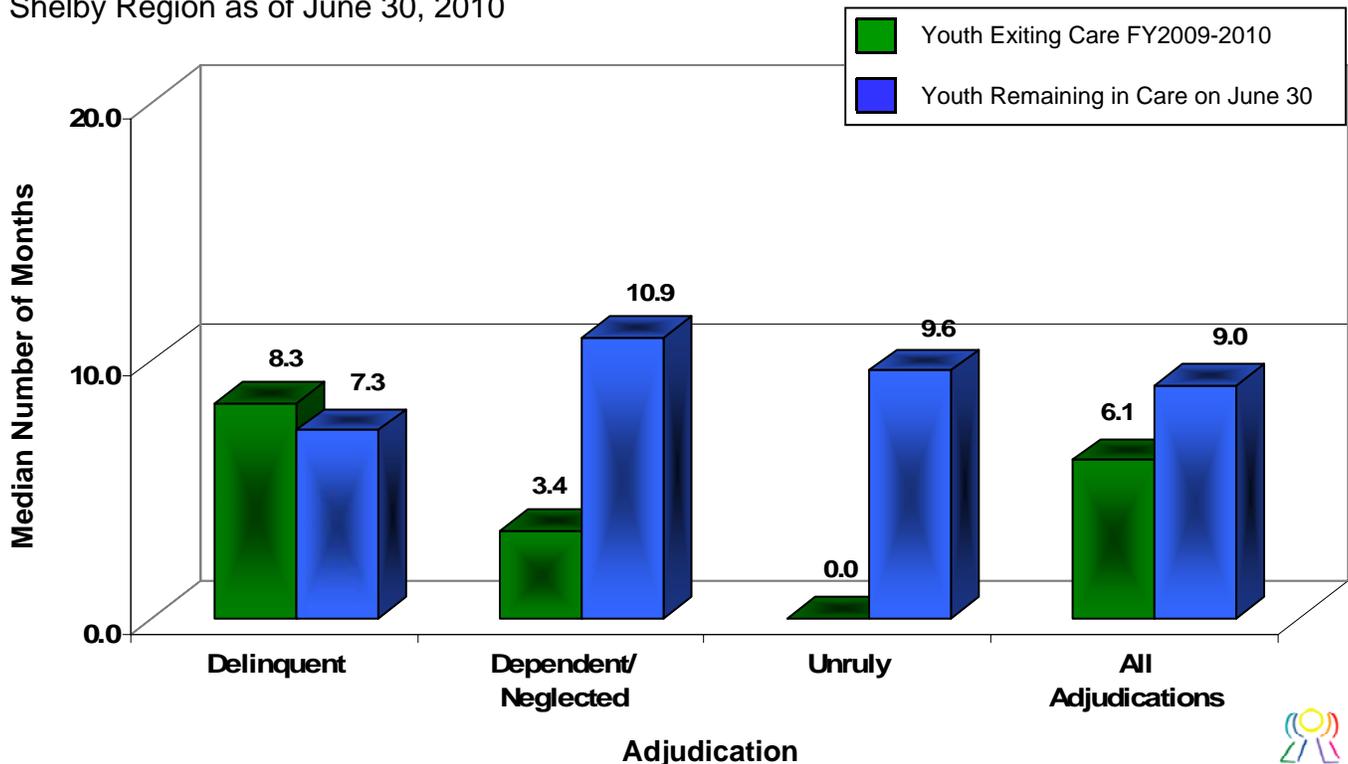
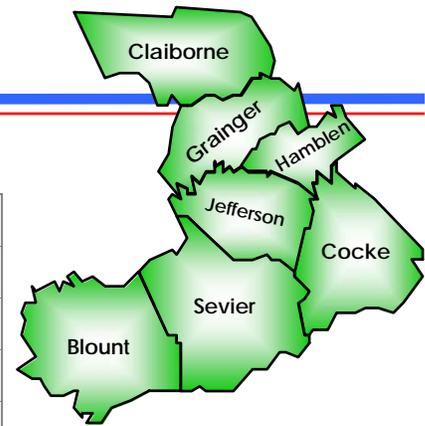
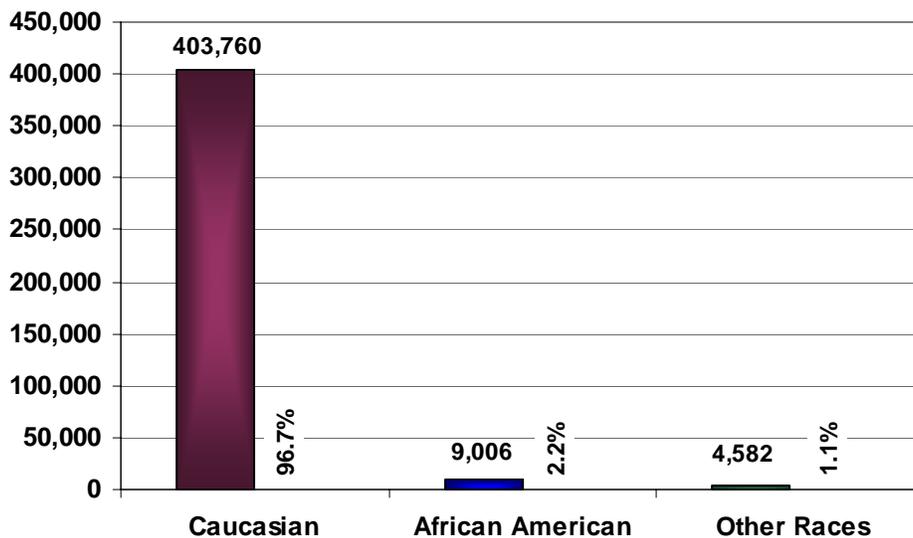


Figure 42: Length of Stay in Care by Adjudication in the Shelby Region as of June 30, 2010



Smoky Mountain Region

Total Population— 417,348*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2010 US Census.)

Table 19: Placement Type for Children In Care
In the Smoky Mountain Region as of June 30, 2010

Placement Type/Level**	Frequency	%
Contract Foster Care	247	34.3%
DCS Foster Care	211	29.3%
DCS Group Home	5	0.7%
DCS Overnight Office Placement	1	0.1%
Detention/Jail Placement	4	0.6%
Level 2	27	3.7%
Level 3	47	6.5%
Level 4	4	0.6%
Medically Fragile Foster Home	9	1.2%
Pre Adoptive Home	70	9.7%
Runaway	10	1.4%
Trial Home Visit	55	7.6%
Youth Development Center Placement	24	3.3%
Unassigned/Missing	7	1.0%
Total	721	100.0%

Hispanics and Latinos represent 12,347 (3.0%) of Smoky Mountain Region's populace and are included in the total population number above.

Population ages 19 and under as of June 30, 2010 – 102,345

Number of children in care as of June 30, 2010 – 721

The Smoky Mountain Region includes seven counties with the regional office located in New Market. There are 193 staff positions to support service delivery. The seven counties in the Smoky Mountain Region are: Blount, Claiborne, Cocke, Grainger, Hamblen, Jefferson and Sevier.

In Fiscal Year 2010, Smoky Mountain was the 4th largest region based on 721 children in custody.

(Data Source: TFACTS)

TFACTS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

**See glossary for complete definitions of terms used in this table under "Placement Levels of Care".

Figure 43: Children in Custody in the Smoky Mountain Region by Age Group Compared with Statewide Totals as of June 30, 2010

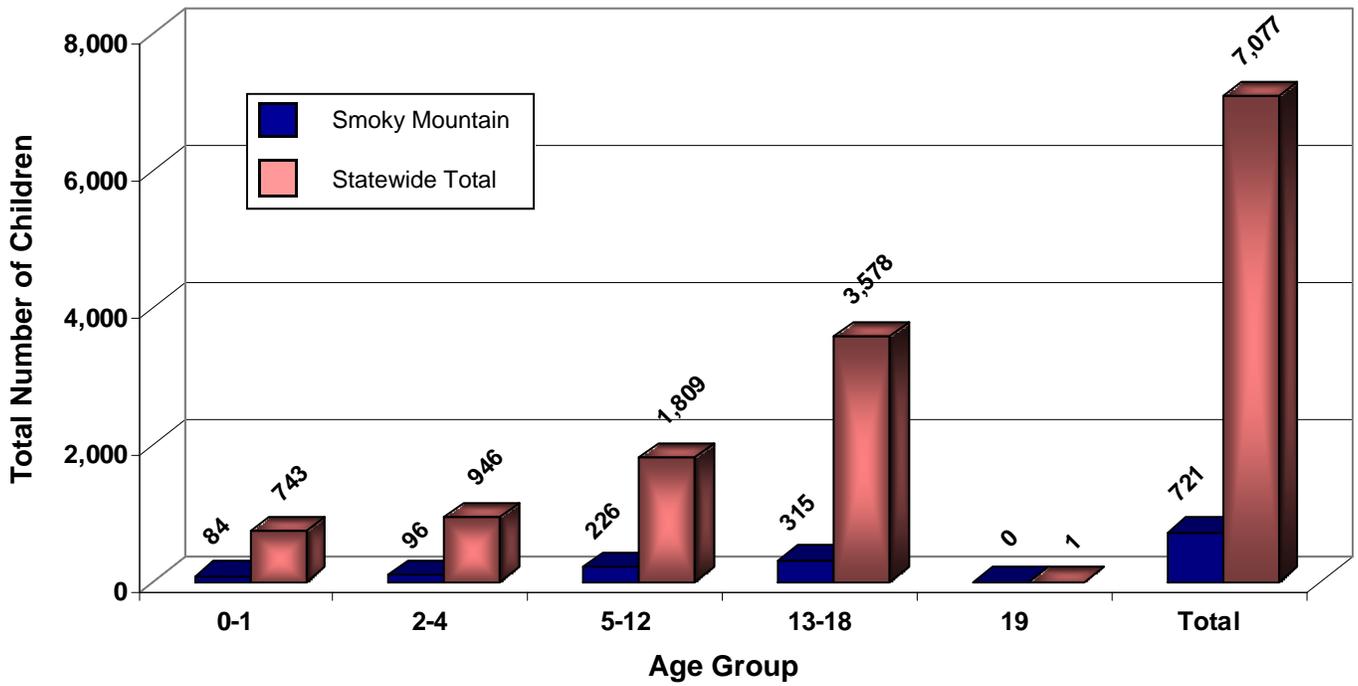


Figure 44: Children in Custody in the Smoky Mountain Region by Gender as of June 30, 2010

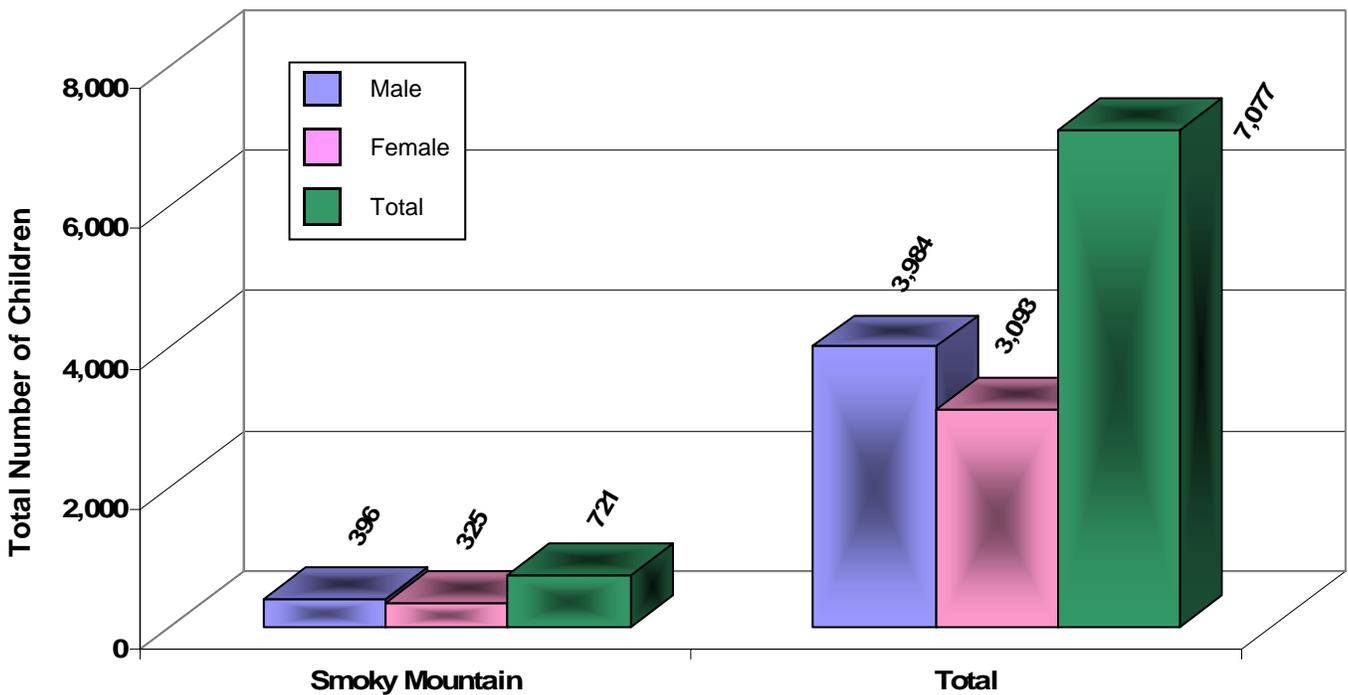


Figure 45: Children in Custody in the Smoky Mountain Region by Race/Ethnicity as of June 30, 2010

