

# The Center for State Child Welfare Data

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## Tennessee Accountability Center Report 1

December 2017

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## Executive Summary

Under the terms of the Settlement Agreement in the *Brian A. vs. Haslam* class action lawsuit, the parties—the Tennessee Department of Children’s Services and Children’s Rights, Inc.—agreed to establish an independent, external Accountability Center.<sup>1</sup> The mission of the Accountability Center (AC) is two-fold. First, the AC will provide the information needed by the public and other stakeholders to understand what happens to children when they are placed in foster care. In turn, this information will help stakeholders understand how efforts on the part of Tennessee’s Department of Children’s Services (DCS) can be strengthened. Second, the AC, through its work with the Department, will strengthen the systems DCS uses to monitor its performance going forward, beyond the 18-month term of the AC.

This is the first of three reports to be produced by the Accountability Center. This report describes what happens to children placed in out-of-home care, drawing on outcome domains that are used by child welfare leaders across the country to manage the foster care system. Those domains are: placement into foster care, permanency, length of stay, reentry into care, and education and employment for youth who age out of care. In addition, the report describes the process and quality of care as well as the capacity to deliver care. In each case, the subject matter covered was agreed to by the parties.

To promote a deeper understanding of placement experiences, the evidence pertaining to how well DCS serves the state’s foster children is presented for the state as a whole along with a breakdown by administrative region, age at admission, race, and year of admission. Regarding administrative region, Tennessee is similar to other states in that what happens to children often depends on where in the state the spotlight shines. Administrative variation is important because it shows leadership where improvement is possible. Variation by age is important because it affords leadership the opportunity to tailor services to the developmental needs of the young people served. Similarly, variation by race points to the challenge of providing culturally relevant, equitable services. Finally, trends over time show how the present compares with the recent past, a comparison that facilitates a common understanding of management challenges and opportunities.

The findings reported can be summarized as follows:

### Outcomes

- ▶ Caseload – the number of children in foster care is slightly above levels reported in recent years. The upward trend is a by-product of slightly higher admissions and falling discharges (see Figure 1).
- ▶ Age at admission – the largest single group of children entering care is under the age of 1 at the time of admission. Teenagers, and 16-year olds in particular, make up another large fraction of children placed away from home (see Figure 2).
- ▶ Likelihood of placement – there is significant variation in the likelihood of placement by age and administrative region (see Figure 3).
- ▶ Number of admissions – the number of children admitted was higher in state fiscal year (SFY) 16-17 than in the prior three years. However, the number in SFY16-17 was below the level reported in SFY11-12. Variation in the number of admissions by region and age is an important feature of the state’s profile. For example, there has been an increase in the number of teens admitted, especially in Davidson and Knox regions. In Shelby and Smoky Mountain, the number of teens coming into care has fallen (see Table 3).

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<sup>1</sup> The *Brian A.* Settlement Agreement is available at [https://www.tn.gov/content/dam/tn/dcs/documents/quality\\_improvement/brian-a/April 2015 Modified Settlement Agreement and Exit Plan.pdf](https://www.tn.gov/content/dam/tn/dcs/documents/quality_improvement/brian-a/April%202015%20Modified%20Settlement%20Agreement%20and%20Exit%20Plan.pdf).

- ▶ Admissions and race – When the state as a whole is under consideration, African American children have slightly higher rates of admission. However, the differences are very much dependent on where in Tennessee the comparison is being made. Differences are most pronounced in Shelby, Smoky Mountain, Knox, and Upper Cumberland regions and smaller in Southwest, Northeast, and East Tennessee regions (see Figure 4).
- ▶ Permanency – most children (more than 90 percent) leave the system to one of three permanency options: reunification, guardianship, or adoption. Adolescents have lower permanency rates. Infants (under age 1 at the time of admission) are the children most likely to be adopted; teenagers are the least likely to be adopted (see Figure 5).
- ▶ Regional variation in permanency rates – regions differ somewhat with respect to overall permanency rates, but the most significant differences are in the balance of adoption versus reunification/relative guardianship. For example, in Knox, 65 percent of the infants are adopted; the comparable figure in Shelby is 22 percent (see Figure 6).
- ▶ Permanency and race – the chances an African American child will achieve permanency are comparable to those for white children, unless the young person entered care as a teenager. Generally, African American teens are less likely to achieve permanency (as opposed to age out, for example), but the magnitude of the differences depend on where in Tennessee one is making the comparison. The exception is in the Southwest region, where African American children were more likely to achieve permanency (see Table 5).
- ▶ Time spent in care – how long children spend in care depends on region of the state, age, discharge reason, race and admission year. Generally, length of stay was slightly longer in SFY16-17 than in prior years. Young children and children being adopted spend more time in foster care. In some regions, but not all, African American children and young people spend more time in care than white children (see Figure 7, Figure 8, Figure 9, Table 7, and Table 8).
- ▶ Reentry to care – Fewer than 1 in 10 children reunified or placed with guardians return to care within a year of exit, but the rates of reentry do vary by age and region (see Figure 10 and Figure 11).

### **The Process of Care**

- ▶ ESPDT and CANS assessments are completed within the required timeframe in 90 percent (or more) of the cases (see Figure 12 and Figure 13).
- ▶ Child and Family Team Meetings (CFTMs) are held at least once per quarter 80 percent or more of the time (see Figure 14).
- ▶ Visits between the case manager and children in custody happened 90 percent of the time during SFY16-17 (see Figure 15).
- ▶ Trial home visits happen in about 70 percent of the cases, which is consistent with prior experience. Trial home visits tend to last about 90 days (see Table 10 and Figure 16).
- ▶ The time to adoption has been steady, a fact that is reflected in the achievement of adoption milestones (see Table 11).

## **The Quality of Care**

- ▶ Placement type – most children are placed initially in family settings, either in non-kinship foster care or in kinship foster care. However, adolescents and infants are the least likely to start placement in a family setting. Infants often start out in hospitals (soon after being born); adolescents often start in group or residential placement settings (see Figure 17).
- ▶ The use of non-kin versus kinship foster care varies by administrative region, as does the use of group care (see Figure 18).
- ▶ Among adolescents, the use of family-based care statewide was lower in SFY16-17 than in prior years (see Table 13).
- ▶ Placement in family settings differs by region and race. African American children are more likely to be placed in family settings in Mid Cumberland, Southwest, and Knox regions, but less likely in Shelby and Davidson (see Table 14).
- ▶ Placement stability is greater for older children than younger children. Stability also varies by administrative region. Placements in the Northeast region tend to be more stable; placements in Davidson tend to be the least stable (see Figure 20). Over time, placements have tended to become less stable (see Table 15).
- ▶ Placements with siblings occurs about 80 percent of the time when siblings come into care with 30 days of each other (see Table 16).
- ▶ Each month about six in ten children visit with their parents at least once a month. No visits were recorded for the others (see Figure 21).
- ▶ Each month about six in ten siblings visit with other siblings when placed separately. No sibling visits were recorded for the others (see Figure 22).

## **The Capacity to Provide Care**

- ▶ Regions vary with regard to the percentage of investigation and assessment workers assigned 24 or fewer cases (see Table 17).
- ▶ The percentage of foster care Family Service Workers with caseloads sized within the threshold was above 90 percent for the state as whole, with variation at the regional level (see Table 18).
- ▶ The percentage of foster care supervisors with supervisory workloads sized within the applicable threshold was above 90 percent for the state as whole, with variation at the regional level (see Table 19).

As noted, the mission of the Accountability Center is to provide stakeholders the evidence they need to understand what happens to children when they are placed into foster care. In general terms, regarding the process, quality and capacity standards used to guide practice, DCS has maintained a steady level of fidelity with expectations. That is, regarding such key indicators as workload, adoption milestones, visits between caseworkers and foster children, and assessments, evidence from the most recent year is consistent with what was true in prior years before the Settlement Agreement entered its final stage.

The evidence also suggests that there is room to look more closely at what happens to children and why, all with an eye toward improving the foster care system. The variation in entry rates, permanency, and length of stay at the regional level are probably the most important examples. On the one hand, variation between administrative entities is not unexpected—all states report significant differences when their administrative regions (counties in some states) are compared. In part, these differences represent other equally important differences including differences in the needs of local populations. One would expect DCS to respond in ways that respect local differences in need. On the other hand, to the extent variation represents differences in how



similar children are served, administrative variation must be seen as an opportunity to improve what DCS does to make the lives of vulnerable children better.

As for next steps, the report concludes with a brief summary of key areas for follow-up. They include:

- ▶ The use of congregate care by teenagers
- ▶ Placement stability
- ▶ Variation in permanency by type and duration
- ▶ Outcome disparities with regard to placement rates and permanency
- ▶ Family Service Worker caseloads
- ▶ The recent increase in admissions

Individually, each of the areas listed for follow-up is important. However, as leadership, along with other stakeholders, sifts through potential strategies, it will be important to understand the interconnected nature of outcome domains. Admissions are on the rise, especially among teenagers. Perhaps that increase is placing strain on the availability of family-based placement options for older youth. The evidence suggests that may be the case, but only in some regions.

Targeted strategies, as opposed to one-size-fits-all solutions, are what is needed. DCS is well positioned to explore strategies built on a body of evidence that pinpoints the opportunity to improve services for vulnerable children.

# Overview

## The Accountability Center

This is the first report of the Accountability Center, established under the terms of the Settlement Agreement in the *Brian A. vs. Haslam* class action lawsuit. The mission of the Accountability Center (AC) is two-fold. First, the AC will provide the information needed by the public and other stakeholders to understand what happens to children when they are placed in foster care. In turn, this information will help stakeholders understand how the Department's efforts to serve children can be reinforced. Second, the AC, through its work with the Department, will strengthen the systems DCS uses to monitor its performance going forward, beyond the 18-month term of the AC. The focus of the AC was negotiated by the parties to the *Brian A.* lawsuit. The topics to be covered in each of the three reports are shown in Appendix A. The AC builds on the work of the Technical Assistance Committee (TAC), appointed in 2004 by the parties to serve both monitoring and technical assistance functions.

## About This Report

The aim of the Accountability Center is to report independently on how well DCS is meeting its obligations to children placed in foster care. To do so, the report is organized around the outcome, process, quality, and capacity measures, identified in the Settlement Agreement, needed to make informed judgments about whether DCS is fulfilling its mandates:

- ▶ The outcomes identified are aligned with the broad mission of the agency. When children are placed in foster care, the agency is charged with reunifying the child with his or her family as quickly and safely as possible. If reunification is not possible, the goal shifts to placement with a relative guardian or adoption, again in as little time as possible given the safety and wellbeing of the child.
- ▶ The process of care refers to the actions caseworkers, among others, follow in pursuit of the broad mission of the agency. Casework processes are defined in statute, regulation, or in terms of best practices, which may include evidence-based interventions. Examples of essential processes are child and family team meetings and timely assessments of the wellbeing of children. Process measures are used to understand the extent to which the required work is being accomplished.
- ▶ The quality of care, which is closely related to process, refers to how well the work is done. For example, assessments are an important part of casework practice (i.e., process). The use of validated instruments when doing an assessment is linked to the quality of the assessment.
- ▶ Capacity refers to the resources dedicated to meeting the process and quality requirements. Capacity comes in various forms: funding for needed services, a trained workforce (i.e., human capital), and physical structures and other tangible resources (e.g., offices, computers, etc.).

Outcome monitoring, alongside measures of whether process, quality, and capacity standards are being met, places agency leadership in the best possible position to manage the Department going forward.

This initial report includes information about the out-of-home placement (foster care) experiences of children adjudicated neglected, abused, or unruly. It does not report on children adjudicated as juvenile delinquents nor does it report on pre-placement work (e.g., child abuse and neglect investigations). For the most part, we provide information about children entering foster care for the first time in their life. These are referred to as *first placements* or *first admissions*. Each year, a new, distinct group of children comes to the attention of the foster care system for the first time. Each of these *entry cohorts* is fully representative of the diverse circumstances encountered by DCS as it arranges care for children who cannot live safely at home. By following

these representative groups, we can accurately summarize the experience of each wave of children and draw conclusions about how well those children are being served.

There are choices to make when summarizing the experience of children placed in foster care. In this report, a placement in foster care begins when the child enters care (i.e., DCS has assumed legal and physical custody of the child) and ends when the child leaves care, usually because they have been reunified with their parents, placed with a relative, or adopted. We refer to the period between admission into and discharge from foster care as a placement *spell*. A single placement spell may involve movements between foster homes. Children and young people may leave a placement for other reasons, including running away. In each case, rules have been adopted so that placement histories are summarized in a manner that is consistent with official definitions.

The report is organized as follows. We start with a broad overview of the foster care caseload. The caseload, i.e., the number of children in care, provides readers with a basic understanding of how many children are cared for by DCS. Moreover, because the number of children living in foster care is a function of how many children enter and leave care during the course of the year, counts of admissions and discharges give readers a firm understanding of how many children DCS serves each year. We next turn our attention to the racial composition of the children entering care. In the United States, white children, when compared to children of color, often have different experiences in foster care. These disparities in experience, i.e., who gets into foster care and how long they stay, for example, represent an important management challenge. To help efforts by DCS to address disparity, we report on the number of children entering care by race and region of the state. As the evidence suggests, the issue of disparity in experience depends to a certain degree on where in Tennessee one is looking, given the fact that most African American families live in a relatively small handful of Tennessee's 95 counties.

The next sections of the report focus on the process, quality, and capacity measures used to understand what DCS is doing to provide a positive placement experience for young people placed away from their families. As already mentioned, these measures summarize what DCS does to serve children placed in foster care. To improve services to children, the Department has to think carefully about what workers are asked to do, the quality standards to which they are held accountable, and whether the capacity to deliver services in accordance with the process and quality expectations are in place.

The report concludes with a discussion of areas for follow-up that emerged from this initial report together with a response from DCS that describes what is being done to address the issues raised.

## **Sources of Data**

The data assembled for this report come from various sources. For the placement-related data, the AC relies on TFACTS, the system used by the Department to track children in out-of-home care. TFACTS data are used in two ways. Some of the data are extracted from TFACTS reports produced directly by DCS, whereas other measures are developed using raw TFACTS extracts that are then managed by the AC. These longitudinal files are updated quarterly and are expanded to reflect new priorities and new questions about outcomes. In addition, Chapin Hall provides to DCS a report called the "Cross Regional Workbook" (CRW), which is also sourced from TFACTS. Many of the outcome results reported come from the June 30, 2017 CRW. The results of the Quality Service Review (QSR) are also provided.

With regard to the time period covered in the report, each table or figure shows the relevant reporting period. In some cases, we report activity for a single year; in other cases, we show change over time. In the latter case, trend data cover a six-year period. Again, the documentation that accompanies each figure or table makes the covered period clear.

Because Tennessee is a diverse state with respect to where families live, we also show results for the DCS administrative regions. Regions and the counties affiliated with each region are shown in Appendix B.

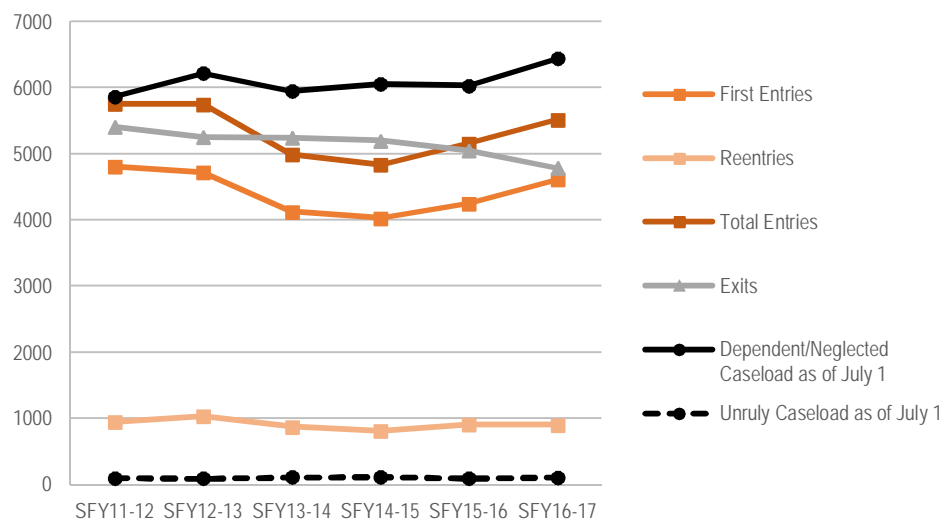
## Foster Care Caseload

Juvenile Court judges make the decision, often in consultation with DCS, to bring children into state custody. As shown in Figure 1 below, between SFY11-12 and SFY16-17, between 4,025 and 4,807 neglected, abused or unruly children were placed in foster care for the first time. In those same years, between 809 and 1,032 spells of foster care placement began for neglected, abused or unruly children who had been in placement before and were returning to care. The remainder of this report will focus primarily on first admissions.

Juvenile Court judges also rule on whether a child leaves placement. Placements end primarily when children are reunified with their families, discharged to the care of a relative, or adopted. A small proportion of children, mostly placed as teenagers, will age out of foster care. Between SFY11-12 and SFY16-17, DCS discharged between 4,784 and 5,406 children originally adjudicated neglected, abused or unruly.

DCS' foster care population—the number of children in placement at any given time—is a function of the number of admissions and the duration in placement of those admissions. The relevant information is displayed in Figure 1. Between SFY11-12 and SFY16-17, at the beginning of the fiscal year, the caseload of children in placement for reasons of neglect or abuse ranged from 5,867 to 6,439 this past July 1. The caseload of children adjudicated unruly is small, and during SFY11-12 and SFY16-17, the caseload of children placed as unruly ranged from 95 to 116.

Figure 1: Number of Entries and Exits and Caseload as of July 1, by Fiscal Year



Sources: Data regarding entries are from CRW June 30, 2017, "Place Rates\_First" and "Place Rates\_All" tabs. Data regarding exits and caseload as of July 1 are from TFACTS/Chapin Hall Administrative Data through June 30, 2017.

## Race and Placement

DCS is charged with meeting the needs of children and their families given an assessment of what the family needs to resume raising their children. In the event parents are unable to resume raising their children, DCS has to assess a child's needs relative to the other permanency options: placement with either a family headed by a guardian or an adoptive parent. Although it is important to be culturally aware when making these decisions, decisions based on factors other than the balance between a child's best interests and the right of a parent to raise their child are not appropriate. For these reasons, the Accountability Center will examine how the experiences of white children differ from those of African American children.

To do so, the work of the AC will unfold over the three reports, with each report looking more closely at how placement experiences differ by race and why. In this first report, we start with a basic set of indicators that

look at how many children enter care by race, how long children stay by race, differences in how children leave care (i.e., adoption vs. reunification, etc.), and differences in whether children are placed in family or kinship homes. As this evidence will show, there is no single narrative that clearly differentiates the experience of African American children placed in foster care from the experience of white children. Rather, the narrative is very much dependent on the part of Tennessee that falls into the spotlight.

The starting point for our analysis of race and placement begins with a breakdown of where children live. Table 1 shows the number of children placed in foster care for the first time by race, the number of children in the population by race, and the percentage of children living in each region by race.<sup>2</sup> Two percentages are shown. The middle panel shows what percentage of the total population—both the general population and foster care admissions—lives in each of the DCS administrative regions. The second shows the composition, by race, of each of the same administrative regions. For example, data in the middle panel of Table 1 show that 74 percent of the African American children living in Tennessee live in three DCS administrative regions: the urban DCS regions of Shelby (encompassing the city of Memphis), Davidson (encompassing the city of Nashville), and Mid Cumberland, which is adjacent to Nashville. Those same regions account for about 65 percent of all admissions among African American children.

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<sup>2</sup> Nine percent of the child population in Tennessee is identified as Hispanic, other race or mixed race, and children of these races made up 15 percent of children entering placement for the first time in SFY16-17.

Table 1: Number of First Admissions and Child Population by Region and Race: SFY16-17

Region	Admissions			Child Population		
	Total*	African American	White	Total*	African American	White
<b>State</b>	<b>4,614</b>	<b>900</b>	<b>2,999</b>	<b>1,493,268</b>	<b>294,256</b>	<b>992,639</b>
Davidson	325	174	97	142,237	47,553	58,943
East Tennessee	244	1	213	69,079	1,548	61,417
Knox	537	89	308	95,535	11,114	72,373
Mid Cumberland	598	105	384	278,604	31,370	204,327
Northeast	490	12	420	101,311	2,462	89,946
Northwest	211	26	140	77,021	8,193	61,062
Shelby	437	310	68	241,002	139,125	67,943
Smoky Mountain	403	17	337	90,957	2,067	77,489
South Central	391	33	311	102,536	5,323	78,065
Southwest	217	57	125	87,509	24,470	59,515
Tennessee Valley	397	66	279	133,877	19,860	92,076
Upper Cumberland	364	10	317	73,601	1,171	69,483
<b>State</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Davidson	7%	19%	3%	10%	16%	6%
East Tennessee	5%	0%	7%	5%	1%	6%
Knox	12%	10%	10%	6%	4%	7%
Mid Cumberland	13%	12%	13%	19%	11%	21%
Northeast	11%	1%	14%	7%	1%	9%
Northwest	5%	3%	5%	5%	3%	6%
Shelby	9%	34%	2%	16%	47%	7%
Smoky Mountain	9%	2%	11%	6%	1%	8%
South Central	8%	4%	10%	7%	2%	8%
Southwest	5%	6%	4%	6%	8%	6%
Tennessee Valley	9%	7%	9%	9%	7%	9%
Upper Cumberland	8%	1%	11%	5%	0%	7%
<b>State</b>	<b>100%</b>	<b>20%</b>	<b>65%</b>	<b>100%</b>	<b>20%</b>	<b>66%</b>
Davidson	100%	54%	30%	100%	33%	41%
East Tennessee	100%	0%	87%	100%	2%	89%
Knox	100%	17%	57%	100%	12%	76%
Mid Cumberland	100%	18%	64%	100%	11%	73%
Northeast	100%	2%	86%	100%	2%	89%
Northwest	100%	12%	66%	100%	11%	79%
Shelby	100%	71%	16%	100%	58%	28%
Smoky Mountain	100%	4%	84%	100%	2%	85%
South Central	100%	8%	80%	100%	5%	76%
Southwest	100%	26%	58%	100%	28%	68%
Tennessee Valley	100%	17%	70%	100%	15%	69%
Upper Cumberland	100%	3%	87%	100%	2%	94%

\*Total includes children of Hispanic and other races.

Source: Counts of foster children are from TFACTS/Chapin Hall Administrative Data through June 30, 2017. Counts of children in the general population are from 2011-2015 American Community Survey five-year estimates available at <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>.

The second panel of Table 1 adds detail to how we understand the intersection between race and geography. That panel compares the number of foster care admissions, by race, to the number of children living in the region. These data show that in each region of the state, and for the state generally, African American children are over-represented in the group of children admitted to foster care as compared to children in the general population. That said, there are exceptions. In the Southwest, Upper Cumberland, Northeast, and East Tennessee regions, the gap between African Americans and white children is much smaller or negligible to the extent African American children are over-represented at all (e.g., see the Southwest region).

