The Center for
State Child Welfare Data

Children in Care:

What Accounts for Tennessee's Growing Population of Foster Children?

Report 4
Tennessee Accountability Center

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Fred Wulczyn, Xiaomeng Zhou, and Jamie McClanahan

CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO

1313 E. 60th Street
Chicago, IL 60637
(773) 256.5100
fcda.chapinhall.org

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Introduction

As we have observed in prior Tennessee Accountability Center reports,[1] the number of children adjudicated abused, neglected, or unruly (the former *Brian A.* population) has been on the rise. In this report, we look more deeply into the reasons why the caseload is rising.

To do that, we start with a basic analysis that examines the number of kids in out-of-home care as a function of how many children are admitted and how many children leave. We are interested in understanding the entry and exit dynamics separately in order to put together a composite view of how and why the population is growing.

We then turn our attention to factors that explain the overarching increase in admissions to out-of-home care—the age at which kids are being admitted, parents' substance abuse as a reason for entry into care, and whether the child had experienced trauma prior to coming into care. Each factor provides insight that the Department's leadership ought to consider when planning resource allocations.

Finally, we turn our attention to understanding how quickly children leave care and where they go when they leave. We examine children's exit experience by age group, time in care, trauma experience and exit destination across different fiscal years.[2] Together, the entry and exit dynamics offer a clear understanding as to why the foster care population has been growing.

Population Dynamics in TN

Juvenile Court judges make the decision, often in consultation with DCS, to bring children into state custody. Juvenile Court judges also rule on whether a child leaves out-of-home care. Placements in out-of-home care end primarily when children are reunified with their families, discharged to the care of a relative, or adopted. A small proportion of all children who enter foster care will age out, run away, or experience another type of non-permanent exit.

DCS' foster care population—the number of children in out-of-home placement at any given time—is a function of the number of admissions and how long children stay in care. As shown in Figure 1 below, there has been an overall increase in the caseload (measured here as the number of children in care on the last day of the state fiscal year (SFY)) between SFY15-16 and SFY17-18. Specifically, the number of children in care increased from 6,136 on June 30, 2016 to 7,042 on June 30, 2018. (Because data for only the first half of SFY18-19—from July 1, 2018 through December 31, 2018—are available at this time, it is too early to reach any conclusion about the trend for SFY18-19.)

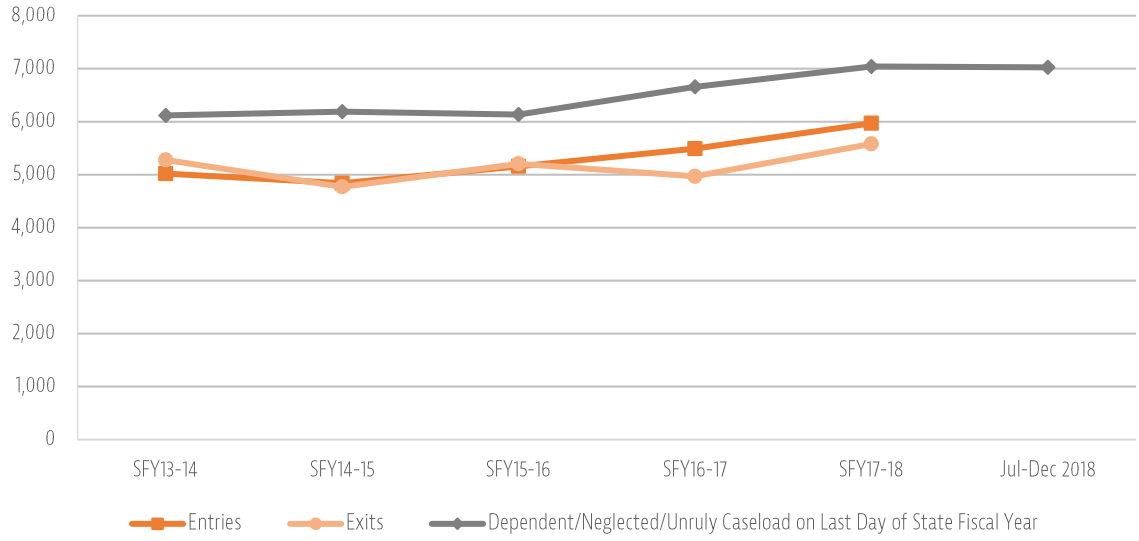
During SFY16-17 and SFY17-18, the number of admissions during the year exceeded the number of exits from care during that same time period, resulting in an overall increase in the number of children in care on the last day of the fiscal year. In years prior to SFY16-17, the number of entries during the year was about the same as

[1] See Figure 1 of Tennessee Accountability Center Report 3, available at https://fcda.chapinhall.org/wp-content/uploads/2018/12/Tennessee_Accountability_Center_Report3-12.21.pdf.

[2] TFACTS/Chapin Hall Administrative Data through December 31, 2018 are the source for all analyses presented in this report.

the number of exits during the year, and as a result, the number of children in care at the end of the fiscal year remained relatively stable.[3]

Figure 1: Entries, Exits, and Caseload on Last Day of State Fiscal Year



Admissions to Foster Care

In the first part of this report, we examine trends in factors related to the likelihood of entry into foster care: the age of the child, the parent(s)' alcohol or substance abuse, and the child's trauma experience.

Age at Entry into Care

The likelihood of entering foster care varies by the child's age. Moreover, a child's age at admission has a strong influence on the child's experience in care and outcomes. The figures below present the number (Figure 2) and percentage (Figure 3) of children entering care during each of the past five fiscal years by the child's age at the time of first entry into care using four age groups (under 1 year old, 1 to 3 years old, 4 to 12 years old, and 13 to 17 years old).

In general in Tennessee, as in many states, when the age profile uses single years rather than age groups, infants make up the largest percentage (ranging from 16 percent to 19 percent) of children entering care each year.[4] Children 3 years or younger make up just under one-third of the children entering care in any given year (the sum of the orange and light orange lines in Figure 3 below). Children ages 4 to 17 (a much larger age range) make up the remaining two-thirds of children entering care each year.

As shown in Figure 2 below, the number of children entering care in each age group has increased in recent fiscal years, but the greatest increases have occurred among older children (ages 4-17). However, this larger increase in the number of entries of older children has not shifted the balance of children in each age group

[3] The Department also serves children and youth adjudicated delinquent through their Juvenile Justice program. Those children are not included in this report. The Juvenile Justice caseload on the last day of the fiscal year has steadily decreased from 1,084 on June 30, 2014 to 724 on December 31, 2018 as the number of exits in each fiscal year has consistently exceeded the number of entries during the fiscal year.

[4] See Tennessee Accountability Center Report 3, Figure 2.

entering care over this window, as shown in Figure 3. The proportion of children entering care each year has remained at between 16 and 19 percent for infants, at between 18 and 19 percent for toddlers, at between 35 and 37 percent for children ages 4 to 12, and at between 27 and 30 percent for teenagers.