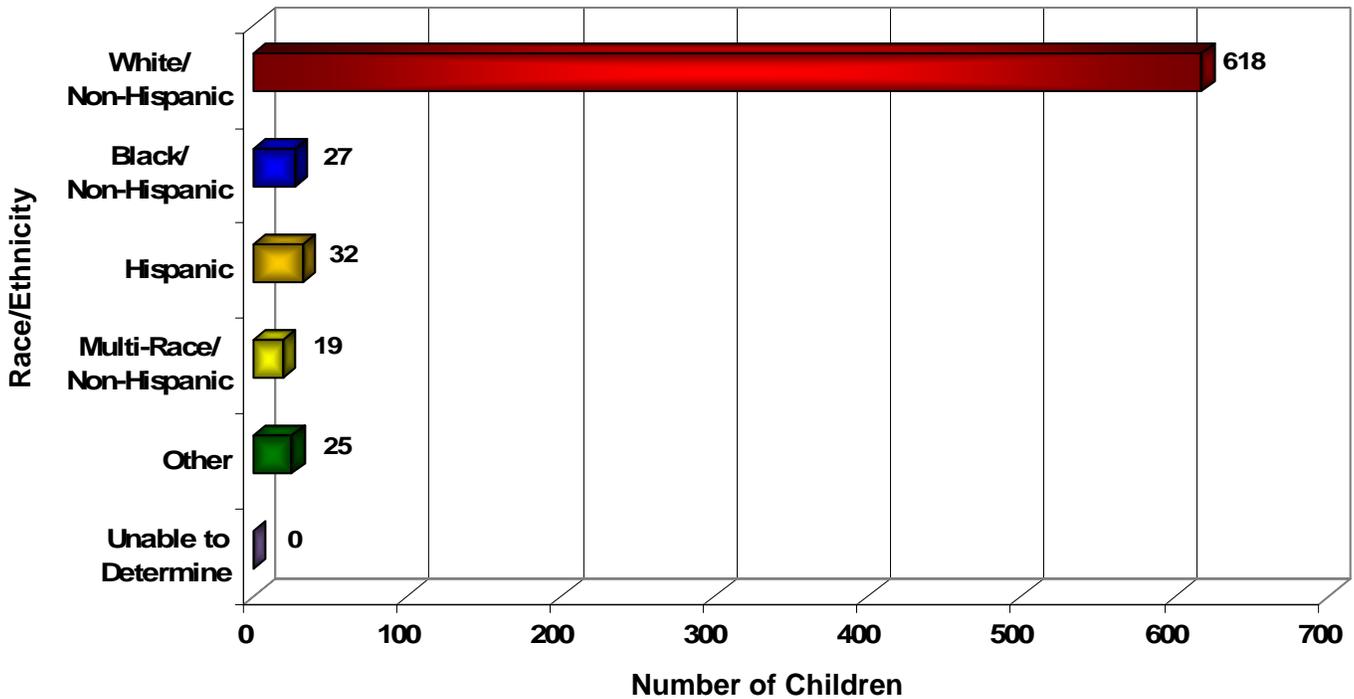
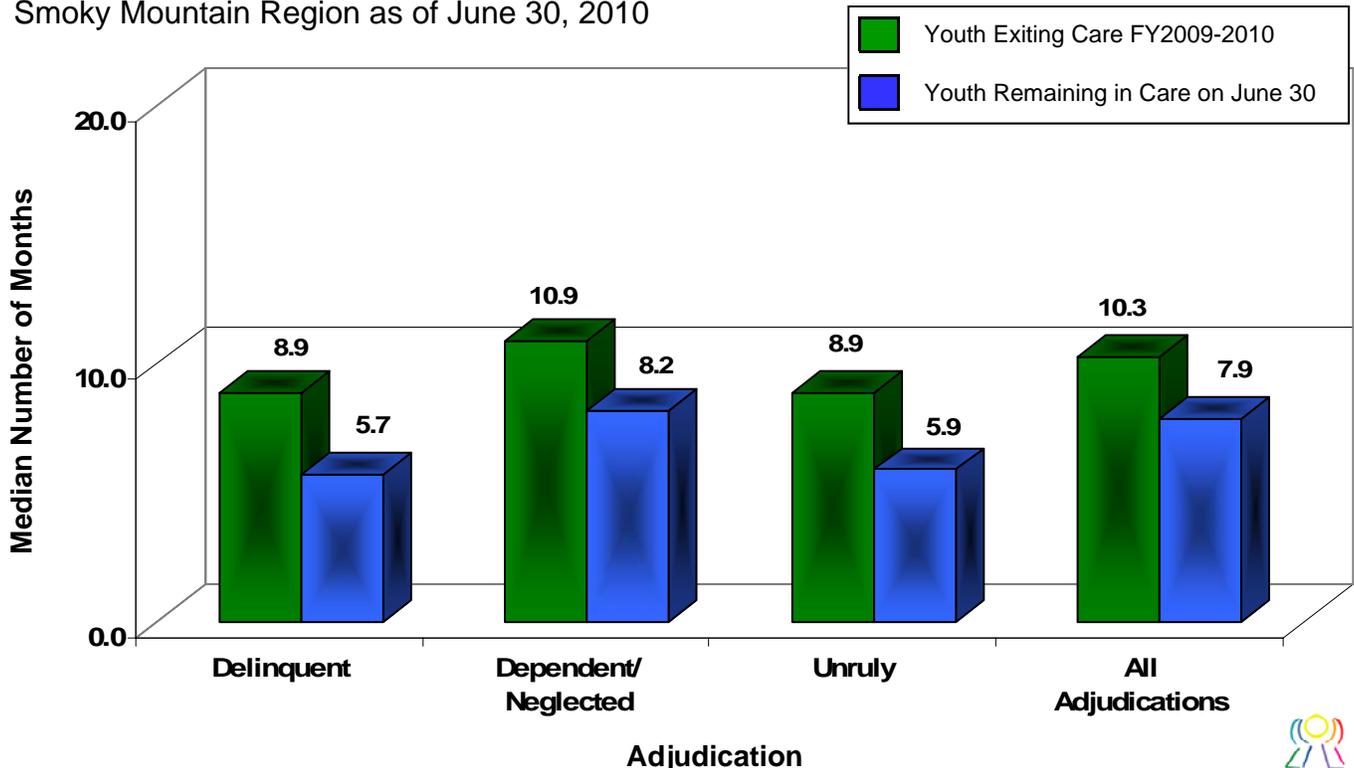
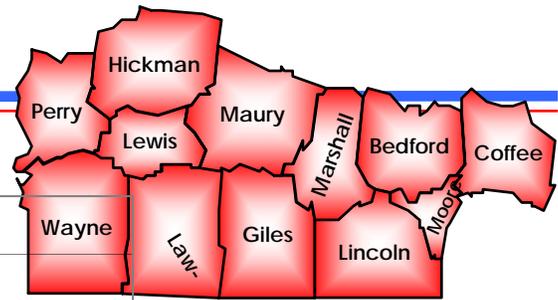
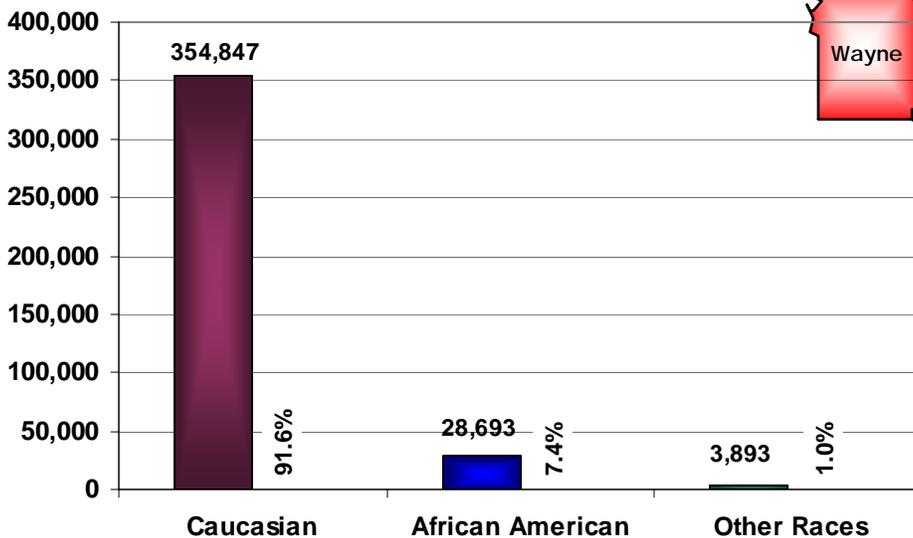


Figure 46: Length of Stay in Care by Adjudication in the Smoky Mountain Region as of June 30, 2010



South Central Region

Total Population— 387,433*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2010 US Census.)

Table 20: Placement Type for Children In Care In the South Central Region as of June 30, 2010

Placement Type/Level**	Frequency	%
Contract Foster Care	132	23.0%
DCS Foster Care	205	35.7%
DCS Group Home	3	0.5%
DCS Overnight Office Placement	4	0.7%
Detention/Jail Placement	1	0.2%
Level 2	37	6.4%
Level 3	37	6.4%
Level 4	8	1.4%
Medically Fragile Foster Home	3	0.5%
Pre Adoptive Home	52	9.0%
Runaway	3	0.5%
Trial Home Visit	61	10.6%
Youth Development Center Placement	11	1.9%
Unassigned/Missing	18	3.1%
Total	575	100.0%

Hispanics and Latinos represent 17,895 (4.6%) of South Central Region's populace and are included in the total population number above.

Population ages 19 and under as of June 30, 2010 – 102,231

Number of children in care as of June 30, 2010 – 575

The South Central Region provides services to 12 counties of central Tennessee. The 12 counties are: Bedford, Coffee, Giles, Hickman, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Perry and Wayne. There are 181 staff positions in the region with a regional office in Columbia.

Based on the number of children in custody, the South Central Region ranks 6th with 575 children.

(Data Source: TFACTS)

TFACTS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

**See glossary for complete definitions of terms used in this table under "Placement Levels of Care".

Figure 47: Children in Custody in the South Central Region by Age Group Compared with Statewide Totals as of June 30, 2010

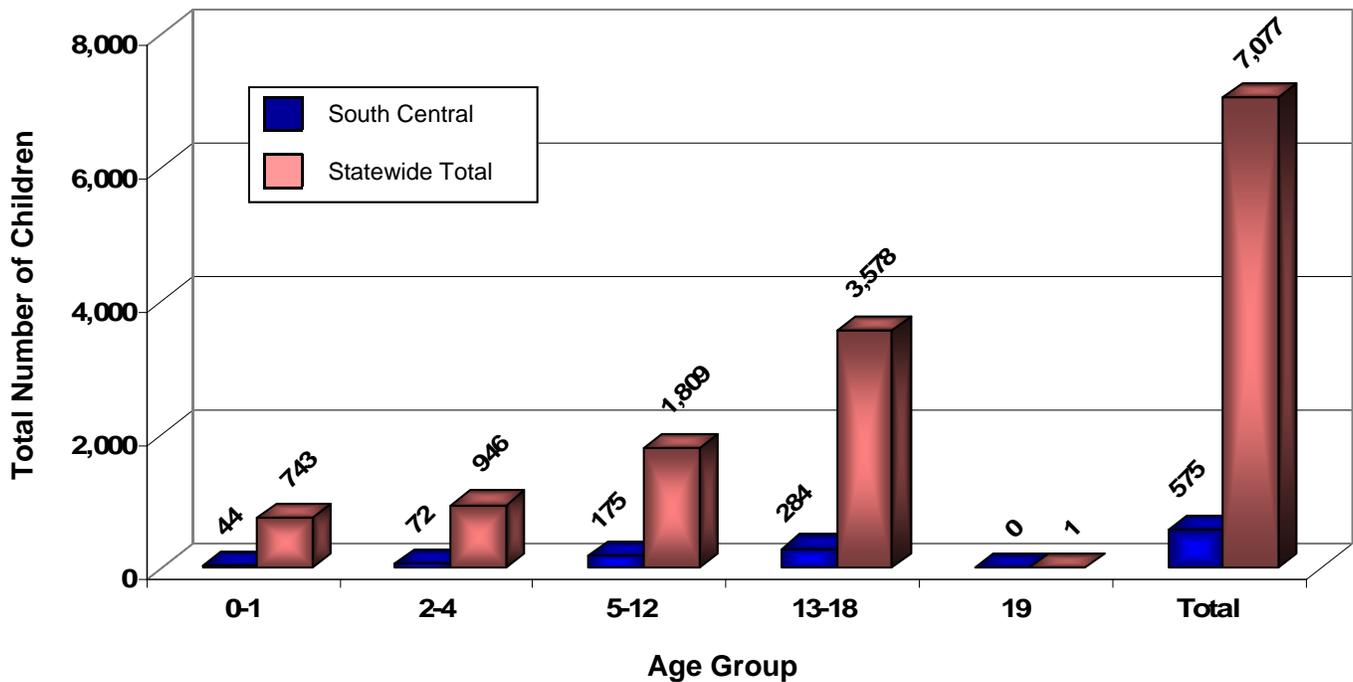


Figure 48: Children in Custody in the South Central Region by Gender as of June 30, 2010