Of course, these data do not explain why the differences exist. We do know that the balance of risk and protective factors that affect whether children come to the attention of child welfare officials also differ by county and region. However, we do not yet know how the services provided affect what happens to children. As that is an important part of the story, we will be looking closely at those factors in subsequent reports. Here, our intention is to show how geography affects what we can say is generally true versus what is true given a specific region (or county in some cases). In subsequent sections of this report, we look more closely at what happens to children and any gap in the experiences of African American children relative to what we find for whites.

## Outcomes

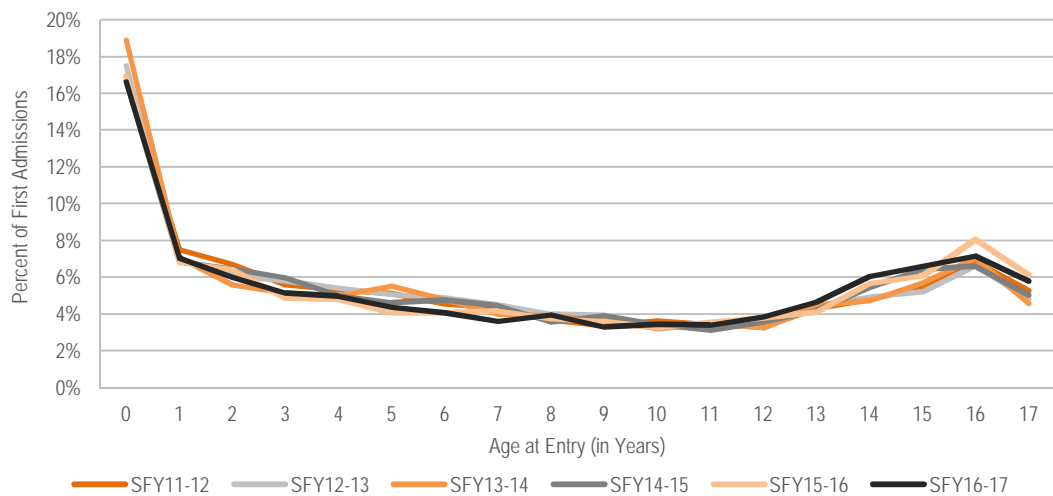
Although the Department's interest in the safety and wellbeing of children begins when children come to the Department's attention, the focus of this report is on placement in foster care. Most but not all children are placed in foster care following a child abuse and neglect report and investigation. For our purposes here, placement in foster care refers to children placed away from their families pursuant to DCS having assumed legal and physical custody of the child. Once in foster care, DCS has certain broad obligations, with the safety and wellbeing of children foremost among the Department's concerns. Those obligations include (but are not limited to): making sure the child is placed in the most family like setting consistent with his or her needs, maintaining stable placements, reducing the time spent in out-of-home care, and finding a family the child is able to live with safely, either through reunification, guardianship, or adoption while avoiding reentry (also referred to in this report as achieving permanency). In addition, the Department is responsible for managing the permanency goals that guide the work of caseworkers and their supervisors as they work toward a successful resolution of the case.

In this section of the report, we start with placement into out-of-home care and the differential risk of placement facing children of different ages and in different parts of the state. The next section considers how long children spend in foster care and the reasons why they leave. Again, these data are presented by age and region to illustrate how the experience of children differs across the state. When children are discharged from care because they have been returned home or placed with a guardian, the hope is that the child will stay with that family. Of course, reentry to care is possible and for that reason we report on children who return to care within one year of discharge. Finally, we report on the employment and education status of youth who exit care at 18 without achieving permanency.

### Age at Admission

A child's age at admission has a strong influence on the experience of foster care and on foster care outcomes. For this reason, throughout this report, outcome data are presented by age at entry to foster care. To illustrate this point, Figure 2 below provides a breakdown of children entering custody during each state fiscal year by age at entry. As shown in the figure, in Tennessee, as in many states, infants make up the largest percentage of children entering care each year and the proportion of the caseload declines for each integer age at placement until it begins to rise starting at about age 12. This pattern in the age profile of children placed for the first time changed negligibly over the six most recent entry cohorts.

Figure 2: Percentage of First Admissions in Each State Fiscal Year by Age at Entry



Source: TFACTS/Chapin Hall Administrative Data through June 30, 2017

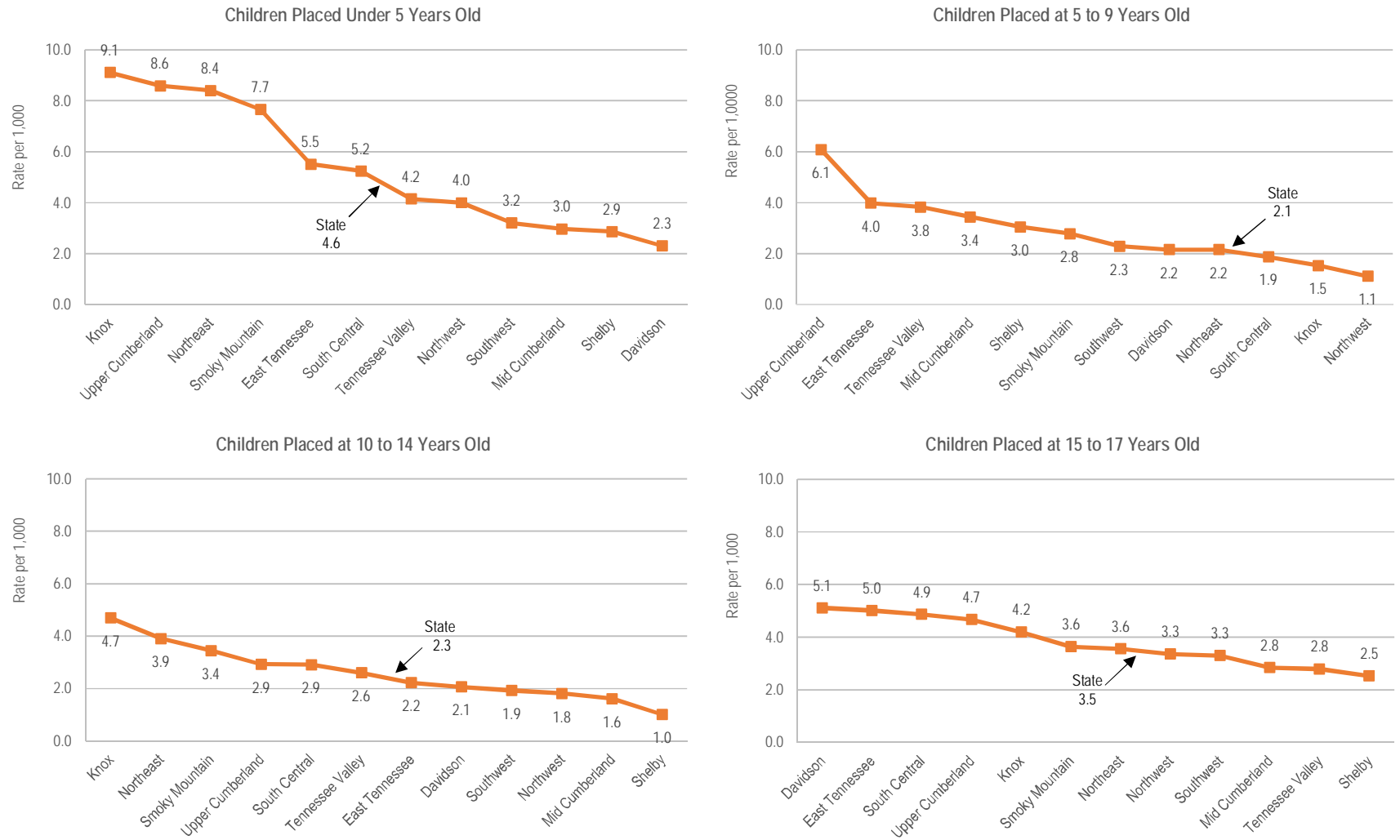
## Likelihood of Placement

The likelihood of entry into foster care is measured as the number of first admissions per 1,000 children in the general population (also referred to in this report as the “placement rate”). When comparing Tennessee’s foster care population with that of other states or when comparing placements from Tennessee’s separate regions to each other, placement rates identify important differences in the use of placement. All other things being equal, regions with the largest child population would be expected to have a greater number of children placed than regions with smaller populations. The rate adjusts for the population size and therefore provides a better measure of placement risk.

An important first question to answer in considering the likelihood of placement is whether risk of placement varies by age at entry. Figure 3 presents placement rates in Tennessee by administrative region and age. By adjusting the number of placements by the size of the population living within a region, the placement rate provides a basic understanding of how likely it is children will be placed in foster care. From Figure 3, two observations stand out. First, the rate of placement for infants statewide is about two times the rate for all other children under the age of 13. This reinforces the risk of entry suggested by the evidence in Figure 2. We also see that placement rates per thousand varied significantly across the state for all age groups. Last year, placement rates for children under 5 years old ranged from a high of 9.1 per thousand children in Knox county to a low of 2.3 per thousand children in Davidson county. Placement rates for 5 to 9 year olds ranged from 6.1 per thousand children in Upper Cumberland region to a low of 1.1 per thousand children in Northwest. Placement rates for 10 to 14 year olds ranged from 4.7 per thousand children in Knox county to a low of 1.0 per thousand children in Shelby county. Placement rates for 15 to 17 year olds ranged from 5.1 per thousand children in Davidson county to a low of 2.5 per thousand children in Shelby county.



Figure 3: Placement Rates by Age at Entry and Region, First Admissions in SFY16-17



Source: Counts of foster children are from TFACTS/Chapin Hall Administrative Data through June 30, 2017. Population counts used to calculate placement rates are from 2011-2015 American Community Survey five-year estimates.

## Number of Admissions

Another question related to placement is whether and how the numbers of children entering foster care for the first time has changed over the last six years. As shown in the left panel of Table 2 below, *at the state level*, the number of first admissions in SFY16-17, while growing relative to the prior three years, was nonetheless below the level observed in SFY11-12. Statewide trends are, of course, an amalgam of regional trends, which are also presented Table 2. These data highlight how the regional perspective differs from the state perspective. For four regions (Northeast, Davidson, Knox, and South Central), the number of first placements in SFY16-17 was the highest observed in the last six fiscal years. In Shelby and Smoky Mountain, the number of first admissions is still well below the number recorded in SFY11-12.

One possible reason for changes in the number of placements is change in parental substance abuse as the reason for placement, an explanation that is explored in the right panel of Table 2. The panel shows the percent of first admissions with parental substance abuse listed as one of the reasons for placement. From this evidence alone, it is difficult to draw a firm conclusion about the relationship between rising admissions and parental substance use. For example, in Davidson, admissions increased by 13 percent between SFY11-12 and SFY16-17, but there was little change in the fraction of first admissions with parental substance use listed as the reason for placement. In Smoky Mountain, the number of admissions declined over the six-year period as did the parental substance use as the reported reason for placement. The pattern in South Central shows an increase in both the number of admissions and the percentage of admissions associated with parental substance. In sum, the evidence suggests that statewide, nearly four in ten first admissions come into care for reasons of parental substance use. The evidence also points to significant variation at the regional level.

Table 2: Number of First Admissions by Region and Fiscal Year and Percentage of First Admissions with Parental Substance Abuse as a Reason for Placement

Region	Number of First Admissions						Percent of First Admissions for which Parental Substance Abuse was at Least One Reason for Placement					
	SFY11-12	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17	SFY11-12	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17
State	4,807	4,718	4,121	4,025	4,251	4,614	38%	38%	41%	38%	34%	38%
Davidson	287	270	286	249	265	325	20%	20%	21%	21%	18%	20%
East Tennessee	362	392	343	314	352	244	35%	35%	36%	36%	32%	29%
Knox	496	385	397	394	382	537	51%	59%	56%	49%	45%	53%
Mid Cumberland	534	611	443	439	473	598	30%	26%	29%	31%	23%	31%
Northeast	455	391	389	348	349	490	49%	44%	44%	45%	43%	40%
Northwest	207	222	249	253	295	211	33%	35%	34%	34%	46%	42%
Shelby	641	610	364	380	417	437	15%	23%	33%	24%	15%	22%
Smoky Mountain	553	474	410	407	431	403	53%	46%	46%	35%	37%	42%
South Central	237	276	177	249	336	391	25%	33%	31%	15%	30%	34%
Southwest	183	200	221	192	144	217	29%	33%	36%	35%	31%	36%
Tennessee Valley	408	402	376	345	382	397	41%	39%	43%	44%	36%	43%
Upper Cumberland	444	485	466	455	425	364	57%	65%	64%	63%	53%	55%

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2017.

Understanding changes in the numbers of first placements by age as well as understanding outcomes by age provides additional insight. Table 3 shows the number of first placements by four age groups: Infants (under 1 year old), 1 to 5 year olds, 6 to 12 year olds, and 13 to 17 year olds. These age groups are used throughout the report, in part because they represent developmentally significant groups.

The number of admissions for children under 12 followed the statewide pattern: the number of SFY16-17 admissions were below the level observed in SFY11-12, although there were important regional differences with the statewide trend. By way of contrast, first placements for 13 to 17 year olds statewide were at their highest

levels in six years in SFY16-17. Again, regions did differ from the overall trend. East Tennessee, Shelby, Smoky Mountain, and Upper Cumberland saw fewer adolescents entering care in SFY16-17 than SFY11-12.

Table 3: Number of First Admissions by Age at Entry, Region, and Fiscal Year

Children Placed Under 1 Year Old							Children Placed at 1 to 3 Years Old						
Region	SFY11-12	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17	Region	SFY11-12	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17
State	815	826	779	670	720	767	State	952	888	734	776	769	840
Davidson	47	43	51	29	39	39	Davidson	45	47	42	40	49	48
East Tennessee	55	62	51	57	44	50	East Tennessee	72	86	53	55	68	36
Knox	108	119	121	97	93	121	Knox	106	76	80	88	78	93
Mid Cumberland	75	86	50	47	55	77	Mid Cumberland	106	113	72	80	77	106
Northeast	84	77	74	57	73	89	Northeast	93	93	76	59	66	96
Northwest	25	33	31	30	53	31	Northwest	31	40	47	51	58	40
Shelby	119	124	94	82	89	81	Shelby	120	108	70	82	75	91
Smoky Mountain	104	70	69	76	65	66	Smoky Mountain	110	91	76	67	87	85
South Central	20	35	27	23	36	49	South Central	35	48	22	37	57	72
Southwest	34	23	44	21	23	26	Southwest	38	28	31	42	20	35
Tennessee Valley	69	66	72	73	64	66	Tennessee Valley	98	67	66	71	68	64
Upper Cumberland	75	88	95	78	86	72	Upper Cumberland	98	91	99	104	66	74

Children Placed at 4 to 12 Years Old							Children Placed at 13 to 17 Years Old						
Region	SFY11-12	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17	Region	SFY11-12	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17
State	1,760	1,775	1,515	1,463	1,486	1,612	State	1,280	1,229	1,093	1,116	1,276	1,395
Davidson	78	87	90	71	84	97	Davidson	117	93	103	109	93	141
East Tennessee	144	150	144	93	122	75	East Tennessee	91	94	95	109	118	83
Knox	188	140	120	140	135	199	Knox	94	50	76	69	76	124
Mid Cumberland	182	231	162	160	154	215	Mid Cumberland	171	181	159	152	187	200
Northeast	182	137	142	139	114	183	Northeast	96	84	97	93	96	122
Northwest	89	80	105	118	103	74	Northwest	62	69	66	54	81	66
Shelby	211	220	119	129	124	124	Shelby	191	158	81	87	129	141
Smoky Mountain	197	179	161	157	162	142	Smoky Mountain	142	134	104	107	117	110
South Central	106	94	58	92	133	143	South Central	76	99	70	97	110	127
Southwest	61	94	82	80	55	84	Southwest	50	55	64	49	46	72
Tennessee Valley	154	147	134	104	136	150	Tennessee Valley	87	122	104	97	114	117
Upper Cumberland	168	216	198	180	164	126	Upper Cumberland	103	90	74	93	109	92

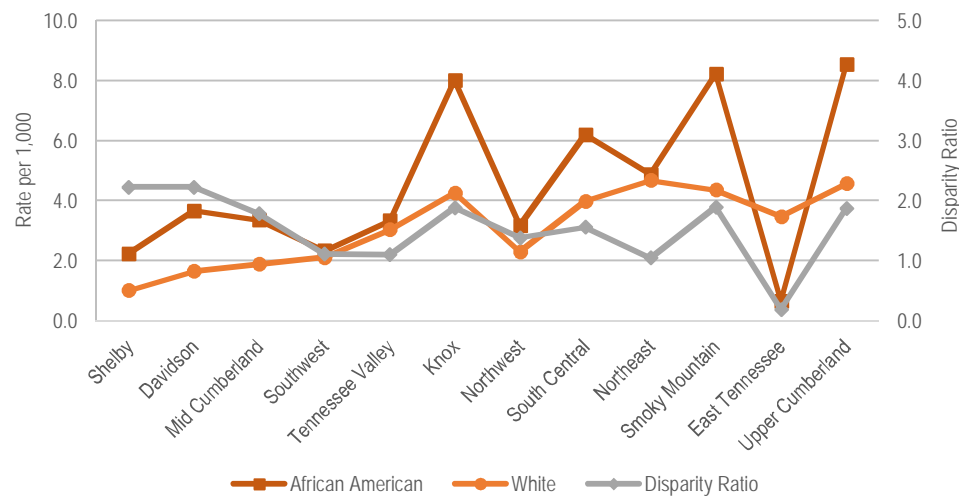
Source: CRW June 30, 2017, "Place Rates\_First" tab.

Finally, we examine whether entry rates differ by race. Following our earlier analysis, we disaggregate the data by administrative region. Figure 4 displays placement rates during SFY16-17 for white children and African American children by region, with the regions ordered by descending proportion of African American children in the general population (presented in Table 1 above, middle panel). Shelby, Davidson, Mid Cumberland, Southwest, Tennessee Valley, and Knox are the regions in which most of the African American child population lives.

Placement rates were higher for African American children than for white children in most but not all regions. Among the regions where most of the African American child population lives, the difference in placement rates between African American children and white children, measured as the disparity ratio in Figure 4, was greatest in Davidson, Mid Cumberland, Shelby, and Knox.<sup>3</sup> Placement rates for African American children and white children were almost equal in Southwest, Northeast, and Tennessee Valley. In East Tennessee, the placement rate for white children was greater than the rate reported for African American children.

<sup>3</sup> Disparity ratios above 1 indicate that African American children are placed at higher rates than white children; disparity ratios below 1 indicate that white children are placed at higher rates than African American children.

Figure 4: Placement Rate per Thousand by Race and Region, First Admissions in SFY16-17



Source: Counts of foster children are from TFACTS/Chapin Hall Administrative Data through June 30, 2017. Population counts used to calculate placement rates are from 2011-2015 American Community Survey five-year estimates. Regions are ordered by descending proportion of African American children living in the region, of the total state population of African American children.

## Permanency and Duration of Foster Care Placement

From a measurement perspective, leaving care is connected to two basic phenomena: how long children spend in out-of-home care (i.e., placement duration) and the exit reason or type (i.e., permanency). Policy generally organizes the decisions made on behalf of foster children into those that govern how long children will be in care and those that are organized around how children leave care. Duration and exit type are inextricably linked in that some exit processes take longer on average to complete. Adoption is the most obvious example. Although some children are adopted soon after they enter foster care, this is extremely rare. The adoption process takes longer to complete because exit options such as reunification have to be ruled out first.

In this report, we look at permanency and duration in two ways. First, we examine how children leave care, dividing exit reasons into permanent exits (including reunification, discharge to relative and adoption) and other exits (primarily reaching majority and running away). Second, we look at length of stay overall and length of stay by permanency type. Efforts to improve permanency focus not only on increasing the percentage of children in foster care who ultimately achieve permanency, but on reducing the length of time children spend in foster care.

### Permanency after Placement in Foster Care

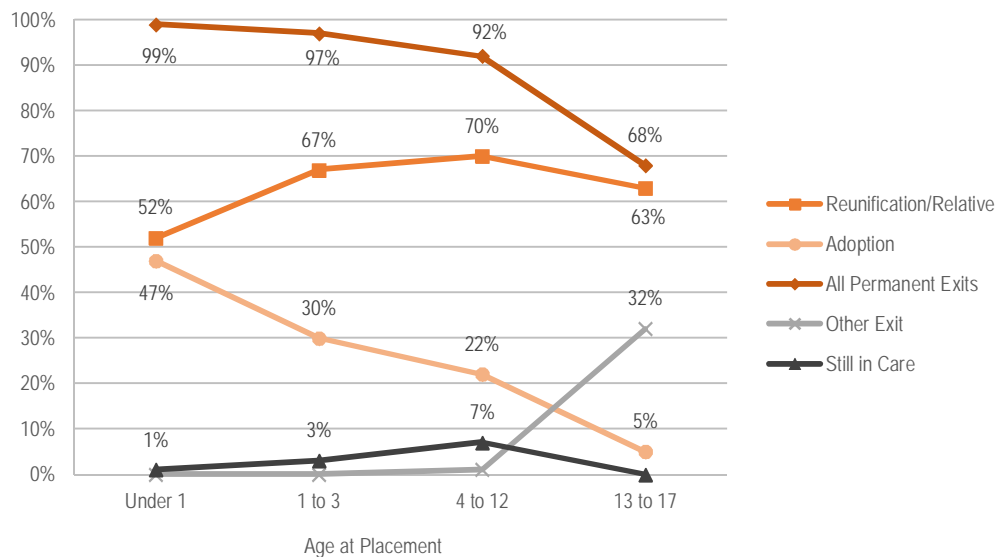
The ultimate goal of the child welfare system is to ensure that every child has a safe, permanent, nurturing family. Preference is given to the child's parents as a matter of policy and practice. However, when reunification is not possible, adoption and guardianship are the other options. Regarding how children leave care, nationally, reunification is the most common reason, followed by adoption, and guardianship. Having said that, the reason why children leave care depends on their age at admission. For Tennessee, data reflecting these patterns are found in Figure 5, which shows the *last observed exit* for children who were admitted during SFY11-12.<sup>4</sup> The placements were followed through June 30, 2017. We selected an earlier cohort of children so

<sup>4</sup> The last observed exit was the first and only exit for 83 percent of children in the SFY11-12 entry cohort and is unlikely to change for most children. Although the final set of outcomes for each group will not be completely known until every child in the entering group reaches

that we could see how placements ended. DCS is still working to improve outcomes for members of the more recent cohorts so it is a bit early in their placement history to use their experience to summarize how placements end.<sup>5</sup>

Figure 5 shows that more than 90 percent of children placed between the ages of 0 to 12 experienced a permanent exit to reunification/relative or adoption, though the likelihood of leaving care to live with either their parents or their relatives versus adoption varied by age. Children who came into care as infants left to adoption and reunification (including relatives) at almost equal rates. The likelihood of adoption dropped with age, as reunification became more likely. The likelihood of a permanent exit was significantly lower for teenagers: Almost a third (32 percent) of teenagers experienced a non-permanent exit.<sup>6</sup>

Figure 5: Last Observed Exit as of June 30, 2017, First Admissions during SFY11-12



Source: CRW June 30, 2017, "LastExits\_First" tab.