Figure 2: Number of First Entries by Fiscal Year and Age

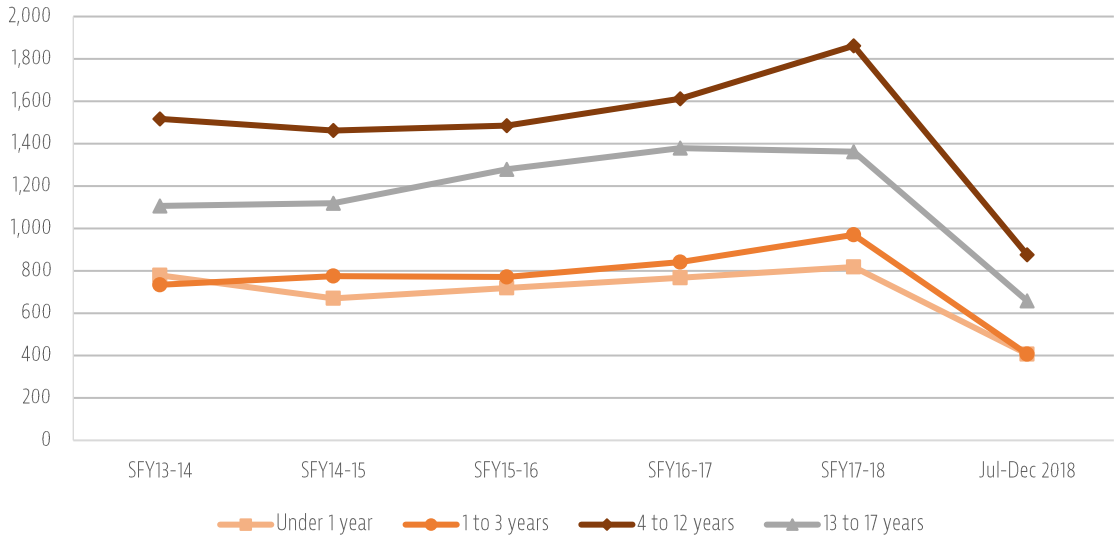
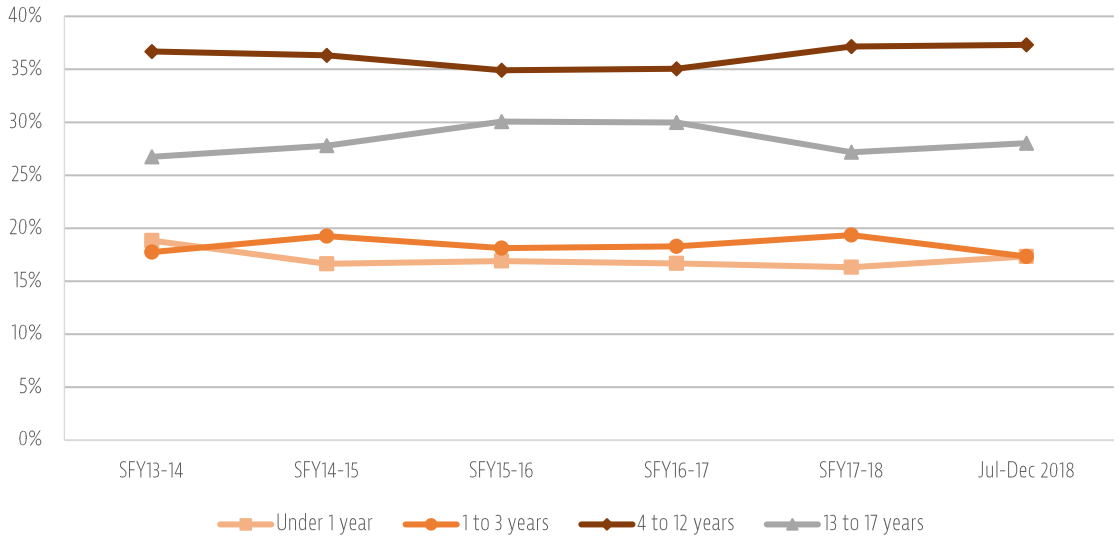


Figure 3: Percent of First Entries by Fiscal Year and Age



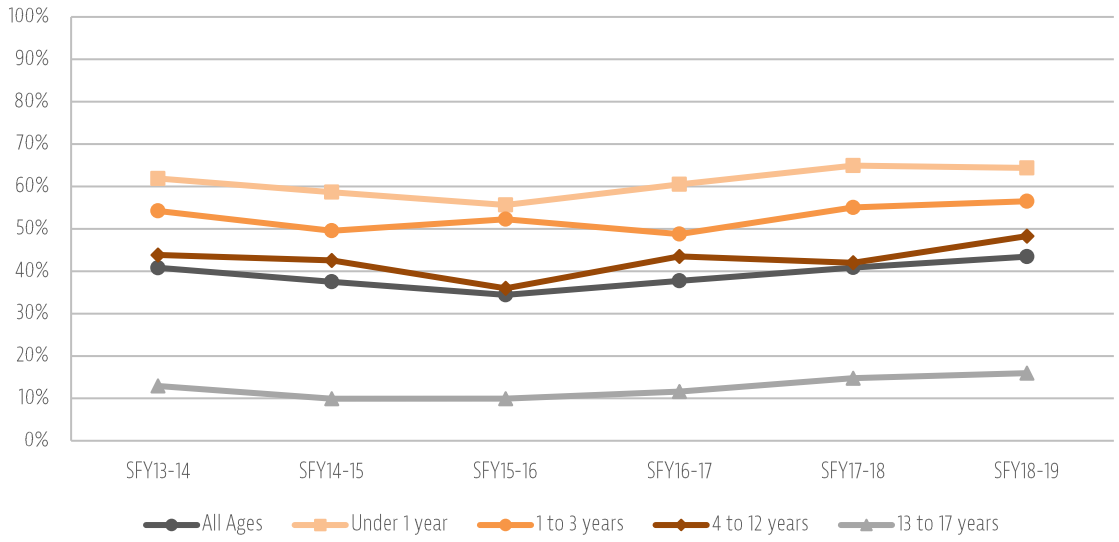
Reason for Entry

As the rise of the opioid epidemic across the country has coincided with an increase in admissions to child welfare systems in many states, one prominent theory is that the increasing incidence of opioid addiction among adults is the primary driver of the increase in admissions to foster care. As shown in Figure 4 below, for children of all ages, about four out of every 10 children are admitted to foster care because their caregivers (usually the parent) are misusing drugs and/or alcohol, and there has been an increase in entries because of

substance misuse from 36 percent in SFY15-16 to 43 percent in SFY18-19. The percentage of children admitted for the first time because of parental substance misuse in SFY15-16 was the lowest observed over the past six fiscal years. Even though the percentage in SFY17-18 is only two percent higher than it was in SFY13-14, we do not want to suggest that substance use is unimportant. On the contrary, in some parts of Tennessee substance use as a reason for entry is more common than in other parts of the state.[5]

Looking at entry reason by age group over time, we see that infants are the children most likely to enter care because of parental alcohol or substance abuse, followed by toddlers, and then by children ages 4 to 12. Sixteen percent of teenagers (or fewer) entered care in each fiscal year because of parental alcohol or substance abuse.[6] The time trends within age groups followed a pattern similar to that for all age groups combined.

