

The Center for State Child Welfare Data

Tennessee Accountability Center Report 3

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Table of Contents

I.	Executive Summary	1
II.	Overview	5
	The Accountability Center	5
	Accountability Framework	5
	About This Report	6
	Sources of Data	7
III.	Foster Care Caseload	8
IV.	Race and Placement	8
V.	Outcomes	11
	Age at Admission	11
	Likelihood of Placement	11
	Number of Admissions	14
	Permanency and Duration of Foster Care Placement	17
	Reentry Rate for Children Exiting Foster Care	29
	Education and Employment for Youth Aging Out of Custody	34
VI.	The Process of Care	34
	Investigation and Assessment Timeliness	34
	Assessments of Wellbeing	40
	Processes Related to Achieving Permanency	41
	Case Documentation	47
VII.	The Quality of Care	48
	Placement Type and Placement Stability	48
	Placement Experience	63
	Maintaining Family Connections	70
	Case Reviews	73
VIII.	The Capacity to Provide Care	74
	Caseloads	74
	Foster Home Recruitment and Retention	79
	Staff Training	80
	SACWIS Functionality	81
IX.	Summary	82
X.	Areas of Continuing Work	83

	Family Service Worker Caseloads	84
	Increases in Admissions	84
	Use of Congregate Care by Teenagers	86
	Placement Stability	86
	Foster Home Recruitment and Use	87
XI.	African American/White Disparities in the Tennessee Foster Care System	89

List of Figures

Figure 1: Number of Entries and Exits and Caseload as of the End of the Fiscal Year	8
Figure 2: Percentage of First Admissions in Each Fiscal Year by Age at Entry	11
Figure 3: Rate of First Admissions by Age at Entry, SFY17-18	12
Figure 4: Placement Rates by Age at Entry and Region, First Admissions in SFY17-18	13
Figure 5: Placement Rate per Thousand by Race and Region, First Admissions in SFY17-18	17
Figure 6: Last Observed Exit as of June 30, 2018, First Admissions during SFY12-13	18
Figure 7: Last Observed Exits to Permanency by Age Group and Permanent Exit Type, SFY12-13	20
Figure 8: Median Duration by Age at Placement, SFY16-17, First Admissions	24
Figure 9: Median Duration by Age at Placement and Region, First Admissions in SFY16-17	26
Figure 10: Median Duration by Race and Region, SFY16-17	29
Figure 11: Reentry Rate by Age at Entry, Exits in SFY16-17 for First Admissions	30
Figure 12: Reentry Rate by Age at Entry and Region, Exits in SFY16-17 for First Admissions	31
Figure 13: Percentage of Investigations Meeting Priority Response Time Frames	35
Figure 14: Percentage of Special Investigations Meeting Priority Response Time Frames	35
Figure 15: Percentage of Assessments Meeting Priority Response Time Frames	36
Figure 16: Duration of Investigations Initiated during Each Window	37
Figure 17: Duration of Special Investigations Initiated during Each Window	38
Figure 18: Duration of Assessments Initiated during Each Window	39
Figure 19: Cumulative Percentage of ESPDT Assessments Completed within Each Time Interval, Children Entering Care in SFY15-16, SFY16-17, and SFY17-18	40
Figure 20: Cumulative Percentage of Initial CANS Assessments Completed within Each Time Interval, Children Entering Care in SFY15-16 through SFY17-18	41
Figure 21: Children Who Had at Least One CFTM during the Quarter	42
Figure 22: Frequency of Visits with a Case Manager, Average of Monthly Performance between July 2016 and June 2017	43
Figure 23: Frequency of Visits with a Case Manager, Average of Monthly Performance between July 2017 and June 2018	43
Figure 24: Length of Trial Home Visits Beginning in Each Fiscal Year	44
Figure 25: Initial Placement Type, First Admissions during SFY17-18	48
Figure 26: Initial Placements in a Family Setting by Age at Placement and Region, First Admissions in SFY17-18	50

Figure 27: Percentage of Children Experiencing at Least One Placement Move during the First 60 Days of Placement, Fiscal Year of Entry, First Admissions in SFY16-17	54
Figure 28: Percentage of Children Experiencing at Least One Placement Move during the First 60 Days of Placement by Age at Entry and Region, First Admissions in SFY16-17	56
Figure 29: Moves per 1,000 Days by Age at Entry, Fiscal Year of Entry, All Admissions in SFY17-18	59
Figure 30: Moves per 1,000 Days by Age at Entry and Region, All Admissions in SFY17-18	60
Figure 31: Frequency of Parent-Child Visits, Average of Monthly Performance between July 2016 and June 2017	71
Figure 32: Frequency of Parent-Child Visits, Average of Monthly Performance between July 2017 and June 2018	71
Figure 33: Frequency of Sibling Visits for Siblings Placed Separately, Average of Monthly Performance between July 2016 and June 2017	73
Figure 34: Frequency of Sibling Visits for Siblings Placed Separately, Average of Monthly Performance between July 2017 and June 2018	73

List of Tables

Table 1: Number of First Admissions and Child Population by Region and Race: SFY17-18	10
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	15
Table 3: Number of First Admissions by Age at Entry, Region, and Fiscal Year	16
Table 4: Last Observed Exits by Region and Exit Type, SFY12-13	21
Table 5: Last Observed Exit to Permanency Percentage by Region, Race, and Age at Entry,	22
Table 6: Last Observed Exit by Region, Race, and Exit Type, First Admissions in SFY12-13	23
Table 7: Median Duration in Months to Adoption, Reunification, and Discharge to Relative, SFY11-12 through SFY14-15	24
Table 8: Median Duration by Age at Entry, Region, and Fiscal Year, First Admissions	27
Table 9: Reentry Rates by Age, Region, and Fiscal Year of Exit	33
Table 10: Quartile Durations in Days for Investigations Initiated during Each Window	37
Table 11: Quartile Durations in Days for Special Investigations Initiated during Each Window	38
Table 12: Quartile Durations in Days for Assessments Initiated during Each Window	39
Table 13: Trial Home Visits for Children Exiting to Reunification, First Admissions by Fiscal Year	44
Table 14: Adoption Milestones	45
Table 15: Assignment of Sole and Concurrent PPLA Goals, Children Entering Care at 13 to 17 Years Old, by Fiscal Year	47
Table 16: Initial Placements in Family Settings by Age at Entry, Region, and Fiscal Year, First Admissions	52
Table 17: Initial Placements in Family Settings by Type, Region, and Race,	53
Table 18: Percentage of Children Experiencing at Least One Placement Move during the First 60 Days in Care by Age at Entry, Region, and Fiscal Year, First Admissions	58
Table 19: Moves per 1,000 Days by Age at Entry, Region, and Fiscal Year, All Admissions	62
Table 20: Number of Foster Care Days by Number of Foster Children in the Foster Home, SFY14-15 First Placements, All Spells, Observed through December 31, 2017	64
Table 21: Number of Foster Care Days by Number of Foster Children Under 2 in the Foster Home, SFY14-15 First Placements, All Spells, Observed through December 31, 2017	64
Table 22: Overnight Office Placements by State Fiscal Year and Duration (in Days)	65
Table 23: Quarterly Number of Incidents of Restraint and Seclusion by Level	66
Table 24: Initial Placement of Siblings Together, by Fiscal Year and Region	70

Table 25: Statewide Percentage of Investigation Case Managers by Caseload Size: Randomly Selected Dates between January 1, 2018 and June 30, 2018	75
Table 26: Statewide Percentage of Special Investigation Case Managers by Caseload Size: Randomly Selected Dates between January 1, 2018 and June 30, 2018	76
Table 27: Statewide Percentage of Assessment Case Managers by Caseload Size: Randomly Selected Dates between January 1, 2018 and June 30, 2018	76
Table 28: Percentage of Foster Care Family Service Workers within Caseload Thresholds: Randomly Selected Dates between January 1, 2018 and June 30, 2018	77
Table 29: Percentage of Foster Care Supervisors within Supervisory Workload Thresholds: Randomly Selected Dates between January 1, 2018 and June 30, 2018	78

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 (DCS) and Plaintiffs—agreed to establish an independent, external Accountability Center, part of the Center for State Child Welfare Data at Chapin Hall at the University of Chicago. 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 can be strengthened. Second, the AC, through its work with the Department, will strengthen the systems DCS uses to monitor its performance going forward.

This is the third of three reports to be produced by the Accountability Center. As with previous reports, this third report is organized around the process of care, the quality of care, and the capacity to provide care, and the outcomes observed as a result of those efforts. In each of these areas, the Report documents DCS performance on a list of critical features in each of these fundamental system components.