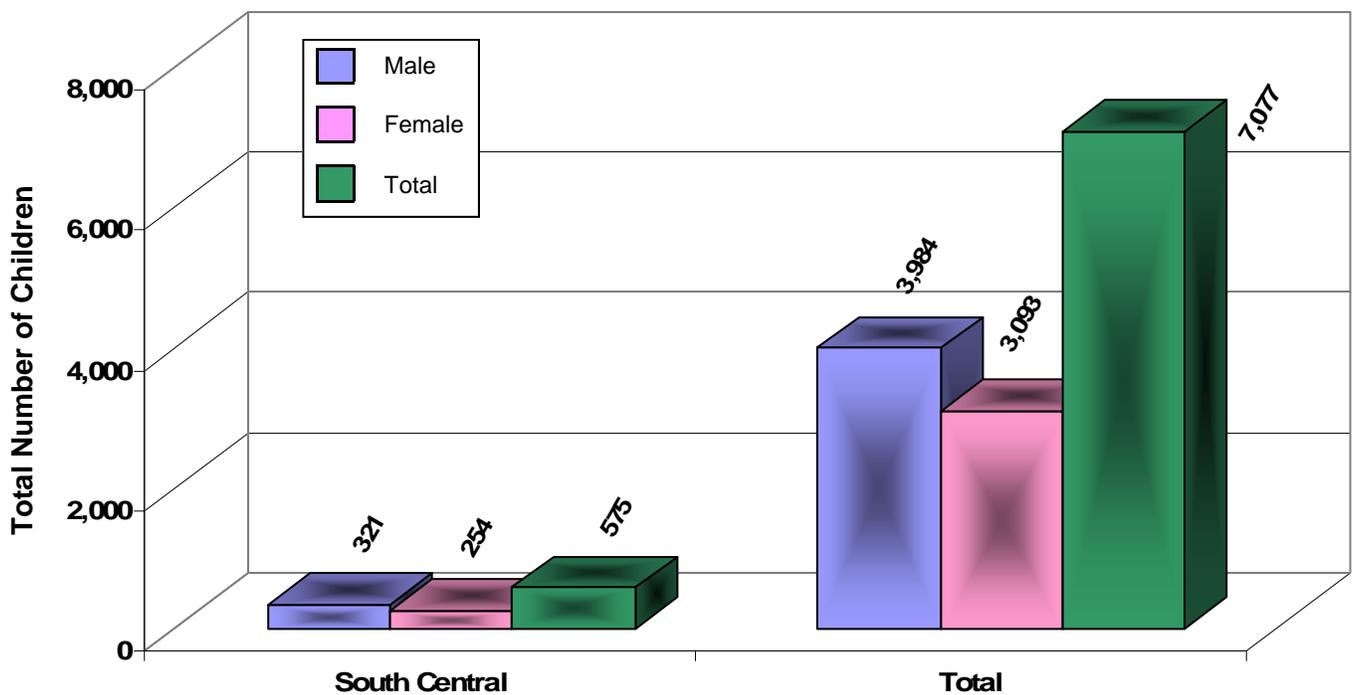


Figure 49: Children in Custody in the South Central Region by Race/Ethnicity as of June 30, 2010

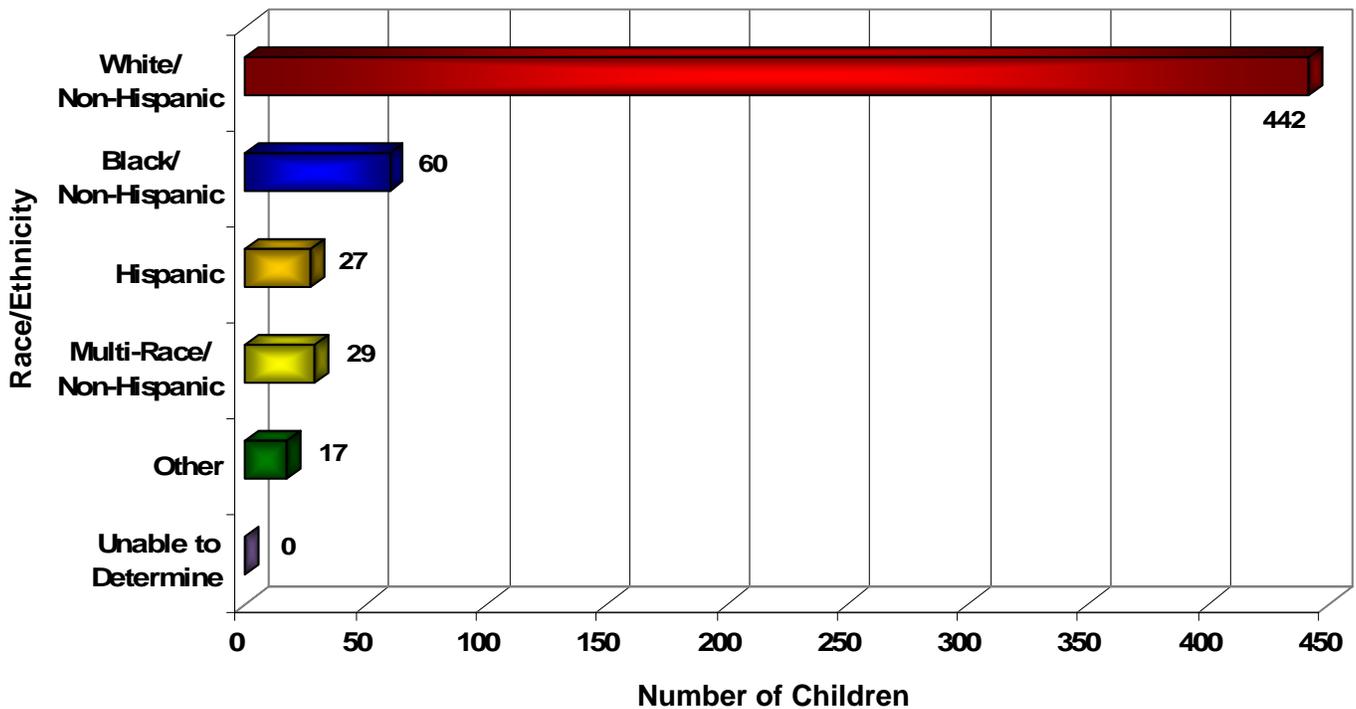
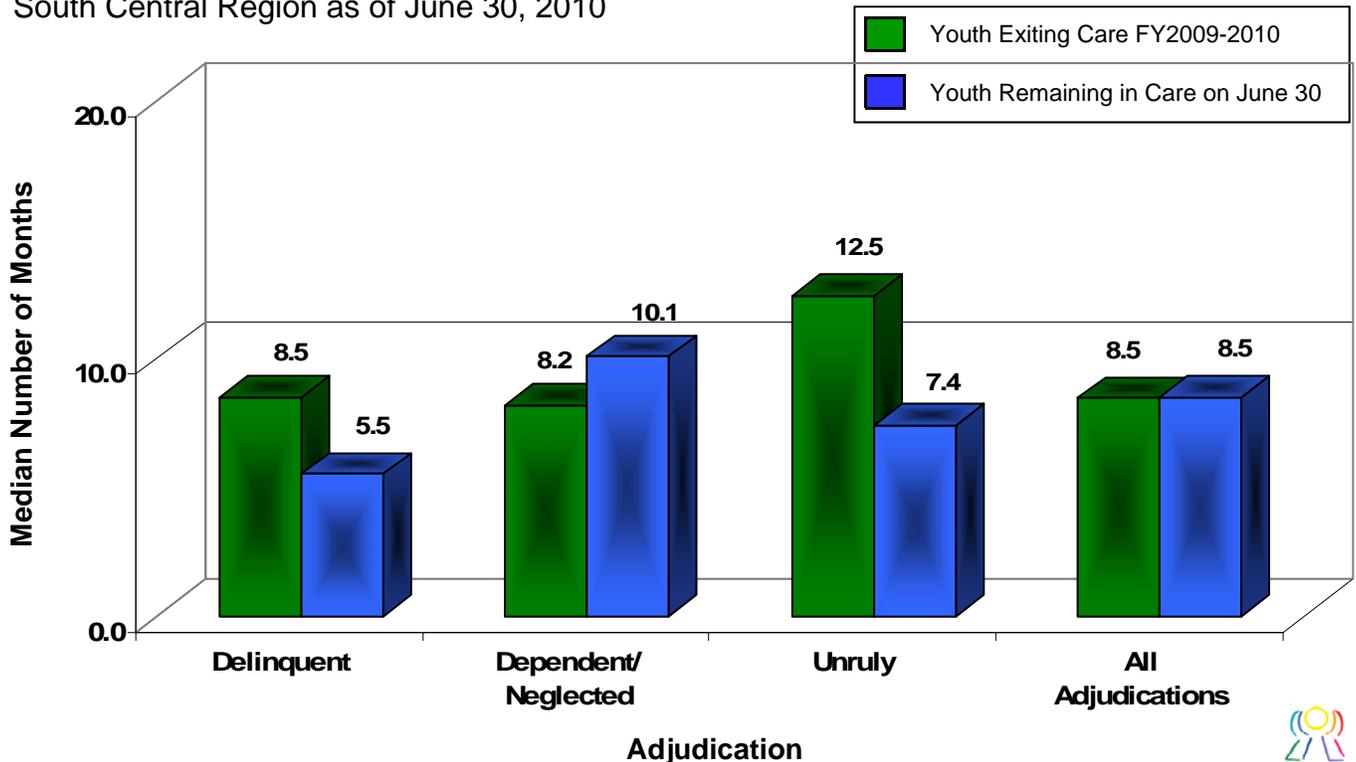
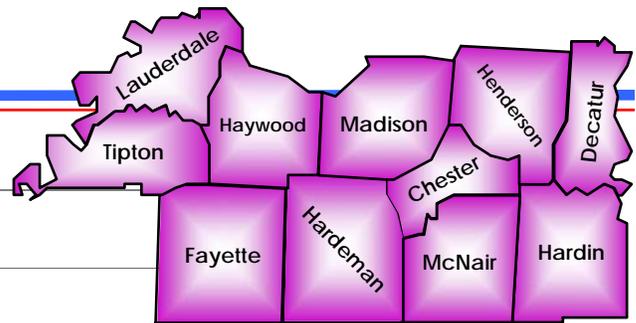
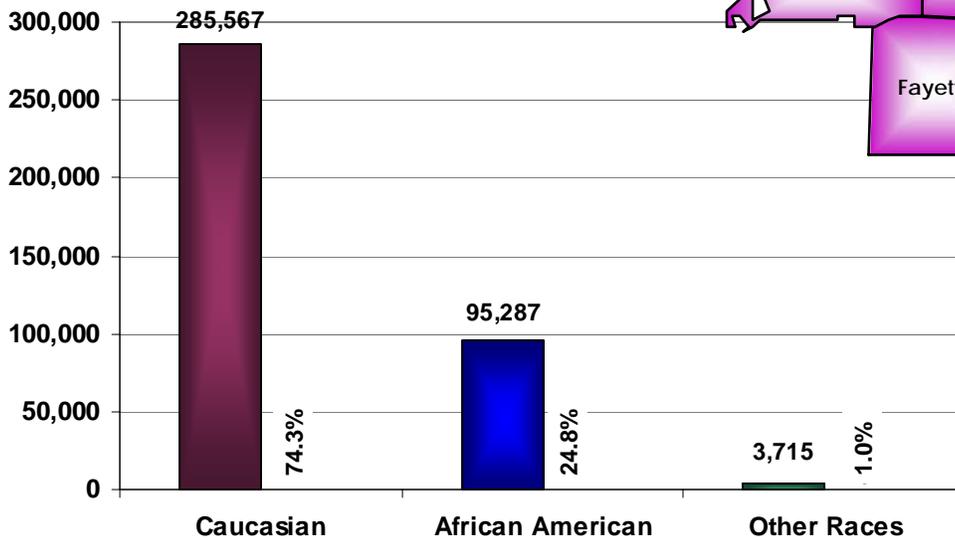


Figure 50: Length of Stay in Care by Adjudication in the South Central Region as of June 30, 2010



Southwest Region

Total Population— 384,569*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2010 US Census.)

Table 21: Placement Type for Children In Care In the Southwest Region as of June 30, 2010

Placement Type/Level**	Frequency	%
Contract Foster Care	43	12.7%
DCS Foster Care	144	42.6%
DCS Group Home	9	2.7%
DCS Overnight Office Placement	5	1.5%
Detention/Jail Placement	1	0.3%
Inpatient	1	0.3%
Level 2	11	3.3%
Level 3	38	11.2%
Level 4	3	0.9%
Medically Fragile Foster Home	3	0.9%
Pre Adoptive Home	26	7.7%
Runaway	2	0.6%
Trial Home Visit	30	8.9%
Youth Development Center Placement	18	5.3%
Unassigned/Missing	4	1.2%
Total	338	100.0%

Hispanics and Latinos represent 8,215 (2.1%) of Southwest Region's populace and are included in the total population number above.

Population ages 19 and under as of June 30, 2010 – 102,987

Number of Children in care as of June 30, 2010 – 338

The Southwest Region encompasses 11 counties with the regional office located in Jackson. The 11 counties are Chester, Decatur, Fayette, Hardeman, Hardin, Haywood, Henderson, Lauderdale, Madison, McNairy and Tipton. There are 185 staff positions that provide services to children and families in the region.

The Southwest Region has 338 children in custody and ranks 11th in the state.