Figure 4: Percentage of First Admissions in Each Age Group with Parental Alcohol/Substance Abuse as a Reason for Entry, by Fiscal Year



Prior Trauma Experience

Child welfare workers in Tennessee have suggested that an increasing number of children who have experienced trauma are entering care, changing the case mix in a way that affects length of stay. To test this possibility, we looked at children's trauma scores on their initial Child and Adolescent Needs and Strengths

[5] See Tennessee Accountability Center Report 3, Table 2. For example, the percentage of children admitted for the first time in SFY17-18 because of parental substance misuse was 63 percent in Knox and 60 percent in Upper Cumberland compared to 26 percent in Mid Cumberland and 28 percent in Davidson.

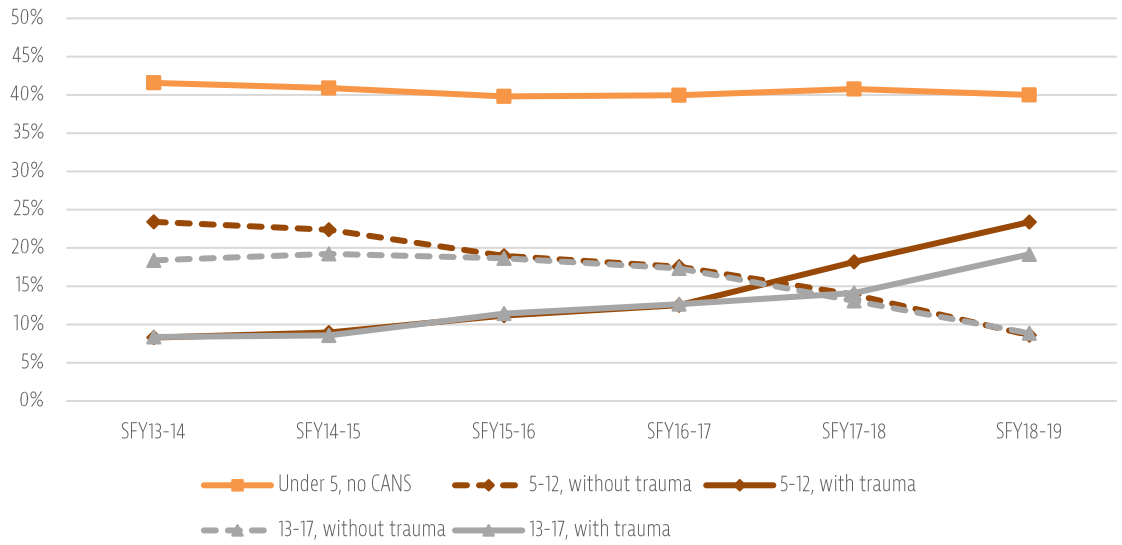
[6] In each fiscal year, for approximately 50 percent of teenagers entering care, the reason for entry had to do solely with the child's needs or behavior.

(CANS) assessments when entering care. We counted children as having had prior trauma experience if any one trauma item on the CANS was scored as 2 or greater.[7]

Figure 5 below presents the percentage of children entering care for the first time in each fiscal year by age group and trauma history. Because CANS assessments are not required for children under 5, information about their trauma history is not available. For that reason, we group these children together. Children over 5 are grouped into age groups that are similar to the ones used previously with one exception: Four to 12 year olds were shifted to 5 to 12 year olds to reflect the fact that CANS is administered to children 5 and above.

Figure 5 shows clear evidence of an increase in reported trauma among children admitted to foster care between SFY13-14 and SFY18-19. In SFY13-14, eight percent of children ages 5 to 12 entering care had trauma history and 23 percent did not; by SFY18-19, the percentage with trauma history had increased to 23 percent and the percentage without trauma history had decreased to nine percent. A similar trend was observed among youth 13 to 17 years old. The percentage of youth entering care in this age group who had trauma history increased to 19 percent in SFY18-19 from only eight percent in SFY13-14, and the percentage who did not have trauma history decreased from 18 percent to nine percent over the 5.5 years.

Figure 5: Percentage of First Entries in Each Fiscal Year by Age and Trauma History



When interpreting the findings that pertain to the increase in trauma as captured by the CANS, it is important to bear in mind changes to the CANS and how the CANS is completed. First, there was a sharp decline in the number of children who have a CANS assessment with missing data for trauma beginning in SFY15-16. This change is a by-product of resolving a CANS 1.0 coding issue for the required fields in the trauma section of the CANS. Second, the Department shifted to CANS 2.0 in the latter half of SFY17-18. CANS 2.0 changes how trauma items are reviewed by the worker.[8] In both cases, the changes made it somewhat more likely that trauma

[7] We counted the child as having trauma history if any one of the following specific trauma items from the CANS was scored as a 2 or greater: sexual abuse, physical abuse, emotional abuse, neglect, medical trauma, witness to family/school/community violence, and victim/witness to criminal activity.

[8] In the CANS 1.0, the worker completing the assessment read a summary question that asked whether the child was having difficulty adjusting to any trauma he/she had experienced, but it did not list the various types of trauma that should be considered. Questions about

items will be rated by the caseworker. As a consequence of these changes, it is difficult to say with precision how the trauma experiences of children placed in foster care have changed. In prior years, when the incidence of trauma was relatively lower, one reason why the presence of trauma was undetected may be related to the way in which the CANS was administered. If so, the changes to how the CANS is administered are a positive development and strengthen the Department's knowledge regarding the impact trauma has. In addition, we know from our historical analysis across multiple years that children with a CANS trauma rating in the actionable range have different experiences in care. For that reason, we stand on firm ground when we say that children with trauma ratings in the actionable range are having an important effect on the foster care system.

We did conduct extensive analysis of the CANS results pre- and post-implementation of CANS 2.0 with the hope that we might be able to judge whether under-reporting was an issue. The results were inconclusive.

Leaving Foster Care

For the second part of the report, we shift our focus to the manner in which children leave care and how long it takes to do so. We also consider whether, over time, the reasons why children leave care have changed. This is important because time in care is highly correlated with exit reason, with shorter time in care associated with reunification and longer time in care associated with adoption.