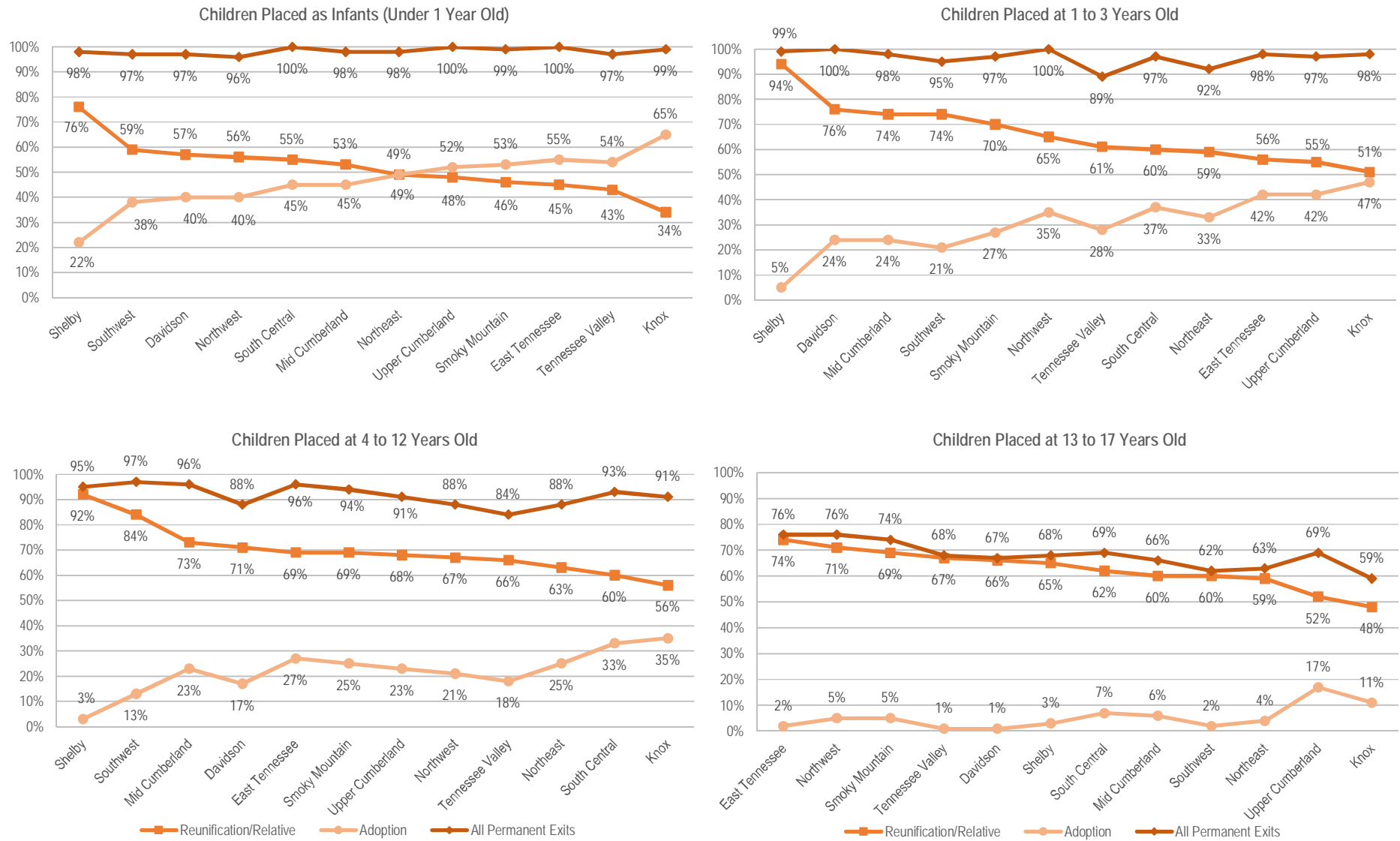
Figure 6 below shows the percentage of reunification/relative and adoption exits by region, sorted by the likelihood of permanence by exit to reunification/relative. The figure also shows the percentage of all permanencies—the sum of reunification/relative and adoption exits. For younger children, reunification/relative was much more likely for children placed from Shelby and much less likely for children placed from Knox. For children placed between the ages of 13 and 17, there was some regional variation in the percentage of children exiting to permanency of any type. Exits to permanency for children entering care as teenagers ranged between 76 percent (East Tennessee and Northwest) and 59 percent (Knox).

age 18, the likelihood of reentry reduces over time. For example, among the children who reentered to date from the SFY11-12 entry cohort, 11 percent experienced that reentry after 35 months. Source: TFACTS/Chapin Hall Administrative Data through June 30, 2017.

<sup>5</sup> The denominators, or number of first placements by age and by region, are presented in Table 3.

<sup>6</sup> Youth aging out of foster care on their 18<sup>th</sup> birthday made up 82 percent of the non-permanent exits for the SFY11-12 entry cohort. Children who ran away from foster care for more than 30 days constituted another 11 percent, and children who had other types of exits made up the remaining seven percent.

Figure 6: Last Observed Exits to Permanency by Age Group and Permanent Exit Type, SFY11-12



Source: CRW June 30, 2017, "LastExits\_First" tab.

For children who entered care during SFY11-12, Table 4 below provides a breakout of all exit types for all age groups, splitting permanency exits into reunification and discharge to relative. The last observed exit of discharge to relative was the most common in Southwest and Shelby and the least common in South Central and Tennessee Valley.

Table 4: Last Observed Exits by Region and Exit Type, SFY11-12

Region	Last Observed Exit				
	Reunification	Relative	Adoption	Other	Still in Care
State	41%	23%	23%	9%	3%
Davidson	40%	28%	15%	15%	3%
East Tennessee	39%	25%	28%	6%	2%
Knox	27%	22%	39%	9%	3%
Mid Cumberland	48%	19%	21%	11%	2%
Northeast	34%	25%	27%	8%	6%
Northwest	46%	21%	21%	7%	5%
Shelby	52%	30%	7%	10%	2%
Smoky Mountain	43%	22%	26%	7%	2%
South Central	53%	7%	26%	10%	3%
Southwest	38%	33%	16%	11%	2%
Tennessee Valley	45%	16%	23%	8%	8%
Upper Cumberland	30%	28%	30%	7%	4%

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2017.

In Table 5, we look to see whether permanency rates differed by race in the six regions where most of the African American population lives—Shelby, Davidson, Mid Cumberland, Southwest, Tennessee Valley, and Knox (see Table 1). As is the case with white children, almost all African American children left care because they achieved permanency. However, in five out of six regions shown in Table 5 (Southwest is the exception), African American teenagers were less likely to leave foster care with a permanent exit. For example, 59 percent of African American teenagers from Davidson county had a last observed exit of permanency, whereas 76 percent of white teenagers from Davidson county had a last observed exit of permanency.

Table 5: Last Observed Exit to Permanency Percentage by Region, Race, and Age at Entry, First Entries in SFY11-12

Region	Race and Ethnicity	Age at Placement			
		Under 1	1 to 3	4 to 12	13 to 17
Shelby	African American	98%	100%	93%	64%
	White	100%	100%	100%	74%
Davidson	African American	94%	100%	82%	59%
	White	100%	100%	86%	76%
Mid Cumberland	African American	100%	100%	91%	25%
	White	100%	96%	94%	73%
Southwest	African American	92%	100%	93%	71%
	White	100%	90%	92%	59%
Tennessee Valley	African American	90%	88%	79%	35%
	White	98%	90%	85%	79%
Knox	African American	94%	100%	91%	52%
	White	100%	99%	88%	56%

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2017.

Regions are ordered by descending concentration of African American children living in the region to the total state population of African American children.

Table 6 shows all exits by race for these six regions, and breaks out reunification and relative exits. The distribution of proportion of each exit type was similar between whites and African Americans in most of the regions, with the exception of other exits, where, like in Table 5, African American teenagers are more likely to experience other exits as their last observed exit.

Table 6: Last Observed Exit by Region, Race, and Exit Type, First Admissions in SFY11-12

Region	Race and Ethnicity	Last Observed Exit				
		Reunification	Relative	Adoption	Other	Still in Care
Shelby	African American	50%	30%	7%	12%	2%
	White	45%	32%	14%	9%	0%
Davidson	African American	35%	28%	11%	22%	3%
	White	37%	31%	19%	10%	4%
Mid Cumberland	African American	46%	9%	18%	23%	3%
	White	47%	16%	24%	11%	2%
Southwest	African American	24%	35%	29%	11%	2%
	White	46%	31%	7%	13%	3%
Tennessee Valley	African American	47%	17%	8%	17%	11%
	White	46%	15%	26%	5%	8%
Knox	African American	32%	23%	28%	14%	3%
	White	23%	22%	42%	10%	3%

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2017.

Regions are ordered by descending concentration of African American children living in the region to the total state population of African American children.



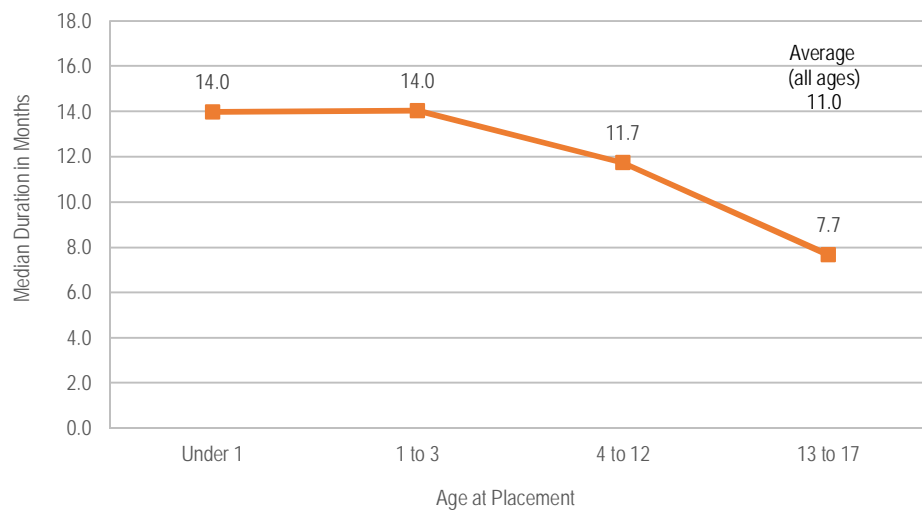
## Duration of Foster Care Placement

A second measure of permanency is the median duration, which describes how long it takes for 50 percent of an entry cohort to leave placement via any one of several options, including permanent and nonpermanent exit types.<sup>7</sup>

How long children stay in care is connected to how they leave foster care. As mentioned, young children tend to stay in care longer than older children in part because they are more likely to be adopted. By extension, counties with more young foster children will tend to show longer lengths of stay because of their age composition. This is the case in Knox region, where the placement rate for infants is the highest in the state and the median duration is also relatively high. We also examine regional variation in length of stay by age and state fiscal year. The section closes with an assessment of whether African American children stay longer given the administrative region of the state supervising their placement.

Figure 7 presents the median duration for children first entering care during SFY15-16, broken out by age at admission.<sup>8</sup> Children who entered care as infants or toddlers had a longer median duration than children who entered custody in middle childhood. Children who entered care as teenagers had the shortest median duration.

Figure 7: Median Duration by Age at Placement, SFY15-16, First Admissions



Source: CRW June 30, 2017, "Duration\_First" tab.

Adoptions are most common among children age 3 and under (see Figure 5.) The median duration for children is longest among children age 3 and under (see Figure 7). The connection between age, reason for exit, and time spent in foster care is found in Table 7 below. For adoption, the median time in care is about two years. For

<sup>7</sup> We use the median time in care as a way to describe how long children spend in care, as opposed to the average length of stay, for technical reasons. To calculate length of stay, one needs to know the start and end date of the placement. For children recently admitted, the start date is known but the end date has yet to be observed. This problem is known as censoring. The median time in care provides a straight forward solution to the problem of censoring. When 50 percent of more of the children have been discharged from care, the median provides a useful summary of the typical experience without having to wait for each cohort member to leave care. In Tennessee, the SFY15-16 cohort is the most recent cohort for which at least 50 percent of children placed have left care.

<sup>8</sup> The population for which median duration is measured is first placements by age and by region. These numbers are presented in Table 3.

reunification and guardianship, half the children will spend less than six months in care and the other half will spend more than six months in care.<sup>9</sup>

Table 7: Median Duration in Months to Adoption, Reunification, and Discharge to Relative, SFY10-11 through SFY13-14<sup>10</sup>

Cohort Year	Permanency Type			Still in Care as of June 30, 2017	
	Adoption	Reunification	Relative	Percent	Number
SFY10-11	25.7	5.0	4.7	0.5%	21
SFY11-12	24.5	5.8	5.9	1%	67
SFY12-13	26.0	5.9	5.0	2%	105
SFY13-14	23.9	5.5	6.3	5%	225

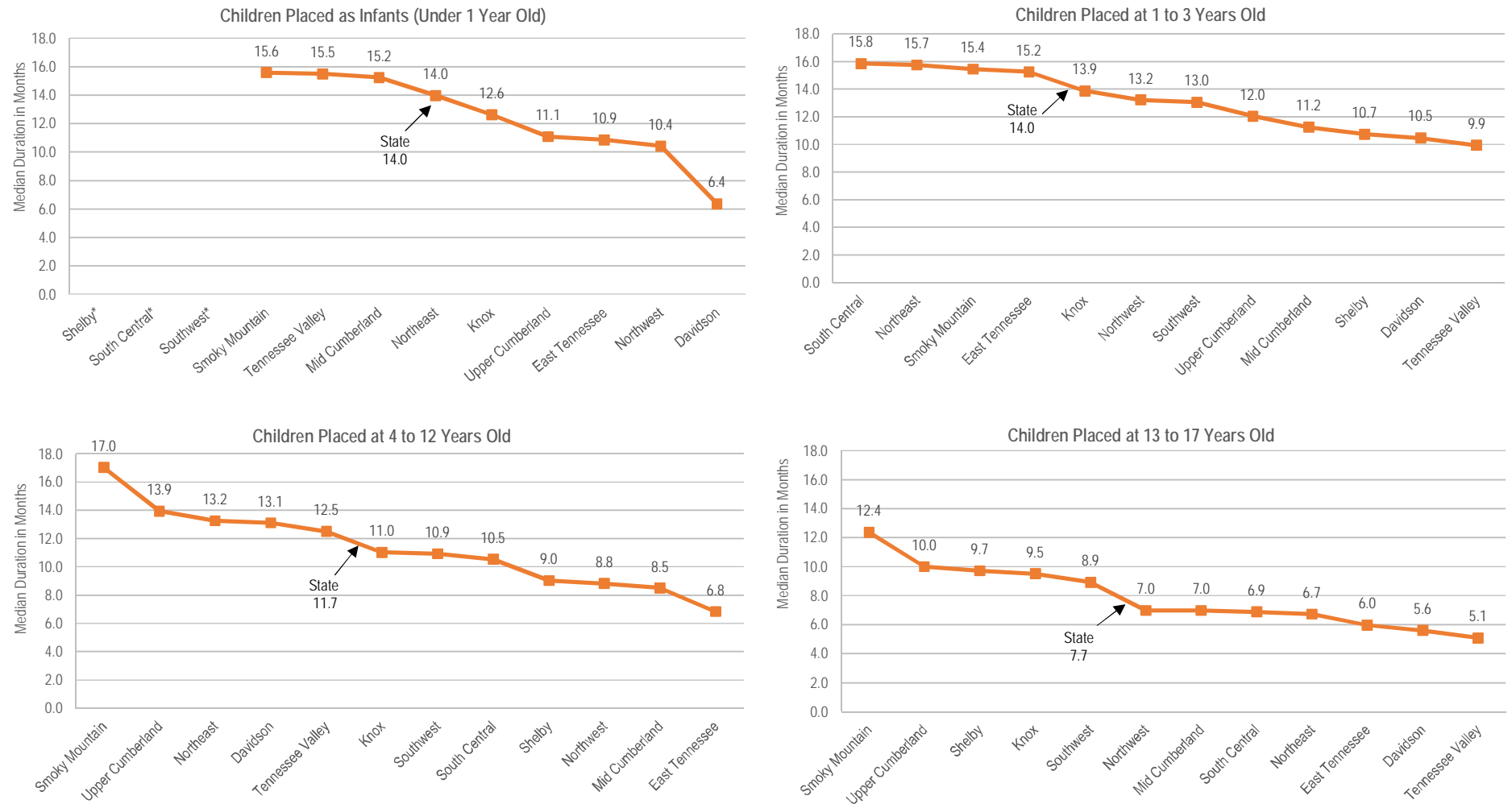
Source: TFACTS/Chapin Hall Administrative Data through June 30, 2017.

Regional variation in time spent in out-of-home care is depicted in Figure 8, which presents median duration for children first entering care in SFY15-16 by age at entry and region. As with other indicators, median duration varies considerably by region within age groups. For example, in Davidson, the median duration for infants was 6.4 months. For children placed as infants in the Shelby, South Central and Southwest regions, it is too soon to tell what the median will be because fewer than 50 percent have left care. For children placed from the ages of 1 to 3, median duration varied from 9.9 months (Tennessee Valley) to 15.8 months (South Central). For children placed from the ages of 4 to 12, median duration varied from 6.8 (East Tennessee) to 17.0 (Smoky Mountain). For children placed from the ages of 13 to 17, median duration ranged from 5.1 (Tennessee Valley) to 12.4 (Smoky Mountain).

<sup>9</sup> For Table 7 we used cohorts going back as far as SFY10-11. This was done to minimize censoring. As shown, nearly all the children in these groups left care.

<sup>10</sup> The median duration for adoption in SFY13-14 may increase slightly after more time has elapsed in which to observe adoptions for that entry cohort.

Figure 8: Median Duration by Age at Placement and Region, First Admissions in SFY15-16



\*As of June 30, 2017, median duration for children entering care as infants in these regions during SFY15-16 were censored because fewer than half of the children had exited.

Source: CRW June 30, 2017, "Duration\_First" tab.

Change over time in median duration is found in Table 8, which displays median duration by region and age group for the past six entry cohorts. Within the section for each age group, the regions are sorted from shortest to longest median duration during SFY15-16. The shading is provided as a guide to trends over time, with light orange indicating a relatively shorter median duration and dark orange indicating a relatively longer median duration in placement.

Table 8: Median Duration by Age at Entry, Region, and Fiscal Year, First Admissions

Children Placed Under 1 Year Old						Children Placed at 1 to 3 Years Old					
Region	SFY11-12	SFY12-13	SFY13-14	SFY14-15	SFY15-16	Region	SFY11-12	SFY12-13	SFY13-14	SFY14-15	SFY15-16
State	13.5	12.6	13.1	14.3	14.0	State	11.7	10.6	11.1	13.3	14.0
Davidson	8.1	9.5	14.2	10.2	6.4	Tennessee Valley	13.0	12.9	7.3	14.7	9.9
Northwest	17.2	16.5	14.1	16.7	10.4	Davidson	4.3	4.4	0.9	7.5	10.5
East Tennessee	9.9	11.2	6.2	8.8	10.9	Shelby	6.4	6.9	12.9	12.4	10.7
Upper Cumberland	14.5	13.7	14.3	15.3	11.1	Mid Cumberland	11.9	9.2	8.2	13.5	11.2
Knox	14.2	11.6	11.7	13.5	12.6	Upper Cumberland	13.3	12.8	13.4	15.9	12.0
Northeast	16.1	13.5	14.0	15.9	14.0	Southwest	11.8	5.0	16.4	11.1	13.0
Mid Cumberland	15.3	10.1	17.2	14.5	15.2	Northwest	12.8	15.6	14.3	14.3	13.2
Tennessee Valley	16.2	15.2	16.3	16.9	15.5	Knox	14.5	14.4	16.9	13.9	13.9
Smoky Mountain	16.3	13.5	15.0	16.0	15.6	East Tennessee	8.6	6.7	4.1	3.0	15.2
Shelby*	10.0	13.5	9.7	14.9		Smoky Mountain	12.6	16.4	11.3	11.7	15.4
South Central*	11.3	9.6	14.5	15.7		Northeast	12.9	12.5	15.4	15.3	15.7
Southwest*	13.5	9.4	11.6	9.4		South Central	11.4	9.6	14.5	11.0	15.8

Children Placed at 4 to 12 Years Old						Children Placed at 13 to 17 Years Old					
Region	SFY11-12	SFY12-13	SFY13-14	SFY14-15	SFY15-16	Region	SFY11-12	SFY12-13	SFY13-14	SFY14-15	SFY15-16
State	10.9	10.6	12.7	11.9	11.7	State	6.9	7.1	7.9	7.4	7.7
Mid Cumberland	9.0	9.1	7.8	8.8	6.8	Mid Cumberland	5.9	6.4	7.6	9.0	5.1
Smoky Mountain	11.3	9.5	7.1	10.2	8.5	Smoky Mountain	5.3	3.4	4.2	5.8	5.6
Northwest	12.4	11.7	15.3	11.6	8.8	Northwest	5.8	5.4	7.1	4.9	6.0
Davidson	6.6	11.2	14.6	11.0	9.0	Davidson	7.3	7.9	7.9	7.1	6.7
South Central	10.4	11.2	16.4	12.7	10.5	South Central	5.9	6.8	7.3	7.5	6.9
Tennessee Valley	7.0	6.3	5.5	7.2	10.9	Tennessee Valley	7.9	6.1	6.7	5.6	7.0
Knox	14.2	14.2	17.0	16.3	11.0	Knox	8.3	7.8	9.3	7.3	7.0
East Tennessee	9.0	7.1	13.5	15.3	12.5	East Tennessee	4.2	6.2	10.6	6.0	8.9
Southwest	3.1	6.4	5.6	5.3	13.1	Southwest	9.2	9.6	9.9	8.1	9.5
Shelby	11.0	14.2	20.5	9.7	13.2	Shelby	7.6	6.0	7.7	12.1	9.7
Upper Cumberland	11.4	11.5	11.7	12.9	13.9	Upper Cumberland	8.8	10.0	12.6	11.0	10.0
Northeast	13.3	11.4	14.7	16.4	17.0	Northeast	6.3	11.5	10.1	7.9	12.4

\*Fewer than half of the children entering care as infants during SFY15-16 in these regions had exited care as of June 30, 2017. For this reason, median duration for children entering as infants in these regions in SFY15-16 cannot yet be calculated.