(Data Source: TFACTS)

TFACTS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

**See glossary for complete definitions of terms used in this table under "Placement Levels of Care".

Figure 51: Children in Custody in the Southwest Region by Age Group Compared with Statewide Totals as of June 30, 2010

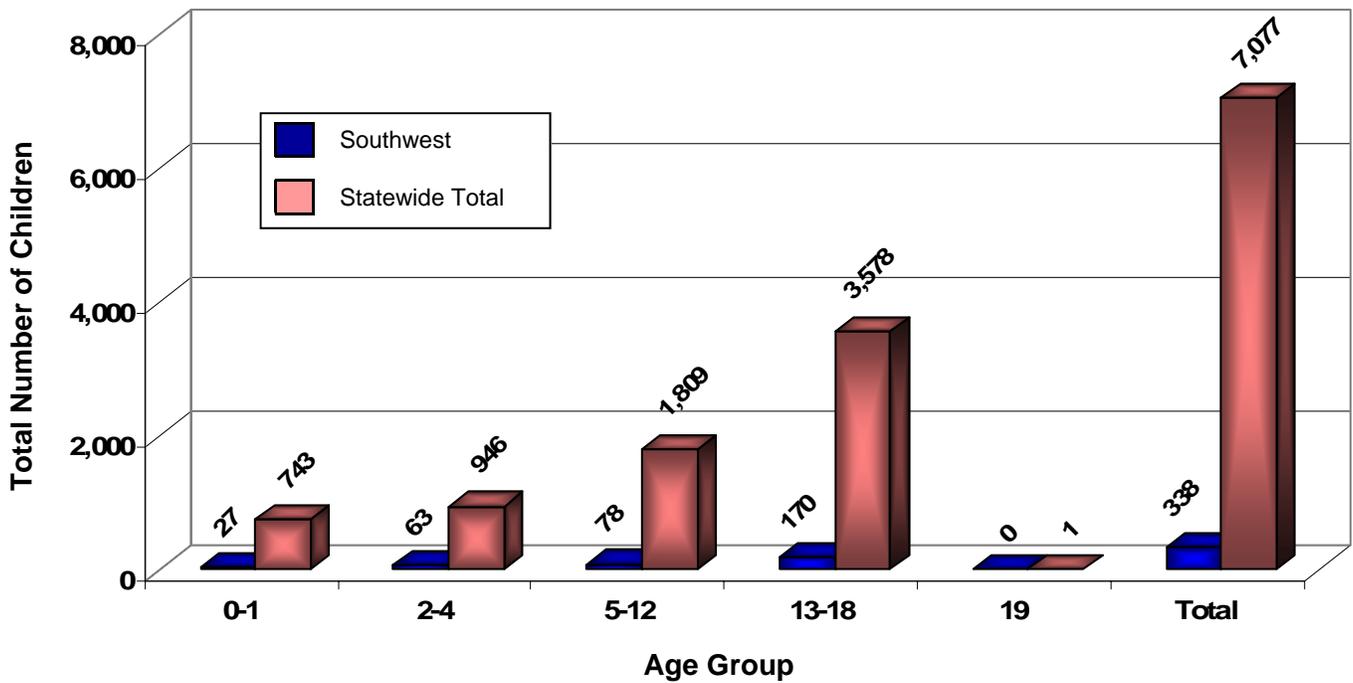


Figure 52: Children in Custody in the Southwest Region by Gender as of June 30, 2010

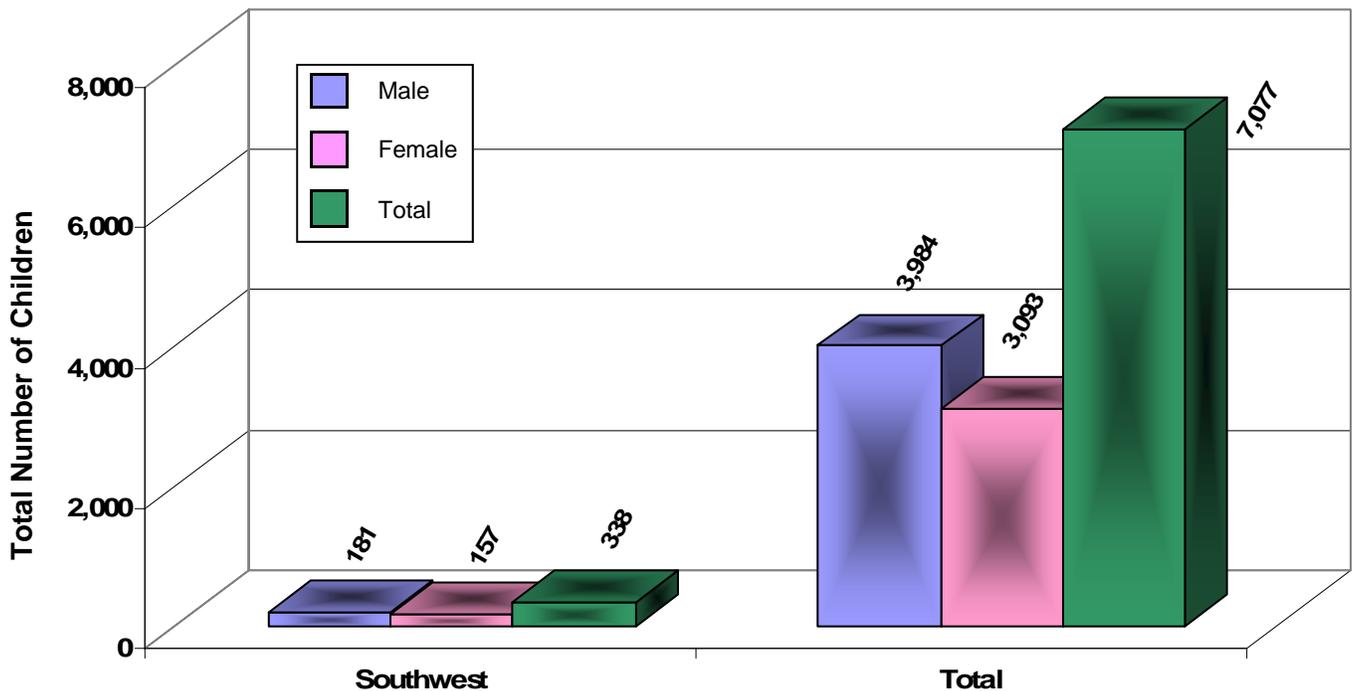


Figure 53: Children in Custody in the Southwest Region by Race/Ethnicity as of June 30, 2010

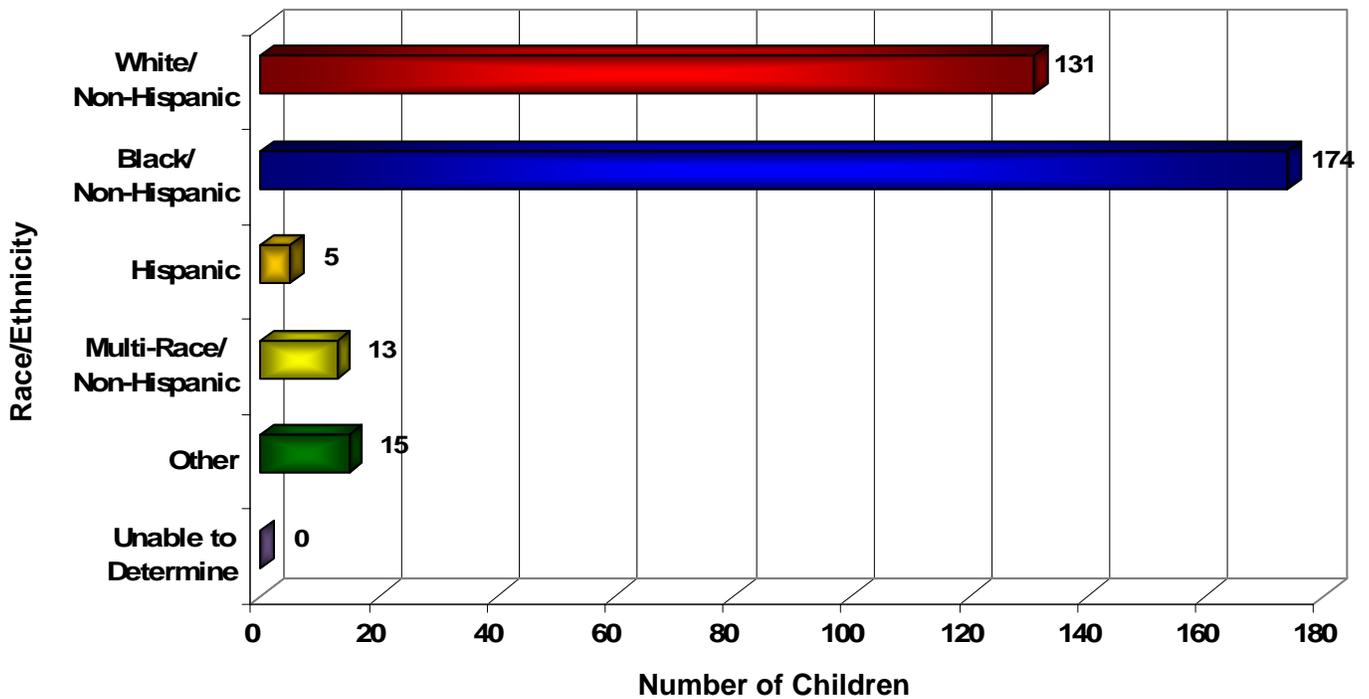
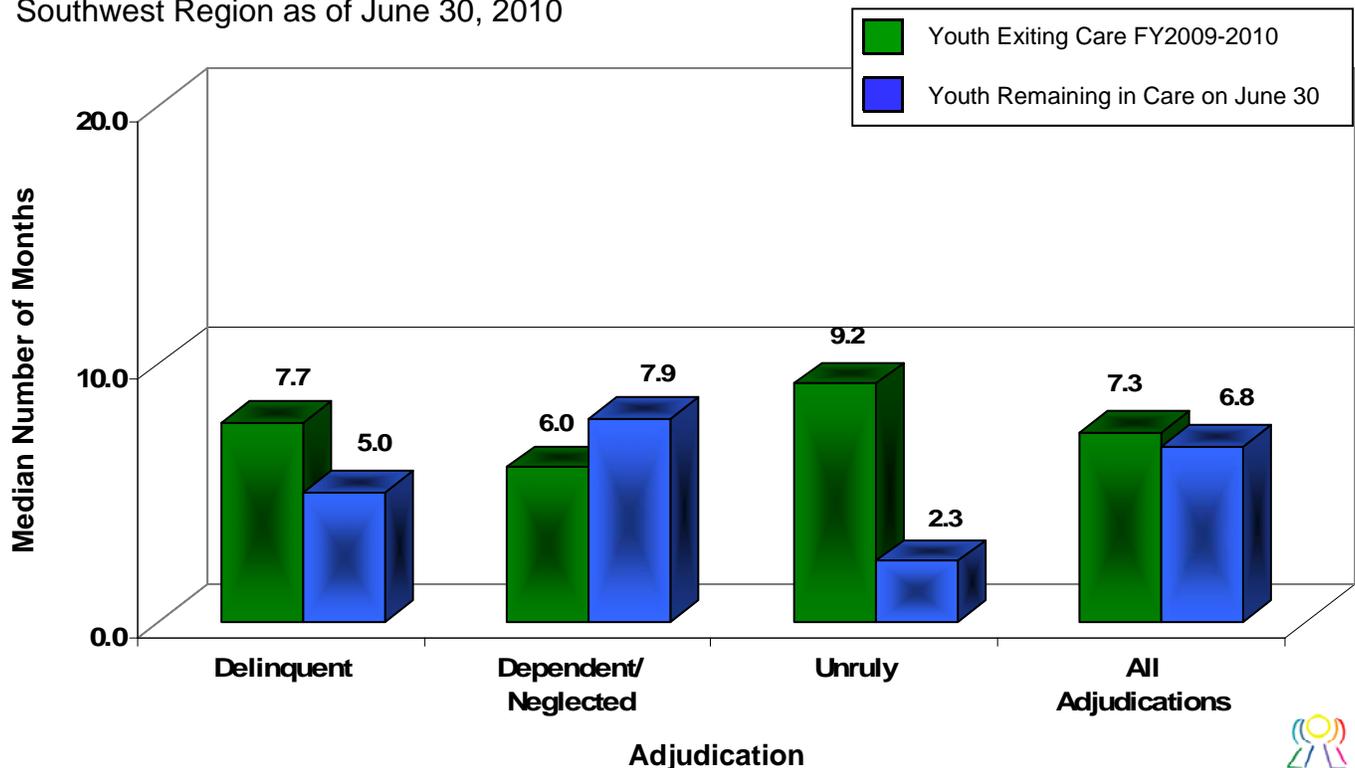
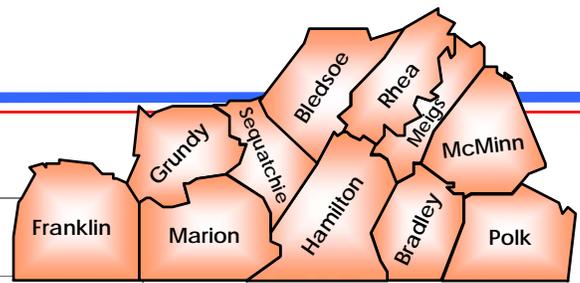
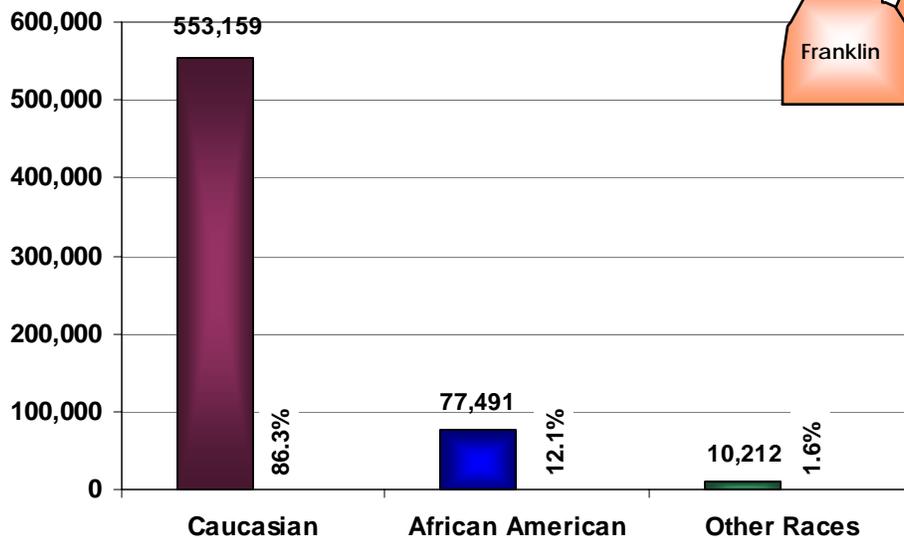


Figure 54: Length of Stay in Care by Adjudication in the Southwest Region as of June 30, 2010



Tennessee Valley Region

Total Population— 640,862*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2010 US Census.)