Likelihood of Exit by Time in Care

When children are placed in foster care, the goal is to find a family with which the child can live safely. Strong preference is given to the child's parents as a matter of policy and practice. However, when reunification is not possible, adoption and guardianship are the other permanency options. Regarding how children leave care, nationally, reunification is the most common reason, followed by adoption and guardianship, although the reason why children leave care depends on their age at admission (as we will show further below).

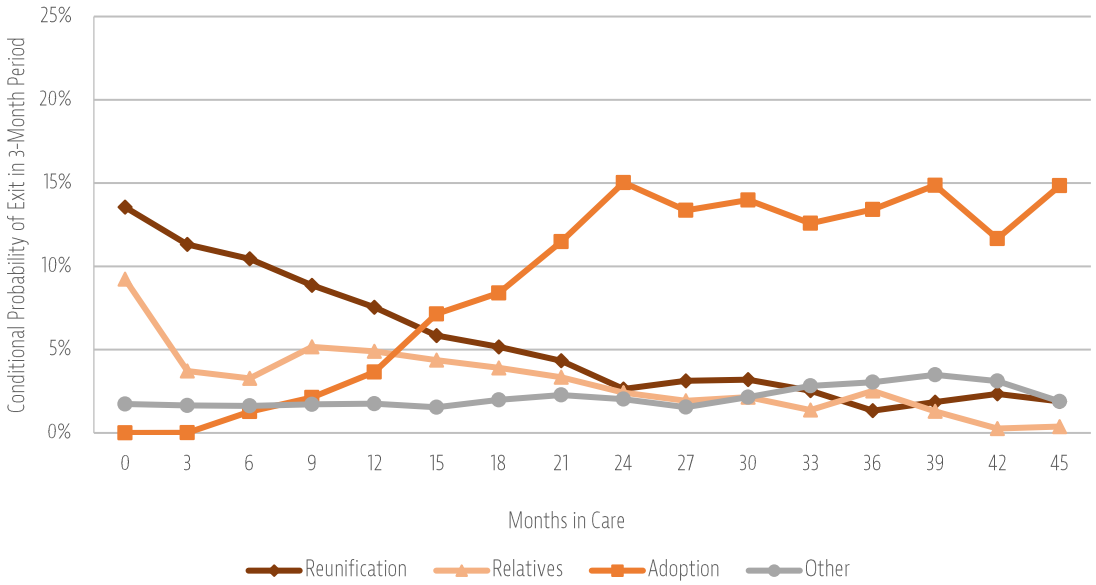
To better understand how children leave care in Tennessee, we consider first the relationship between how long a child has been in care and the type of exit. The statistics presented in Figure 6 are the conditional probabilities of exit, by exit destination, given the time spent in care (in 3-month intervals). For example, we start by asking how children leave care if they left care within three months of their admission. Then, among children who did not leave care in the first three months, we ask how children in care at least three months, but no more than six months, leave care, and so on. As time passes, the population of children still in care gets smaller. Because the conditional probability of exit takes time in care into account, the information provided yields insights into exit dynamics that are not as easily seen when the average length of stay is used to understand placement experiences.

In Figure 6, the X-axis represents the amount of time a child has already spent in care, the Y-axis shows the probability of exit, and the graph lines describe the probability that any child who remains in care at the beginning of the 3-month period will leave care within that 3-month period. The figure represents observed exits by children who were first admitted during SFY13-14 through SFY15-16 (three years combined). Because

specific types of trauma were only answered if the worker indicated that the child was having difficulty adjusting to trauma in the summary question; otherwise, the questions about the specific types of trauma were skipped. In the CANS 2.0, the summary question is dropped, and the worker must read and respond to a question about each specific type of trauma.

less than 10 percent of these children were still in care as of December 31, 2018, the figure presents a relatively complete and unbiased view of how out-of-home placements end as time elapses.[9]

Figure 6: Conditional Probability of Exit from First Admissions for SFY13-14 through SFY15-16, by Exit Destination and Elapsed Duration in Care, as of December 31, 2018



The exit patterns observed show a higher level of reunification in the very early stage of care that drops sharply with the passage of time. In the first three months, about 14 percent of the children in care were observed to exit by reunification. During the initial 3-month period, discharge levels are about nine percent for living with a relative (i.e., guardianship), two percent by "other" exit,[10] and zero percent for adoption. Of the children who remained in care after the first three months, the proportion leaving to reunification over the next 3-month period dropped to 11 percent; exits to relatives decreased by more than half to four percent, and adoptions remained unlikely.

There is a persistent increase in the likelihood of adoption starting at six months. By two years after entry into care, adoption reaches 15 percent among children still in care at that point, making adoption the most likely discharge reason for the children who have remained in care. Between year two and year four, the likelihood of adoption fluctuates between 12 and 15 percent, for children still in care at that point.

Age and the Likelihood of Exit

As mentioned previously, the type of exit that a child is likely to experience depends on his or her age at admission. For Tennessee, the exit experiences of children who were first admitted from SFY13-14 to SFY15-16 are summarized in Figure 7. The out-of-home placements were followed through December 31, 2018. For more recent cohorts (i.e., children admitted in SFY16-17 and later), it is too early to say how their out-of-home placements will end given the fact that a large number of children from those admission years are still in care.

[9] The still in care percentages for these three fiscal years can be found in Table 2 of this report.

[10] Other exits include all non-permanent exits (runaways, reach majority, etc.).

Figure 7: Exit from First Admissions for SFY13-14 through SFY15-16,
as of December 31, 2018