In addition, the Report shows comparisons over time, to judge whether or not DCS has remained in maintenance (i.e., maintained its performance) as required by the Settlement Agreement. With a few exceptions, performance in this reporting period is similar to performance reported in AC Reports 1 and 2. That said, DCS continues to work to improve its system at each level—process, quality and capacity—and improve outcomes from their current observed levels. The AC will continue to support these efforts.

Increases in admissions and durations in some regions continues to challenge DCS. Despite these increases, we do not see an impact on the measures of process of care at the front door—initiating and conducting investigations and assessments—and in many regions, case worker and supervisory caseload thresholds are being met. However, the quality of care, particularly around assessments and services, is a continued focus of DCS, as they lay out in the final section. New targeted case reviews, like pieces of the CFSR, the assessment integration and process-quality reviews have the potential to provide DCS with information about how to most effectively use continuous quality improvement (CQI) cycles to improve case practice.

Piloting initiatives within regions is a strategy DCS uses regularly. 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. As DCS moves forward, its success may depend on its ability to target regions and age groups where issues are the most pronounced.

The findings reported can be summarized as follows. Unless an increase or decrease is mentioned, statewide findings in this report are similar to previous reports. Details on regional variation are included where available in the body of the report.

Outcomes

- ▶ Caseload – the number of children in foster care continues to rise and as a result, caseloads have increased in some but not all regions (see Figure 1 and Table 2).
- ▶ Age at admission – the largest single year of age entering care are children 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 and Figure 4).
- ▶ Number of admissions – the number of first admissions steadily increased beginning in SFY14-15. But this was not true for all regions or for all age groups. Variation in the number of admissions by region and age is an important feature of the state's profile (see Table 3). In some regions, the proportion of admissions for which parental substance abuse was at least one reason for placement rose during this period (see Table 2).
- ▶ Admissions and race – African American children have higher rates of admission if the state as a whole is under consideration. However, the differences are very much dependent on where in Tennessee the comparison is being made. For SFY17-18 admissions, disparity was most pronounced in Davidson, Knox, Mid Cumberland, Shelby, Smoky Mountain, and Upper Cumberland regions (see Figure 5).
- ▶ 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 1 at the time of admission) are the children most likely to be adopted; teenagers are the least likely to be adopted (see Figure 6).
- ▶ 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, 68 percent of the infants are adopted; the comparable figure in Shelby is 27 percent (see Figure 7).
- ▶ 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 this depends on where in Tennessee one is making the comparison. African-American teens placed in Davison or Mid Cumberland are more likely to achieve permanency than white children from the same regions. The observed percentages to permanency were almost the same in Knox but were lower in Shelby, Southwest and Tennessee Valley (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 about a month longer for children first placed in SFY16-17 compared to children first placed in prior years, especially among children placed ages 4 years and older. For the most part, African American children spend the same amount of time in care as white children (see Figure 8, Figure 9, Figure 10, Table 7, and Table 8).
- ▶ Reentry to care – Fewer than one 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 11, Figure 12, and Table 9).
- ▶ Achievement measures – slightly less than 90 percent of youth aging out of custody met one or more measures of educational or employment achievement.

The Process of Care

- ▶ DCS assigns response time requirements based on safety and risk factors and it assesses its performance through TFACTS reporting. During the third reporting period, staff met those time frames at least 90 percent of the time and in most months, more than 95 percent of the time (see Figure 13, Figure 14, and Figure 15).

- ▶ Once initiated, investigations are to be completed in 60 days or less unless a longer period of investigation is justified. The AC measures how long it usually takes to complete an investigation, and most (75 percent) are completed within 70 days. Assessments may take about 90 days and 75 percent are concluded in 88 days (see Figure 16, Figure 17, Figure 18, Table 10, Table 11, and Table 12).
- ▶ EPSDT assessments are completed within the required timeframe in 90 percent (or more) of the cases (see Figure 19).
- ▶ CANS assessments are taking longer to complete in SFY17-18 because of the rollout of CANS 2.0, requiring additional written justification for CANS scores. Within 30 days, however, over 90 percent of CANS assessments were completed, similar to the percentages in the last two fiscal years (see Figure 20).
- ▶ Child and Family Team Meetings (CFTMs) are held at least once per quarter 80 percent or more of the time (see Figure 21).
- ▶ Visits between the case manager and children in custody happened 89 percent of the time during SFY17-18 (see Figure 23).
- ▶ Trial home visits happen in about 69 percent of the cases, which is consistent with prior experience. Trial home visits tend to last about 90 days (see Table 13 and Figure 24).
- ▶ For children who were assigned a sole goal of adoption, the percent of children proceeding to three adoption milestones within certain timeframes (filing of a TPR, full guardianship achieved, adoption finalized) has remained similar in the last several years (see Table 14).

The Quality of Care

- ▶ Placement type – the majority of 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 sometimes start out in hospitals (soon after being born); adolescents are the most likely to start in group or residential placement settings. For children placed between the ages of 1 and 12, more than 90 percent are placed in family settings (see Figure 25).
- ▶ There has been a two percentage point decrease in the percentage of teens who were initially placed in congregate care, from 35 percent in SFY16-17 to 33 percent in SFY17-18.
- ▶ The use of non-kin versus kinship foster care varies by administrative region, as does the use of group care (see Figure 26).
- ▶ Placement in family settings differs by region and race. Among teenagers, Shelby stands out as a place where African American teenagers are less likely to be placed in family settings (see Table 17).
- ▶ Placement stability, measured as the percent of children experiencing a move in the first 60 days of placement, is greater for older children than younger children. Stability also varies by administrative region (see Figure 27 and Figure 28).
- ▶ Statewide, the percentage of children experiencing at least one move within the first 60 days has decreased by a couple percentage points for infants and children 4 to 12 from SFY15-16 to SFY16-17, observed through June 30, 2018. But placement stability is unchanged for 1 to 3 year olds and teenagers (see Table 18).

- ▶ Placement stability, measured as the percent of moves per day in care is also greater for older children and varies similarly by administrative region. However, this measure does show a consistent decrease in placement stability over the last four fiscal years (see Figure 29, Figure 30, and Table 19).
- ▶ The majority of days in foster care are experienced as one of one or two foster children in a home. Only 16 percent of foster care days are experienced as one of four or more children in the home and some of these children may be siblings (see Table 20). These results were similar to the TAC results from the point-in-time samples.
- ▶ Placement in DCS offices overnight has declined from SFY16-17 levels to 127 children in SFY17-18. Ninety-nine percent of these stays lasted one night (see Table 22).
- ▶ DCS relies on multiple interwoven CQI processes to count, understand, manage, and monitor the use of restraint and seclusion for children in its custody. Their monitoring structure, in place during and since the Settlement, rarely finds situations where inappropriate restraints and seclusions were used.
- ▶ According to DCS tracking, almost half of 11 to 14 year olds and 54 percent of children ages 15 to 17 were taking psychotropic medication in 2017. These levels have been consistent over the previous two years.
- ▶ Placement with siblings occurs about 80 percent of the time when siblings come into care within 30 days of each other (see Table 24).
- ▶ The interpretation of measurements of parent-child visits in TFACTS continue to have two issues that must be understood. TFACTS does not exclude children with exceptions to parent-child visits, and TFACTS undercounts visits. In AC Report 1, the frequency of parent-child visits as documented by TFACTS was at a similar level as it was when DCS exited the Settlement Agreement. However, performance on parent-child visits (at least one visit per month) has declined slightly compared to Report 1. The TFACTS measure for two parent-child visits per month has also declined slightly since Report 1 (see Figure 32).
- ▶ TFACTS-documented sibling visits have issues similar to parent-child visits. Keeping those issues in mind, each month during SFY17-18, performance during the most recent reporting period was at a similar level of performance to when DCS exited the Settlement Agreement (see Figure 34).

The Capacity to Provide Care

- ▶ DCS is reorganizing the case review function to more effectively allocate resources to reviews that support completion of CQI cycles.
- ▶ During the first six months of 2018, between 87 percent and 94 percent of investigation case managers on a given date had a caseload in the range of one to 24 cases on their caseloads, an improvement over caseloads observed during the second half of 2017 (see Table 25).
- ▶ During the first six months of 2018, between 92 percent and 97 percent of assessment case managers on a given date had a caseload in the range of one to 34 cases on their caseloads (see Table 27).
- ▶ Compliance with FSW caseload limits has decreased over the AC period, from 96 percent statewide in January 2017 to 89 percent in June 2018. Davidson and South Central are places of concern (see Table 28).