Table 22: Placement Type for Children In Care In the Tennessee Valley Region as of June 30, 2010

Placement Type/Level**	Frequency	%
Contract Foster Care	175	20.3%
DCS Foster Care	272	39.2%
DCS Group Home	3	0.2%
DCS Overnight Office Placement	7	0.5%
Detention/Jail Placement	5	0.2%
Inpatient	1	0.2%
Level 2	57	6.9%
Level 3	32	4.3%
Level 4	11	2.1%
Medically Fragile Foster Home	9	1.7%
Pre Adoptive Home	47	6.4%
Runaway	14	0.9%
Trial Home Visit	61	9.5%
Youth Development Center Placement	71	5.7%
Unassigned/Missing	19	1.9%
Total	784	100.0%

Hispanics and Latinos represent 15,905 (2.5%) of Tennessee Valley Region's populace and are included in the total population number above.

Population ages 19 and under as of June 30, 2010 – 160,318

Number of children in care as of June 30, 2010 – 784

The Tennessee Valley Regional office is located in Chattanooga. The region is responsible for eleven counties spanning two time zones. The eleven counties are: Bledsoe, Bradley, Franklin, Grundy, Hamilton, Marion, McMinn, Meigs, Polk, Rhea and Sequatchie. It has 11 offices, which cover ten courts, and has 268 staff positions.

The Tennessee Valley Region has 784 children in custody. It ranks 3rd among the twelve regions based on the number of children in custody.

(Data Source: TFACTS)

TFACTS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

**See glossary for complete definitions of terms used in this table under "Placement Levels of Care".

Figure 55: Children in Custody in the Tennessee Valley Region by Age Group Compared with Statewide Totals as of June 30, 2010

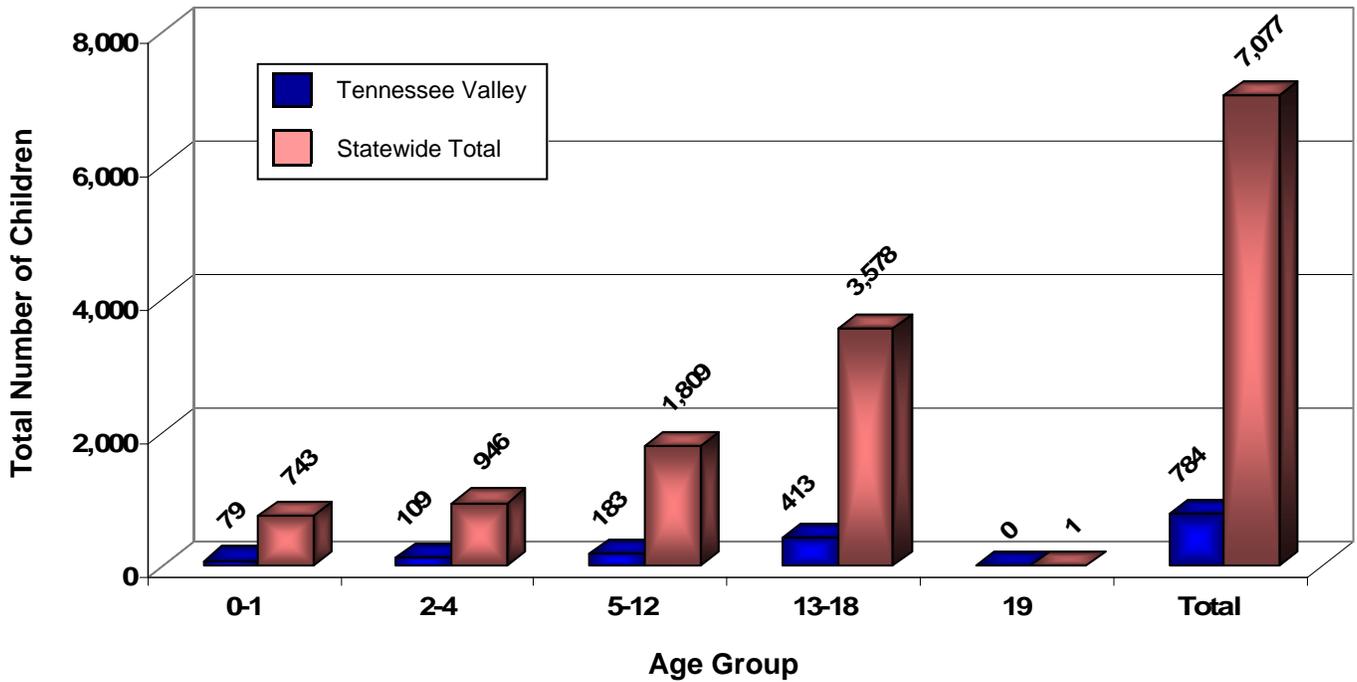


Figure 56: Children in Custody in the Tennessee Valley Region by Gender as of June 30, 2010

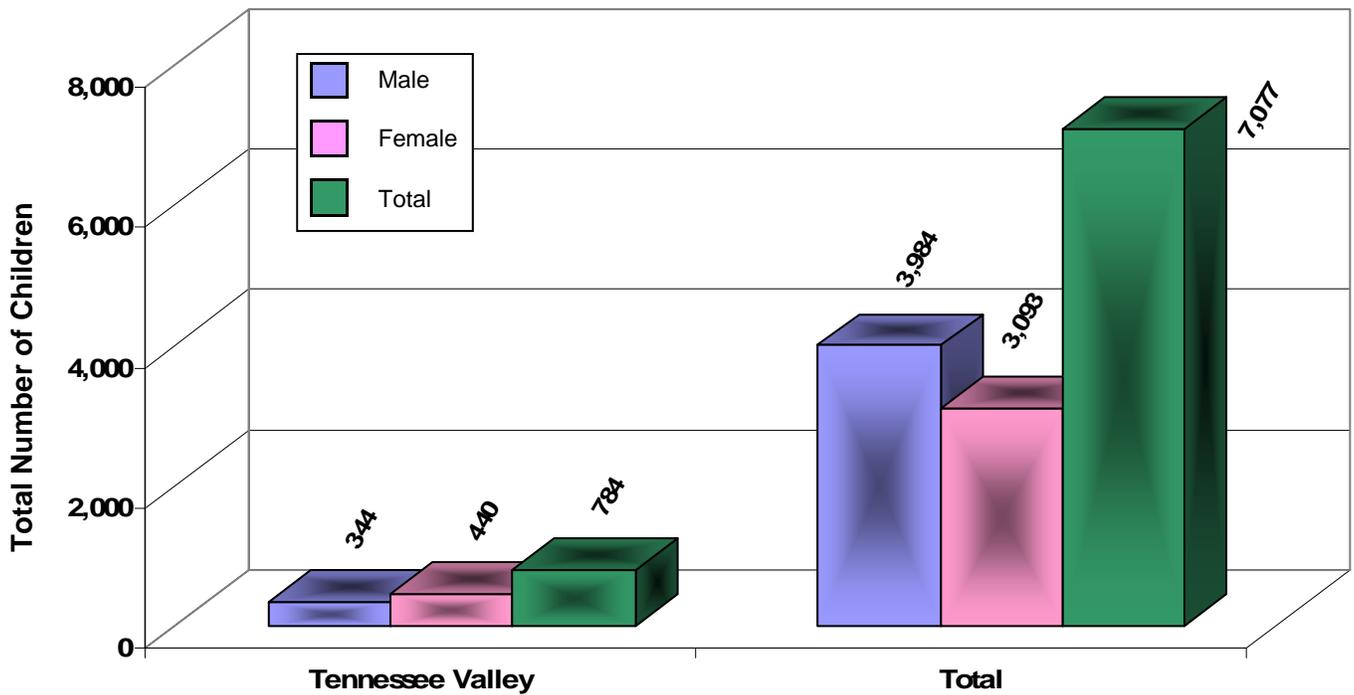


Figure 57: Children in Custody in the Tennessee Valley Region by Race/Ethnicity as of June 30, 2010

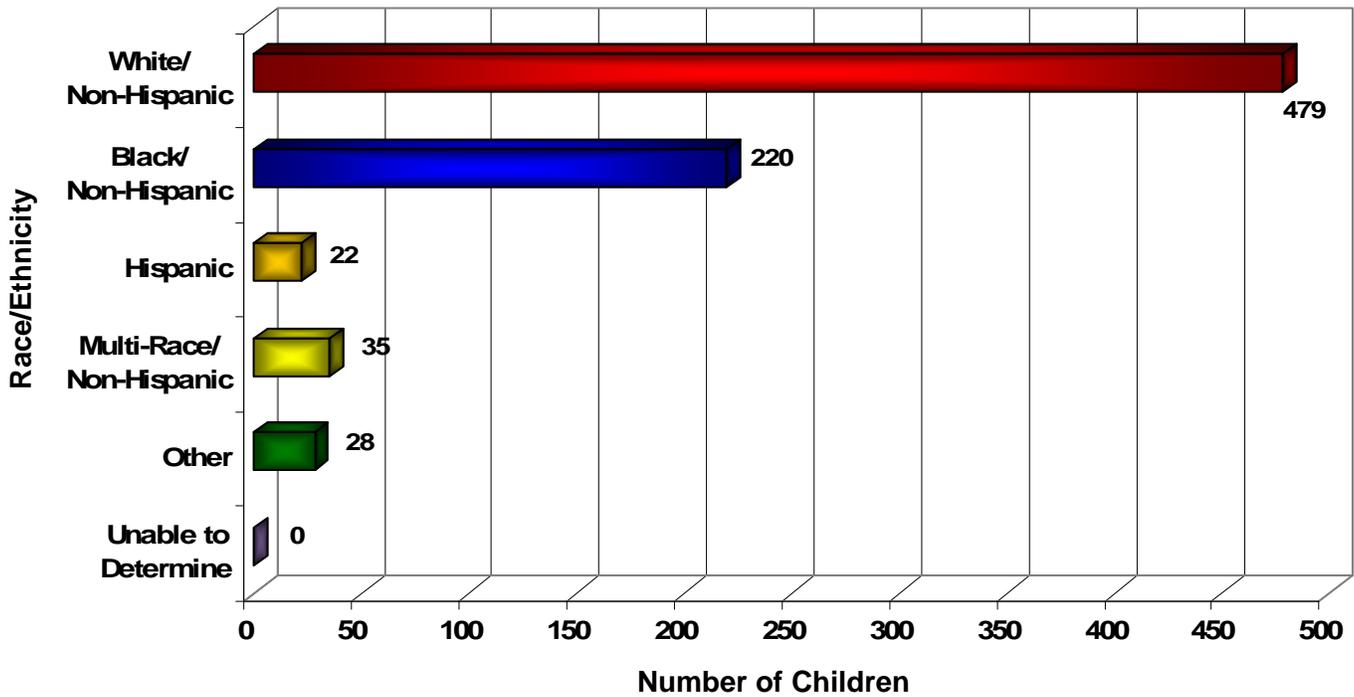
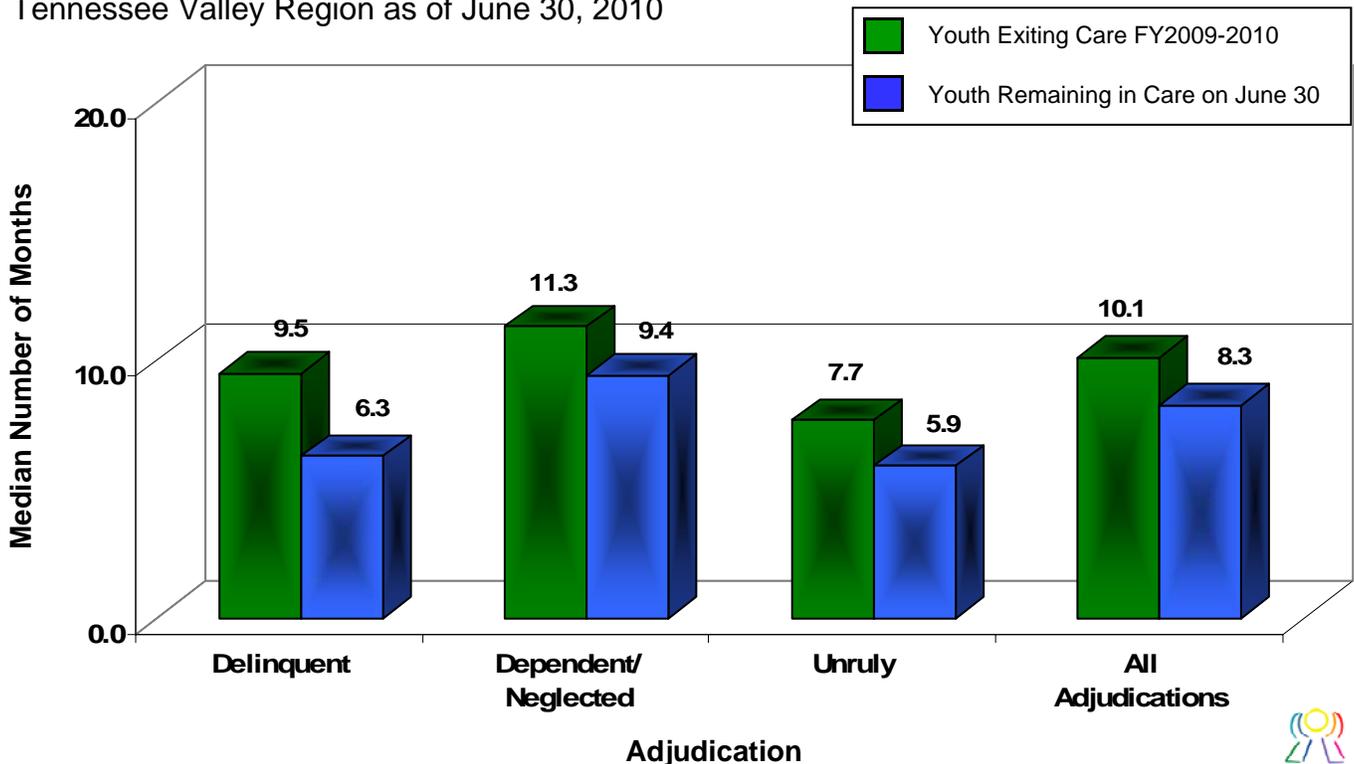
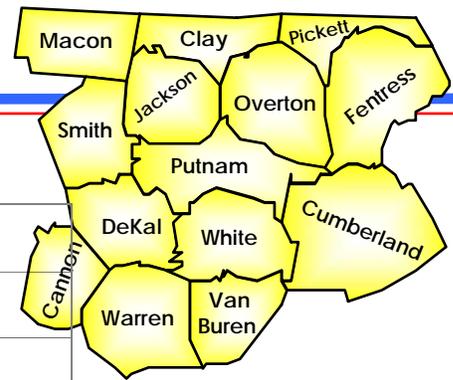
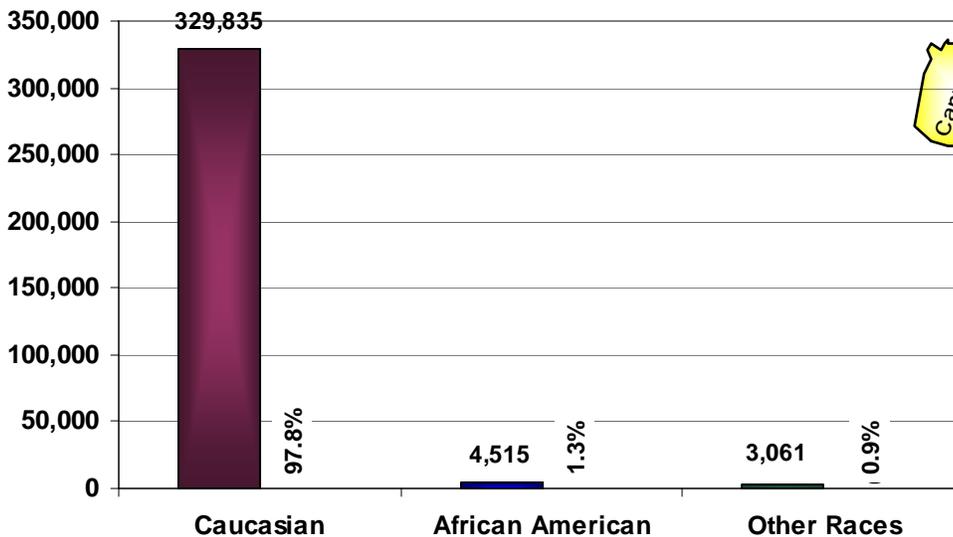