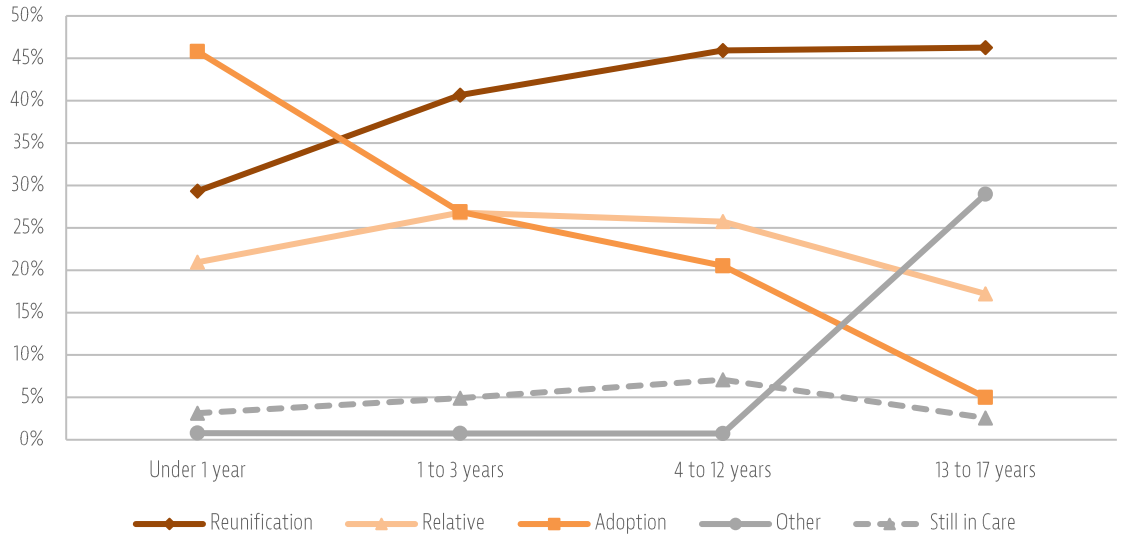


Figure 7 shows clear exit patterns that depend on the age groups. Children who come into care as infants are the ones most likely to be adopted (46 percent), followed by reunification (29 percent) and living with relatives (21 percent). The likelihood of adoption drops with age (only five percent for teenagers) as reunification becomes more likely. The likelihood of an "other" exit is highest for teenagers, while both adoption and living with relatives are less likely. The children most likely to still be in care are the children admitted between the ages of 4 and 12.

Likelihood of Exit over Time

Another view of exit patterns over time looks at the cumulative number and proportion of children by exit destination as of a specific period of time (following admission) up to three years. This exit measure includes all children who entered care for the first time between SFY13-14 and SFY17-18, and their activities are observed through December 31, 2018. The cumulative statistics by interval help with judgments about whether the likelihood of exit in six-month intervals is changing across years and for different exit types.

As shown in Table 1, in general, the likelihood of family exit in most of the six-month intervals has declined over the years, and the likelihood of adoption has increased in all intervals after the first year, which is indicative of the fact that length of stay in Tennessee is rising. Specifically, in SFY13-14, family exits within six months, which include reunification and exits to relative, dropped from 34 percent of all first admissions to 30 percent in SFY17-18. Within 12 months, the likelihood of a family exit fell from 49 percent to 45 percent. That said, the likelihood of adoption has been increasing, which offsets the drop in family exits. Again, the tendency to adopt children contributes to an increase in the length of stay.

The tables found in Appendix A, which show exit information for age group, reinforce the view that adoption has become more important, especially among younger children. Among children admitted prior to their first birthday, adoption is substantially more likely whereas reunification is less likely. The same is true for children admitted between the ages of 1 and 3. For children admitted between the ages of 4 and 12, the narrative is more mixed. Reunification rates three years after admission are steady (72 percent) and adoptions have

increased slightly. However, because children in this age group from the more recent entry cohorts have yet to leave, it is too soon to say how the overall shift to adoption will affect exit patterns overall.

Table 1: Cumulative Probability of Exit within 6-Month Intervals by Exit Destination and Fiscal Year, All Ages

Family Exits						
Fiscal Year	Within 6 Mos	Within 12 Mos	Within 18 Mos	Within 24 Mos	Within 30 Mos	Within 36 Mos
SFY13-14	34%	49%	54%	63%	63%	65%
SFY14-15	32%	49%	55%	62%	64%	65%
SFY15-16	32%	48%	53%	60%	61%	
SFY16-17	29%	45%	50%			
SFY17-18	30%					

Adoption						
Fiscal Year	Within 6 Mos	Within 12 Mos	Within 18 Mos	Within 24 Mos	Within 30 Mos	Within 36 Mos
SFY13-14	0%	2%	3%	10%	13%	18%
SFY14-15	0%	1%	3%	11%	14%	20%
SFY15-16	0%	2%	4%	12%	15%	
SFY16-17	0%	2%	5%			
SFY17-18	0%					

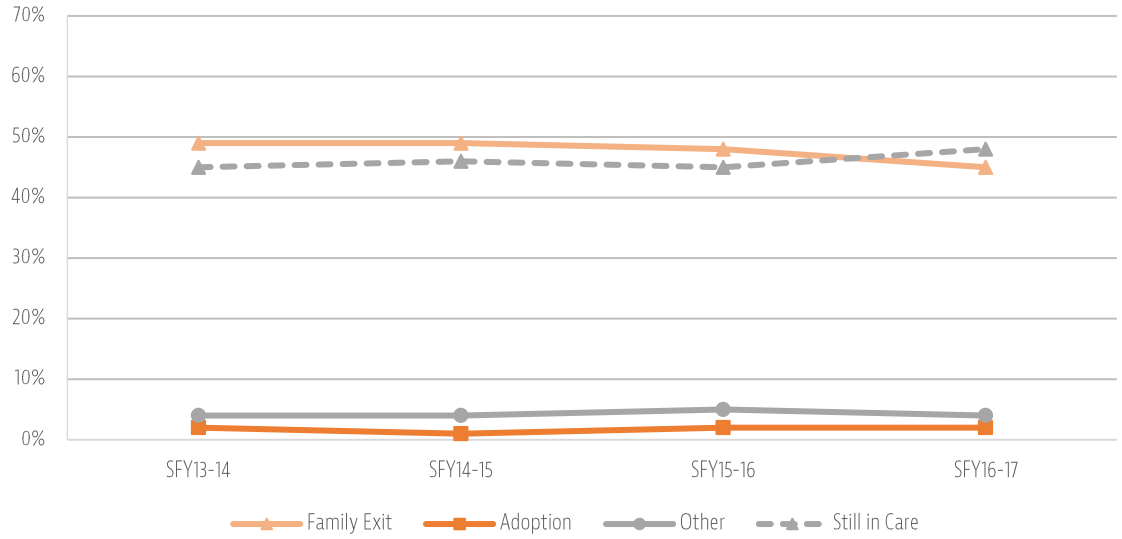
Non-Permanent Exits						
Fiscal Year	Within 6 Mos	Within 12 Mos	Within 18 Mos	Within 24 Mos	Within 30 Mos	Within 36 Mos
SFY13-14	3%	4%	5%	7%	7%	8%
SFY14-15	2%	4%	5%	6%	6%	7%
SFY15-16	3%	5%	6%	8%	8%	
SFY16-17	3%	4%	5%			
SFY17-18	3%					

Still in Care						
Fiscal Year	Within 6 Mos	Within 12 Mos	Within 18 Mos	Within 24 Mos	Within 30 Mos	Within 36 Mos
SFY13-14	63%	45%	38%	20%	16%	9%
SFY14-15	66%	46%	37%	20%	16%	8%
SFY15-16	65%	45%	37%	20%	16%	
SFY16-17	68%	48%	39%			
SFY17-18	67%					

Gray highlights (shading) represent incomplete information. For example, as of December 31, 2018, some children admitted in SFY17-18 have yet to reach 12 months in care. As a consequence, it is too soon to say for that group of children what proportion left care within 12 months. For SFY16-17, we have complete information through 18 months for children admitted that year but not 24 months. For SFYs 13-14 and 14-15, we have complete information through three years (36 months).