Source: CRW June 30, 2017, "Duration\_First" tab.

Reading down each column by fiscal year, light orange shading indicates that the region was among the regions with the three shortest median durations in that year, and dark orange shading indicates that the region was among the regions with the three longest median durations in that year. In cases where there are ties, more than three regions are highlighted.

As found in Table 2 and Table 3, the statewide and regional perspectives diverge. Statewide, when SFY11-12 is compared with SFY16-17, length of stay is trending upward across each age group. The regional perspective is more mixed. For instance, in Knox, infants are spending somewhat less time in care whereas in Northeast, 1 to 3 year olds are spending more time in care.

For at least four of the past five entry cohorts, Davidson and East Tennessee were among the regions with the shortest median duration for children entering care between 0 and 3 years old. For children entering care at 4 to 12 years old, Tennessee Valley and Southwest were consistently among the regions with the shortest median duration until SFY15-16, when the median duration for that age group increased in both regions. Smoky

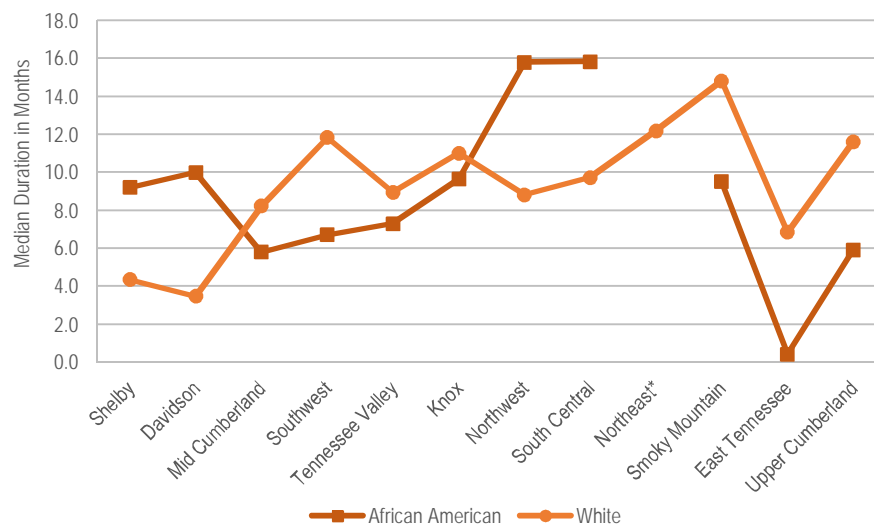
Mountain and Northwest have been among the regions with the shortest median duration for children entering as teenagers for the past five entry cohorts.

For SFY11-12 through SFY14-15, Tennessee Valley was among the regions with the longest median duration for children entering as infants and Knox was among the regions with the longest median duration for children entering at 4 to 12 years old. For the past five entry cohorts, Upper Cumberland was among the regions with the longest median duration for children entering as teenagers.

Finally, we ask whether median duration differs by race. Figure 9 displays median duration for white and African American children first entering care during SFY15-16 by region, with the regions ordered by descending concentration of African American children in the general population (presented in Table 1).

The median duration for African American children is higher than the median duration for white children in Shelby county and Davidson county; the opposite is true in Mid Cumberland, Southwest, Tennessee Valley, and Knox.

Figure 9: Median Duration by Race and Region, SFY15-16



\*Fewer than half of the African American children entering care in Northeast during SFY15-16 had exited care as of June 30, 2017. For this reason, median duration for African American children entering in Northeast during SFY15-16 cannot yet be calculated.

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2017.

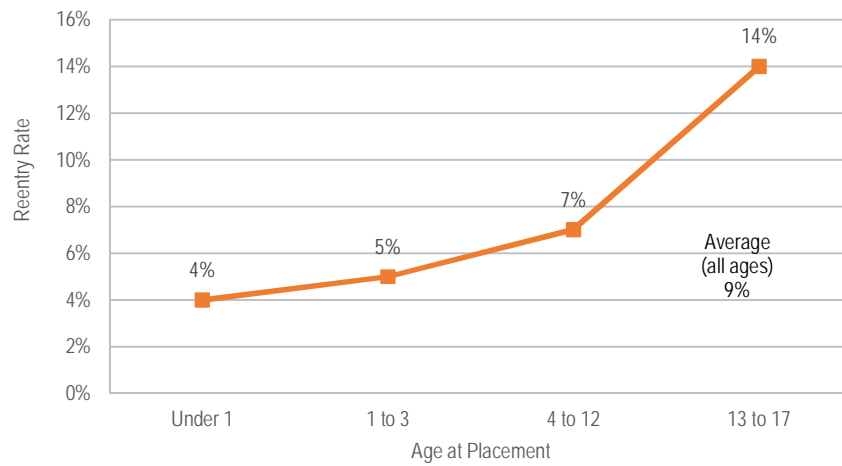
Regions are ordered by the descending proportion of African American children living in the region, of the total state population of African American children.

## Reentry Rate for Children Exiting Foster Care

DCS seeks to minimize the risk of returning to foster care after discharge. While DCS does not systematically screen entries to foster care for previous legal adoptions, DCS does measure the percent of children who reenter after a discharge to reunification, relative, or other exit. Statewide, among children who had these exits from SFY11-12 to SFY15-16, between eight and ten percent reentered care within one year. Although the full year has not yet been observed for all exits during the most recent fiscal year, reentry rates appear to be comparable.

Figure 10 presents the reentry rate within one year of exit to reunification, relative or other exit for children exiting placement during SFY15-16, broken out by age at admission. Children who enter care as infants or toddlers were the least likely to reenter within one year of exit, with reentry rates from four to five percent. Children who entered care as teenagers had the highest rate of reentering within one year, at 14 percent.

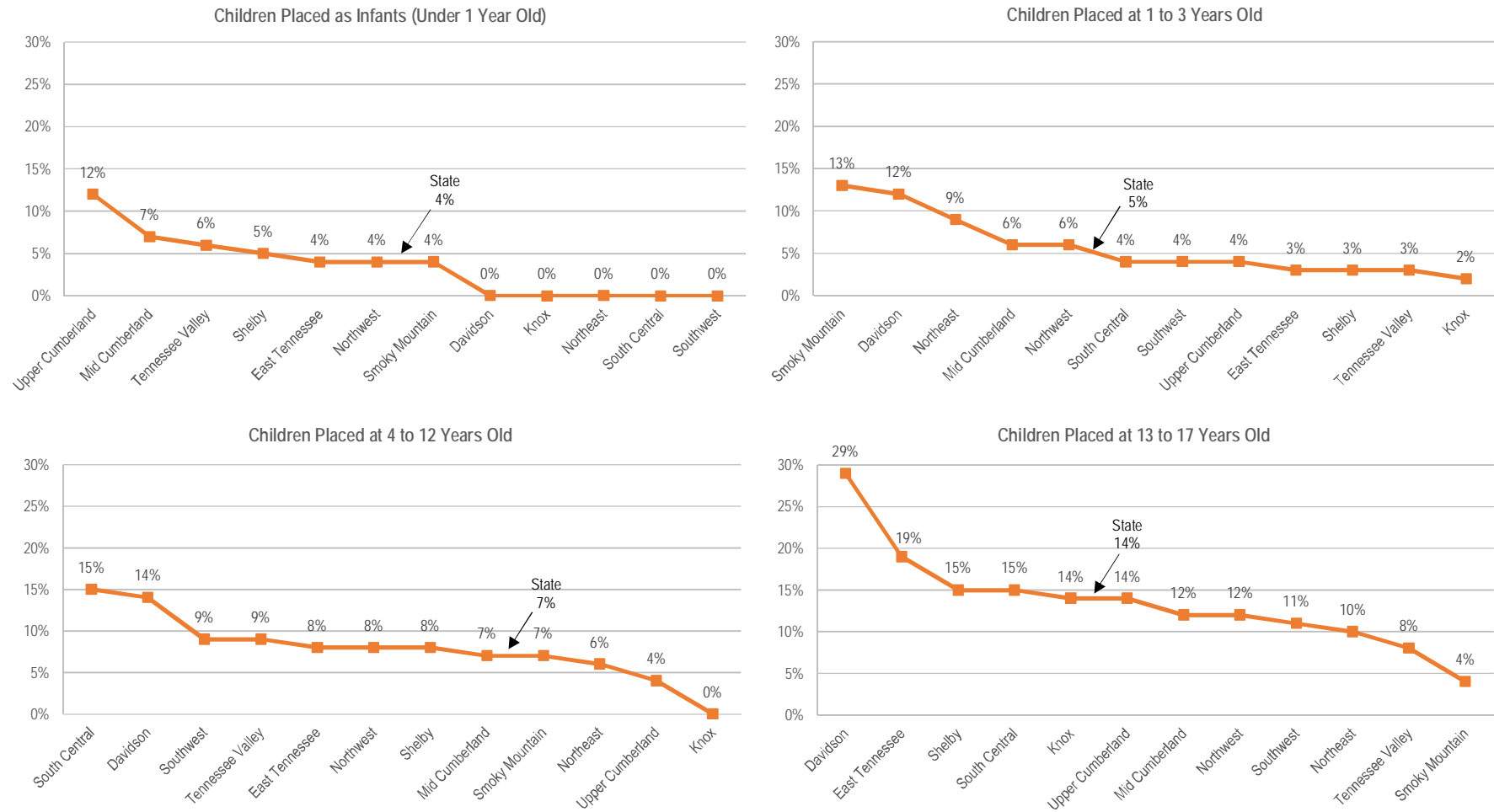
Figure 10: Reentry Rate by Age at Entry, Exits in SFY15-16



Source: CRW June 30, 2017, "Reentry" tab.

As shown in Figure 11, among these same children, reentry within one year of exit varied by region and age at placement. Reentry for children placed as infants ranged from zero (Davidson, Knox, Northeast, South Central, Southwest) to 12 percent (Upper Cumberland). For children placed between the ages of 1 to 5, reentry ranged from two percent (Knox) to 13 percent (Smoky Mountain). For children placed between the ages of 6 to 12, reentry ranged from zero (Knox) to 15 percent (South Central). Finally, for children placed as teenagers, the reentry rate ranged from four percent (Smoky Mountain) to 29 percent (Davidson).

Figure 11: Reentry Rate by Age at Entry and Region, Exits in SFY15-16



Source: CRW June 30, 2017, "Reentry" tab.

However, reentry rates within one year of exit also varied over time for most regions, as shown in Table 9. Within the section for each age group, the regions are sorted from lowest to highest reentry rates within one year for children who exited in SFY15-16. Then, the shading is provided as a guide to trends over time, with light orange indicating a relatively lower reentry rate for that cohort and dark orange indicating a relatively higher reentry rate for that cohort. Among children placed at younger ages (3 and under), no region was consistently in the top or bottom three regions with the lowest or highest reentry rate within one year. For children placed from 6 to 12 or as teenagers, Davidson county consistently had among the highest reentry rates. For children placed from 6 to 12 years old, Knox, Upper Cumberland, Northeast, Smoky Mountain, and Mid Cumberland had relatively low reentry rates within one year.

Table 9: Reentry Rates by Age, Region, and State Fiscal Year of Exit

Children Placed Under 1 Year Old						Children Placed at 1 to 3 Years Old					
Region	SFY11-12	SFY12-13	SFY13-14	SFY14-15	SFY15-16	Region	SFY11-12	SFY12-13	SFY13-14	SFY14-15	SFY15-16
State	7%	6%	7%	5%	4%	State	6%	6%	6%	6%	5%
Southwest	0%	9%	0%	0%	0%	Knox	7%	0%	5%	4%	2%
Knox	13%	0%	6%	0%	0%	Tennessee Valley	6%	8%	12%	5%	3%
South Central	13%	5%	11%	0%	0%	Shelby	5%	7%	1%	7%	3%
Northeast	6%	10%	0%	4%	0%	East Tennessee	9%	6%	8%	11%	3%
Davidson	12%	4%	14%	15%	0%	South Central	9%	14%	5%	0%	4%
Northwest	0%	13%	6%	0%	4%	Southwest	5%	3%	6%	0%	4%
Smoky Mountain	2%	6%	5%	3%	4%	Upper Cumberland	9%	5%	10%	5%	4%
East Tennessee	15%	4%	12%	11%	4%	Mid Cumberland	5%	8%	1%	0%	6%
Shelby	5%	4%	8%	9%	5%	Northwest	10%	5%	0%	3%	6%
Tennessee Valley	8%	12%	5%	4%	6%	Northeast	5%	9%	2%	10%	9%
Mid Cumberland	11%	5%	5%	0%	7%	Davidson	0%	10%	5%	17%	12%
Upper Cumberland	5%	3%	9%	9%	12%	Smoky Mountain	4%	0%	13%	3%	13%

Children Placed at 4 to 12 Years Old						Children Placed at 13 to 17 Years Old					
Region	SFY11-12	SFY12-13	SFY13-14	SFY14-15	SFY15-16	Region	SFY11-12	SFY12-13	SFY13-14	SFY14-15	SFY15-16
State	8%	8%	6%	7%	7%	State	15%	14%	14%	16%	14%
Knox	11%	6%	4%	6%	0%	Smoky Mountain	6%	14%	5%	12%	4%
Upper Cumberland	5%	3%	8%	4%	4%	Tennessee Valley	16%	9%	18%	14%	8%
Northeast	6%	10%	2%	4%	6%	Northeast	17%	11%	17%	20%	10%
Smoky Mountain	4%	5%	7%	5%	7%	Southwest	18%	24%	2%	10%	11%
Mid Cumberland	5%	6%	7%	6%	7%	Northwest	14%	24%	10%	13%	12%
Shelby	11%	11%	1%	8%	8%	Mid Cumberland	10%	5%	16%	19%	12%
Northwest	7%	6%	3%	10%	8%	Upper Cumberland	16%	6%	3%	8%	14%
East Tennessee	12%	14%	12%	13%	8%	Knox	13%	19%	12%	16%	14%
Southwest	13%	11%	0%	3%	9%	Shelby	17%	13%	12%	8%	15%
Tennessee Valley	6%	3%	11%	8%	9%	South Central	24%	16%	24%	19%	15%
Davidson	13%	17%	11%	10%	14%	East Tennessee	17%	17%	15%	23%	19%
South Central	10%	7%	9%	6%	15%	Davidson	20%	19%	21%	21%	29%

Source: CRW June 30, 2017, "Reentry" tab.

Reading down each column by fiscal year, light orange shading indicates that the region was among the regions with the three lowest rates of reentry from that exit cohort, and dark orange shading indicates that the region was among the regions with the three highest rates of reentry from that exit cohort. In cases where there are ties, more than three regions are highlighted.

## Education and Employment for Youth Aging Out of Custody

The Settlement Agreement required that at least 90 percent of youth who exit DCS custody at age 18 without a permanent home meet at least one of the following "achievement measures":

- ▶ earned a General Equivalency Diploma (GED)
- ▶ graduated from high school



- ▶ enrolled in an education program (including high school, college, vocational training, or alternative approved educational program for special needs children)
- ▶ employed full-time

DCS continues to track in TFACTS the educational and employment status at the time of exit from custody for youth who age out of custody.<sup>11</sup> Of the 280 youth who aged out during the first six months of 2017 and were not on runaway at the time of exit, 89 percent met one or more of the achievement measures. This is a slight decline from prior performance reported by the TAC: in a sample of 79 of the youth who aged out of custody between July 1, 2015 and March 30, 2016, 74 (94 percent) met at least one achievement measure.

## The Process of Care

The process of care refers to the actions caseworkers, among others, follow in pursuit of the broad mission of the agency. These processes are defined in statute, regulation, or in terms of best practices, which may include evidence-based interventions. In turn, process measures are used to understand the extent to which the required work is being accomplished. Eight process measures related to assessment, child and family team meetings, case manager visits, exit from care, and case documentation are presented. Additional measures regarding the Child Protective Services (CPS) processes will be included in the AC's second report.

### Assessments of Wellbeing

Chapters 11 and 20 of DCS Policy outline requirements for the initial assessment process that are consistent with the *Brian A. Settlement Agreement* requirement that children entering custody receive a timely medical assessment and if indicated, a psychological evaluation, using a standardized protocol. Children must receive an Early Periodic Screening, Diagnosis and Treatment (EPSDT) medical assessment within 72 hours (or three days) of entering custody and an initial Child and Adolescent Needs and Strengths (CANS) assessment within seven business days of entering custody.<sup>12</sup>

### EPSDT Assessments

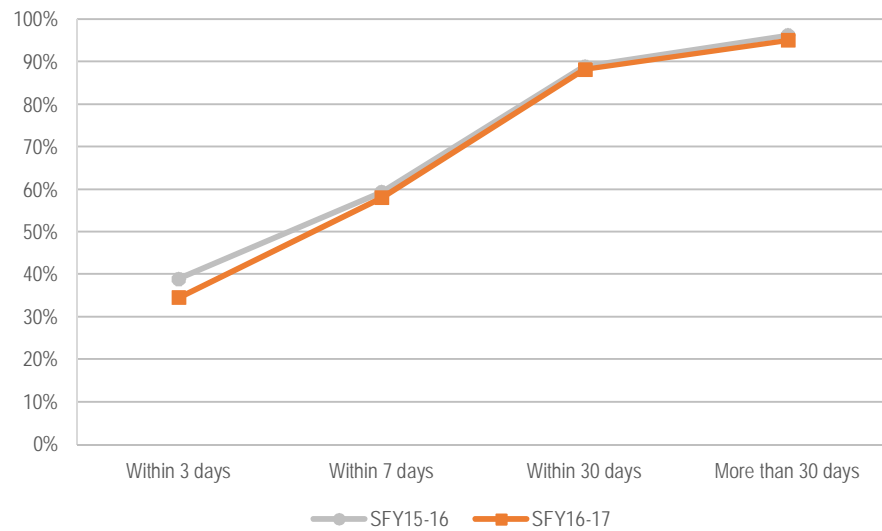
DCS produces a report from TFACTS that measures the time from a child's entry into custody until the completion of the EPSDT assessment. Figure 12 below presents performance on this measure for the children entering custody during SFY15-16 and SFY16-17 who remained in custody for at least three days. A total of 88 percent of children entering custody in SFY16-17 received an EPSDT assessment within 30 days of entering custody (the standard established by the *Brian A. Settlement Agreement*), and a total of 89 percent of children entering custody in SFY15-16 received an EPSDT within 30 days of entering custody.

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<sup>11</sup> "Independent Living Transitional Survey Detail Report."

<sup>12</sup> DCS Policy 20.7, "Early Periodic Screening, Diagnosis, and Treatment Standards (EPSDT)," is available at <https://files.dcs.tn.gov/policies/chap20/20.7.pdf>. The Supplement to DCS Policy 11.1, "CANS Case Protocol," is available at <https://files.dcs.tn.gov/policies/chap11/CANSProtocol.pdf>.

Figure 12: Cumulative Percentage of ESPDT Assessments Completed within Each Time Interval, Children Entering Care in SFY15-16 and SFY16-17

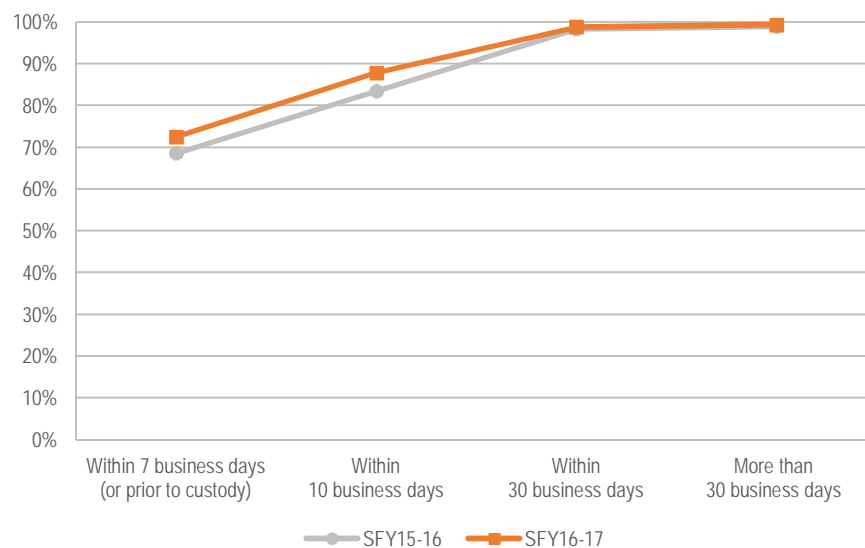


Source: TFACTS Report, "TAC New Custody EPSDT Medical Cohort."

### CANS Assessments

DCS produces a report from TFACTS that measures the time from a child's entry into custody until the completion of the CANS assessment. Figure 13 below presents performance on this measure for the children entering custody during SFY15-16 and SFY16-17 who were 5 years or older at entry and remained in custody for at least seven business days. A total of 98 percent of children entering custody in both SFY15-16 and SFY16-17 had a CANS assessment completed within 30 business days of entering custody (the standard established by the *Brian A. Settlement Agreement*).

Figure 13: Cumulative Percentage of Initial CANS Assessments Completed within Each Time Interval, Children Entering Care in SFY15-16 and SFY16-17



Source: Monthly TFACTS Report, "Timeliness of Initial CANS Assessment."

## Processes Related to Achieving Permanency

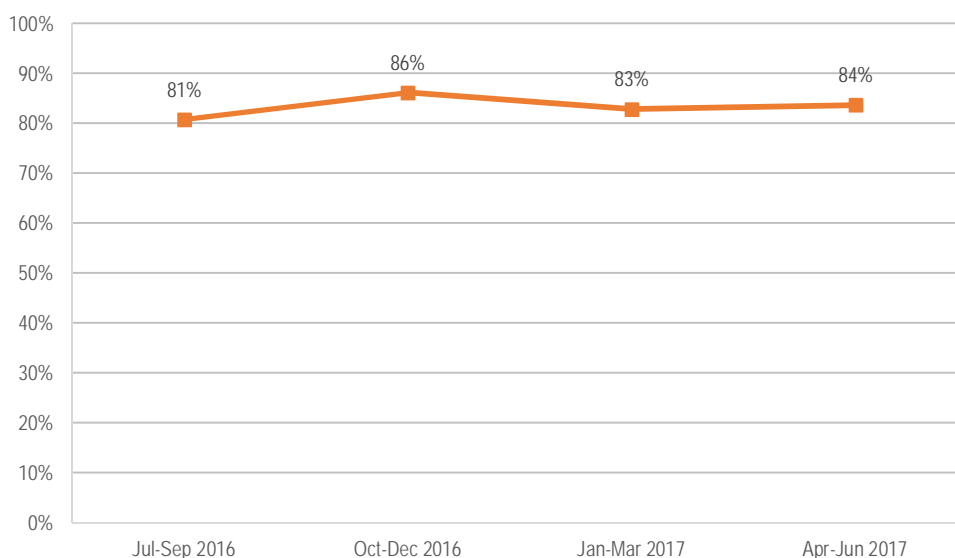
This section presents data regarding case management activities that support timely permanent exits from care. Family Service Workers (FSWs) are required to hold Child and Family Team Meetings at least quarterly to promote family-centered practice using the Child and Family Teaming model. To promote enduring permanent exits and reduce the risk of reentry after reunification, Tennessee statute requires trial home visits for children exiting to reunification, where necessary. Measures of the timeliness of individual components of the adoption process (called “adoption milestones”) help DCS understand whether the actions required to achieve permanency through adoption are completed timely. Finally, in order to promote permanency for all children, DCS strictly limits the situations in which a goal of Planned Permanent Living Arrangement can be assigned.