- ▶ The percentage of Foster Care Supervisors with caseloads sized within the applicable threshold was above 94 percent for the state as whole, including in Davidson and South Central (see Table 29).
- ▶ There has been a decrease in participation in the Tuition Assistance programs over the AC period: 19 participants started the BSW program in the fall of 2015, 15 in the fall of 2016, and five in the fall of 2017; 32 participants started the MSW program in the fall of 2015, 17 in the fall of 2016, and seven in the fall of 2017.

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

- ▶ Family Service Worker Caseloads
- ▶ Increases in admissions
- ▶ The use of congregate care by teenagers
- ▶ Placement stability
- ▶ Foster Home Recruitment and Use

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, and so is duration, though those changes are not always in the same places. 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 third 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), part of the Center for State Child Welfare Data at Chapin Hall at the University of Chicago, 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 of Children's Service's (DCS) 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.

Accountability Framework

The work of the AC is guided by the Center for State Child Welfare Data's Accountability Framework. This Framework is a methodologically-sound performance measurement system that provides child welfare systems and stakeholders with valid and reliable evidence about the performance of their child welfare system. For states operating under a consent decree, this Accountability Framework provides credible evidence needed to document improvements in their systems performance.

The key components of the Data Center's approach to accountability are:

- ▶ Rigorous use of longitudinal data to understand all aspects of the child welfare system, including families, children, workers, and foster parents
- ▶ Close examination of variation in performance across time and geographic areas
- ▶ Support for the development of a coherent Continuous Quality Improvement (CQI) framework, including a strategic case review process

These components are organized around the four core domains of system measurement, embodied in the following research questions:

- ▶ How have outcomes for children in foster care changed over time?
- ▶ How well do child welfare staff align their work to required processes?
- ▶ How has the quality of care for children in foster care changed over time?
- ▶ How has the child welfare system's capacity for out-of-home care (i.e., number of beds) changed over time?

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 third 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. 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 for reasons that are unrelated to their need for services. 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. More detailed analyses of racial disparities are included in a companion report, and historical outcomes by race are included in Appendix B.

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 of continuing work emerging from the AC reporting and DCS targets for improvement.

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, 2018 CRW.

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.

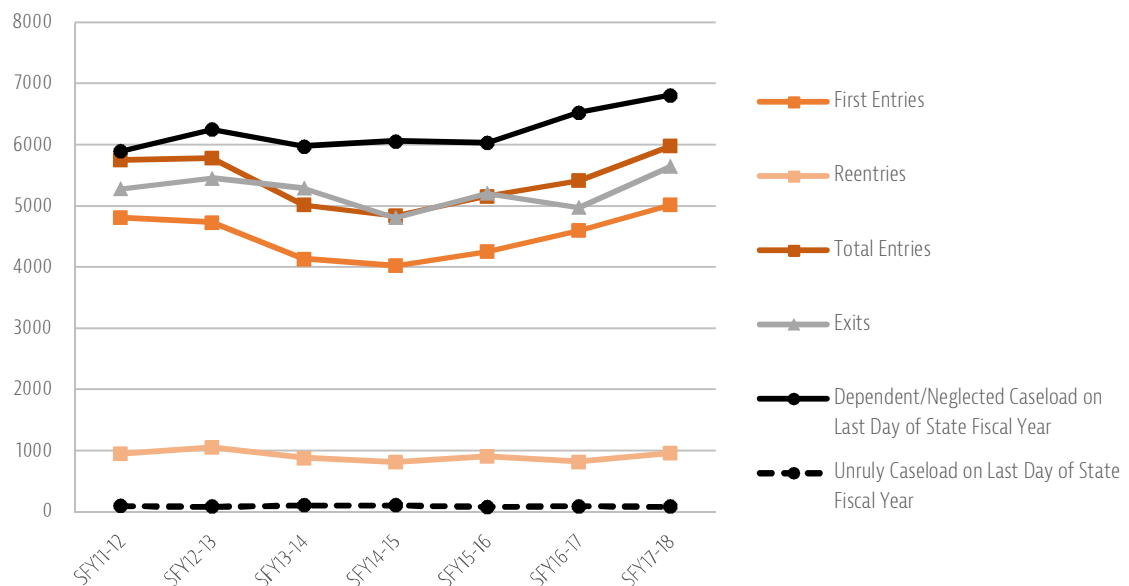
Because Tennessee is a diverse state with respect to where families live, we also show results for the DCS administrative regions. Regions and the counties affiliated with each region are shown in Appendix C.

Foster Care Caseload

Juvenile Court judges make the decision, often in consultation with DCS, to bring children into state custody. Juvenile Court judges also rule on whether a child leaves 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.

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 SFY17-18, at the end of the state fiscal year, the caseload of children in placement for reasons of neglect or abuse ranged from 5,867 in SFY11-12 to 6,813 in SFY17-18. The caseload of children adjudicated unruly is small, and between SFY11-12 and SFY17-18, the caseload of children placed as unruly ranged from 87 to 110. During those same years, between 4,025 and 5,019 neglected, abused or unruly children were placed in foster care for the first time, and between 814 and 1,053 spells of foster care placement began for neglected, abused, or unruly children who had been in placement before and were returning to care. Between SFY11-12 and SFY17-18, DCS discharged between 4,809 and 5,645 children originally adjudicated neglected, abused or unruly.

Figure 1: Number of Entries and Exits and Caseload as of the End of the Fiscal Year



Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

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 examines how the experiences of white children differ from those of African American children.

As the evidence shows, 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.¹ Two percentages are shown in the middle and bottom panel. The middle panel shows what percentage of the total state population—both the general population and foster care admissions—that lives in each of the DCS administrative regions. The bottom panel 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 69 percent of all admissions among African American children.

The bottom panel of Table 1 looks within region and shows a comparison of the percent of foster care admissions, by race in the region, to the percent of children living in the region, by race. These data show that African American children are over-represented in the group of children admitted to foster care as compared to children in the general population in some places but are not over-represented in others. Statewide and in many regions, the gap between African American and white children is small or negligible to the extent African American children are over-represented at all (e.g., see the South Central region). The gap between the representation of African American children in the population (58 percent) and their percent of first admissions (79 percent) is largest in Shelby.

¹ Fourteen percent of the child population in Tennessee is identified as Hispanic, other race or mixed race, and children of these races made up 18 percent of children entering placement for the first time in SFY17-18.

Table 1: Number of First Admissions and Child Population by Region and Race: SFY17-18

Region	Total*	Admissions		Total*	Child Population	
		African American	White		African American	White
State	5,020	922	3,180	1,495,343	293,258	988,715
Davidson	345	174	70	143,937	47,758	58,925
East Tennessee	410	4	341	68,910	1,315	60,953
Knox	482	77	286	95,859	10,797	72,453
Mid Cumberland	542	95	340	282,993	31,140	206,778
Northeast	439	12	347	100,533	2,381	89,270
Northwest	299	37	227	76,319	8,252	60,530
Shelby	463	365	62	238,970	139,362	64,536
Smoky Mountain	485	15	363	90,704	1,858	77,076
South Central	484	32	370	103,483	12,828	77,704
Southwest	211	40	138	84,137	16,470	59,073
Tennessee Valley	388	56	241	130,094	19,695	92,202
Upper Cumberland	472	15	395	79,404	1,402	69,215
<i>Of the total number of admissions/child population statewide for each race, what percentage lives in each region?</i>						
State	100%	100%	100%	100%	100%	100%
Davidson	7%	19%	2%	10%	16%	6%
East Tennessee	8%	0%	11%	5%	0%	6%
Knox	10%	8%	9%	6%	4%	7%
Mid Cumberland	11%	10%	11%	19%	11%	21%
Northeast	9%	1%	11%	7%	1%	9%
Northwest	6%	4%	7%	5%	3%	6%
Shelby	9%	40%	2%	16%	48%	7%
Smoky Mountain	10%	2%	11%	6%	1%	8%
South Central	10%	3%	12%	7%	4%	8%
Southwest	4%	4%	4%	6%	6%	6%
Tennessee Valley	8%	6%	8%	9%	7%	9%
Upper Cumberland	9%	2%	12%	5%	0%	7%
<i>Of the total number of admissions/child population in each region, what is the composition by race?</i>						
State	100%	18%	63%	100%	20%	66%
Davidson	100%	50%	20%	100%	33%	41%
East Tennessee	100%	1%	83%	100%	2%	88%
Knox	100%	16%	59%	100%	11%	76%
Mid Cumberland	100%	18%	63%	100%	11%	73%
Northeast	100%	3%	79%	100%	2%	89%
Northwest	100%	12%	76%	100%	11%	79%
Shelby	100%	79%	13%	100%	58%	27%
Smoky Mountain	100%	3%	75%	100%	2%	85%
South Central	100%	7%	76%	100%	12%	75%
Southwest	100%	19%	65%	100%	20%	70%
Tennessee Valley	100%	14%	62%	100%	15%	71%
Upper Cumberland	100%	3%	84%	100%	2%	87%

*Total includes children of Hispanic and other races.