Figure 8 below shows the proportion of children who reach particular outcomes within a one-year timeframe. This is the same view used in the federal Child and Family Service Review. From this perspective, the evidence points to a slight decline in family exit and a slight increase in adoption from SFY14-15 to SFY16-17.

Figure 8: Percentage of Exits from First Admissions by Fiscal Year and Exit Destination within 1 Year from Entry



Trauma and the Likelihood of Exit

In an earlier section, we described changes in the composition of consecutive admission cohorts based on the results of the CANS assessment and whether the proportion of children coming into care with actionable trauma scores was increasing. In this section, we tie the increase in children with an actionable trauma rating to the increase in lengths of stay and adoptions.

To do this, we examine the SFY13-14 through SFY16-17 entry cohorts to see how those children left care. In addition, we divide the entry cohorts into groups based on age and whether the CANS indicated actionable trauma scores using the same age categories as in Figure 5 above.

Table 2 presents the exit experience for children first admitted from SFY13-14 through SFY16-17, and all cohorts are observed through the December 31, 2018. In general, children with trauma experience are less likely to exit to reunification and more likely to exit to adoption than are children in their age group who do not have actionable trauma scores. In addition, youth 14-17 with trauma experience are more likely to exit to other non-permanent exits than youth without trauma experience. This pattern holds true across all fiscal years.

Looking into the still in care population, we observe that children with trauma history were more likely to be still in care for most of the years and age groups (with the exception of age group 14-17 in the earliest year). The same story holds for SFY16-17, even though the observation window is shorter.

Table 2: Percentage of Exits from First Admissions by Fiscal Year, Exit Destination, Age and Trauma History

Stratum	Adoption	Family Exit	Non-Permanent Exit	Still in Care	Total
SFY13-14					
Total (All Strata)	23%	66%	9%	1%	100%
Under 5, no CANS	35%	64%	1%	1%	100%
5-12, without trauma	21%	75%	1%	3%	100%
5-12, with trauma	27%	66%	1%	6%	100%
13-17, without trauma	5%	66%	29%	0%	100%
13-17, with trauma	8%	53%	39%	0%	100%
SFY14-15					
Total (All Strata)	22%	66%	8%	4%	100%
Under 5, no CANS	36%	60%	1%	4%	100%
5-12, without trauma	19%	77%	0%	4%	100%
5-12, with trauma	27%	63%	0%	10%	100%
13-17, without trauma	2%	70%	26%	2%	100%
13-17, with trauma	10%	58%	29%	3%	100%
SFY15-16					
Total (All Strata)	20%	63%	9%	9%	100%
Under 5, no CANS	33%	58%	1%	8%	100%
5-12, without trauma	15%	74%	1%	11%	100%
5-12, with trauma	19%	64%	1%	16%	100%
13-17, without trauma	4%	66%	26%	4%	100%
13-17, with trauma	6%	57%	31%	7%	100%
SFY16-17					
Total (All Strata)	12%	58%	7%	23%	100%
Under 5, no CANS	21%	52%	1%	26%	100%
5-12, without trauma	8%	71%	0%	21%	100%
5-12, with trauma	8%	58%	0%	33%	100%
13-17, without trauma	2%	62%	22%	13%	100%
13-17, with trauma	4%	55%	21%	20%	100%
Grand Total	19%	63%	8%	10%	100%

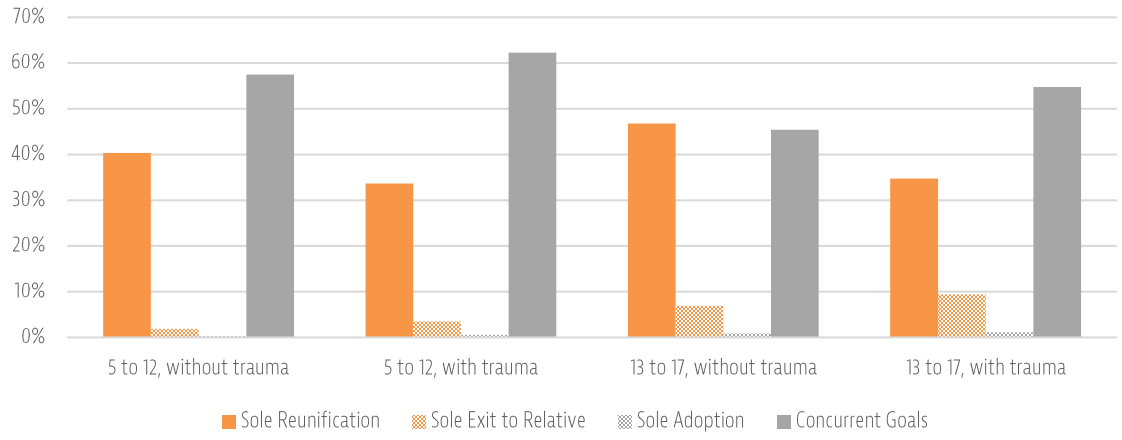
Trauma and Initial Permanency Goals

The differences we observed in exit reason for children with trauma history and children without trauma history led us to ask whether we also observe any differences in the assignment of permanency goals between

the two groups of children. As a starting point, we looked at the first permanency goal or goals assigned to the child after entering out-of-home care for the first time (children may be assigned a single permanency goal or two permanency goals that are to be worked concurrently). The results of this analysis are presented in Figure 9 below.

Of children and youth ages 5 to 17 who had a permanency goal assigned,[11] those with trauma history in both age groups are less likely than peers in their age group without trauma history to be initially assigned a sole permanency goal of reunification, and they are more likely to be initially assigned concurrent goals.[12] They are also more likely than their peers without trauma to be initially assigned a sole permanency goal of exit to relative. These permanency goal trends have remained consistent over time (for simplicity, we did not include the fiscal year breakout in the figure), and they mirror the exit destination trends presented in Table 2 above. While we are not inferring causality, we are looking to account for the fact that the children with trauma history are more likely to be adopted, and the assignment of a dual goal early in the case may already be sensitizing the case to that possibility.[13]

Figure 9: Initial Permanency Goal Type by Age and Trauma History,
First Admissions of Children/Youth Ages 5 to 17 in SFY13-14 through SFY17-18



Conclusion

Our aim in preparing this report was to provide guidance to the Department and the efforts undertaken to address the rising foster care caseload. To that end, we set out to separate the influence of rising admissions

[11] DCS Policy 16.31, *Permanency Planning for Children/Youth in the Department of Children's Services Custody*, provides a 30-day window after a child enters custody for the completion of the permanency plan and assignment of the permanency goal(s). Children who remain in care for 30 or fewer days may not have a permanency goal assigned prior to exiting care.

[12] Although not broken out in the figure, the first concurrent goals are most likely to be reunification in combination with either exit to relative or adoption.