### Child and Family Team Meetings

A focus on family-centered casework and case planning is a core component of DCS’ Practice Model, which is outlined in the *Services Standards of Professional Practice for Serving Children and Families: A Model of Practice*.<sup>13</sup> Child and Family Team Meetings (CFTM) are one of the primary ways through which engagement and participation of the child and family in case planning is accomplished. Although Chapter 31 of DCS policy outlines the timing and frequency at which CFTMs for specific purposes are to occur, in each case, DCS policy requires a CFTM of some type at least quarterly.<sup>14</sup>

DCS produces a report from TFACTS that measures whether children who were in custody for at least 30 days had at least one CFTM during the quarter. Figure 14 below presents performance for each quarter during SFY16-17.

Figure 14: Children Who Had at Least One CFTM during the Quarter



Source: Monthly DCS TFACTS Report, “CFTM Progress Review Summary and Detail.”

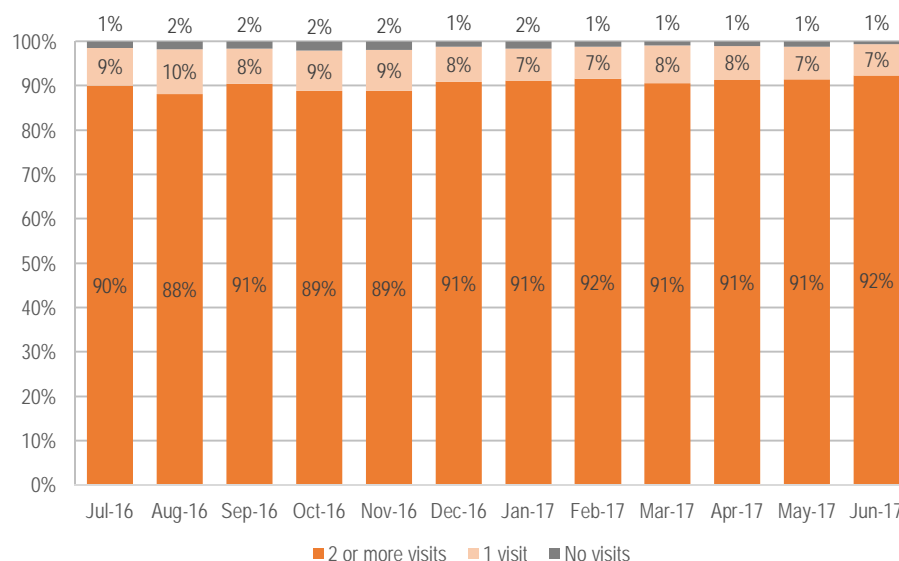
<sup>13</sup> The Practice Model is available at [http://tn.gov/assets/entities/dcs/attachments/DCS\\_PracticeModel11.24.03.pdf](http://tn.gov/assets/entities/dcs/attachments/DCS_PracticeModel11.24.03.pdf).

<sup>14</sup> DCS Policy 16.31, “Permanency Planning for Children/Youth in the Department of Children’s Services Custody,” is available at <https://files.dcs.tn.gov/policies/chap16/16.31.pdf>.

## Case Manager Visits

In order to ensure the safety of children and ensure that their needs are being met, every child must receive at least two visits each month from a case manager (DCS or, when applicable, private provider) assigned to his/her case.<sup>15</sup> DCS produces a report from TFACTS that measures the number of face-to-face visits children receive from a case manager each month. Figure 15 presents, for children in custody each month, the percentage receiving a visit from a case manager, by frequency and month. Each month, about 90 percent of children receive at least two visits from a case manager, and slightly less than 10 percent receive one visit. The percentage of children for whom no visits are documented each month is very small, at two percent or less. Performance during the first half of 2017 is consistent with performance reported by the TAC for the last half of 2016.

Figure 15: Frequency of Visits with a Case Manager



Source: Monthly DCS TFACTS Report, "Brian A. DCS and Private Provider Face-to-Face Visits, Two Months Back."

## Trial Home Visits

Tennessee statute requires that when DCS determines to reunify a child with his or her parents, DCS must inform the court, where necessary, of the beginning of a 90-day trial home visit (THV) for children adjudicated dependent or neglected or a 30-day THV for children adjudicated unruly.<sup>16</sup> Table 10 below compares, for the children first entering care in each fiscal year who had exited to reunification as of June 30, 2017, the number who had a THV prior to exit and the

<sup>15</sup> This twice-per-month requirement is a simplified version of complex DCS policy requirements regarding visits that vary depending on whether the child is in a DCS placement or a private provider placement and on the length of time the child has been in the placement. DCS Policy 16.38, "Face-to-Face Visitation with Dependent and Neglected and Unruly Children in DCS Custody," is available at <https://files.dcs.tn.gov/policies/chap16/16.38.pdf>.

<sup>16</sup> TCA § 37-1-130(e) requires a 90-day trial home visit for children adjudicated dependent or neglected and TCA § 37-1-132(c) requires a 30-day trial home visit for children adjudicated unruly. See also DCS Policy 16.12, "Release of Dependent/Neglected and Unruly Children/Youth from State Custody," available at <https://files.dcs.tn.gov/policies/chap16/16.12.pdf>.

The *Brian A.* Settlement Agreement had a similar requirement: that DCS recommend a 90-day THV to the court for all children returning home or to the custody of a relative. The Settlement Agreement allowed exceptions to the 90-day THV requirement when a shorter THV of no less than 30 days would be to address "the specific safety and well-being issues involved in the child's case."

number who did not have a THV prior to exit. The percentage of children in each entry cohort exiting to reunification who had a THV prior to exit ranged from 69 percent to 73 percent.<sup>17</sup>

Table 10: Trial Home Visits for Children Exiting to Reunification, First Admissions by Fiscal Year

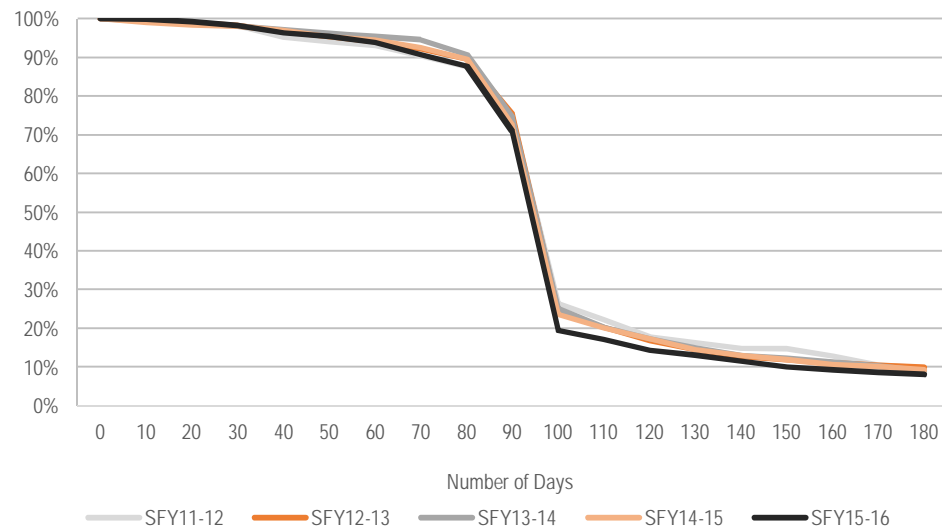
Fiscal Year of Entry	Exits to Reunification	Exits to Reunification Including THV	Exits to Reunification NOT Including THV
SFY11-12	2,183	1,542	641
SFY12-13	2,228	1,563	665
SFY13-14	1,741	1,272	469
SFY14-15	1,711	1,248	463
SFY15-16	1,572	1,077	495
SFY11-12	100%	71%	29%
SFY12-13	100%	70%	30%
SFY13-14	100%	73%	27%
SFY14-15	100%	73%	27%
SFY15-16	100%	69%	31%

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2017.

For the THVs that began in each fiscal year, Figure 16 below presents the length of those THVs in days. Each line shows how many THVs were still ongoing after each 10-day interval. For example, the figure shows that about 70 percent of THVs beginning in SFY15-16 were still ongoing after 90 days, but by 100 days, only about 20 percent were still ongoing.

The figure shows that the length of THVs beginning in SFY11-12 through SFY15-16 has remained consistent: less than five percent of THVs end prior to 30 days, fewer than 10 percent end prior to 70 days, and between 25 to 30 percent end by 90 days. Between 90 and 100 days, there is a steep increase in the number of THVs that end, and fewer than 10 percent of THVs remain open by 180 days.

Figure 16: Length of Trial Home Visits Beginning in Each Fiscal Year



Source: TFACTS/Chapin Hall Administrative Data through June 30, 2017.

<sup>17</sup> The median duration of the time in foster care for children in these entry cohorts who exited to reunification without a THV ranged from 29 days to 46 days.

## Adoption Milestones

The *Brian A.* Settlement Agreement was concerned about three adoption milestones: the filing of a termination of parental rights (TPR) petition after a child was given the sole goal of adoption, the achievement of full guardianship after the filing of a TPR petition,<sup>18</sup> and the discharge to a finalized adoption following full guardianship. The AC does not see evidence that the time to adoption overall is changing, so the expectation is that the timing of these milestones is not changing. Table 11 shows that for the last several fiscal years, this is the case.

Table 11: Adoption Milestones

Fiscal Year	Number of Children with Sole Adoption Goal Assigned	Of Those, Number of Children with a TPR Filing within 3 Months	Sole Adoption Goal to TPR Filing within 3 Months
SFY11-12	816	659	81%
SFY12-13	1,063	914	86%
SFY13-14	1,171	1,008	86%
SFY14-15	1,143	955	84%
SFY15-16	1,096	982	90%

Fiscal Year	Number of Children with 1st TPR Filed in Year	Of Those, Number of Children with Full Guardianship in 8 Months	First TPR Filed to Full Guardianship within 8 Months
SFY11-12	943	444	47%
SFY12-13	1,185	570	48%
SFY13-14	1,169	563	48%
SFY14-15	1,022	510	50%
SFY15-16	1,085	576	53%

Fiscal Year	Number of Children Reaching Full Guardianship in Year	Of Those, Number of Children Adopted within 1 Year	Full Guardianship to Adoption within 1 Year
SFY11-12	883	698	79%
SFY12-13	1,241	1,012	82%
SFY13-14	1,400	1,061	76%
SFY14-15	1,243	938	76%
SFY15-16	1,350	1,026	76%

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2017.

Most children who reach the first milestone of having a sole goal of adoption go on to be adopted. Of children who were assigned a sole goal of adoption in SFY12-13, 81 percent went on to be adopted by June 30, 2017. Of all the children for whom DCS became the sole guardian, 91 percent went on to be adopted.

## Planned Permanent Living Arrangement (PPLA) Goals

In the vast majority of cases, the preferred permanency options are reunification with family, adoption, or guardianship. Although federal law recognizes PPLA (the designation that DCS now uses for what was previously called “permanent foster care” or “long term foster care”) as a permissible permanency option, in order to prevent potential misuse of PPLA, DCS strictly limits the circumstances under which such an option would be preferable to adoption or return to family.<sup>19</sup>

<sup>18</sup> The analysis presented for this second milestone, time from the filing of TPR to achievement of full guardianship, is different from the analysis presented in the TAC’s reports. In the AC analysis, the denominator for the calculation of the time from TPR to full guardianship is the population of children for whom TPR was filed during the window of observation, not just those who achieved full guardianship during the window of observation.

<sup>19</sup> DCS Policy 16.31, “Permanency Planning for Children/Youth in the Department of Children’s Services Custody,” is available at <https://files.dcs.tn.gov/policies/chap16/16.31.pdf>.

A very small percentage of children entering care each year are assigned a PPLA goal at some point during their custody stay. Statewide between SFY11-12 and SFY15-16, of children entering care at all ages, the percentage of children ever assigned a PPLA goal (as a sole permanency goal or in addition to another concurrently planned permanency goal) ranged from 0.5 percent to 0.8 percent, and the percentage ever assigned a sole permanency goal of PPLA ranged from 0.3 percent to 0.6 percent.

The vast majority of children who are assigned a PPLA goal enter custody as teenagers. Only five children entering care under age 13 between SFY11-12 and SFY15-16 were assigned a sole PPLA goal, and only eight were assigned a concurrent PPLA goal. Table 12 below presents the number and percentage of children entering custody as teenagers who were assigned a PPLA permanency goal. As reflected in the table, the percentage of children entering custody as teenagers assigned a sole permanency goal of PPLA remained very small, fluctuating between one percent and two percent, and the percentage of teenagers assigned a sole or concurrent goal of PPLA fluctuated between one percent and three percent.

Table 12: Assignment of Sole and Concurrent PPLA Goals, Children Entering Care at 13 to 17 Years Old, by Fiscal Year

Fiscal Year	Children Entering Care at 13 to 17 Years Old	Assigned	
		Sole or Concurrent PPLA Goal	Assigned Sole PPLA Goal
SFY11-12	1,777	35	22
SFY12-13	1,759	41	28
SFY13-14	1,559	40	30
SFY14-15	1,539	26	15
SFY15-16	1,826	24	14
SFY11-12	100%	2%	1%
SFY12-13	100%	2%	2%
SFY13-14	100%	3%	2%
SFY14-15	100%	2%	1%
SFY15-16	100%	1%	1%

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2017.

## Case Documentation

Chapter 31 of DCS policy notes that the information entered into TFACTS case recordings provides a record of case progress and activities that is necessary for case managers to understand the history of the case and successfully perform the necessary activities to move the case toward permanency. The policy requires that case managers document all case activities into case recordings within 30 days of the date on which the activity occurred.<sup>20</sup>

DCS produces a report from TFACTS<sup>21</sup> that measures the time from the occurrence of case activity to documentation of that activity in TFACTS case recordings. Of the 312,284 case recordings regarding foster care activities entered into TFACTS for children adjudicated neglected, abused, or unruly during SFY16-17, 260,285 (83 percent) were entered within 30 days of the case activity being documented. This is consistent with performance previously reported by the TAC. Of the 329,188 case recordings entered during SFY15-16, 278,491 (85 percent) were entered within 30 days of the case activity being documented.

<sup>20</sup> DCS Policy 31.14, "Documentation of TFACTS Case Recordings," is available at <https://files.dcs.tn.gov/policies/chap31/31.14.pdf>.

<sup>21</sup> "Brian A. Timeliness of Case Recordings Report."

## The Quality of Care

The quality of care, which is closely related to the process of care, refers to how well the work is done and is often concerned with the child's daily life experience while in foster care. For example, although the process of care involves the removal of a child from his or her home—the source of a child's identity, culture, sense of belonging, and connection with things that give meaning and purpose to life—the type of setting into which the child is placed while in care can help reduce the trauma experienced by the child as a result of placement into foster care. For this reason, the DCS Practice Model emphasizes placing children with siblings and in the least restrictive placement possible, utilizing foster families drawn from a child's kinship network whenever possible rather than placing a child with strangers.

### Placement Type and Placement Stability

When children are placed in foster care, there are two overarching policies that govern the choice of placement. First, children are to be placed in the most family-like setting possible, given their unique needs. Within the category of family-like settings, relative caregivers provide the most continuity with the child's family, so preference is generally afforded relatives, all things considered. Once in placement, a stable relationship with the caregiver until the permanency options have been sorted out is best for the child, notwithstanding changes in placement that unify children with their siblings or that represent moves to a family setting from a group (i.e., non-family) setting.

#### Placement Type

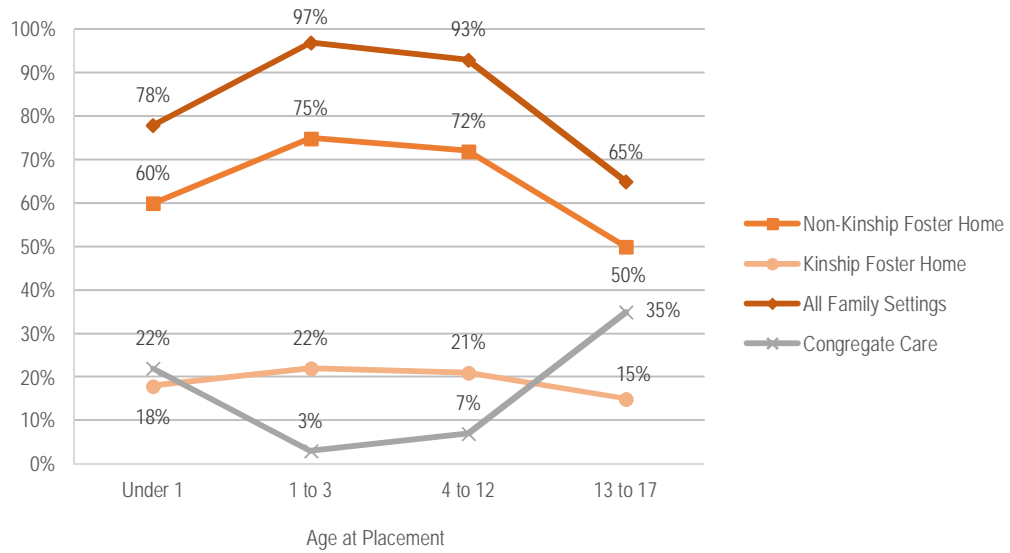
Figure 17 below presents initial placement type by age at placement for the most recent completed fiscal year, SFY16-17.<sup>22</sup> The majority of children of all age groups are initially placed in a family setting (foster care or kinship care). Among children placed between the ages of 1 to 12 during SFY16-17, more than 90 percent of children were initially placed in a family setting. Most of these were non-kinship foster homes. DCS takes custody of some infants while they are still in the hospital, which accounts for the higher proportion of those placements (22 percent) in congregate settings. Initial placement in kinship care does not vary based on age (between 21 and 22 percent), except for a lower proportion of initial kinship placements among teenagers (15 percent). Placement in group care settings is most likely for teenagers (35 percent).

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<sup>22</sup> The denominators, or number of first placements by age and by region, are presented in Table 3.



Figure 17: Initial Placement Type, First Admissions during SFY16-17

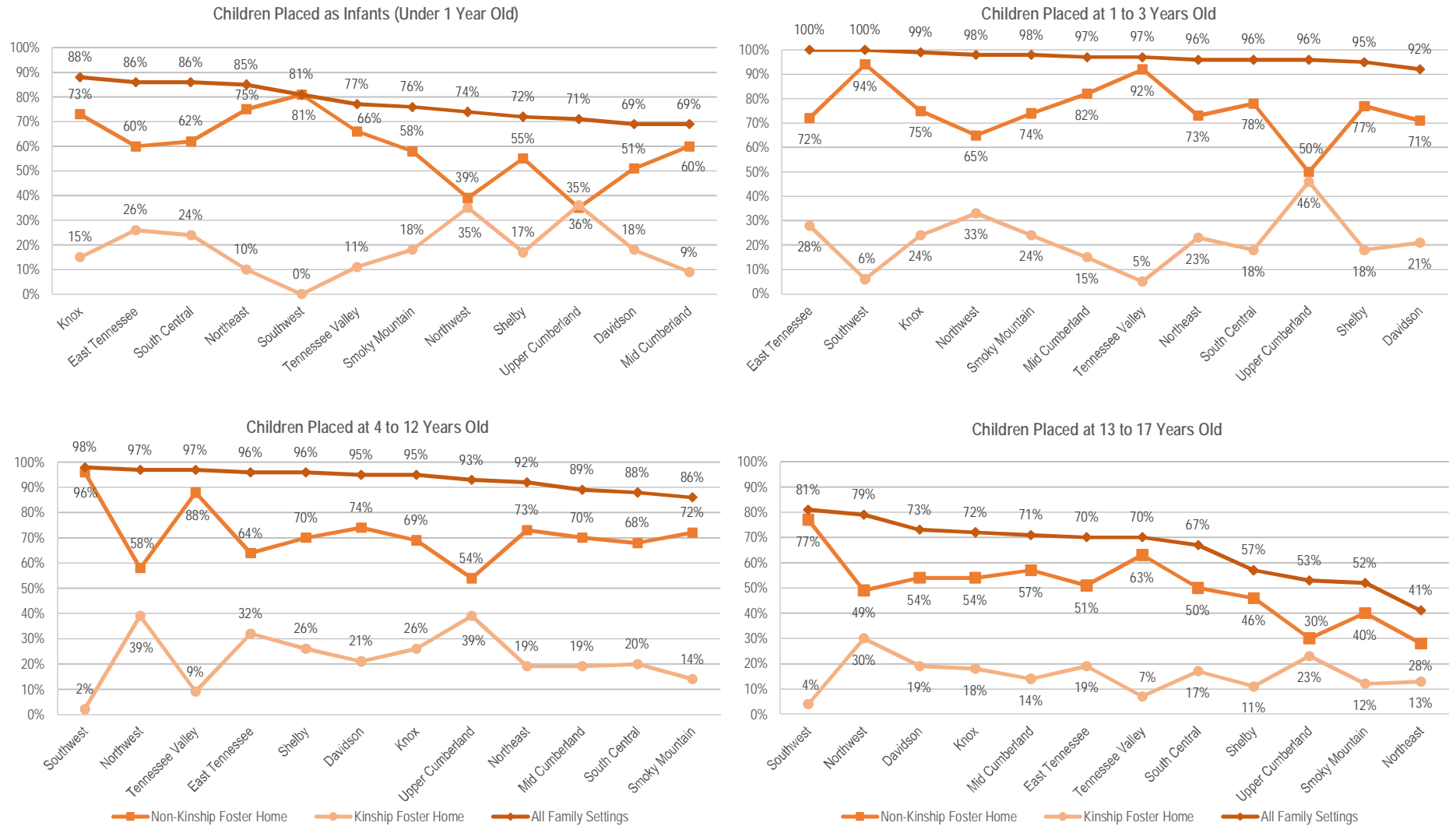


Source: CRW June 30, 2017, "Entry\_First" tab.

Figure 18 below presents initial placements in family settings by age at placement, fiscal year, and region, including a breakout of non-kinship foster homes and kinship foster homes. When the state data for the most recent fiscal year are disaggregated by region, we see that there was a narrow range of variation of initial placement type (family setting vs. congregate care setting) for the first three age groups. For teenagers, a larger variation was observed, with 81 percent of teenagers from Southwest experiencing a family setting as an initial placement and 41 percent of teenagers from Northeast experiencing a family setting as an initial placement.