Source: Counts of foster children are from TFACTS/Chapin Hall Administrative Data through June 30, 2018. Counts of children in the general population are from 2012-2016 American Community Survey five-year estimates available at <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>.

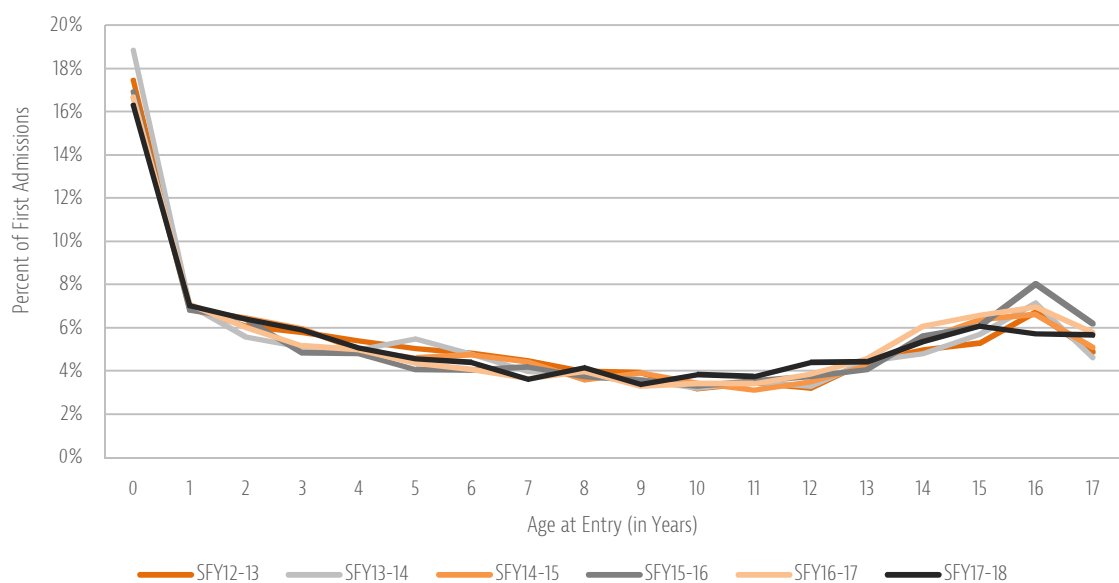
Of course, these data do not explain why the differences exist. We do know that the balance of risk and protective factors that affect whether children come to the attention of child welfare officials also differ by county and region. As these differences are an important part of the story, an extended analysis of race and experience in out-of-home placement is presented in a companion report. 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

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 Fiscal Year by Age at Entry



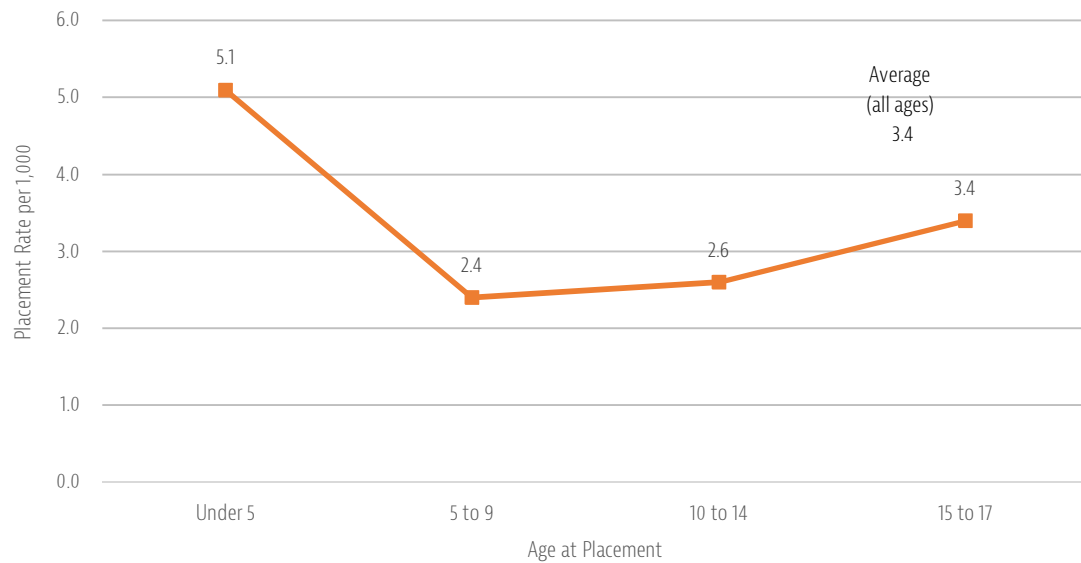
Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

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 age at entry for children entering care for the first time in SFY17-18. As shown in the figure, the rate of placement for children under the age of 5 statewide is about two times the rate for all other children under the age of 15. This reinforces the risk of entry suggested by the evidence in Figure 2.

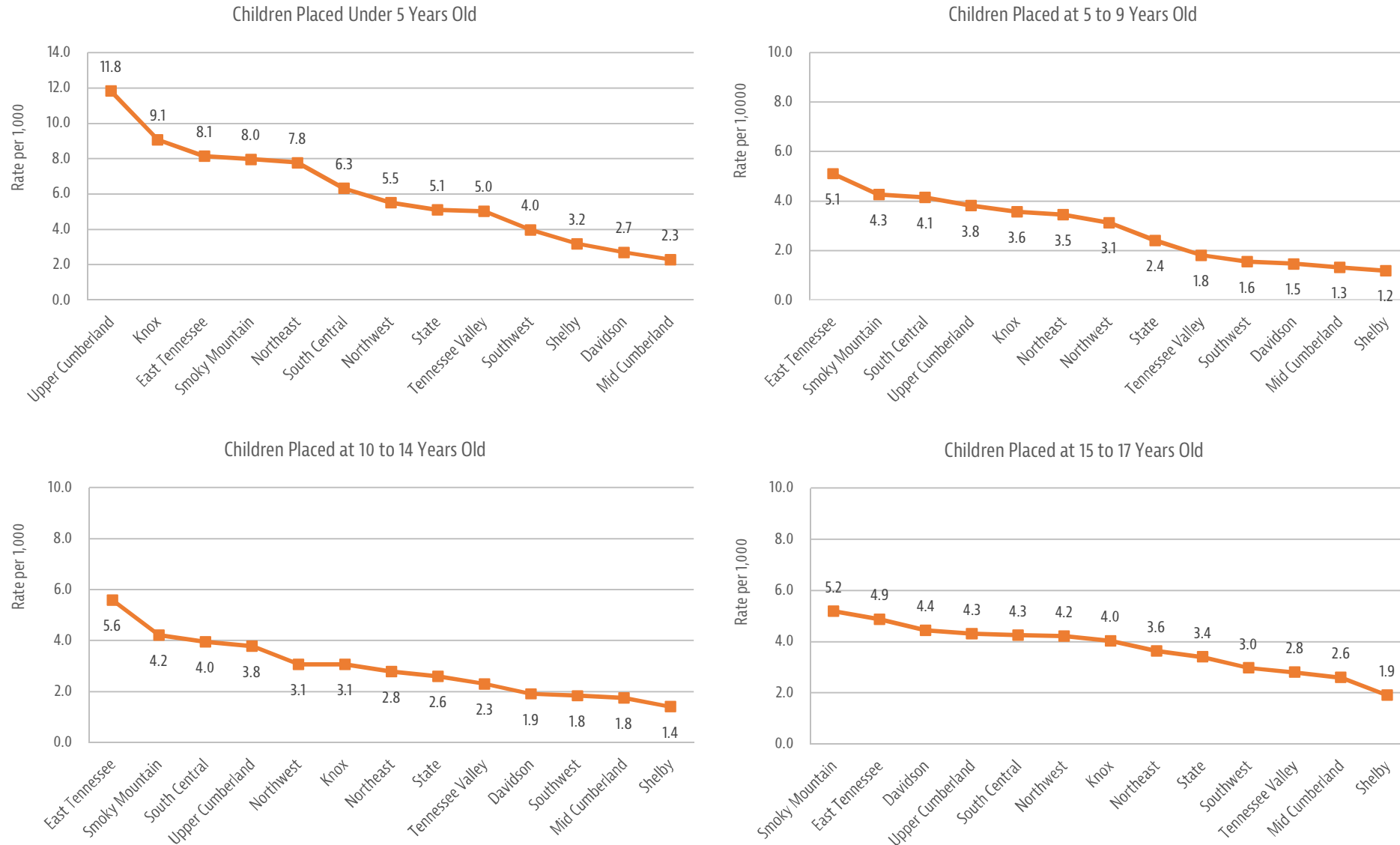
Figure 3: Rate of First Admissions by Age at Entry, SFY17-18



Source: Counts of foster children are from TFACTS/Chapin Hall Administrative Data through June 30, 2018. Population counts used to calculate placement rates are from 2012-2016 American Community Survey five-year estimates.