[13] There might be other explanations for the trends observed in Figure 9, including variation in the practice of assigning concurrent goals at the region or county level. We looked at this by county and region, and in general, the pattern we found for the state as a whole is the same at the county and region level, with some minor exceptions. At the regional level, the exceptions are the 4- to 12-year-olds, who are somewhat more likely to have a single goal of reunification. This is just further evidence of the need to understand the relationship between trauma and the case planning activities that go into the selection of an initial permanency goal, and whether the differences we see reflect other characteristics of the case that are associated with the selection of the goal.

and changes in the way children leave care. The results provide important guidance to the Department and its stakeholders:

- Although DCS leadership understands that admissions to foster care have been on the rise since SFY14-15, the evidence presented also points to a fall in the number of children leaving care that started in SFY16-17. Taken together, rising admissions and falling exits accelerate foster care population growth beyond what it would have been if admissions alone were contributing to the growth.
- The change in exit rates stems from changes in reunification and adoption rates that are likely tied to an increase in the number of children who, when they enter care, are assessed as having a trauma history. Children assessed as having been affected by trauma are more likely to be adopted from care than other children, and they are more likely to still be in care. They are also more likely to be assigned concurrent permanency goals initially. Among other implications, fewer children are being reunified quickly. Although adoptions are happening at a pace that is comparable to historical patterns, the fact that more children are moving down the adoption path increases length of stay overall.

How might these changes be addressed? Regarding the admissions increase, investment in preventive services is the obvious choice. Because the increase is affecting families with children of all ages, it is important to target interventions. Substance use, both alcohol and drugs, by parents is an important contributor to the increase, but the evidence suggests this is particularly true among younger children. For those children admitted to care prior to their first birthday, those preventive services have to be integrated with pre- and post-natal care. In addition, the Department has implemented the Safe Baby Court service integration model in seven courts across the state and is currently expanding the program into five additional sites. The model, which is built into the Department's strategic plan, focuses on the safety, mental health and timeliness to permanency for children ages 0 through 3 years of age whose caregivers are struggling with substance misuse. More generally, the Family First Preventive Services Act provides federal resources for parenting, mental health, and substance use services provided the funded services are evidence-based. From an improvement perspective, it is important that DCS engage its internal CQI processes. In that context, a clear statement of the problem and a rationale for choosing a well-aligned intervention is especially important.

As for the slower rates of exit and the connection to trauma, the advice is similar and more targeted at the same time. The best general strategy embeds the strategic choices into the CQI processes undertaken by DCS. Among other things, that means taking the time to be clear about the target population, the interventions being considered, and the reasons why the interventions will, or should, work even if the interventions selected are not evidence-based.[14] In the specific case of trauma, it is important to remember that trauma is linked to a range of behavioral health issues such as anxiety and depression that may require specific mental health interventions. In the case of reunification, post-reunification services are an important component of the service mix in part because children at risk of reentry would be considered eligible for services funded under

[14] The Family First Prevention Services Act (H.R. 1892) preferences investments in evidence-based interventions. In the parlance of the legislation, evidence-based interventions fall into three categories: promising, supported, and well supported. Toward that end, and in relation to trauma, there are several clearinghouses that maintain a catalogue of evidence-based interventions. In particular, the Agency for Healthcare Research and Quality (AHRQ) within the US Department of Health and Human Services compiles summaries of evidence-based interventions. The California Evidence-based Clearinghouse is another excellent resource. Finally, the Title IV-E Prevention Services Clearinghouse will, in time, serve as a repository of evidence-based interventions that qualify for federal reimbursement. In the meantime, the Department may face service choices that are not well supported in the evidence literature. If and when that happens, linking the anticipated changes to the CQI cycle is an extremely important evidence-building strategy.

Family First.[15] If those services were made available, there might be two important benefits. Specifically, if parenting and mental health services that target parents provide individuals with responsibility for making case decisions (i.e., members of the child and family team, courts, and other partners) with the confidence they need to return a child home, knowing that follow-up services are in place, then perhaps reunification might happen sooner. Second, if the services reduce reentry because the family's capacity to raise their children is strengthened, the state foster care savings could be redirected to in-home services. This latter point ties into the service array put in place by providers in the context of performance based contracts. The Department has acknowledged that trauma related issues are pushing length of stay up, a change DCS has addressed with adjustments in the level of reimbursement under performance-based contracting (PBC). As a result, PBC providers are in a position to strengthen trauma related services with the goal of improving permanency outcomes. To build on that sequence of changes, regional DCS staff should follow up with the providers to determine what providers are doing to strengthen their response to trauma and then monitor the services from an implementation fidelity perspective.

[15] The Family First Prevention Services Act changes the way in which Title IV-B funds can be used for family reunification services. It eliminates the 15-month time limit on the use of IV-B funds for reunification services for children in foster care, and it provides funding for 15 months of family reunification services for children exiting care to reunification, beginning on the date the child returns home.

APPENDIX A: Cumulative Probability of Exit by Destination and Age

Cumulative Probability of Exit within 6-Month Intervals by Type and Fiscal Year, Under 1

Family Exits

Fiscal Year	Within 6 Mos	Within 12 Mos	Within 18 Mos	Within 24 Mos	Within 30 Mos	Within 36 Mos
SFY13-14	28%	41%	45%	52%	53%	53%
SFY14-15	24%	35%	40%	47%	48%	49%
SFY15-16	22%	35%	38%	45%	45%	
SFY16-17	21%	34%	38%			
SFY17-18	22%					

Adoption

Fiscal Year	Within 6 Mos	Within 12 Mos	Within 18 Mos	Within 24 Mos	Within 30 Mos	Within 36 Mos
SFY13-14	0%	7%	11%	26%	32%	40%
SFY14-15	0%	7%	13%	31%	36%	44%
SFY15-16	0%	9%	15%	33%	38%	
SFY16-17	0%	9%	16%			
SFY17-18	0%					

Non-Permanent Exits

Fiscal Year	Within 6 Mos	Within 12 Mos	Within 18 Mos	Within 24 Mos	Within 30 Mos	Within 36 Mos
SFY13-14	1%	1%	1%	1%	1%	1%
SFY14-15	0%	1%	1%	1%	1%	1%
SFY15-16	1%	1%	1%	1%	1%	
SFY16-17	1%	1%	1%			
SFY17-18	0%					

Still in Care

Fiscal Year	Within 6 Mos	Within 12 Mos	Within 18 Mos	Within 24 Mos	Within 30 Mos	Within 36 Mos
SFY13-14	71%	51%	43%	22%	15%	6%
SFY14-15	76%	57%	47%	21%	15%	6%
SFY15-16	77%	55%	46%	22%	16%	
SFY16-17	78%	56%	46%			
SFY17-18	78%					

Gray highlights (shading) represent incomplete information. For example, as of December 31, 2018, some children admitted in SFY17-18 have yet to reach 12 months in care. As a consequence, it is too soon to say for that group of children what proportion left care within 12 months. For SFY16-17, we have complete information through 18 months for children admitted that year but not 24 months. For SFYs 13-14 and 14-15, we have complete information through 3 years (36 months).