The figure also shows that there is significant variation among the regions in the use of kinship foster homes as initial placements compared to non-kinship foster homes, and that the variation by region is consistent across age groups. Children entering care at all ages in Southwest and Tennessee Valley are among the least likely to be initially placed in a kinship foster home, and children entering care at all ages in Northwest, Upper Cumberland, and East Tennessee are most likely to initially be placed in a kinship foster home.

Figure 18: Initial Placements in a Family Setting by Age at Placement and Region, First Admissions in SFY16-17



Source: CRW June 30, 2017, "Entry\_First" tab.

Table 13 shows placement by setting, region and age group for the past six entry cohorts. This table adds the dimension of time and allows us to see whether the most recent year reflects a continuation of past trends, a decrease from past years or an increase from past years. The most recent entry cohort's data are still the guide, and each section of the table is sorted by SFY16-17. Reading down each column by fiscal year, light orange shading indicates that the region was among the regions with the three highest proportions of placements in a family setting in that year, and dark orange shading indicates that the region was among the regions with the three lowest proportions of placements in a family setting in that year. Reading across for each region shows if the region was consistently among the top or the bottom three regions from year to year.

Table 13 shows that with only a few exceptions, over the last six entry cohorts, at least 90 percent of children between the ages of 1 and 12 experience their initial placement in family setting. At the state level, the percent of teenagers placed in a family setting is decreasing. Among children first placed as teenagers, over the full six-year period, only Knox and Southwest were placing about as many teenagers in family settings in SFY16-17 as they did in SFY11-12. Tennessee Valley actually increased the use of family settings over that same period.

Table 13: Initial Placements in Family Settings by Age at Entry, Region, and Fiscal Year, First Admissions

Children Placed Under 1 Year Old							Children Placed at 1 to 3 Years Old						
Region	SFY11-12	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17	Region	SFY11-12	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17
State	75%	72%	73%	78%	75%	78%	State	96%	97%	96%	96%	96%	97%
Davidson	83%	91%	82%	76%	77%	69%	Davidson	96%	96%	93%	100%	94%	92%
Mid Cumberland	79%	79%	76%	79%	82%	69%	Shelby	93%	96%	93%	93%	96%	95%
Upper Cumberland	69%	65%	75%	77%	78%	71%	South Central	100%	98%	95%	92%	91%	96%
Shelby	71%	64%	70%	68%	67%	72%	Northeast	97%	96%	97%	97%	95%	96%
Northwest	88%	70%	68%	87%	75%	74%	Upper Cumberland	99%	97%	98%	99%	97%	96%
Smoky Mountain	58%	69%	58%	74%	68%	76%	Tennessee Valley	96%	100%	94%	96%	99%	97%
Tennessee Valley	83%	79%	75%	79%	77%	77%	Mid Cumberland	97%	95%	96%	100%	99%	97%
Southwest	94%	87%	80%	95%	83%	81%	Smoky Mountain	93%	97%	93%	87%	93%	98%
Northeast	70%	77%	76%	79%	85%	85%	Northwest	100%	100%	94%	92%	98%	98%
East Tennessee	80%	65%	80%	74%	80%	86%	Knox	94%	99%	100%	98%	97%	99%
South Central	95%	69%	70%	74%	83%	86%	Southwest	100%	100%	100%	98%	95%	100%
Knox	77%	70%	74%	85%	66%	88%	East Tennessee	97%	97%	100%	96%	99%	100%

Children Placed at 4 to 12 Years Old							Children Placed at 13 to 17 Years Old						
Region	SFY11-12	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17	Region	SFY11-12	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17
State	95%	96%	96%	94%	94%	93%	State	75%	74%	70%	67%	69%	65%
Smoky Mountain	89%	91%	91%	79%	87%	86%	Northeast	57%	52%	51%	48%	38%	41%
South Central	98%	98%	97%	96%	92%	88%	Smoky Mountain	56%	56%	58%	45%	61%	52%
Mid Cumberland	92%	92%	94%	94%	89%	89%	Upper Cumberland	66%	78%	76%	67%	64%	53%
Northeast	92%	97%	97%	94%	90%	92%	Shelby	79%	83%	72%	82%	88%	57%
Upper Cumberland	98%	98%	98%	98%	95%	93%	South Central	84%	75%	81%	82%	69%	67%
Davidson	99%	99%	99%	99%	87%	95%	Tennessee Valley	61%	76%	60%	54%	54%	70%
Knox	96%	99%	98%	94%	96%	95%	East Tennessee	73%	72%	67%	68%	75%	70%
East Tennessee	94%	92%	94%	96%	98%	96%	Mid Cumberland	89%	84%	78%	78%	74%	71%
Shelby	96%	97%	97%	99%	99%	96%	Knox	73%	62%	62%	61%	59%	72%
Tennessee Valley	96%	98%	95%	95%	97%	97%	Davidson	84%	83%	84%	70%	86%	73%
Northwest	98%	98%	93%	96%	98%	97%	Northwest	90%	80%	80%	78%	81%	79%
Southwest	92%	96%	99%	96%	95%	98%	Southwest	82%	75%	77%	71%	74%	81%

Source: CRW June 30, 2017, "Entry\_First" tab.

Reading down each column by fiscal year, light orange shading indicates that the region was among the regions with the three highest proportions of placements in a family setting in that year, and dark orange shading indicates that the region was among the regions with the three lowest proportions of placements in a family setting in that year. In cases where there are ties, more than three regions are highlighted.

Finally, we look to see whether initial placements in family settings differed by race in the six regions where most of the African American population lives—Shelby, Davidson, Mid Cumberland, Southwest, Tennessee Valley, and Knox (see Table 1). We also focus on teenagers because teenagers are the group most likely to experience an initial placement in a non-family setting. For children entering care as teenagers during SFY16-17

in these six regions, Table 14 shows initial placements in family settings by race, with initial placements in non-kinship foster homes and in kinship foster homes shown separately.

Within each region, there are differences in family placements by race. In Tennessee Valley, African American and white teenagers are about as likely to be placed in a family setting as not (67 percent and 69 percent). In Mid Cumberland, Southwest, and Knox, African American teenagers are more likely to be placed in family settings than are white teenagers, and the opposite is true in Shelby county and Davidson county.

Table 14: Initial Placements in Family Settings by Type, Region, and Race,  
First Admissions of Teenagers in SFY16-17

Region	Race and Ethnicity	All Family Settings	Initial Placement Type	
			Non-Kinship Foster Home	Kinship Foster Home
Shelby	African American	56%	44%	12%
	White	64%	50%	14%
Davidson	African American	71%	56%	15%
	White	78%	52%	26%
Mid Cumberland	African American	87%	67%	20%
	White	67%	52%	15%
Southwest	African American	94%	94%	0%
	White	72%	70%	2%
Tennessee Valley	African American	67%	57%	10%
	White	69%	64%	5%
Knox	African American	76%	64%	12%
	White	71%	53%	18%

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2017.

Regions are ordered by descending concentration of African American children living in the region to the total state population of African American children.

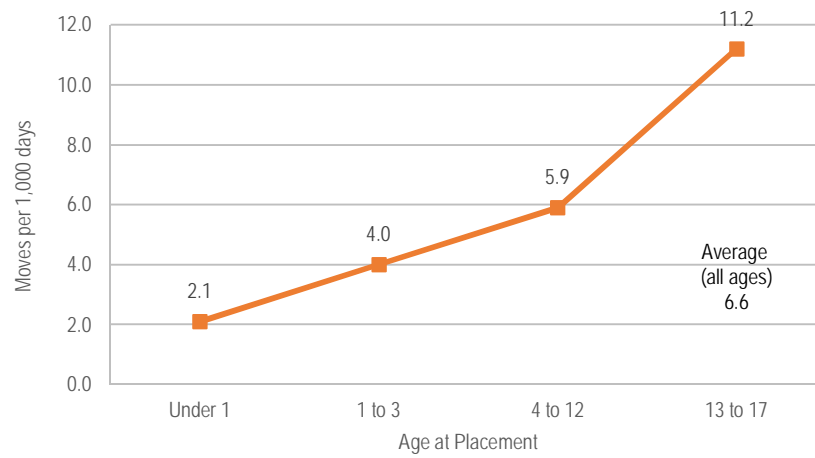
## Placement Moves

Although some placement changes (i.e., placement moves) are desirable, e.g., a placement change from congregate care to foster care, minimizing the number of moves between placements is an important quality indicator: when children are placed in a home well-suited to their needs, changing placement is less likely, all things considered. There are choices to be made when noting whether a child has moved from one placement to another. In this report, if a child moved physically, even if that child was moving back and forth between two placements, each instance where the child moves from one place to another is counted as a move. Similarly, if a child ran away during a period of foster care as we are defining it, their return to placement is counted as a move, even if they returned to the same home or setting. There are also choices to be made regarding how to measure movement. The measure used here, which is also the federal measure of placement stability, represents the number of moves per 1,000 days in the year of entry for all entrants.<sup>23</sup> For example, a child whose spell took place from September 1, 2016 to April 1, 2017 and moved twice would contribute two moves to the numerator and 212 days to the denominator. A child whose spell began on May 1, 2017 and was still in care on June 30, 2017 and had not moved would contribute 0 moves to the numerator and 61 days to the denominator. Measured this way, the number of moves is adjusted for the number of days spent in care.

As shown in Figure 19, the number of moves per 1,000 days of care increases with age at admission for all entrants in SFY16-17, from a low of 2.1 moves per 1,000 days for those entering care as infants to 11.2 moves per 1,000 days for those entering care as teenagers.

<sup>23</sup> To be consistent with the federal measure, all entrants are included, not just first entrants.

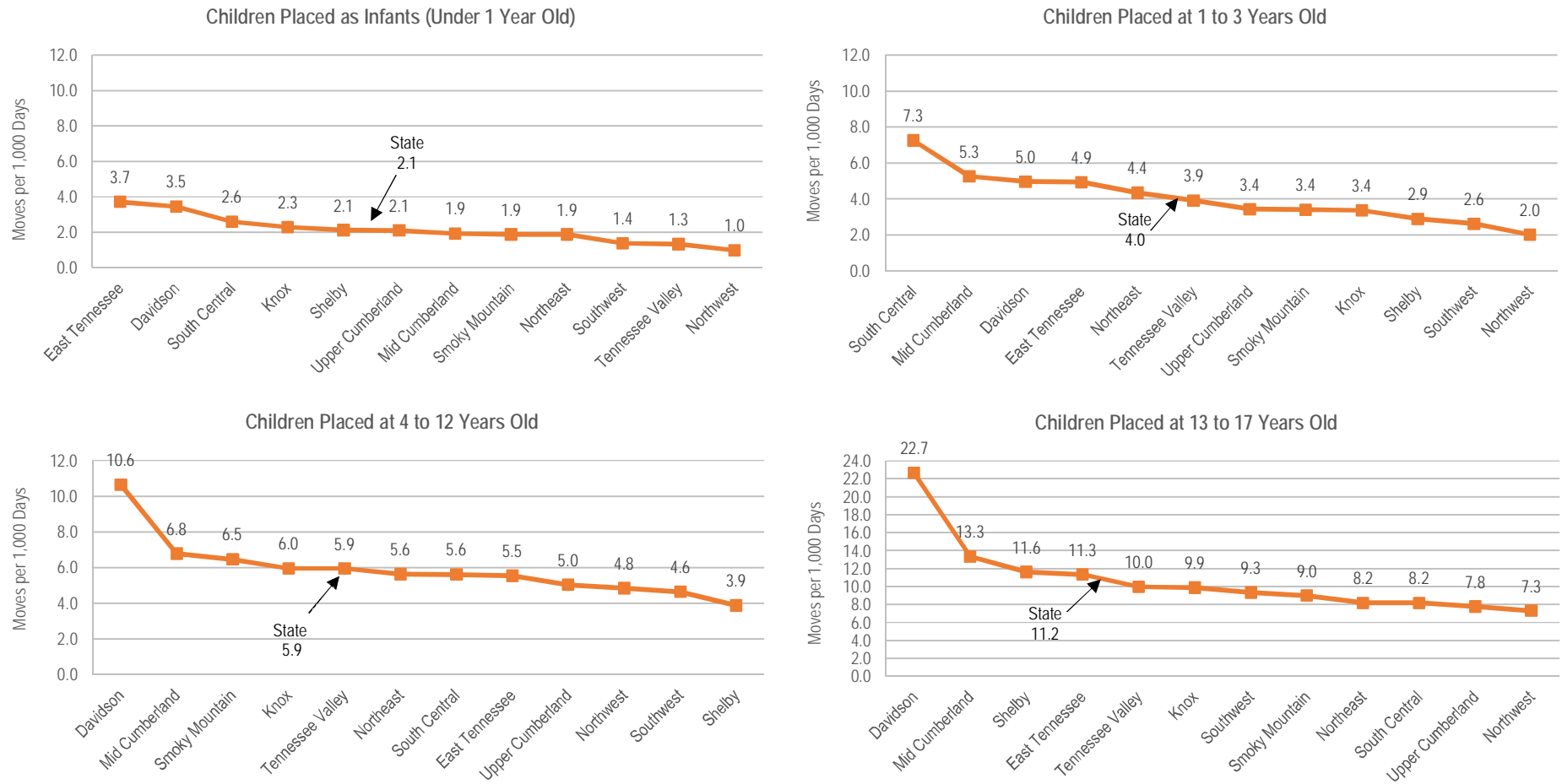
Figure 19: Moves per 1,000 Days by Age at Entry, Fiscal Year of Entry, All Admissions in SFY16-17



Source: CRW June 30, 2017, "MovesPerDay\_All" tab.

Disaggregating the state data for SFY16-17 by region in Figure 20 below, we see that there was variation in the experience of movement by region across all age groups, although the variation occurred on the upper end rather than the lower end of movement per 1,000 days. Placements of teenagers had the highest number of movements per 1,000 days. Children from Davidson county ages 4 to 17 had higher movement rates relative to children from other regions.

Figure 20: Moves per 1,000 Days by Age at Entry and Region, All Admissions in SFY16-17



Source: CRW June 30, 2017, "MovesPerDay\_All" tab.

Table 15 shows rates of movement per 1,000 days by region and age group for the past six entry cohorts. As with data on initial placement type, this table adds the dimension of time and allows us to see whether the most recent year reflects a continuation of past trends, a decrease from past years or an increase from past years. The most recent entry cohort's data are still the guide, and each section of the table is sorted by SFY16-17. The shading is once again provided as a guide to trends over time, with light orange indicating a relatively lower rate of moves per 1,000 days and dark orange indicating a relatively higher rate of moves per 1,000 days. At the state level, the number of moves per 1,000 days may be slightly increasing among all age groups except infants, and additional years of data will be an important indicator.

For at least four of the past six entry cohorts, Southwest was among the regions with the lowest movement rates for children entering care at all ages except infants. For children entering care at 4 to 12 years old, Shelby was among the regions with the lowest movement rates for four of the past six entry cohorts, and for children entering care as teenagers, Upper Cumberland was among the regions with the lowest movement rates for the past six entry cohorts.

For at least four of the past six entry cohorts, South Central has been among the regions with the highest movement rates for children entering as infants and children entering at 1 to 3 years old. Mid Cumberland has been among the regions with the highest movement rates for children entering at 4 to 12 years old and children entering as teenagers for at least five of the past six entry cohorts, and Davidson has been among the regions with the highest movement rates for these age groups for at least four of the past six entry cohorts. For the past two entry cohorts, the rate of movement for teenagers in Davidson county has been significantly higher than the rate of movement for teenagers in other regions.

Table 15: Moves per 1,000 Days by Age at Entry, Region, and Fiscal Year, All Admissions

Children Placed Under 1 Year Old							Children Placed at 1 to 3 Years Old						
Region	SFY11-12	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17	Region	SFY11-12	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17
State	2.5	2.2	2.1	2.0	2.1	2.1	State	3.4	3.7	3.4	3.6	3.6	4.0
Northwest	1.7	2.4	1.2	2.0	2.6	1.0	Northwest	5.4	0.9	3.8	3.4	2.2	2.0
Tennessee Valley	2.5	1.8	1.4	1.6	1.2	1.3	Southwest	1.5	4.5	2.2	2.5	2.4	2.6
Southwest	1.7	2.0	2.6	4.4	1.7	1.4	Shelby	2.1	3.6	2.5	3.2	2.3	2.9
Northeast	1.8	2.5	1.4	0.9	2.5	1.9	Knox	3.4	2.5	4.5	2.7	4.1	3.4
Smoky Mountain	2.9	2.8	2.2	2.5	2.9	1.9	Smoky Mountain	4.0	5.2	4.3	4.3	3.2	3.4
Mid Cumberland	2.8	2.7	3.5	1.4	2.9	1.9	Upper Cumberland	2.7	3.7	3.2	3.9	2.6	3.4
Upper Cumberland	1.9	2.8	2.6	1.4	1.8	2.1	Tennessee Valley	3.5	1.9	2.0	4.9	3.8	3.9
Shelby	3.3	2.2	1.3	2.8	1.6	2.1	Northeast	4.0	3.8	2.4	2.7	3.6	4.4
Knox	2.1	1.1	2.1	2.2	2.3	2.3	East Tennessee	3.6	3.7	4.4	4.5	4.3	4.9
South Central	3.7	3.7	0.4	0.4	2.6	2.6	Davidson	4.3	2.6	4.6	4.3	6.2	5.0
Davidson	3.2	1.5	2.2	0.9	1.1	3.5	Mid Cumberland	2.6	6.0	4.4	3.3	4.2	5.3
East Tennessee	2.7	2.1	3.8	3.1	2.0	3.7	South Central	5.4	4.7	1.5	3.3	4.4	7.3

Children Placed at 4 to 12 Years Old							Children Placed at 13 to 17 Years Old						
Region	SFY11-12	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17	Region	SFY11-12	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17
State	4.8	5.2	5.1	5.1	5.8	5.9	State	8.7	8.9	9.1	9.1	10.9	11.2
Shelby	3.3	3.9	3.8	4.6	4.4	3.9	Northwest	5.2	7.9	6.7	7.5	5.7	7.3
Southwest	3.3	5.7	2.7	1.9	4.4	4.6	Upper Cumberland	4.7	7.3	5.7	6.7	7.5	7.8
Northwest	4.1	4.2	5.2	5.4	4.5	4.8	South Central	8.9	8.4	7.9	10.0	10.7	8.2
Upper Cumberland	3.0	4.5	3.6	5.1	4.4	5.0	Northeast	7.5	7.2	6.6	6.9	8.2	8.2
East Tennessee	5.5	7.2	6.7	4.3	6.6	5.5	Smoky Mountain	7.7	8.0	9.1	7.4	9.7	9.0
South Central	6.0	5.2	4.0	7.7	5.8	5.6	Southwest	7.3	6.7	6.7	7.4	7.2	9.3
Northeast	5.2	4.3	3.0	4.4	5.4	5.6	Knox	8.8	11.1	9.6	10.4	11.1	9.9
Tennessee Valley	5.5	5.3	4.7	3.8	5.8	5.9	Tennessee Valley	11.1	9.6	11.0	8.6	11.9	10.0
Knox	6.4	4.5	7.1	5.4	5.9	6.0	East Tennessee	8.1	8.7	9.5	9.1	9.9	11.3
Smoky Mountain	4.1	5.8	5.7	5.3	6.2	6.5	Shelby	9.0	9.6	7.6	8.5	9.2	11.6
Mid Cumberland	6.3	7.5	7.9	5.9	8.0	6.8	Mid Cumberland	11.5	9.2	11.9	11.0	13.9	13.3
Davidson	5.8	3.5	7.0	7.3	11.2	10.6	Davidson	12.7	12.4	15.0	13.9	23.5	22.7

Source: CRW June 30, 2017, "MovesPerDay\_All" tab.

Reading down each column by fiscal year, light orange shading indicates that the region was among the regions with the three lowest rates of moves per 1,000 days in that year, and dark orange shading indicates that the region was among the regions with the three highest rates of moves per 1,000 days in that year. In cases where there are ties, more than three regions are highlighted.

## Maintaining Family Connections

The DCS Practice Model highlights the importance of preserving non-detrimental family relationships and attachments through meaningful visits between parents and children, by placing sibling groups together in the same resource home, and, when siblings are separated, by ensuring regular and frequent sibling visits.<sup>24</sup>

### Placing Siblings Together

For purposes of measuring placement with siblings, a sibling group is defined as siblings who enter care within 30 days of one another. Table 16 below presents, for sibling groups entering together for the first time in each fiscal year, the percentage initially placed together by region and fiscal year.

<sup>24</sup> The DCS Practice Model is available at [http://tn.gov/assets/entities/dcs/attachments/DCS\\_PracticeModel11.24.03.pdf](http://tn.gov/assets/entities/dcs/attachments/DCS_PracticeModel11.24.03.pdf).



Table 16: Initial Placement of Siblings Together, by Fiscal Year and Region

Region	SFY11-12	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17
State	81%	81%	83%	82%	82%	81%
Davidson	78%	89%	73%	88%	71%	74%
East Tennessee	79%	88%	89%	88%	74%	92%
Knox	80%	89%	85%	81%	85%	72%
Mid Cumberland	87%	87%	91%	91%	90%	93%
Northeast	80%	85%	80%	82%	88%	75%
Northwest	65%	74%	74%	73%	75%	81%
Shelby	81%	67%	79%	71%	72%	76%
Smoky Mountain	80%	76%	80%	82%	85%	86%
South Central	92%	83%	91%	72%	85%	83%
Southwest	83%	71%	82%	84%	72%	83%
TN Valley	77%	84%	84%	71%	83%	78%
Upper Cumberland	87%	84%	87%	92%	88%	89%

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2017.

### Parent-Child Visits

Chapter 16 of DCS Policy notes that parent-child visits are important to reduce the trauma to the child resulting from separation from the parent and that parent-child visits are essential to the success of reunification and other forms of permanency. The policy requires that children whose parental rights have not been terminated have the opportunity to visit with one or both parents “at least twice per month,” and weekly when feasible and in the best interest of the child.<sup>25</sup>

The Settlement Agreement required that at least 50 percent of children with a reunification goal visit with their parents at least twice per month, and of those children not visiting twice per month, at least 60 percent visit with their parents at least once per month. As discussed in detail in the TAC’s monitoring reports, TFACTS administrative data regarding parent-child visits have consistently reflected performance below the standard set by the Settlement Agreement, with about 40 percent of children visiting with their parents at least twice per month and an additional 20 percent visiting with their parents at least once per month. The TAC supplemented the TFACTS administrative data with checks of individual case records and interviews with Family Service Workers to understand the reasons that the administrative data did not reflect performance at the required standard. Those activities identified two factors contributing to the failure to meet the required standard: case circumstances falling into categories of “reasonable exceptions” to the parent-child visit requirements that could not be reliably captured in TFACTS<sup>26</sup> and failure to document parent-child visits that had occurred.