Figure 4 adds a regional breakout to the above data. 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. In Figure 4, we also see that placement rates per thousand varied significantly across the state for all age groups. In SFY17-18, placement rates for children under 5 years old ranged from a high of 11.8 per thousand children in Upper Cumberland to a low of 2.3 per thousand children in Mid Cumberland. Placement rates for 5 to 9 year olds ranged from 5.1 per thousand children in East Tennessee to a low of 1.2 per thousand children in Shelby county. Placement rates for 10 to 14 year olds ranged from 5.6 per thousand children in East Tennessee to a low of 1.4 per thousand children in Shelby county. Placement rates for 15 to 17 year olds ranged from 5.2 per thousand children in Smoky Mountain to a low of 1.9 per thousand children in Shelby county.

Figure 4: Placement Rates by Age at Entry and Region, First Admissions in SFY17-18



Source: Counts of foster children are from TFACTS/Chapin Hall Administrative Data through June 30, 2018. Population counts used to calculate placement rates are from 2012-2016 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 steadily increased beginning in SFY14-15 and by SFY17-18, exceeded the levels observed in SFY11-12 (included in Report 1) and SFY12-13. 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. In Davidson, East Tennessee, Northwest, and South Central, the number of first placements in SFY17-18 was the highest observed in the last seven fiscal years, and in Knox and Northeast, the high point was observed in SFY16-17. In the remaining six regions, the high point was observed in years prior to SFY14-15.

The right panel of Table 2 shows the percent of first admissions where parental substance abuse was indicated as at least one of the reasons for placement. The evidence shows that statewide, nearly four in ten first admissions come into care for reasons of parental substance use, and at the state level, there is not a clear trend over time. The evidence also points to significant variation at the regional level. The number of placements where parental substance abuse was the reason for placement increased in some but not all regions. Davidson, Knox, South Central, Southwest and Tennessee Valley had the highest proportion of admissions where parental substance abuse was indicated as at least one of the reasons for placement in SFY17-18, compared to previous years.

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					
	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17	SFY17-18	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17	SFY17-18
State	4,730	4,135	4,025	4,254	4,599	5,019	38%	41%	38%	34%	38%	41%
Davidson	269	286	247	266	322	345	20%	22%	21%	18%	20%	28%
East Tennessee	392	345	312	354	238	410	35%	35%	36%	32%	28%	29%
Knox	385	397	396	382	530	481	59%	56%	49%	46%	53%	63%
Mid Cumberland	615	444	444	477	598	542	27%	29%	31%	24%	31%	26%
Northeast	391	388	349	348	489	439	44%	44%	45%	43%	40%	41%
Northwest	224	250	254	296	211	299	34%	34%	33%	45%	42%	34%
Shelby	613	366	381	419	437	463	23%	33%	24%	15%	22%	33%
Smoky Mountain	474	413	406	431	407	485	46%	46%	35%	37%	42%	44%
South Central	275	179	244	336	386	484	33%	31%	15%	29%	34%	37%
Southwest	202	223	192	142	218	211	33%	35%	35%	32%	36%	44%
Tennessee Valley	405	375	346	378	399	388	39%	43%	44%	36%	43%	48%
Upper Cumberland	485	469	454	425	364	472	65%	63%	63%	53%	55%	60%

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

Understanding changes in the numbers of first placements by age provides additional insight. Table 3 shows the number of first placements by four age groups: Infants (under 1 year old), 1 to 3 year olds, 4 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 ages 1 to 12 followed the statewide pattern shown in Table 2 above, with the highest number of admissions during SFY17-18 in the past seven fiscal years (including SFY11-12, presented in Report 1). For infants, the number of admissions in SFY17-18 was higher than the level in SFY11-12 but lower than the level in SFY12-13. For teens, SFY16-17 was the high point for admissions over the past seven fiscal years, with the number of admissions in SFY17-18 lower than that in SFY16-17 but still above the level of fiscal years prior to SFY16-17. There were important regional differences from the statewide trend in every age group.

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	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17	SFY17-18	Region	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17	SFY17-18
State	826	779	670	720	768	818	State	887	734	776	769	840	970
Davidson	43	52	29	40	38	58	Davidson	47	42	40	50	50	59
East Tennessee	62	51	57	46	49	45	East Tennessee	86	53	54	67	36	75
Knox	119	121	97	92	121	114	Knox	76	80	90	78	92	103
Mid Cumberland	86	49	47	55	77	54	Mid Cumberland	112	72	81	77	106	93
Northeast	77	74	57	73	89	77	Northeast	93	76	59	66	96	87
Northwest	34	31	30	53	32	34	Northwest	41	47	51	58	38	57
Shelby	124	94	82	89	81	103	Shelby	107	70	82	75	91	91
Smoky Mountain	70	69	76	64	67	71	Smoky Mountain	91	76	66	87	86	81
South Central	34	27	23	35	50	51	South Central	48	22	37	57	72	95
Southwest	23	44	21	23	26	37	Southwest	28	31	42	20	35	39
Tennessee Valley	66	72	73	64	66	80	Tennessee Valley	67	66	71	68	64	75
Upper Cumberland	88	95	78	86	72	94	Upper Cumberland	91	99	103	66	74	115

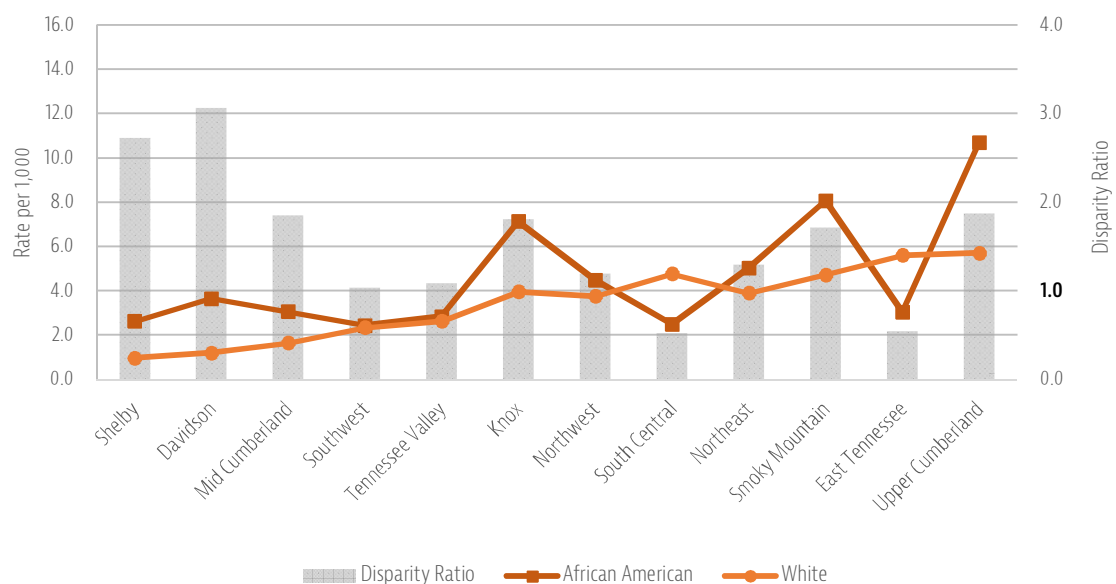
Children Placed at 4 to 12 Years Old							Children Placed at 13 to 17 Years Old						
Region	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17	SFY17-18	Region	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17	SFY17-18
State	1,770	1,517	1,461	1,487	1,611	1,864	State	1,247	1,105	1,118	1,278	1,380	1,367
Davidson	85	89	71	84	96	115	Davidson	94	103	107	92	138	113
East Tennessee	149	146	93	123	73	172	East Tennessee	95	95	108	118	80	118
Knox	140	120	139	136	196	157	Knox	50	76	70	76	121	107
Mid Cumberland	233	162	163	154	216	201	Mid Cumberland	184	161	153	191	199	194
Northeast	137	141	139	113	185	171	Northeast	84	97	94	96	119	104
Northwest	80	106	119	103	75	119	Northwest	69	66	54	82	66	89
Shelby	218	119	129	124	124	144	Shelby	164	83	88	131	141	125
Smoky Mountain	179	161	157	163	143	196	Smoky Mountain	134	107	107	117	111	137
South Central	94	59	90	135	141	215	South Central	99	71	94	109	123	123
Southwest	94	82	80	54	85	72	Southwest	57	66	49	45	72	63
Tennessee Valley	147	133	104	135	151	128	Tennessee Valley	125	104	98	111	118	105
Upper Cumberland	214	199	177	163	126	174	Upper Cumberland	92	76	96	110	92	89

Source: CRW June 30, 2018, "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 5 displays placement rates during SFY17-18 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 every region except Southwest. 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 (gray bars), was greatest in Davidson, Shelby, Mid Cumberland, and Knox.² Placement rates for African American children and white children were almost equal in Southwest, Tennessee Valley and Northwest. In East Tennessee and South Central, the placement rate for white children was greater than the rate reported for African American children.³

Figure 5: Placement Rate per Thousand by Race and Region, First Admissions in SFY17-18



Source: Counts of foster children are from TFACTS/Chapin Hall Administrative Data through June 30, 2018. Population counts used to calculate placement rates are from 2012-2016 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

For children who enter out-of-home care, where they go when they leave care and how long they stay in care before exiting are both important outcomes. Each of these outcomes is presented below.