Figure 58: Length of Stay in Care by Adjudication in the Tennessee Valley Region as of June 30, 2010



Upper Cumberland Region

Total Population— 337,411*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2010 US Census.)

Table 23: Placement Type for Children In Care in the Upper Cumberland Region as of June 30, 2010

Placement Type/Level**	Frequency	%
Contract Foster Care	96	18.6%
DCS Foster Care	189	36.6%
DCS Group Home	3	0.6%
DCS Overnight Office Placement	3	0.6%
Inpatient	1	0.2%
Level 2	37	7.2%
Level 3	23	4.5%
Level 4	6	1.2%
Medically Fragile Foster Home	4	0.8%
Pre Adoptive Home	67	13.0%
Runaway	8	1.6%
Trial Home Visit	53	10.3%
Youth Development Center Placement	10	1.9%
Unassigned/Missing	16	3.1%
Total	516	100.0%

Hispanics and Latinos represent 12,912 (3.8%) of Upper Cumberland Region's populace and are included in the total population number above.

Population ages 19 and under as of June 30, 2009 – 83,916

Number of children in care as of June 30, 2009 – 516

The Upper Cumberland Region covers 14 counties in Middle Tennessee. The 14 counties are: Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren and White. The regional office is located in Cookeville. There are 186 DCS staff positions to serve the region.

Based on children in custody, the Upper Cumberland Region is the 8th largest with 516 children.

(Data Source: TFACTS)

TFACTS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

**See glossary for complete definitions of terms used in this table under "Placement Levels of Care".

Figure 59: Children in Custody in the Upper Cumberland Region by Age Group Compared with Statewide Totals as of June 30, 2010

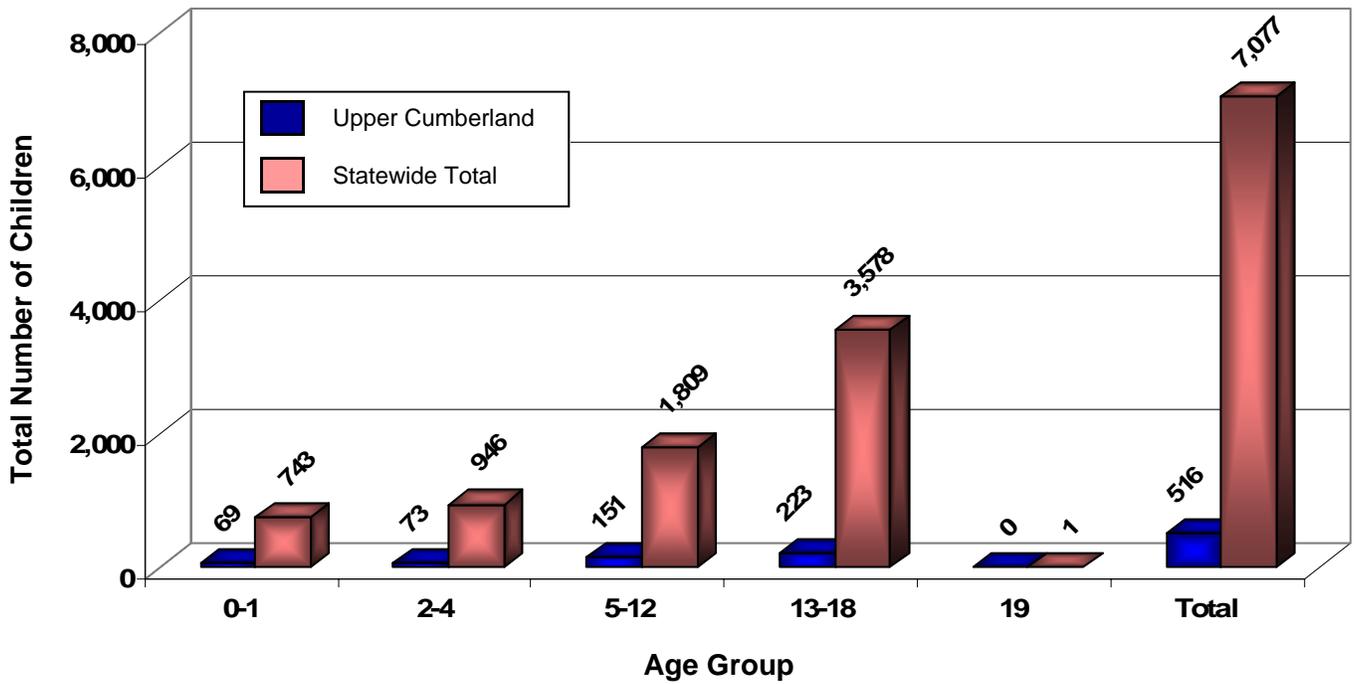


Figure 60: Children in Custody in the Upper Cumberland Region by Gender as of June 30, 2010