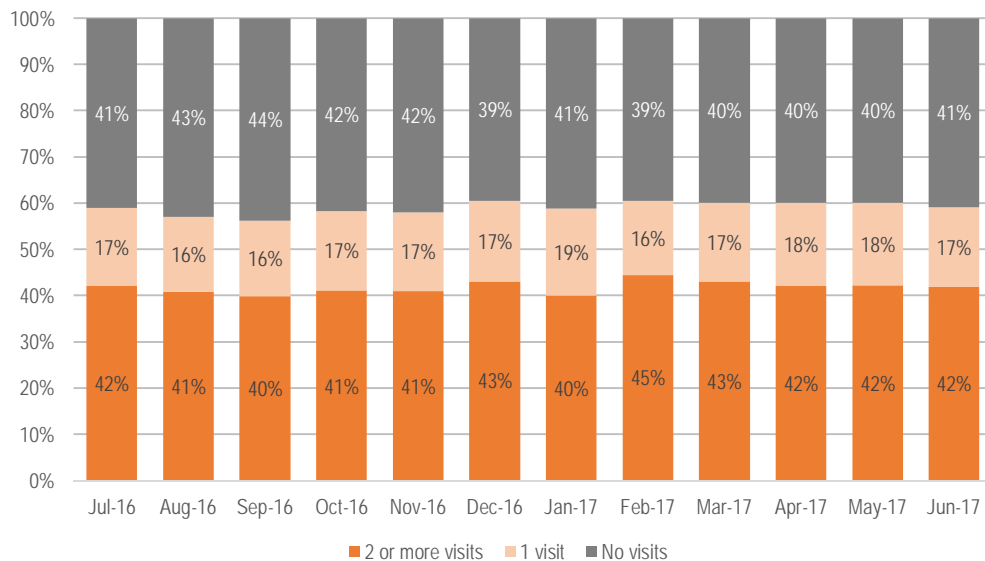
<sup>25</sup> Policy 16.7, “Supervised and Unsupervised Visitation between Child/Youth, Family, and Siblings,” is available at <https://files.dcs.tn.gov/policies/chap16/16.43.pdf>.

<sup>26</sup> The Settlement Agreement provisions regarding parent-child visits allowed specific exceptions, including: situations in which there is a court order prohibiting or limiting visits to less frequently than once per month and situations in which the child (generally an older adolescent) did not wish to visit his or her parents. The TAC included additional situations among the “reasonable exceptions” to the requirement which are described in detail in the TAC’s monitoring reports. Examples include situations in which visits did not occur despite DCS’ diligent efforts to facilitate them (when, for example, the parent could not be located), situations in which the parent was incarcerated and the Child and Family Team determined it was not in the child’s best interest to visit the parent in jail, and situations in which the parent moved out of state and monthly visits could not reasonably be scheduled.

The AC approach to reporting on this measure assumes that any change in practice regarding parent-child visits would be reflected in the administrative data—that is, if the administrative data reflect the same level of performance that supported exit from the lawsuit, then it is reasonable to conclude that practice is unchanged.

The DCS TFACTS report regarding parent-child visits counts the number of parent-child visits documented for children with reunification goals who were in custody each month and were not on a trial home visit with their parents or on runaway. Figure 21 below presents performance on this measure during SFY16-17. As reflected in the figure, performance during the first six months of 2017 is consistent with performance for the last half of 2016.

Figure 21: Frequency of Parent-Child Visits



Source: Monthly DCS TFACTS Report, "Parent-Child Visits."

## Sibling Visits

Chapter 16 of DCS Policy also requires visits at least once per month for siblings who are not placed together, consistent with the Settlement Agreement requirement that at least 90 percent of children placed separately from their siblings visit with those siblings at least once per month.<sup>27</sup>

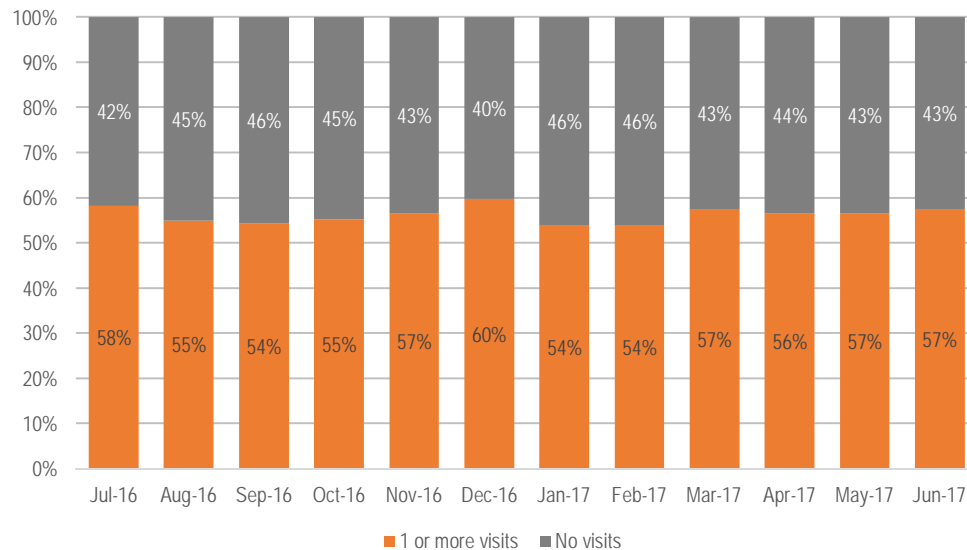
As with the requirement regarding parent-child visits, TFACTS administrative data regarding sibling visits have consistently reflected performance below the standard set by the Settlement Agreement, with less than 60 percent of children visiting with siblings placed separately at least once per month. The TAC also supplemented the TFACTS administrative data regarding sibling visits with checks of individual case records and interviews with Family Service Workers, which identified the same two factors contributing to the failure to meet the required standard: case circumstances falling into categories of "reasonable exceptions" to the sibling visit requirements that could not be reliably captured in TFACTS<sup>28</sup> and failure to document sibling visits that had occurred.

<sup>27</sup> Policy 16.7, "Supervised and Unsupervised Visitation between Child/Youth, Family, and Siblings," is available at <https://files.dcs.tn.gov/policies/chap16/16.43.pdf>.

<sup>28</sup> The Settlement Agreement provisions regarding sibling visits allowed specific exceptions including: situations in which there is a court order prohibiting or limiting visits to less frequently than once per month, situations in which sibling visits were not in the best interest of one or more of the siblings, situations in which the child (generally an older adolescent) did not wish to visit his or her siblings, and

The AC uses the same approach to this measure as to the parent-child visits measure. The DCS TFACTS report regarding sibling visits counts the number of sibling visits documented for children placed separately from siblings (defined as siblings who entered custody within 30 days of each other). Figure 22 below presents performance on this measure during SFY16-17. As reflected in the figure, performance during the first six months of 2017 is consistent with performance for the last six months of 2016.

Figure 22: Frequency of Sibling Visits for Siblings Placed Separately



Source: Monthly DCS TFACTS Report, "Sibling Visits Summary by Person."

## Case Reviews

A fundamental part of DCS' work on behalf of children and families is to generate and use evidence about the quality of care it provides. Results from those reviews summarize how well DCS is doing its work. DCS is seeking to develop a high-quality Continuous Quality Improvement (CQI) system that is built on a coherent set of structures, functions, policies, and procedures that facilitate the quality review process.<sup>29</sup>

DCS is at the beginning of the third round of performance improvement planning and measurement with the federal Administration of Children and Families (ACF) through the Child and Family Services Review (CFSR), which will continue through April 2020. The CFSR process entails synthesizing information collected from four sources: administrative data used to calculate outcomes measures, reviews of case files, focus groups, and self-assessments produced by DCS.

For Round 3 of the CFSR, the ACF revised the case review requirement of the CFSR process to allow states meeting specific criteria to conduct their own annual reviews using the revised CFSR onsite review instrument in collaboration with ACF reviewers. Having met the criteria to conduct its own review, DCS has built the capacity during the past year to conduct internal CFSR reviews through the training and certification of a pool of internal CFSR reviewers and the development of an annual review process. For the case file review in this first year (2017), DCS and ACF reviewers reviewed a small sample of 40 cases of children in DCS custody across

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situations in which a sibling was placed out of state and DCS was making reasonable efforts to maintain sibling contact through other means. Among the "reasonable exceptions" to the requirement, the TAC included situations in which the treatment needs of one or more siblings presented significant barriers to regular visits.

<sup>29</sup> See Wulczyn et. al. *Principles, Language, and Shared Meaning*, available at <http://www.chapinhall.org/research/report/principles-language-and-share-meaning-toward-common-understanding-cqi-child-welfare>.

the state, weighted by the custody population of each region (between two and five cases per region), and 35 non-custodial and Alternate Response Cases, weighted by distribution of case type and child population in each region (also between two and five cases per region). Note that the total foster care caseload as of July 1, 2017 was 6,439. The reviews were conducted between April 1 and September 30, 2017.

DCS also recently conducted Quality Service Reviews (QSRs), another in-depth case review process. DCS made several changes to the QSR process during the 2016–2017 season. Those changes include reducing the number of cases reviewed in each region to 12 from the previous 24, changing the review season from August through May to April through September, and eliminating Child Protective Services Assessment cases from the sample. These changes were made to accommodate Tennessee’s CFSR process, described above.

Regarding what DCS has learned from its case review processes, the QSR five-year results show that most indicators have been trending in a positive direction. Two of the three indicators, *Family Functioning and Resourcefulness*, and *Long Term View* have remained fairly steady over the last three years. However, *Prospects for Permanence* have declined over the two most recent years. The QSR results also show a decline in *Placement Stability*, a drop in *Prospects for Permanence*, and a decline in *Successful Transitions*. All other indicators remained steady. The dip in performance was mostly due mental/behavioral health needs of the children served; an increase in substance use among parents; and service capacity.

To further strengthen the case review process, DCS and the AC are working together to maximize the utility of information gathered through case reviews. DCS has in place a quarterly peer Case Process Review (CPR). The CPR is a routinized, quarterly process that allows DCS to gather information about the quality of case worker documentation.<sup>30</sup> Each quarter, the Central Office selects a sample of five percent of cases in care at a point in time from each region. Each region then has the discretion to assign cases for review to supervisors who did not supervise the case. Results of reviews are sent via Formstack to those supervising the case as well as to Central Office for compilation. With these systems in place, the CPR process has the potential to have both micro (*e.g.*, improving service for a specific case) and macro uses (*e.g.*, new processes, investment, reinvestment).

During the period leading up to the first AC report, DCS was already in the process of revising the CPR using the CFSR review tools as a guide. The new CPR will replace mostly factual questions about documentation with questions that require a deeper understanding of the case. The AC is participating in that process with DCS central and regional office staff. During the next AC period, the AC will continue to work with DCS to revise the sample, improve the questions used in the CPR, and develop the Department’s capacity to customize sample selection using administrative data. Customization allows for samples to be bigger, providing more robust results without undue burden on reviewers.

Key issues under consideration in the revision of the CPR are:

- ▶ Short placement followed by reunification.
- ▶ Services to parents and children during placement.
- ▶ Long-term placements (i.e., two years) where the goal is reunification.

The second AC report will cover the progress made and the results generated from the case reviews undertaken.

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<sup>30</sup> A quarterly process of some kind is required by the Council on Accreditation (COA). Although some of the CPR questions are required by COA, most questions are not. There are eight CPR reviews on different program areas. The AC is focused on the CPR for non-custodial and foster care cases.

## The Capacity to Provide Care

Measures of capacity provide information about the resources DCS devotes to meeting process and quality requirements. The measures of capacity included in this first Accountability Center report include point-in-time caseload and supervisor statistics that come from existing TFACTS reports, measures related to DCS' capacity to provide foster home placements to children in care, and a description of DCS' efforts to improve the TFACTS system. The second Accountability Center Report will include an additional measure of capacity.

### Investigation and Assessment Caseloads

DCS' goal is to maintain staffing at a level that allows CPS workers to carry no more than approximately 24 cases at one time and allows assessment workers to carry no more than approximately 34 cases at any time—a standard that is consistent with those of the Council on Accreditation (COA) and the Child Welfare League of America (CWLA).

Table 17 presents the percentage of investigation and assessment workers carrying 24 or fewer cases on each of 12 randomly selected dates during the first six months of 2017, statewide, by region, and by the Special Investigations Unit.<sup>31</sup> Statewide, all measurements during this period were between 74 percent and 83 percent of investigation and assessment caseloads meeting DCS' goal of no more than 24 investigations. Though not shown in the table, all measurements during this period were between 91 percent and 96 percent of investigation and assessments caseloads meeting DCS' goal of no more than 34 assessments. Future analyses will present investigation and assessment caseloads separately.

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<sup>31</sup> The denominators, or number of investigation and assessment workers in each region on each randomly selected date, can be found in Appendix C.

Table 17: Percentage of Investigation and Assessment Workers Assigned 24 or Fewer Cases: Randomly Selected Dates between January 1, 2017 and June 30, 2017

Region	Jan 19	Jan 22	Feb 9	Feb 20	Feb 21	Mar 8	Mar 21	Apr 20	Apr 23	May 2	May 24	Jun 28
Number of Investigation and Assessment Case Managers	746	748	741	730	732	737	731	739	741	737	733	724
State	80%	79%	79%	76%	75%	78%	80%	76%	76%	74%	75%	83%
Special Investigations Unit	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Davidson	69%	72%	72%	66%	68%	76%	85%	72%	72%	70%	87%	76%
East	96%	98%	96%	93%	93%	93%	98%	91%	89%	91%	91%	100%
Knox	76%	72%	71%	67%	61%	73%	66%	62%	64%	58%	57%	78%
Mid Cumberland	76%	73%	65%	59%	60%	63%	70%	74%	74%	71%	70%	81%
Northeast	75%	72%	79%	74%	71%	73%	77%	71%	71%	63%	81%	87%
Northwest	77%	73%	73%	67%	67%	72%	82%	88%	86%	81%	79%	88%
Shelby	90%	90%	93%	93%	91%	90%	84%	77%	79%	76%	72%	88%
Smoky Mountain	85%	90%	90%	90%	86%	92%	92%	92%	92%	94%	89%	88%
South Central	77%	79%	80%	81%	81%	84%	80%	77%	75%	74%	76%	80%
Southwest	83%	83%	80%	79%	79%	77%	87%	74%	77%	81%	77%	86%
Tennessee Valley	68%	70%	71%	64%	63%	62%	64%	63%	63%	64%	57%	62%
Upper Cumberland	89%	86%	89%	89%	91%	92%	90%	83%	83%	85%	85%	90%

Source: DCS TFACTS Report, "Caseload Summary," as of randomly selected dates.<sup>32</sup>

<sup>32</sup> A clerical error resulted in the data for one of the randomly selected dates being pulled two days late: February 7<sup>th</sup> was the randomly selected date, but the data were not pulled until February 9<sup>th</sup>.

Performance during the first six months of 2017 is consistent with that last reported by the TAC for statewide monthly measurements during calendar year 2016, which ranged between 76 percent and 86 percent of investigation and assessment caseloads meeting DCS' goal of no more than 24 investigations and between 91 percent and 97 percent of investigation and assessments caseloads meeting DCS' goal of no more than 34 assessments.

## Foster Care Caseloads

At this point, DCS continues to use the caseload thresholds for foster care Family Service Workers (FSWs) established by the *Brian A. Settlement Agreement* to evaluate its capacity to manage the cases of children in foster care. These thresholds apply to any FSW carrying at least one foster care case and vary according to the FSW's job classification.<sup>33</sup> The point-in-time thresholds take into account the smaller caseloads required for both new FSWs as they learn how to do the job and higher-level FSWs with supervisory responsibilities:

- ▶ FSW 1s should carry 15 or fewer cases
- ▶ FSW 2s and non-supervising FSW 3s should carry 20 or fewer cases
- ▶ FSW 3s who supervise one to two lower-level FSWs should carry 10 or fewer cases
- ▶ FSW 3s who supervise three to four lower level FSWs and FSW 4s should not carry any cases

Table 18 presents, for the state and by region, the percentage of foster care FSWs whose total caseloads on each of 12 randomly selected dates during the first six months of 2017 were within the established threshold for their job classifications.<sup>34</sup> Statewide, all measurements during this period were between 92 percent and 96 percent of *Brian A.* caseloads meeting the caseload thresholds.

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<sup>33</sup> There are four FSW positions, two of which (FSW 1 and FSW 2) are non-supervisory positions and two of which (FSW 3 and FSW 4) are supervisory. FSW 1 is a trainee/entry level class for a person with no previous case management experience; after successful completion of a mandatory one-year training period, a FSW 1 will be reclassified as a FSW 2. A FSW 2 is responsible for providing case management services to children and their families, and requires at least one year of case management experience. Like a FSW 2, a FSW 3 is responsible for providing case management services to children and their families but can also have supervisory responsibility for leading and training FSW 1s and FSW 2s in the performance of case management work. A FSW 4 is responsible for the supervision of staff (including FSW 3s) in a regional office who are providing case management services for children and their families.

<sup>34</sup> The denominators, or number of foster care FSWs in each region on each randomly selected date, can be found in Appendix C.

Table 18: Percentage of Foster Care Family Service Workers within Caseload Thresholds: Randomly Selected Dates between January 1, 2017 and June 30, 2017

Region	Jan 19	Jan 22	Feb 9	Feb 20	Feb 21	Mar 8	Mar 21	Apr 20	Apr 23	May 2	May 24	Jun 28
Number of <i>Brian A.</i> FSWs	542	543	546	549	548	550	555	560	563	552	544	548
State	96%	96%	95%	94%	95%	93%	94%	92%	92%	94%	93%	92%
Davidson	83%	86%	78%	78%	76%	84%	88%	83%	82%	85%	86%	86%
East	100%	97%	97%	94%	97%	91%	88%	94%	94%	94%	91%	88%
Knox	98%	98%	96%	96%	96%	96%	96%	96%	96%	98%	95%	94%
Mid Cumberland	96%	96%	95%	96%	96%	95%	89%	89%	89%	93%	96%	91%
Northeast	96%	98%	92%	94%	94%	91%	94%	84%	86%	88%	85%	82%
Northwest	97%	97%	97%	97%	97%	94%	97%	86%	88%	88%	88%	90%
Shelby	99%	99%	97%	96%	96%	91%	93%	94%	95%	96%	95%	95%
Smoky Mountain	94%	94%	100%	93%	96%	95%	100%	98%	95%	98%	92%	98%
South Central	97%	97%	97%	97%	97%	95%	95%	93%	93%	95%	92%	92%
Southwest	96%	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Tennessee Valley	98%	96%	96%	98%	98%	98%	95%	96%	92%	94%	96%	92%
Upper Cumberland	93%	91%	91%	91%	89%	92%	89%	96%	96%	100%	96%	89%

Source: DCS TFACTS Report, "*Brian A.* Caseload Threshold Compliance Summary," as of randomly selected dates.<sup>35</sup>

<sup>35</sup> A clerical error resulted in the data for one of the randomly selected dates being pulled two days late: February 7<sup>th</sup> was the randomly selected date, but the data were not pulled until February 9<sup>th</sup>.



Performance during the first six months of 2017 shows a slight decline from that last reported by the TAC for monthly measurements during calendar year 2016, which ranged between 94 percent and 96 percent of *Brian A.* caseloads meeting the caseload thresholds statewide. However, performance for the first six months of 2017 presented in Table 18 above may slightly understate performance because of a growing number of instances in which the TFACTS employee tables are not updated in a timely manner to reflect the promotion of an FSW1 into an FSW2 position. For example, when the report is audited for this issue, statewide performance for the June 28 measurement changes from 92 percent to 95 percent. This data entry issue also impacts caseload performance for earlier months. Caseloads are a critical measure of capacity, and DCS will be working to improve the timeliness of the entry of FSW promotions into TFACTS.

## **Foster Care Supervisory Workloads**

DCS also continues to use the thresholds for supervisory workloads for teams established by the Settlement Agreement to understand the capacity of the system to provide supervisory support to foster care FSWs. These thresholds apply to any supervisor responsible for supervision of at least one FSW carrying at least one foster care case and vary according to the supervisor's job classification to account for the qualifications and experience of supervisors at different levels of the organization:

- ▶ FSW 3s should supervise no more than four lower-level FSWs
- ▶ FSW 4s should supervise no more than five lower-level FSWs

Table 19 presents, for the state and by region, the percentage of foster care supervisors whose total supervisory workloads on each of 12 randomly selected dates during the first six months of 2017 were within the established threshold for their job classifications.<sup>36</sup> All measurements during this period ranged between 91 percent and 97 percent of the applicable supervisory workload thresholds.

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<sup>36</sup> The denominators, or number of foster care supervisors in each region on each randomly selected date, can be found in Appendix C.

Table 19: Percentage of Foster Care Supervisors within Supervisory Workload Thresholds: Randomly Selected Dates between January 1, 2017 and June 30, 2017

Region	Jan 19	Jan 22	Feb 9	Feb 20	Feb 21	Mar 8	Mar 21	Apr 20	Apr 23	May 2	May 24	Jun 28
Number of <i>Brian A.</i> Supervisors	160	162	164	163	162	162	163	169	166	164	162	171
State	94%	94%	96%	97%	97%	96%	93%	92%	92%	93%	91%	94%
Davidson	78%	78%	90%	90%	90%	82%	82%	73%	67%	67%	70%	80%
East	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Knox	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Mid Cumberland	94%	94%	94%	100%	100%	93%	88%	89%	89%	94%	94%	94%
Northeast	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Northwest	91%	91%	91%	91%	91%	100%	100%	100%	100%	100%	100%	100%
Shelby	90%	90%	95%	95%	95%	95%	91%	87%	87%	83%	76%	82%
Smoky Mountain	93%	93%	93%	93%	93%	86%	86%	87%	87%	87%	86%	93%
South Central	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Southwest	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Tennessee Valley	94%	94%	100%	100%	100%	100%	94%	94%	94%	94%	88%	94%
Upper Cumberland	93%	93%	93%	93%	93%	93%	86%	86%	86%	93%	94%	94%

Source: DCS TFACTS Report, "Supervisory Caseload Compliance Summary," as of randomly selected dates.<sup>37</sup>

<sup>37</sup> A clerical error resulted in the data for one of the randomly selected dates being pulled two days late: February 7<sup>th</sup> was the randomly selected date, but the data were not pulled until February 9<sup>th</sup>.

Performance during the first six months of 2017 is consistent with that last reported by the TAC for monthly measurements during calendar year 2016, which ranged between 92 percent and 98 percent of *Brian A.* supervisory workloads meeting the applicable thresholds statewide.