² 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.

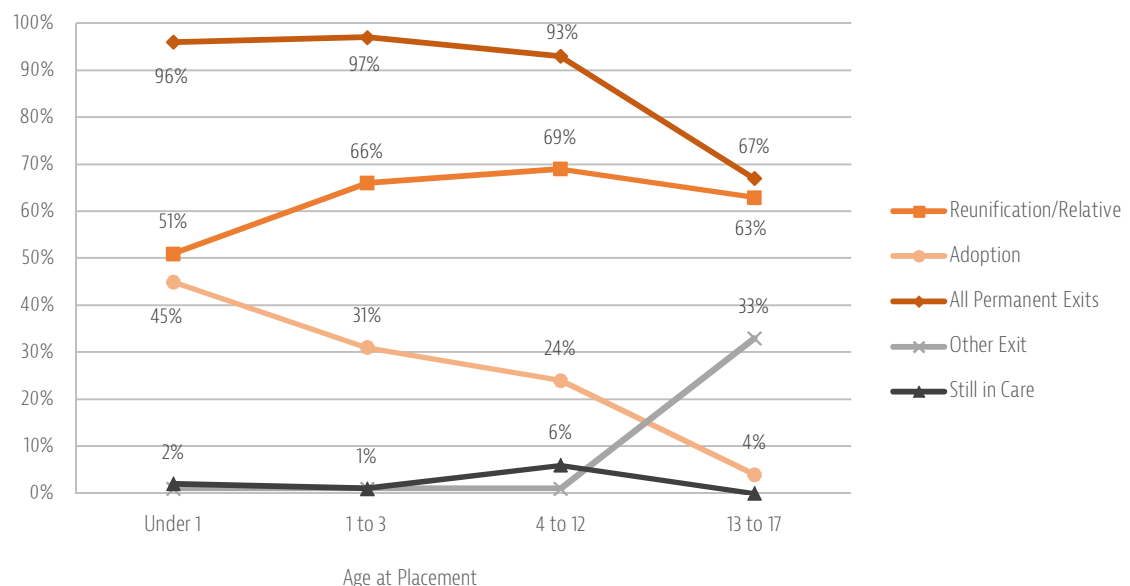
³ For historical context, see Appendix B for placement rates by race for prior years.

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 6, which shows the *last observed exit* for children who were admitted during SFY12-13.⁴ The placements were followed through June 30, 2018. We selected an earlier cohort of children so 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.⁵

Figure 6 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: One-third (33 percent) of teenagers experienced a non-permanent exit.⁶

Figure 6: Last Observed Exit as of June 30, 2018, First Admissions during SFY12-13



Source: CRW June 30, 2018, "LastExits_First" tab.

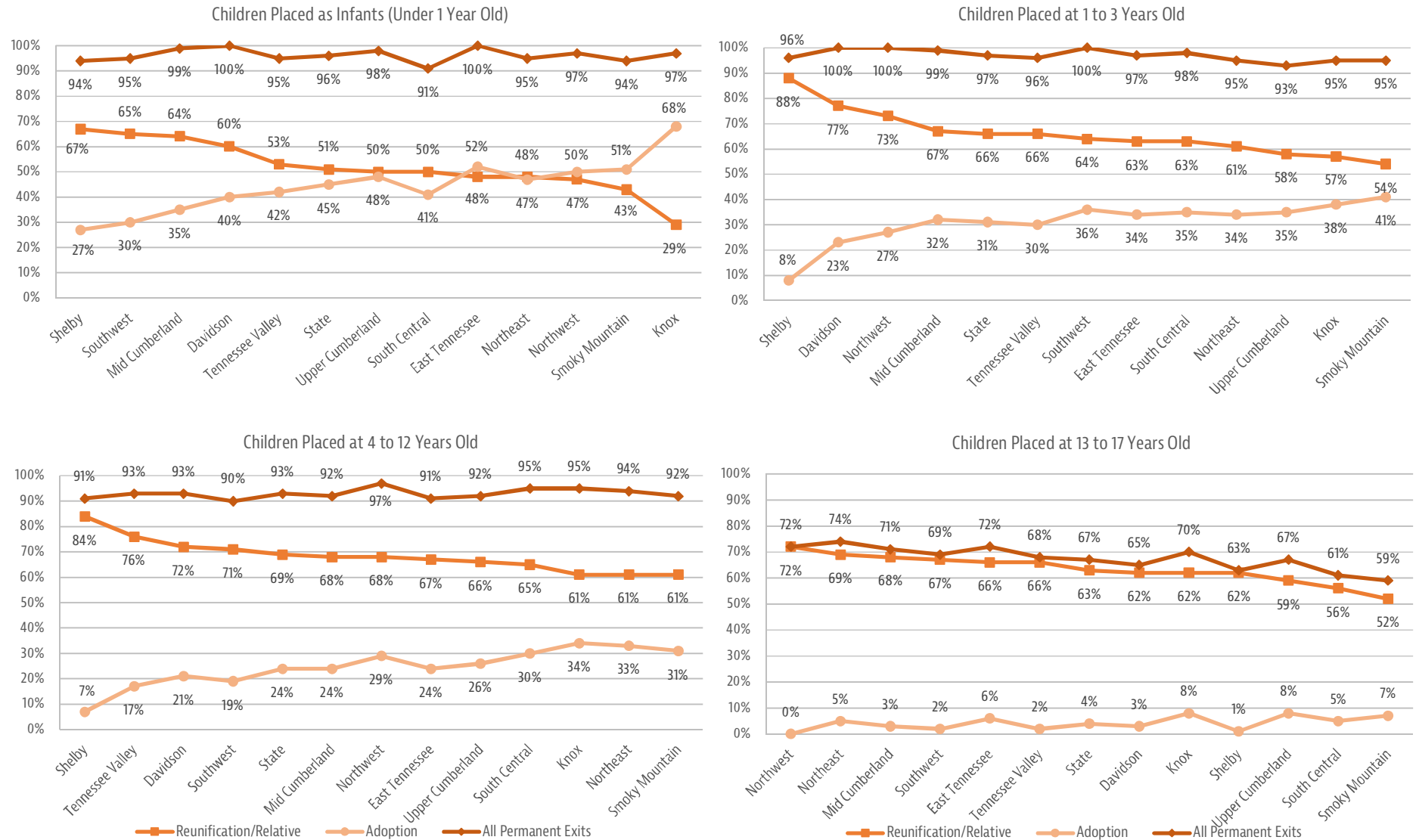
⁴ The last observed exit was the first and only exit for 85 percent of children in the SFY12-13 entry cohort and is unlikely to change for most children. Although the final set of outcomes for each group will not be completely known until every child in the entering group reaches age 18, the likelihood of reentry reduces over time. For example, among the children who reentered to date from the SFY12-13 entry cohort, 11 percent experienced that reentry after 35 months. Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

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

⁶ Youth aging out of foster care on their 18th birthday made up 87 percent of the non-permanent exits for the SFY12-13 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 two percent.

Figure 7 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 74 percent (Northeast) and 59 percent (Smoky Mountain).

Figure 7: Last Observed Exits to Permanency by Age Group and Permanent Exit Type, SFY12-13



Source: CRW June 30, 2018, "LastExits_First" tab.

For children who entered care during SFY12-13, 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 Shelby and the least common in Tennessee Valley.