Cumulative Probability of Exit within 6-Month Intervals by Type and Fiscal Year, Ages 1 to 3

Family Exits

Fiscal Year	Within 6 Mos	Within 12 Mos	Within 18 Mos	Within 24 Mos	Within 30 Mos	Within 36 Mos
SFY13-14	36%	53%	58%	69%	69%	72%
SFY14-15	32%	46%	53%	62%	64%	66%
SFY15-16	31%	48%	51%	62%	63%	
SFY16-17	26%	45%	52%			
SFY17-18	29%					

Adoption

Fiscal Year	Within 6 Mos	Within 12 Mos	Within 18 Mos	Within 24 Mos	Within 30 Mos	Within 36 Mos
SFY13-14	0%	1%	2%	10%	14%	19%
SFY14-15	0%	0%	2%	14%	20%	25%
SFY15-16	0%	1%	3%	13%	18%	
SFY16-17	0%	2%	5%			
SFY17-18	0%					

Non-Permanent Exits

Fiscal Year	Within 6 Mos	Within 12 Mos	Within 18 Mos	Within 24 Mos	Within 30 Mos	Within 36 Mos
SFY13-14	1%	1%	1%	1%	1%	1%
SFY14-15	1%	1%	1%	1%	1%	1%
SFY15-16	0%	0%	0%	0%	0%	
SFY16-17	1%	1%	1%			
SFY17-18	0%					

Still in Care

Fiscal Year	Within 6 Mos	Within 12 Mos	Within 18 Mos	Within 24 Mos	Within 30 Mos	Within 36 Mos
SFY13-14	63%	45%	38%	21%	16%	8%
SFY14-15	67%	53%	43%	22%	16%	8%
SFY15-16	69%	51%	45%	25%	19%	
SFY16-17	73%	52%	42%			
SFY17-18	71%					

Gray highlights (shading) represent incomplete information. For example, as of December 31, 2018, some children admitted in SFY17-18 have yet to reach 12 months in care. As a consequence, it is too soon to say for that group of children what proportion left care within 12 months. For SFY16-17, we have complete information through 18 months for children admitted that year but not 24 months. For SFYs 13-14 and 14-15, we have complete information through 3 years (36 months).

Cumulative Probability of Exit within 6-Month Intervals by Type and Fiscal Year, Ages 4 to 12

Family Exits

Fiscal Year	Within 6 Mos	Within 12 Mos	Within 18 Mos	Within 24 Mos	Within 30 Mos	Within 36 Mos
SFY13-14	35%	50%	56%	67%	68%	71%
SFY14-15	32%	52%	58%	68%	70%	72%
SFY15-16	35%	52%	59%	67%	68%	
SFY16-17	29%	46%	53%			
SFY17-18	30%					

Adoption

Fiscal Year	Within 6 Mos	Within 12 Mos	Within 18 Mos	Within 24 Mos	Within 30 Mos	Within 36 Mos
SFY13-14	0%	1%	1%	7%	11%	15%
SFY14-15	0%	0%	1%	8%	11%	17%
SFY15-16	0%	1%	1%	9%	11%	
SFY16-17	0%	1%	3%			
SFY17-18	0%					

Non-Permanent Exits

Fiscal Year	Within 6 Mos	Within 12 Mos	Within 18 Mos	Within 24 Mos	Within 30 Mos	Within 36 Mos
SFY13-14	1%	1%	1%	1%	1%	1%
SFY14-15	0%	0%	0%	0%	0%	0%
SFY15-16	0%	1%	1%	1%	1%	
SFY16-17	0%	0%	0%			
SFY17-18	0%					

Still in Care

Fiscal Year	Within 6 Mos	Within 12 Mos	Within 18 Mos	Within 24 Mos	Within 30 Mos	Within 36 Mos
SFY13-14	64%	49%	42%	24%	20%	12%
SFY14-15	68%	48%	41%	24%	19%	11%
SFY15-16	65%	46%	39%	23%	20%	
SFY16-17	70%	53%	44%			
SFY17-18	70%					

Gray highlights (shading) represent incomplete information. For example, as of December 31, 2018, some children admitted in SFY17-18 have yet to reach 12 months in care. As a consequence, it is too soon to say for that group of children what proportion left care within 12 months. For SFY16-17, we have complete information through 18 months for children admitted that year but not 24 months. For SFYs 13-14 and 14-15, we have complete information through 3 years (36 months).

Cumulative Probability of Exit within 6-Month Intervals by Type and Fiscal Year, Ages 13 to 17

Family Exits

Fiscal Year	Within 6 Mos	Within 12 Mos	Within 18 Mos	Within 24 Mos	Within 30 Mos	Within 36 Mos
SFY13-14	35%	51%	55%	60%	60%	61%
SFY14-15	37%	55%	60%	64%	65%	66%
SFY15-16	35%	51%	55%	60%	61%	
SFY16-17	34%	50%	53%			
SFY17-18	36%					

Adoption

Fiscal Year	Within 6 Mos	Within 12 Mos	Within 18 Mos	Within 24 Mos	Within 30 Mos	Within 36 Mos
SFY13-14	0%	0%	1%	4%	4%	5%
SFY14-15	0%	1%	1%	2%	3%	4%
SFY15-16	0%	1%	1%	3%	3%	
SFY16-17	0%	1%	1%			
SFY17-18	0%					

Non-Permanent Exits

Fiscal Year	Within 6 Mos	Within 12 Mos	Within 18 Mos	Within 24 Mos	Within 30 Mos	Within 36 Mos
SFY13-14	8%	14%	16%	23%	24%	27%
SFY14-15	8%	14%	16%	21%	22%	24%
SFY15-16	10%	16%	19%	25%	26%	
SFY16-17	8%	14%	17%			
SFY17-18	11%					

Still in Care

Fiscal Year	Within 6 Mos	Within 12 Mos	Within 18 Mos	Within 24 Mos	Within 30 Mos	Within 36 Mos
SFY13-14	57%	35%	28%	13%	11%	6%
SFY14-15	55%	31%	23%	13%	11%	6%
SFY15-16	55%	33%	26%	13%	10%	
SFY16-17	58%	36%	29%			
SFY17-18	53%					

Gray highlights (shading) represent incomplete information. For example, as of December 31, 2018, some children admitted in SFY17-18 have yet to reach 12 months in care. As a consequence, it is too soon to say for that group of children what proportion left care within 12 months. For SFY16-17, we have complete information through 18 months for children admitted that year but not 24 months. For SFYs 13-14 and 14-15, we have complete information through 3 years (36 months).