## Measures of Foster Home Recruitment and Approval Processes

DCS' pool of foster homes includes both foster homes managed directly by DCS and foster homes managed through contracts with private providers. DCS' standards and process for approval of foster families, outlined in Chapter 16 of DCS policy, is consistent with nationally accepted standards and applies equally to DCS and private provider foster parents. The foster parent approval process is handled by regional DCS or private provider offices, and successful completion of the foster parent approval process qualifies any foster parent for both fostering and adoption. DCS requires private provider foster parents to meet the same standards, receive comparable training, and be subject to the same approval criteria as DCS foster families.

Three measures related to foster home processes are included in this report. For the first measure regarding the diversity of the foster parent pool, data for all homes (both DCS directly-managed homes and private provider managed homes) are presented. For the measures regarding timeliness of the processes for response to inquiries and foster home approval, data for DCS directly-managed homes are presented.

## Racial and Ethnic Diversity of Foster Parent Pool

The *Brian A.* Settlement Agreement required that DCS "ensure that the pool of resource families is proportionate to the race and ethnicity of the children and families for whom DCS provides placement and services, provided however that individual children shall be placed in resource families without regard to race or ethnicity." Consistent with that requirement, DCS Policy 16.7 states that "DCS has an obligation to locate family placements or significant persons within children's local communities, recruit and maintain a diverse pool of approved foster families and to ensure quality family home placements will be available to children in DCS custody."<sup>38</sup> The policy requires each DCS region to submit an annual foster home recruitment plan that addresses the region's specific foster home needs. The plan is to be based on several pieces of information, including a demographic summary of the children and families served by the region.

Table 20 compares the racial and ethnic distribution of the children in out-of-home placement on June 30, 2017 with the racial and ethnic distribution of the pool of open foster homes on the same date. Consistent with the TAC's previous findings, the racial and ethnic composition of the pool of foster parents in Tennessee is proportionate to the racial and ethnic composition of the children in placement.

Table 20: Racial and Ethnic Distribution of Children in Out-of-Home Placement Compared to that of Active Foster Parents on June 30, 2017

Race	Children	Foster Parents	Children	Foster Parents
African American	1,317	1,540	20%	28%
White	4,380	3,774	66%	68%
Hispanic	295	115	4%	2%
Other	641	128	10%	2%
Total	6,633	5,557	100%	100%

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2017.

<sup>38</sup> DCS Policy 16.7, "Foster Family Recruitment and Retention," is available at <https://files.dcs.tn.gov/policies/chap16/16.7.pdf>. See also DCS Policy 16.2, "Multi-Ethnic Placement Act/as Amended by the Inter-Ethnic Adoption Provision of 1996," available at <https://files.dcs.tn.gov/policies/chap16/16.2.pdf>.

## Response to Inquiries from Prospective Foster Parents

DCS Policy 16.4 requires that all inquiries from prospective foster parents be responded to within seven days after receipt.<sup>39</sup> DCS produces a regular report from TFACTS<sup>40</sup> measuring the extent to which inquiries are responded to within seven days. Performance on this measure during SFY16-17 is consistent with prior performance reported by the TAC.

Of the 923 inquiries received during SFY16-17, 890 (96 percent) received a response within seven days, and of the 1,294 inquiries received during SFY15-16, 1,249 (97 percent) received a response within seven days.

## Foster Home Approval

Once a prospective foster parent decides to become a licensed foster home, either directly for DCS or through a private provider, the approval process has two primary components that must be completed: first, the prospective foster parent must complete the required initial training for foster parents, Parents as Tender Healers (PATH), and second, DCS or the private provider, as applicable, must complete a home study on the prospective foster parent's home.

DCS Policy 16.4 requires that a decision on approval or denial of the foster home study be made within 90 days of the prospective foster parent's completion of Parents As Tender Healers (PATH) training.<sup>41</sup> DCS produces a regular report from TFACTS<sup>42</sup> that measures, for all DCS foster homes approved during the reporting period, the number for which approval was completed within 90 days of PATH completion.<sup>43</sup> Performance on this measure during SFY16-17 declined slightly from prior performance reported by the TAC.

Of the 900 DCS foster homes attaining full approval during SFY16-17 that were required to complete PATH,<sup>44</sup> such full approval occurred within 90 days for 730 (81 percent), and of the 922 DCS foster homes attaining full approval during SFY15-16, full approval occurred within 90 days for 790 (86 percent).<sup>45</sup>

## SACWIS Functionality

DCS records and stores all child and family records in TFACTS. In turn, DCS' management reports are generated from the information contained in the system. From an initial call to the hotline through the entire life of a case, case workers record all critical information in TFACTS. Medical and other assessments, recordings of contacts with case members, meeting notes, case plans, and investigation history, among other information, are all captured and organized in the system. This information provides the foundation for all outcome and management reporting DCS produces. Regular, ongoing data quality reviews ensure that information in TFACTS is complete and accurate.

TFACTS has undergone extensive enhancements over the last five years and continues to be improved to respond to evolving needs of child welfare professionals in the field as well as leadership at all levels. In order to accommodate ongoing work on the system, DCS established additional production servers that provide a

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<sup>39</sup> DCS Policy 16.4, "Foster Home Selection and Approval," is available at <https://files.dcs.tn.gov/policies/chap16/16.4.pdf>.

<sup>40</sup> "Resource Home Inquiry Report."

<sup>41</sup> DCS Policy 16.4, "Foster Home Selection and Approval," is available at <https://files.dcs.tn.gov/policies/chap16/16.4.pdf>.

<sup>42</sup> "PATH Completion Report."

<sup>43</sup> At this point, DCS doesn't have a measure for families who begin PATH training but never complete it, nor do they have a measure for families who complete PATH but are never fully approved.

<sup>44</sup> Some homes that are being recertified do not require an additional PATH training.

<sup>45</sup> Excluded from the denominator for this measure is the small number of foster homes that attained full approval during the reporting period, but the date of PATH completion was missing.

seamless experience for users when the system is being updated. While updates are being completed on one server, users are shifted onto another server. When updates are complete, user traffic can be shifted among all available servers.

The focus on ease of use for the end user extends beyond the way that enhancements are deployed to the content of the enhancements themselves. Projects recently completed and currently underway cover a range of functionalities including the following:

- ▶ fully automating the process for conducting credit checks for youth
- ▶ connecting strengths and needs captured in CFTMs to other areas of TFACTS, including the permanency plan module
- ▶ streamlining the permanency planning process
- ▶ improving functionality related to capturing results of health screens and follow-up services
- ▶ updating the CANS assessment to include information about child sexual exploitation
- ▶ upgrading document storage capabilities within TFACTS
- ▶ developing interface capabilities for private providers

These projects and others completed in recent years focus on making it as simple as possible for caseworkers to do high quality work and maintain complete, accurate records. Efforts to improve TFACTS are supported and supplemented by continued focus on providing staff with quality tools with which to do their work. Each of the projects currently in development is supported by a stakeholder team of leaders and frontline staff who provide guidance about necessary functionality, design, and opportunities for integration with other TFACTS modules. These teams meet regularly with TFACTS development and reporting staff to ensure consistent communication and transparency into the development process.

In addition, staff provide ongoing feedback to TFACTS staff through twice monthly System User Network meetings. DCS senior leaders meet monthly as the Management Advisory Committee, designed to make critical decisions about priorities related to technology and to provide guidance and oversight to TFACTS development efforts.

DCS also continues to focus on maintaining system security. All actions completed by any user in TFACTS are recorded, including the date and time of actions taken, creating a complete and thorough audit trail. TFACTS password requirements meet Enterprise security standards, and Strategic Technology Solutions, the state's technology oversight authority, runs regular security scans of all DCS systems. Identified findings are addressed or waived as appropriate.

## Areas for Follow-Up

Among the objectives of the Accountability Center, drawing attention to the opportunities DCS has to improve outcomes is an especially important one. To that end, in this section of the report, we draw attention to outcome and other measures that warrant further follow-up by DCS. In calling attention to these areas for follow-up, two additional points are worth noting. First, in most cases, DCS is already aware of the challenges they face and, for that reason, DCS already has a plan to address the concern in place or under development. When that is the case, we asked the Department to provide a brief summary of the steps it is taking. Second, because the evidence developed for the monitoring report is largely descriptive, an important next step involves building a deeper understanding of the underlying issues before drawing conclusions about performance. The recent increase in admissions is a case in point. While it is true that admissions in recent years are on the rise relative to the last two or three years, it is also true that admissions in SFY16-17 are still

below the levels reported in SFY11-12. That does not mean the recent increase is not a cause for concern. It does, however, place the increase in an historical perspective that may help leadership respond with appropriate in home and out-of-home services.

### **Use of Congregate Care by Teenagers**

Children between the ages of 13 and 17 at the time of their first placement have the highest rates of placement in congregate care (Figure 17). The percent of these children placed in a non-family setting has increased at the state level over the last six years (Table 13). Making the largest contribution to this trend were Mid Cumberland, Northeast, Shelby, South Central and Upper Cumberland. In addition, a significantly lower proportion of teenagers from Shelby and Northeast were placed in family settings, compared to other regions.

DCS response: The Department is approaching the increase in congregate care use by teenagers, especially in the regions noted above, through a couple of different mechanisms. First, it is important to note that Mid-Cumberland, Northeast, South Central, and Shelby have seen increases in placement of teenagers in recent years. Since foster care placements for teenagers are often difficult to secure, the increase in entries for this population has taxed available placement resources, sometimes resulting in the need to access congregate care placements for youth. DCS is working to increase its pool of available foster homes, and the TN Fosters initiative has achieved preliminary success at ensuring that the Department secures more new foster homes than it closes over the course of a year. Upper Cumberland has not seen the same increase in teen entries that is observed in the other noted regions, and further investigation is required to understand what may be driving the increase in congregate care placements for teenagers entering care. One preliminary hypothesis is that Upper Cumberland was one of two pilot sites for investment in the Youth Villages Intercept intervention to support families non-custodially in order to prevent the need for foster care. It is possible that the success of these early efforts, as evidenced by the reduction in Upper Cumberland's placement rate in SFY16-17, may have resulted in a reduction of placement of teenagers who typically could have been successfully placed in family settings, resulting in a shift in the percentage of youth placed in congregate care. DCS will work with the AC to appropriately vet this hypothesis and respond to the findings of that inquiry appropriately.

### **Placement Stability**

In Davidson county, the relatively high rate of movement over multiple state fiscal years, as well as increases in movement in SFY16-17 warrant further attention (Figure 20 and Table 15). Mid Cumberland's relatively high rate of movement also stands out.

DCS response: The Department has been aware of the increase in placement instability in Davidson County and has taken measures to mitigate the issues resulting in increased movement, especially for teenagers. DCS has increased the involvement of Central Office placement staff in identifying appropriate treatment placements for youth whose needs require a higher level of service. By placing youth appropriately earlier in their custodial episodes, the Department hopes to eliminate unnecessary placement moves among homes or settings that are not equipped to meet those youths' needs. In addition, the Regional Administrator in Davidson County is working directly with local providers in order to identify additional placement resources. Similar efforts to identify additional placement resources are being made in Mid-Cumberland, and the Department continues to work to better understand the region's specific placement needs. The TN Fosters initiative described above is also being employed to increase the pool of available homes so that the best possible match can be made at initial placement, preventing the need for placement moves later on.

### **Variation in Permanency Type and Duration across Regions**

For children placed at ages 12 and under, most regions achieved a permanent exit; there was relatively little variation across regions. However, regions showed wide variation in the distribution of permanency types (Figure 6). For example, the rate of adoption for infants placed in care in Shelby county was 22 percent whereas the rate of adoption for infants placed in care in Knox county was 65 percent. These differences in

reunification/relative and adoption rates persisted across age groups. Regions also show wide variation in median duration (Figure 8). Such disparate experiences based on geography—both in how placements end and how long children spend in care—warrant additional attention.

DCS response: The variation in permanency type and duration based upon geographic and administrative regional location is not a new phenomenon. A confluence of factors contribute to these differences—culture, courts, prevalence of drug use in different parts of the state, service availability to support families non-custodially, and others. The Department will continue to partner with the AC to better understand the nuances associated with these differences and identify any actionable strategies to respond to ongoing findings.

## **Disparities in Outcomes**

In this first report, we presented a basic set of indicators that look at how many children enter care by race, how long children stay by race, differences in how children leave care (i.e., adoption vs. reunification, etc.), and differences in whether children are placed in family or kinship homes. We identified disparities between African American and white children in:

- ▶ Placement rates in Shelby, Davidson, Mid Cumberland and Knox (Figure 4)
- ▶ Permanency rates for teenagers in Shelby, Davidson, Mid Cumberland and Tennessee Valley (Table 5)
- ▶ Rates of adoption in every region except Southwest (Table 6)

DCS response: Similar to the geographic differences described in the previous section, the largely urban/rural differences related to outcomes by race are not new. Previous research conducted and reported by Chapin Hall highlighted and described these differences. DCS will work with the AC to better understand these differences, their implications, and whether these findings change over time or reflect performance consistent with historical findings and/or performance of other systems.

## **Family Service Worker Caseloads**

The percentage of family service workers (FSW) within caseload thresholds declined slightly in the first six months of 2017 (Table 18). One potential explanation is needed updates to FSW promotions. It is important that DCS can accurately measure this critical capacity so that it can distinguish between real increases in caseloads and data entry issues.

DCS response: DCS reviewed the AC's finding related to delays in updating employee tables to reflect promotions from FSW 1 to FSW 2 classifications. Opportunities to streamline and enhance that process have been identified and will be implemented during the next reporting period.

## **Increases in Admissions**

At the state level, the number of first admissions, while growing relative to the immediately previous years, was not at the level observed in SFY11-12 (Table 2). However, relative to SFY14-15, in SFY16-17 increases in first placements have occurred in Davidson, Knox, Mid Cumberland, Northeast and South Central in every age group (Table 3).

DCS response: Similar to many systems across the country, Tennessee has seen a recent increase in custodial commitments. We are investigating whether the frequently discussed opioid epidemic is having an impact on the Department's ability to prevent the need for foster care as well as the time required to achieve permanency for children who enter care. DCS has implemented and continues to explore strategies, resources, and interventions to reduce the need to bring children into care. The Youth Villages' Intercept intervention has been the cornerstone of early strategies, and that program is resulting in successful diversion of cases in a number of regions. Assessment of its efficacy is ongoing, and the Department is exploring how to apply a

Performance Based Contracting model to this and all non-custodial interventions in order to improve outcomes and maximize available funding resources. DCS has also begun a pilot of the Nurturing Parenting Program, designed to support families non-custodially and reduce custodial entries, through its IV-E Waiver. This program is in its early implementation phase, and DCS expects that evaluation of the program will extend beyond the next AC reporting period.



## **Appendix A**

## Tennessee Department of Children's Services Accountability Center

As described in the settlement agreement, the Accountability Center (AC) will work with the Tennessee Department of Children's Services (DCS) to continue effective evaluation of DCS' outcomes for children, as well as quality, capacity, and process measures identified in the settlement. Measures of the quality of care provide information about how well the work is being done, measures of capacity provide information about the resources DCS devotes to the work, and measures of process provide information about what needs to be done to complete a task or requirement. Measures of outcomes speak to the results of DCS' work on behalf of children. Exhibit B shows the topics that will be covered by each public report of the AC and shows the source of data by topic. Where appropriate, the AC will include a link to the DCS policy that is relevant to topic area. The AC will also report at its discretion on any emerging issues, whether positive or negative, that may surface during the AC's tenure.

The AC will use a range of methodologies and data sources to create robust measurement systems that DCS will use after the AC's last report is published. Some of these methodologies are known (such as those that Chapin Hall provided to the TAC and that Chapin Hall currently provides to DCS). Some methodologies will be developed as part of the AC's work, such as developing a case review process going forward that will address both the quality and the process of the Department's work and combine the best of qualitative and quantitative data. Another example is the development a foster parent spell file to monitor recruitment processes and evaluate how well DCS is recruiting foster parents by race/ethnicity. In each case, the AC will identify the target population (the denominator) and identify the number of children, families or workers that meet or do not meet the characteristic being measured (the numerator). Where appropriate, the AC's measurement methodologies will also incorporate a window of observation so that DCS can view change over time; to the extent possible, the AC will provide a historical view for each numerator and denominator which will provide continuity from before and after the exit from monitoring. Each of the AC's reports will explain the reasons that the selected measures are relevant to the public's understanding of DCS' performance.

**Report 1** will be published 6 months from the start of the AC as stipulated by the settlement documents and will include performance through June 30, 2017 (SFY 2017). Themes for the first report will be **Outcomes** and selected indicators about the **Capacity, Quality** and **Process** of care. In addition to the report, the AC will work on creating robust foster parent and worker spell files, both resources the Department can use going forward. The **Outcomes** section will report on regional variation and will follow the publicly available profile data/Regional outcome workbooks with the addition of the adoption milestones. The presentation on racial and ethnic disparity will be modeled after the 2006 report. The **Capacity** section will be a mix of point-in-

time caseload and supervisor statistics that come from existing TFACTS reports and data. It will also report on the Department's efforts to improve the TFACTS system. The **Quality** section will report the QSR /CFSR reviews that are scheduled over the next few months, consistent with current Monitoring Reports. We will report on **Process** measures that are available currently, either through modifications to existing spell files or in Department TFACTS reports.

**Report 2** will be published six months following the first report, with performance through December 31, 2017. Themes for second report will be **Capacity** and **Quality**. Three new capacity and six new quality measures will be reported. The AC will complete its work on adding new CPS variables and the worker spell file. New reporting will address the items related to CPS response and worker quality and capacity (Tuition Assistance Program, not receiving cases until certain milestones have been met, etc.). Work will take place on case reviews, and the AC will continue helping/modeling for the Department a case review process going forward that will address both the quality and the process of the Department's work and combine the best of qualitative and quantitative data.

**Report 3** will be published six months following the second report, with performance through June 30, 2018 (SFY 2018). In this final report, all four dimensions of the Department's work will be addressed. We will update the **Outcome** measures with another year of data and continue on reporting **Quality**, **Capacity**, and **Process** measures. New for this final report will be **Process** measures on parent-child and sibling visitation and CFTMs.

**EXHIBIT B**[illegible]

## **Appendix B**

## List of Counties within Each Region

Region	Counties within Region
Davidson	Davidson
East Tennessee	Anderson, Campbell, Loudon, Monroe, Morgan, Roane, Scott, Union
Knox	Knox
Mid Cumberland	Cheatham, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson, Wilson
Northeast	Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington
Northwest	Benton, Carroll, Crockett, Dickson, Dyer, Gibson, Henry, Houston, Humphreys, Lake, Obion, Stewart, Weakley
Shelby	Shelby
Smoky Mountain	Blount, Claiborne, Cocke, Grainger, Hamblen, Jefferson, Sevier
South Central	Bedford, Coffee, Franklin, Giles, Grundy, Hickman, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Perry, Wayne
Southwest	Chester, Decatur, Fayette, Hardeman, Hardin, Haywood, Henderson, Lauderdale, Madison, McNairy, Tipton
Tennessee Valley	Bledsoe, Bradley, Hamilton, Marion, McMinn, Meigs, Polk, Rhea, Sequatchie
Upper Cumberland	Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren, White

## **Appendix C**

**Number of Investigation and Assessment Workers by Region: Randomly Selected Dates between January 1, 2017 and June 30, 2017**

Region	Jan 19	Jan 22	Feb 9	Feb 20	Feb 21	Mar 8	Mar 21	Apr 20	Apr 23	May 2	May 24	Jun 28
State	542	543	546	549	548	550	555	560	563	552	544	548
Davidson	36	35	36	37	38	38	40	40	39	39	36	35
East	36	35	33	34	33	32	33	32	33	33	33	32
Knox	48	48	46	46	47	47	46	45	45	45	43	47
Mid Cumberland	56	56	58	56	56	55	57	56	56	54	53	57
Northeast	47	48	50	49	49	47	47	50	50	50	48	50
Northwest	35	35	34	34	34	35	35	35	34	32	32	30
Shelby	72	72	72	75	75	75	74	79	79	79	77	77
Smoky Mountain	54	54	54	56	54	58	58	61	63	61	60	56
South Central	36	37	38	39	38	38	38	40	40	38	39	39
Southwest	25	25	26	26	26	25	25	25	25	25	25	25
Tennessee Valley	52	53	53	52	52	52	55	51	53	51	50	53
Upper Cumberland	45	45	46	45	46	48	47	46	46	45	48	47

Source: DCS TFACTS Report, "Caseload Summary," as of randomly selected dates.

**Number of Foster Care Family Service Workers by Region: Randomly Selected Dates between January 1, 2017 and June 30, 2017**

Region	Jan 19	Jan 22	Feb 9	Feb 20	Feb 21	Mar 8	Mar 21	Apr 20	Apr 23	May 2	May 24	Jun 28
State	542	543	546	549	548	550	555	560	563	552	544	548
Davidson	36	35	36	37	38	38	40	40	39	39	36	35
East	36	35	33	34	33	32	33	32	33	33	33	32
Knox	48	48	46	46	47	47	46	45	45	45	43	47
Mid Cumberland	56	56	58	56	56	55	57	56	56	54	53	57
Northeast	47	48	50	49	49	47	47	50	50	50	48	50
Northwest	35	35	34	34	34	35	35	35	34	32	32	30
Shelby	72	72	72	75	75	75	74	79	79	79	77	77
Smoky Mountain	54	54	54	56	54	58	58	61	63	61	60	56
South Central	36	37	38	39	38	38	38	40	40	38	39	39
Southwest	25	25	26	26	26	25	25	25	25	25	25	25
Tennessee Valley	52	53	53	52	52	52	55	51	53	51	50	53
Upper Cumberland	45	45	46	45	46	48	47	46	46	45	48	47

Source: DCS TFACTS Report, "Brian A. Caseload Threshold Compliance Summary," as of randomly selected dates.



Number of Foster Care Supervisors by Region: Randomly Selected Dates between January 1, 2017 and June 30, 2017

Region	Jan 19	Jan 22	Feb 9	Feb 20	Feb 21	Mar 8	Mar 21	Apr 20	Apr 23	May 2	May 24	Jun 28
State	160	162	164	163	162	162	163	169	166	164	162	171
Davidson	9	9	10	10	10	11	11	11	9	9	10	10
East	9	9	9	9	9	9	9	9	9	9	9	9
Knox	15	15	15	15	15	15	15	15	15	14	14	16
Mid Cumberland	16	16	16	15	15	15	17	18	18	18	16	18
Northeast	15	15	17	15	15	14	14	16	16	16	16	17
Northwest	11	11	11	11	11	12	11	12	11	11	11	11
Shelby	21	21	21	22	22	22	22	23	23	23	21	22
Smoky Mountain	14	14	14	14	14	14	14	15	15	15	14	14
South Central	10	10	10	11	10	9	9	10	10	9	9	11
Southwest	8	8	8	8	8	9	9	9	9	9	9	9
Tennessee Valley	17	18	17	17	17	16	17	16	16	16	16	17
Upper Cumberland	14	15	15	15	15	15	14	14	14	14	16	16

Source: DCS TFACTS Report, "Supervisory Caseload Compliance Summary," as of randomly selected dates.