Table 4: Last Observed Exits by Region and Exit Type, SFY12-13

Region	Last Observed Exit				
	Reunification	Relative	Adoption	Other	Still in Care
State	43%	21%	24%	9%	3%
Davidson	43%	24%	18%	13%	1%
East Tennessee	39%	24%	26%	7%	4%
Knox	26%	24%	42%	4%	3%
Mid Cumberland	51%	17%	21%	9%	3%
Northeast	36%	24%	30%	6%	4%
Northwest	43%	24%	23%	9%	1%
Shelby	48%	27%	10%	12%	3%
Smoky Mountain	39%	15%	29%	12%	4%
South Central	43%	17%	23%	15%	3%
Southwest	46%	23%	18%	10%	4%
Tennessee Valley	58%	10%	19%	10%	4%
Upper Cumberland	37%	23%	28%	8%	4%

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

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 four out of six regions shown in Table 5 (Davidson and Mid Cumberland are the exceptions), African American teenagers were less likely to leave foster care with a permanent exit. For example, 63 percent of African American teenagers from Shelby county had a last observed exit of permanency, whereas 67 percent of white teenagers from Shelby county had a last observed exit of permanency. The likelihood of permanency will be evaluated in a multivariate context in a companion report on race/ethnicity.

Table 5: Last Observed Exit to Permanency Percentage by Region, Race, and Age at Entry, First Entries in SFY12-13

Region	Race and Ethnicity	Age at Placement			
		Under 1	1 to 3	4 to 12	13 to 17
Shelby	African American	95%	96%	91%	63%
	White	92%	94%	100%	67%
Davidson	African American	100%	100%	90%	65%
	White	100%	100%	92%	57%
Mid Cumberland	African American	89%	100%	91%	75%
	White	100%	98%	95%	71%
Southwest	African American	89%	100%	100%	60%
	White	100%	100%	86%	72%
Tennessee Valley	African American	100%	100%	94%	60%
	White	94%	94%	92%	71%
Knox	African American	100%	100%	97%	70%
	White	97%	91%	95%	72%

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

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 all permanency exits summarized in Table 5 and other exits and still in care. The distribution of proportion of each exit type was similar between whites and African Americans, although in some regions, there was a difference in the proportion going to reunification or adoption.⁷

⁷ For historical context, this analysis of last observed exit to permanency by race for SFY11-12 is included in Appendix B.

Table 6: Last Observed Exit by Region, Race, and Exit Type, First Admissions in SFY12-13

Region	Race and Ethnicity	Last Observed Exit				
		Reunification	Relative	Adoption	Other	Still in Care
Shelby	African American	48%	27%	10%	12%	3%
	White	53%	33%	3%	9%	2%
Davidson	African American	42%	27%	12%	17%	2%
	White	37%	17%	33%	12%	1%
Mid Cumberland	African American	58%	10%	19%	9%	4%
	White	46%	18%	25%	9%	2%
Southwest	African American	47%	19%	19%	11%	3%
	White	45%	24%	16%	10%	5%
Tennessee Valley	African American	60%	3%	21%	14%	2%
	White	57%	10%	19%	10%	4%
Knox	African American	41%	22%	31%	4%	1%
	White	28%	23%	41%	4%	4%

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

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.⁸

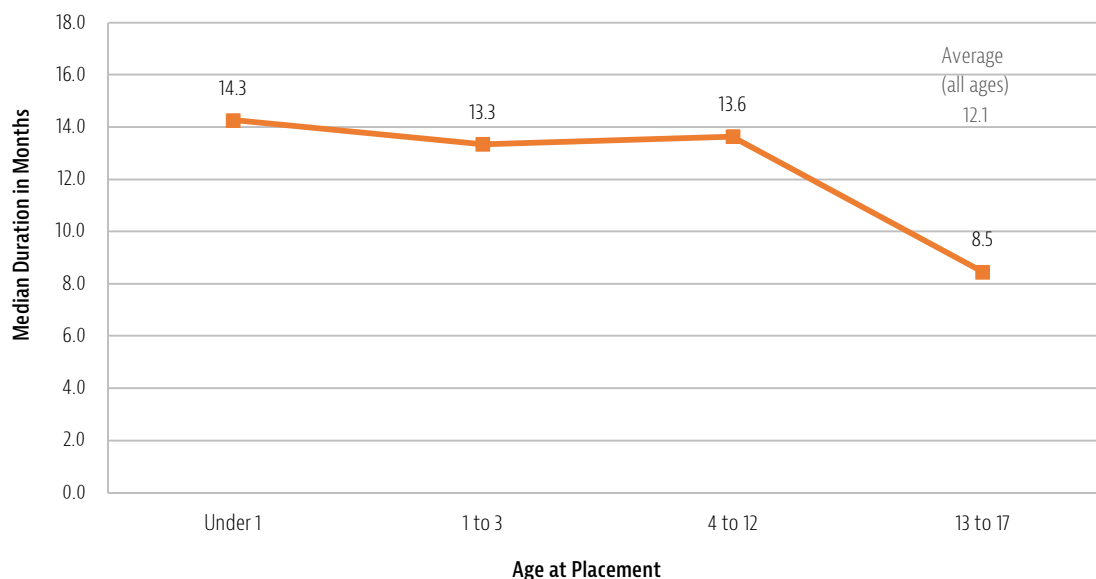
How long children stay in care is often connected to how they leave foster care. As mentioned, young children tend to stay in care longer than older children in part because they are more likely to be adopted. By extension, counties with more young foster children will tend to show longer lengths of stay because of their age composition. 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 8 presents the median duration for children first entering care during SFY16-17, broken out by age at admission.⁹ 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.

⁸ 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.

⁹ The population for which median duration is measured is first placements by age and by region. These numbers are presented in Table 3.

Figure 8: Median Duration by Age at Placement, SFY16-17, First Admissions



Source: CRW June 30, 2018, "Duration_First" tab.

Adoptions are most common among children placed as infants (see Figure 6.) As a result, the median duration for these children is longer than it is for children placed at older ages (see Figure 8). 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 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.¹⁰

Table 7: Median Duration in Months to Adoption, Reunification, and Discharge to Relative, SFY11-12 through SFY14-15¹¹

Cohort Year	Permanency Type			Number of First Admissions	Number Still in Care as of June 30, 2018	Percent Still in Care as of June 30, 2018
	Adoption	Reunification	Relative			
SFY11-12	24.8	5.9	5.9	4,835	37	1%
SFY12-13	26.4	5.9	5.1	4,737	53	1%
SFY13-14	24.8	5.5	6.5	4,137	79	2%
SFY14-15	23.1	6.1	5.8	4,065	226	6%