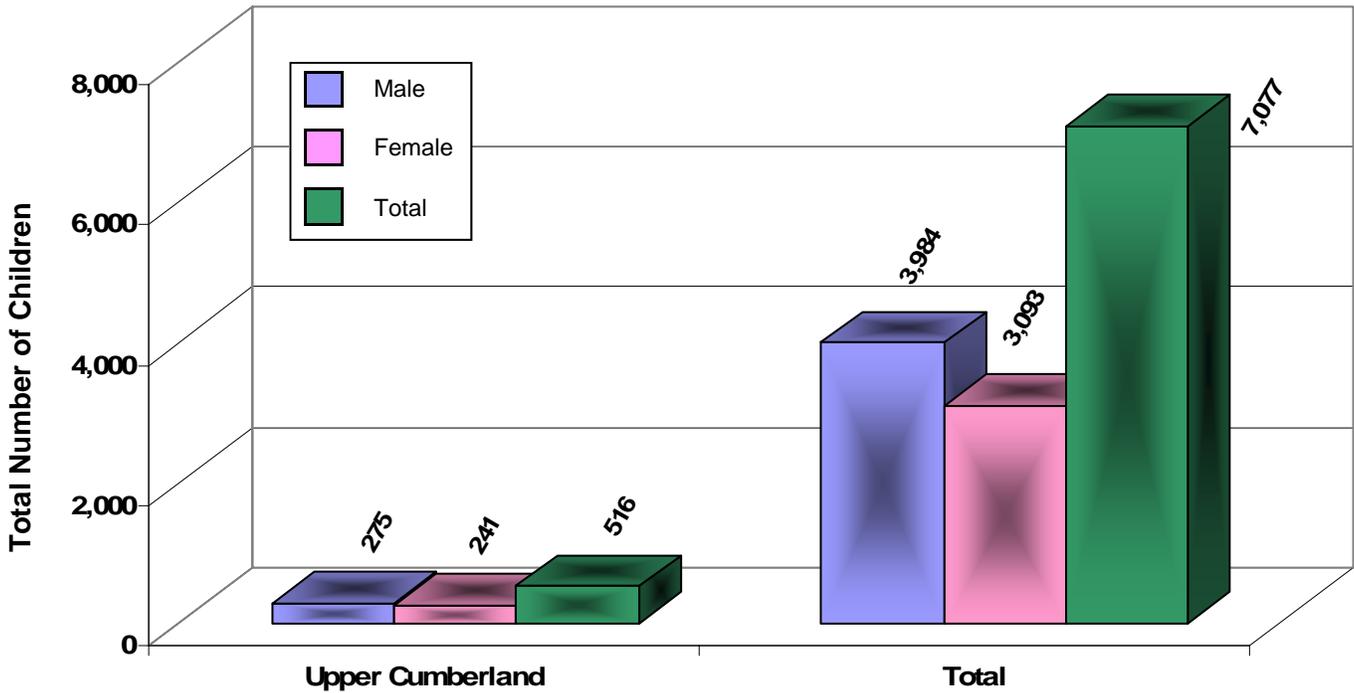


Figure 61: Children in Custody in the Upper Cumberland Region by Race/Ethnicity

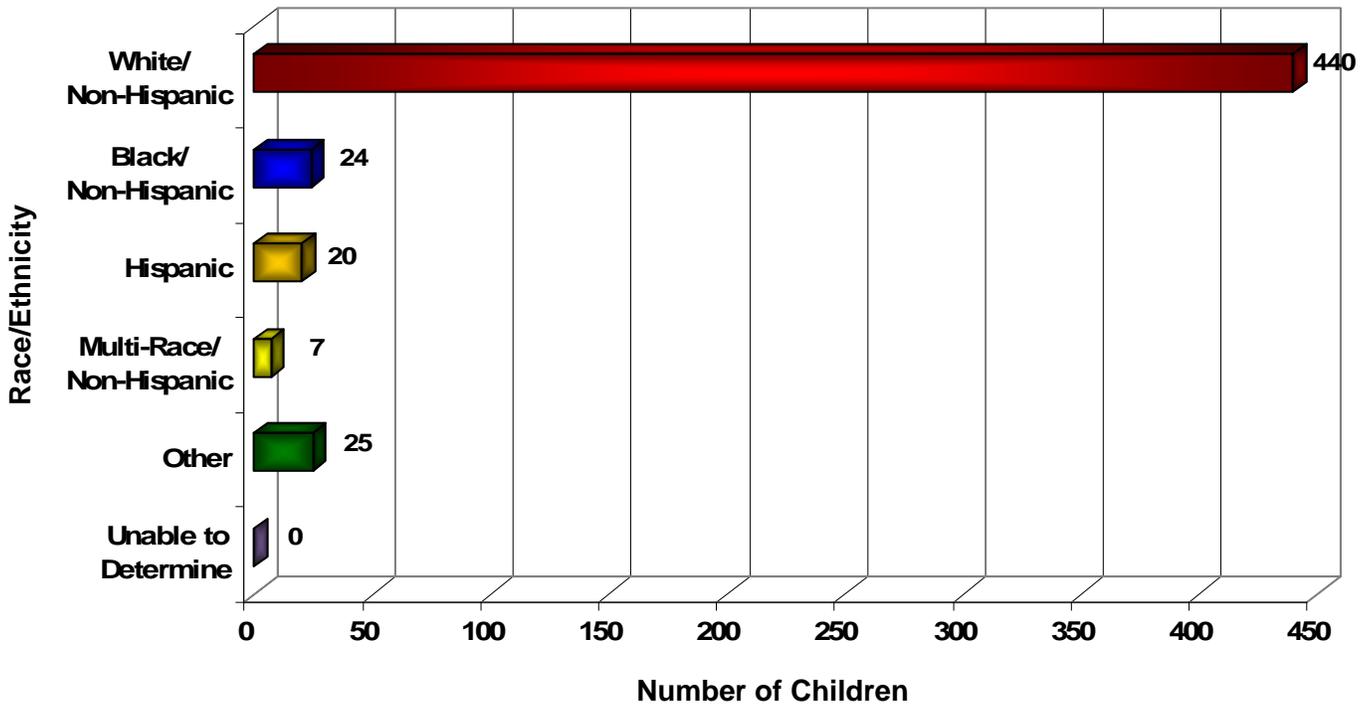
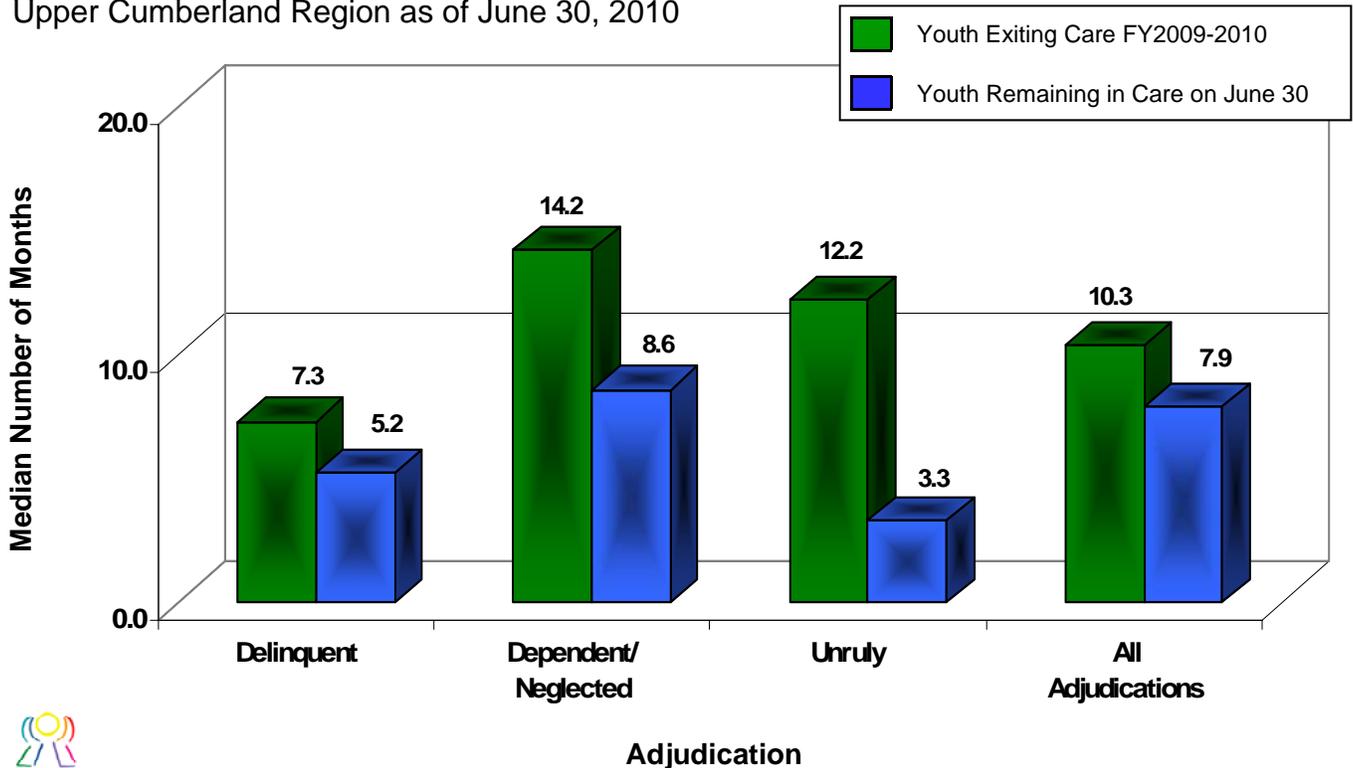


Figure 62: Length of Stay in Care by Adjudication in the Upper Cumberland Region as of June 30, 2010



Glossary

A

Absconder: A delinquent offender who hides, conceals, or absents him/herself from a non-secure setting with the intent to avoid custody or supervision by DCS. (For the purposes of DCS - A JJ child/youth that leaves a non-secure placement or a probation or aftercare case whose location is unknown.)

Adjudication: The outcome of the court's process to determine the validity of allegations made in a petition or complaint. The process consists of the presentation of witnesses and evidence by oral testimony or written statements, and arguments by counsel or the parties.

Adjudication of Delinquency: A juvenile court has found beyond a reasonable doubt that a child has committed a delinquent act. (TCA 37-5-103)

Adoption Assistance: The federal or state programs available to adoptive parent(s) adopting special needs children to enable them to meet the child's maintenance, medical, psychological, or other needs.

Allegation: A charge or claim of fact in a report of child abuse or neglect or in a petition. It must be proven if the report or petition is to be found true. The abuse report lists specific events, injuries, or threats (such as physical abuse, neglect, sexual abuse, or emotional abuse) as an introduction to the report's specific allegations.

Assessment: The ongoing process that is the foundation for all case management decisions made for families and children relative to the intensity of their level of care services and type of placement, if out of home placement is warranted.

B

Block Grant: A system of disbursing funds to meet health, education and social welfare needs while permitting the recipient organization(s) to determine how best to distribute the money.

Board Payments: Board payments financially support children in DCS custody or receiving services voluntarily past 18 years of age. There are 3 types of board payments: standard, special circumstances, and negotiated rates. Board payments are made to the foster parents caring for children.

C

Case File Review: A paper review of an indicated perpetrator's case file by DCS Commissioner (or designee) without the legal representation of either the department or the perpetrator.

Case Recordings: The ongoing chronological narrative written by a family service worker in a case file that serves to document each contact or to document any activity related to the case.

Child Advocacy Centers: Agencies or organizations that champion the rights of children to be free from abuse or exploitation, and to have opportunities to develop toward their full potential.

Child Protective Investigation Team

(CPIT): A legally mandated, multi-disciplinary team that conducts investigations of alleged sexual abuse or other severe child abuse. A CPIT includes one DCS family service worker, one District Attorney's office representative, one juvenile court officer or investigator, one properly trained law enforcement officer with county-wide jurisdiction, the Child Advocacy Center director/designee, and one mental health profession representative

(optional). (TCA 37-1-607)

Child Protective Services (CPS): A program division of DCS whose purpose is to investigate allegations of child abuse and neglect, and to provide and arrange preventive, supportive, and supplementary services.

Civil Service Register: The document or record containing the names of the highest-ranking eligible candidates available for a class of positions for consideration by an appointing authority in filling a vacancy.

Commitment: The legal placement of a child/youth in the care and custody of the Tennessee Department of Children's Services.

Community After-Care: Supervision of a youth who has been released from custody and who is subject to conditions imposed by the courts and the Department of Children's Services.

Concurrent Planning: In child welfare services the casework approach that focuses on timely, appropriate implementation for achieving permanence for children, whether it is reunification, relative placement, or termination of parental rights.

Contract Providers: Individuals and organizations, which have entered into a legal agreement to perform services for the Department.

Custody: The control of actual physical care of the child, including the rights and responsibility to provide for the physical, mental and moral well-being of the child.
[TCA 37-1-102 (b) (8)].

D

Delinquent Act: An act designated a crime under the law, including local ordinances of this state, or of another state if the act occurred in that state, or under federal law;

excluding traffic offenses other than those classified as a felony (i.e., failure to stop when involved in an accident, driving under the influence, vehicular homicide, etc.).
(TCA 37-1-102)

Dependent and Neglected Child: A child who is without a parent, guardian, or legal custodian or whose parent, guardian, or person with whom the child lives, is unable to properly care for the child, or neglects or refuses to protect the child.
[TCA 37-1-102(b)(12)].

Detention: The temporary confinement of a child, who has been adjudicated delinquent, in a secure area.

E

Early Periodic Screening, Diagnosis & Treatment (EPSDT): The preventive health care services provided under TennCare (Tennessee's Managed Care Medicaid program) to children under the age of 21.

Entitlement Grant: A transfer of funds from one organization or individual to a group of people who belong to a specified class.

F

Family Service Worker (FSW): A DCS employee responsible for providing case management services to children under the State's supervision, in State custody, or at risk of State custody and their families.

Flexible Funding: Monetary resources made available for the purpose of acquiring additional services or goods that can be used to prevent the need for state custody or to return a child home who is in state custody.

Foster Care Review Board: An advisory body appointed by a juvenile court judge(s), which reviews the status of each neglected and dependent, and unruly child's case in DCS custody at least once within the first 90 days of initial placement in DCS custody and

within every 6 months thereafter.

G

Guardianship: The legal status of a child when all parental rights to the child have been terminated by surrender, court order or clearing the Putative Father Registry and DCS has guardianship of the child with the right to consent to the child's adoption.

I

In-Home Services: The process of providing services to a child and his/her family within their home or place of residence, rather than in an outside service setting.

Independent Living: Consists of a series of developmental activities that provide service opportunities for young people to gain the skills required to live healthy, productive, and responsible lives as self-sufficient adults. The provision of Independent Living Services is required for any child in DCS custody age 16 years of age or older.

Intake (CPS): The process DCS family service workers follow in accepting oral or written complaints, reports or allegations of child abuse or neglect for investigation which includes gathering the information needed to determine if a Child Protective Services investigation is warranted, determining the urgency of the situation and then initiating the appropriate response.

Interstate Compact on Juveniles: An agreement between all fifty states, the District of Columbia, Guam and the Virgin Islands authorizing out-of-state supervision of delinquent juveniles who are eligible for aftercare (parole) or probation; provides for the return to their home state of absconders, escapees and non-delinquent runaways; and includes the cooperative institutionalization of delinquent juveniles.

Interstate Compact on the Placement of Children: A uniform law enacted by all fifty

states, the District of Columbia, and the Virgin Islands that establishes orderly procedures for the placement of children across state lines into other party states for the purpose of foster care or preliminary to an adoption and fixes responsibility for those involved in placing the child.

Investigation: A fact-finding and emergency service engagement process with the preliminary goal of protecting children from abuse or neglect.

L

Least Restrictive Placement: An out of home placement alternative that best preserves the family, or minimizes the impact of separation. Placement may involve brief stays with relatives, a shelter, or temporary foster care.

N

Neglect: Acts of commission or failure to provide for basic needs of a child including but not limited to food, medical care, and safe living conditions.

P

Parental Rights: The legally recognized rights and responsibilities to act as a parent, to care for, to name, and to claim custodial rights with respect to a child.

PATH (training): Training for foster care, kinship care, and adoption, entitled *Parents as Tender Healers*

Permanency Planning: The process of intervention and decisive case work on the part of the family service worker, focusing on choosing the least restrictive permanent outcome for the child, i.e., return to parent, relative placement, adoption, or independent living in a timely manner.

Placement Levels of Care:

Acute—Same as Level 4 but for children that are Mentally Retarded or low functioning.

Foster Care—Foster Care is a program for children, youth, and their families whose special needs can be met through services delivered primarily by foster parents trained, supervised, and supported by agency staff with the goal of permanency based on the best interest of the child.

Foster Care Medically Fragile—Foster Care Medically Fragile program provides recruitment, training, and support services to foster parents trained to meet the needs of youth who are appropriate for family-based care but require a higher level of medical support, intervention, and case coordination. Foster parents are specially trained to care for children with extreme medical needs, which cannot be provided in their family homes.

Foster Care Therapeutic—Therapeutic Foster Care services include recruitment, training, and support services to foster parents trained to meet the needs of youth who are appropriate for family based care but require behavioral intervention, case coordination, and/or counseling services. Therapeutic Foster Care parents require more frequent respite and support services and training in behavioral intervention.

Level 1—Foster Care is a program for children, youth, and their families whose special needs can be met through services delivered primarily by foster parents trained, supervised, and supported by agency staff with the goal of permanency based on the best interest of the child.

Level 2—Level II Residential Treatment is designed to meet the needs of children who are unable to live at home or in a resource home and require temporary care in a group or residential setting. The residential treatment program provides structure, counseling, behavioral

intervention and other services identified in a child's permanency plan for children with moderate clinical needs. Children in this program type attend public school in the community.

Level 2 Continuum—Continuum of Care is a service model with a focus on achieving the outcome of successful permanency for children in a family setting. Continuums have flexibility to design services, in coordination with a Child and Family Team, which are individualized for children and families and the ability to customize the delivery of services to each child and family in the least restrictive manner. A Level II Continuum is an array of services for children with moderate mental health and behavioral issues and their families, which includes residential services, resource homes with wrap-around services, in-home services, and support and services to the child's family. The goal of all continuum services is timely permanency and well-being for the children served.

Level 2 Special Needs—Level II Special Needs is a structured group home or residential treatment facility specializing in treatment of youth with both developmental delays and behavioral and/or emotional disorders. The program provides structure, counseling, behavioral intervention, and other needs identified in a child's permanency plan. Children and youth may, if appropriate, attend an on-site school approved by the Department of Education and the Department of Children's Services Educational Division.

Level 2 Special Population—Level II Special Population is a structured group home, residential treatment facility, or Wilderness program that provides structure, counseling, behavioral intervention, and other needs identified in a child's permanency plan for youth with moderate

clinical needs. The youth do not attend public school in the community for specified treatment reasons.

Level 3—LEVEL III Residential Treatment provides an interdisciplinary psychotherapeutic treatment program in a 24-hour a day facility for children and youth with serious emotional and/or psychological treatment needs and in need of intensive residential treatment facility. The agency provides intensive day treatment and an educational program. A Level III Continuum is an array of services for children with moderate mental health and behavioral issues and their families, which includes residential services, resource homes with wraparound services, in-home services, and support and services to the child's family.

Level 3 Continuum—Continuum of Care is a service model with a focus on achieving the outcome of successful permanency for children in a family setting. Continuums have flexibility to design services, in coordination with a Child and Family Team, which are individualized for children and families and the ability to customize the delivery of services to each child and family in the least restrictive manner. A Level III Continuum is an array of services for children with moderate mental health and behavioral issues and their families, which includes residential services, resource homes with wrap-around services, in-home services, and support and services to the child's family. The goal of all continuum services is timely permanency and well-being for the children served.

Level 3 Continuum Special Needs—A Level III Continuum Special Needs is an array of services for children with serious mental health and behavioral issues and their families, which includes residential services, resource homes with wrap-

around services, in-home services, and support and services to the child's family.

Level 4—Level IV programs provide psychiatric hospitalization, which is a physician-directed level of care focused on establishing the behavioral and emotional prerequisites for functioning in less restrictive, non-hospital environments. It is a transitional level of care that a child may enter as a step-down from an acute admission or as a temporary admission from a lower level of care for the purpose of emotional and/or behavioral stabilization. All admissions to Level IV programs meet the criteria for voluntary admission subject to the availability of suitable accommodations as defined by the hospital. The child's treatment team under the leadership of the physician makes decisions regarding which clinical issues are addressed on the plan of care, the sequence in which they are addressed and discharge recommendations. The use of seclusion or restraint in Level IV programs shall be directed by a physician (licensed independent practitioner) and must be in compliance with applicable statutory Department of Children's Services, licensure, CMS and JCAHO requirements. The regional psychologist must approve all admissions of children in custody to a Level IV program.

Placement Quality Team System (PQTS):

A multi-team system that includes cross functional teams comprised of both regional and central office staff from multiple divisions who meet to discuss provider performance issues, both systemic and provider specific, in order to improve overall provider performance. When issues of concern are presented to a PQTS team, they will assist the provider in improving their performance through corrective action. The Yellow Zone Team can consider specific interventions that include: technical assistance to the provider, issuance of a corrective action plan (CAP),

admission freeze, reduction of contract, or termination of contract.

Probation: Supervision of a youth who has been adjudicated delinquent by a court and who is subject to conditions imposed by the court and probation division.

R

Resource Parent: A person who has been trained and approved by the department or a licensed child-placing agency to provide full-time temporary out-of-home care in a private residence for children who, for various reasons, can no longer remain in their own homes.

S

Surrender of Parental Rights: The legal document whereby the birth parent(s) or guardian(s) of the child voluntarily relinquish his/her rights or rights of guardianship and responsibilities directly to DCS, a child-placing agency or directly to the prospective adoptive parent(s) for the purpose of adoption.

T

Targeted Case Management: The process of focusing on a particular aspect or aspects of a case in order to bring about specific change(s).

Temporary Custody: The legally ordered status of a child when an adult or an agency receives physical care, control, and supervision of a child for a limited time. Temporary custody is subject to the remaining rights and duties of the parent or guardian and to any limitations in the court's order.

TennCare: A managed healthcare program for Tennesseans who are either eligible for Medicaid, or are uninsured or uninsurable.

Title IV-E: A section of the Social Security Act that provides funding for the maintenance of children in foster care who meet certain Temporary Assistance for Needy Families (TANF) eligibility criteria and who meet certain legal requirements, e.g., best interests, reasonable efforts.

TFACTS: A statewide database application developed to provide efficient access to information about children and families served by DCS; Tennessee's SACWIS system.

U

Unruly Child/Youth: A child in need of treatment and rehabilitation who habitually and without justification is truant from school while subject to compulsory schools attendance under TCA 49-6-3007; or is habitually disobedient of the reasonable and lawful commands of parents/guardians or other legal custodians to the degree that such child's health and safety are endangered; or commits an offense which is applicable only to a child; or is a runaway.

W

Wraparound Funds: Funds used to provide appropriate support for living arrangements that will lead towards permanency for children and youth in DCS custody.



Acronyms

A

A&D – alcohol and drug
ACA – American Correctional Association
ACCWIC –Atlantic Coast Child Welfare Implementation Center
ADD – attention deficit disorder
ADHD – attention deficit disorder with hyperactivity
AFDC – Aid to Families with Dependent Children
AG – attorney general
ASFA – Adoption and Safe Families Act
AWOL – absent without leave

B

BHO – behavioral health organization
BIP – behavior intervention plan
BPR – Board of Professional Responsibility
BSW – Bachelors Social Work

C

CANS – Child and Adolescent Needs and Strengths
CAP – Corrective Action Plan
CAPTA – Child Abuse Prevention and Treatment Act
CART – child abuse review team
CASA – court appointed special advocate
CBT – computer-based training
CFSR – child and family service review
CFTM – child and family team meeting
CM – case manager
CIP – court improvement program
CIT – crisis intervention team
CLE – continuing legal education
CLT – Core Leadership Team
CO – Central Office
COA – Council on Accreditation
CPIT – child protective investigative team
CPPP – Child Placement and Private Provider
CPS – Child Protective Services
CQI – continuous quality improvement
CRI – Children’s Rights, Inc.
CRP – community residential program
CSA – Community Services Agency
CSLA – children in special living arrangements
CSO – Children’s Services Officer
CWB – child welfare benefits
CWLA – Child Welfare League of America
CY – calendar year

D

DA – district attorney
DCS – Department of Children’s Services
D&N – dependent and neglected
DEA – Drug Enforcement Agency
DHS – Department of Human Services
DJJ – Department of Juvenile Justice
DMHDD – Department of Mental Health
and Developmental Disabilities
DMRS – Division of Mental Retardation Services
DNR – do not resuscitate
DOC – Department of Correction
DOE – Department of Education
DPA – direct purchase authority

DMS-IV – Diagnostic and Statistical Manual for
Mental Disorders

E

ED – emotionally disturbed
EAP – Employee Assistance Program
EEOC – Equal Employer Opportunity Commissioner
EPSDT – early periodic screening, diagnosis and
treatment
E&M – Evaluation and Monitoring

F

F&A – Department of Finance and Administration
FAPE – free appropriate public education
FAQ – frequently asked questions
FBA – functional behavior assessment
FCIP – family crisis intervention program
FCRB – foster care review board
FF – flex funds
FHACP – Resource home and Child Placement
FLSA – Fair Labor Standards Act
FSA – field system administrator
FSS – family support services
FSW – Family Service Worker
FTT – failure to thrive
FY – fiscal year
FYI – for your information

G

GAF – Global Assessment of Functioning
GED – General Educational Development
GH – group home

H

HCCM – home county case manager
HIPAA – Health Insurance Portability and
Accountability Act of 1996
HR – Human Resources
HRD – Human Resources Department

I

IA – Internal Affairs
IAP – individualized accommodation plan
ICE – Immigration and Customs Enforcement
ICJ – Interstate Compact on Juveniles
ICPC – Interstate Compact on the Placement of **ICPC** – **ICPC**
– Children
ICWA – Indian Child Welfare Act
IDEA – Individuals with Disabilities Act
IEP – individualized education plan/program
IEPA – Inter-Ethnic Place Act
IPP – Individual Program Plan
IR – information resources
IS – information systems
ISM – information systems management
IV-B – section of federal Social Security Act
IV-D – section of federal Social Security Act
IV-E – section of federal Social Security Act

J

JJ – juvenile justice
JCCO – juvenile court commitment order
JJDPA – Juvenile Justice and Delinquency Prevention Act

L

LCS – Legislative Constituent Services
LDI – legally defensible interviewing
LEA – local education agency
LRE – least restrictive environment
LTPA – long-term placement agreement

M

MCO – managed care organization
MD – manifestation determination
MEPA – Multi-Ethnic Placement Act of 1994
MR – mentally retarded
MRS – Multiple Response System
MSW – Masters Social Work

N

NACC – National Association of Counsel for Children
NCAC – National Child Advocacy Centers

O

O&A – observation and assessment
OIG – Office of the Inspector General
OIR – Office of Information Resources
OIS – Office of Information Systems
OJJDP – Office of Juvenile Justice and Delinquency Prevention
OJT – on-the-job training
OT – occupational therapy

P

P2E – Path to Excellence
PAR – program accountability review
PATH – Parents as Tender Healers
PBC – Performance Based Contracting
PCP – primary care provider
PD – public defender
PER – placement exemption request
PIP – Program Improvement Plan
POA – power of attorney
PPLA – planned permanency living arrangement
PPPM – Policy Planning and Performance Management
PQI – Performance and Quality Improvement
PQT – Program Quality Team
PQTS – Placement Quality Team System
PT – physical therapy
PTSD – post-traumatic stress disorder

Q

QSR – Quality Service Review

R

RA – regional administrator
RAC – residential appeals committee

RAD – reactive attachment disorder
REACT – Resource Exchange for Adoptable Children in Tennessee
RFP – request for proposals
RGC – regional general counsel
R/O – rule out
ROCM – risk-oriented case management

S

SACWIS – State Automated Child Welfare Information System
SAT – services and appeals tracking
SDM – Structured Decision Making
SEA – State Education Agency
SED – seriously emotionally disturbed
SIR – serious incident report
SIU – Special Investigations Unit
SPMI – seriously and persistently mentally ill
SSA – Social Security Act
SSI – supplemental security income

T

TAC – Technical Assistance Committee
TANF – Temporary Assistance for Needy Families
TBI – Tennessee Bureau of Investigation
TC – team coordinator
TCA – Tennessee Code Annotated
TCCW – Tennessee Center for Child Welfare
TCCY – Tennessee Commission on Children and Youth
TCSSES – Tennessee Child Support Enforcement System
TEIS – Tennessee Early Intervention Services
TFACTS – Tennessee Family and Child Tracking System
THP – trial home placement
THV – trial home visit
TIPS – Tennessee Infant Parent Services
TL – team leader
TRCP – Tennessee Rules of Civil Procedure
TRJP – Tennessee Rules of Juvenile Procedure

U

UAPA – Uniform Administrative Procedures Act
UCCJEA – Uniform Child Custody Jurisdiction and Enforcement Act
UPP – Unified Placement Program

V

VAP – voluntary acknowledgement of paternity
VVCO – violation of a valid court order

Y

YDC – youth development center
YSO – youth services officer



Addendum I



STATE OF TENNESSEE
DEPARTMENT OF CHILDREN'S SERVICES
Division of Licensing
1272 Foster Avenue, Nix 3
Nashville, TN 37243-1290
(615) 532-5598

Annual Licensing Report FY2010

The DCS Division of Licensing is a regulatory authority governed by statute and regulates all programs making application for licensure that fall within the purview of applicable state licensing statute and rules. The DCS Division of Licensing develops and promulgates applicable rules; issues conditional and annual licenses; reviews, investigates, documents and processes grievances and complaints; implements disciplinary actions; ensures compliance with applicable federal and/or state laws, regulations, and/or department rules, standards, and guidelines; reviews and makes recommendations on applicable legislation; coordinates annual adoption fees scheduling; and compiles annual data on the activities of the entities it licenses.

The following information is based on annual self-reported data collected from all agencies licensed by the Tennessee Department of Children's Services (DCS) during the 2010 fiscal year. Please note that this information is compiled for all reporting licensed agencies and is therefore not limited to those DCS-licensed agencies contracting with the department for residential and/or foster care.

Self-Reporting Summary

Private and public agencies *licensed or approved* by the Department of Children's Services providing residential childcare served **8,985** children during the 2010 fiscal year (July 1, 2009 through June 30, 2010).

These agencies served a total of **8,877** children whose cases were subject to foster care review law. This included **7,261** cases subject to review through the Department of Children Services for those children residing in custodial foster care; and **1,616** children for whom the agencies themselves were responsible for foster care review.

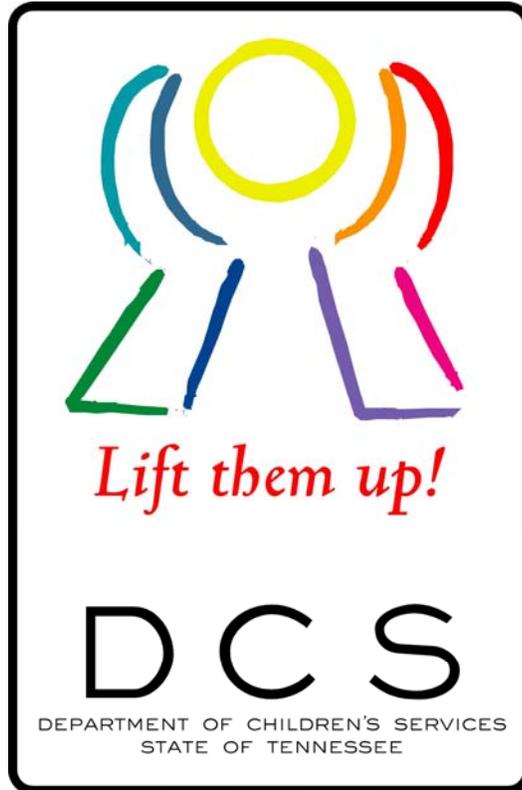
The total number of children residing in both public and private programs licensed or approved by the Tennessee Department of Children's Services on June 30, 2010 was **3,495**.

The number of children placed for adoption by the licensed private agencies or approved public agencies totaled **514**. Of this total:

224 were in the age range of infant to two years;

98 were in the range of 2 through 6 years;

192 were aged 7 or older.



7th Floor, Cordell Hull Building
436 Sixth Avenue North
Nashville, TN 37243-1290
<http://www.state.tn.us/youth/>

Phil Bredesen, Governor

Viola P. Miller, Commissioner



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