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

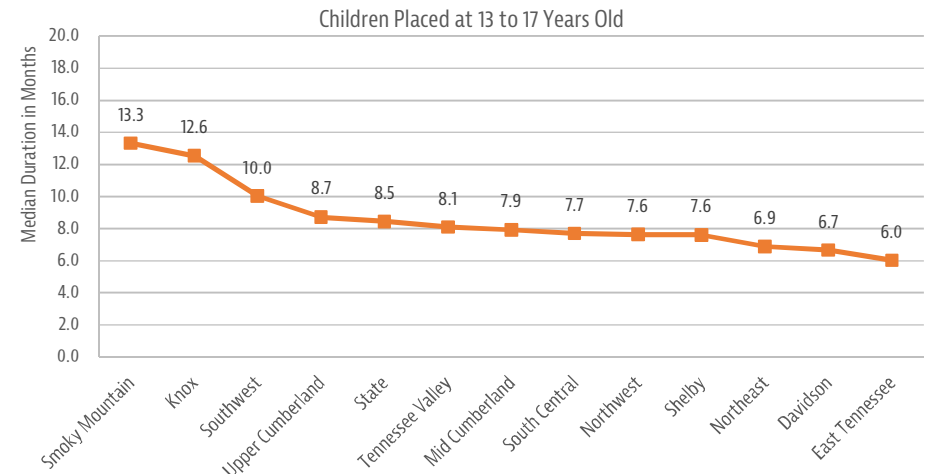
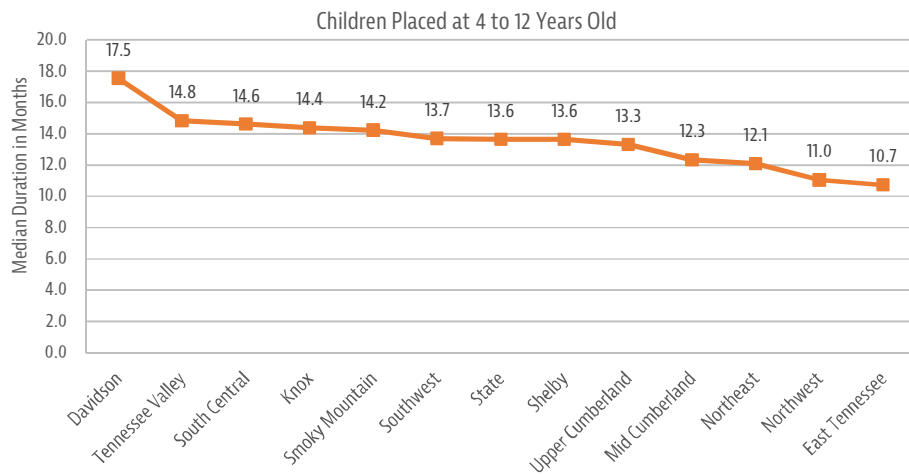
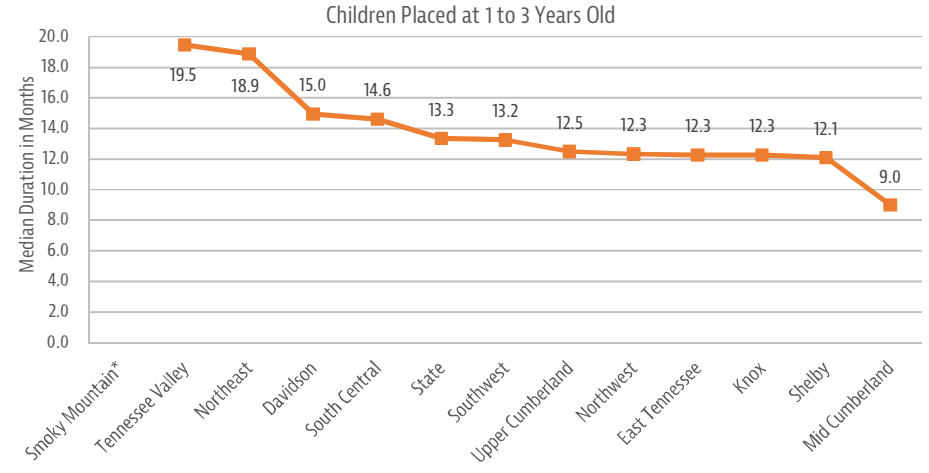
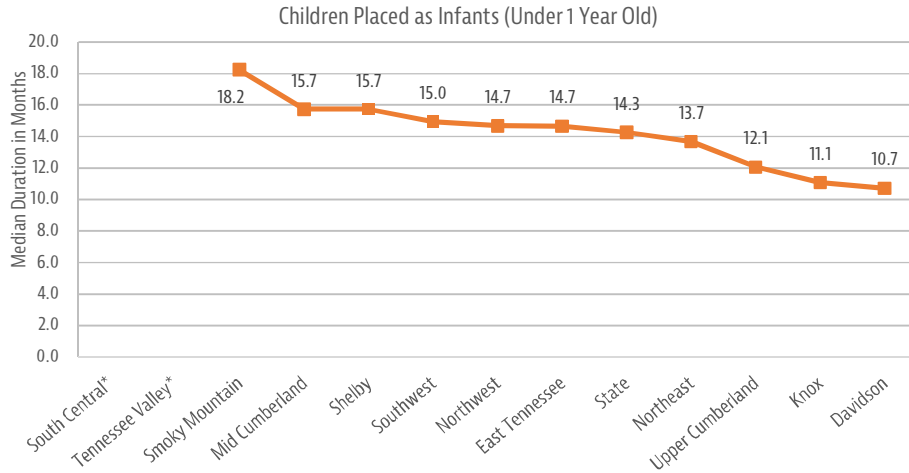
Regional variation in time spent in out-of-home care is depicted in Figure 9, which presents median duration for children first entering care in SFY16-17 by age at entry and region. As with other indicators, median duration varies considerably by region within age groups. For example, in Davidson, the median duration for infants was 10.7 months. For children placed as infants in the South Central and Tennessee Valley 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

¹⁰ For Table 7 we used cohorts going back as far as SFY11-12. This was done to minimize censoring. As shown, nearly all the children in these groups left care.

¹¹ The median duration for adoption in SFY14-15 may increase slightly after more time has elapsed in which to observe adoptions for that entry cohort.

1 to 3, the median duration 9.0 months in Mid Cumberland, but the median is not yet known for Smoky Mountain because less than 50 percent of children have left care. For children placed from the ages of 4 to 12, median duration varied from 10.7 (East Tennessee) to 17.5 (Davidson). For children placed from the ages of 13 to 17, median duration ranged from 6.0 (East Tennessee) to 13.3 (Smoky Mountain).

Figure 9: Median Duration by Age at Placement and Region, First Admissions in SFY16-17



*As of June 30, 2018, median duration for children entering care as infants in these regions during SFY16-17 were censored because fewer than half of the children had exited.

Source: CRW June 30, 2018, "Duration_First" tab.

Change over time in median duration is found in Table 8, which shows how each region's median duration changed relative to other regions over the past five entry cohorts observed through June 30, 2018. Over the period, median duration ranged from a low of 0.9 months in Davidson for 1 to 3 year olds in the SFY13-14 entry cohort to a high of 20.6 months in Northeast for 4 to 12 year olds in the SFY13-14 entry cohort. Within the section for each age group, the regions are sorted from shortest to longest median duration for children entering care during SFY12-13. The shading is provided as a guide to each region's relative position across multiple entry cohorts, 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	SFY12-	SFY13-	SFY14-	SFY15-	SFY16-	Region	SFY12-	SFY13-	SFY14-	SFY15-	SFY16-
State	12.6	13.1	14.3	14.1	14.3	State	10.6	11.1	13.3	14.0	13.3
Southwest	9.4	11.6	9.4	17.1	15.0	Davidson	4.4	0.9	7.5	9.4	15.0
Davidson	9.5	14.7	10.2	6.4	10.7	Southwest	5.0	16.4	11.1	13.0	13.2
*South Central	10.1	14.5	15.7	18.7		East Tennessee	6.7	4.1	3.1	15.3	12.3
Mid Cumberland	10.1	16.9	14.5	15.5	15.7	Shelby	7.0	12.9	12.4	10.7	12.1
East Tennessee	11.2	6.2	8.8	10.9	14.7	Mid Cumberland	9.2	8.2	13.8	11.4	9.0
Knox	11.6	11.7	13.5	12.7	11.1	South Central	9.6	14.5	11.0	15.9	14.6
Shelby	13.5	9.7	14.9	19.3	15.7	Northeast	12.5	15.4	15.3	15.8	18.9
Northeast	13.5	14.0	15.9	14.3	13.7	Upper	12.8	13.4	15.8	12.0	12.5
Smoky Mountain	13.5	15.0	16.0	15.6	18.2	Tennessee Valley	12.9	7.3	14.7	9.9	19.5
Upper	13.7	14.3	15.3	11.1	12.1	Knox	14.4	16.9	13.8	13.9	12.3
*Tennessee Valley	15.2	16.3	16.9	17.2		Northwest	15.6	14.3	14.3	13.4	12.3
Northwest	16.0	14.1	16.7	10.4	14.7	*Smoky Mountain	16.4	11.3	11.8	16.9	

Children Placed at 4 to 12 Years Old						Children Placed at 13 to 17 Years Old					
Region	SFY12-	SFY13-	SFY14-	SFY15-	SFY16-	Region	SFY12-	SFY13-	SFY14-	SFY15-	SFY16-
State	10.6	12.7	11.9	11.7	13.6	State	7.2	7.9	7.4	7.7	8.5
Southwest	6.3	5.5	7.2	11.2	13.7	Davidson	4.2	4.2	5.5	5.6	6.7
Davidson	6.9	5.1	5.3	12.5	17.5	East Tennessee	5.5	7.1	4.8	6.0	6.0
Tennessee Valley	7.1	13.5	15.3	12.1	14.8	Mid Cumberland	6.2	6.7	5.7	6.9	7.9
Mid Cumberland	9.3	7.1	10.3	8.5	12.3	Shelby	6.2	7.9	12.2	9.8	7.6
East Tennessee	9.3	7.8	8.8	6.5	10.7	Southwest	6.3	10.6	6.0	9.0	10.0
South Central	11.2	16.4	12.7	10.5	14.6	Tennessee Valley	6.4	7.6	9.0	4.8	8.1
Shelby	11.2	14.6	11.0	9.0	13.6	South Central	6.8	7.4	7.3	6.9	7.7
Smoky Mountain	11.4	14.7	16.4	14.1	14.2	Northwest	7.8	9.3	7.3	7.1	7.6
Upper	11.5	11.7	12.9	13.9	13.3	Northeast	8.1	7.9	7.1	6.7	6.9
Northwest	11.7	15.1	11.8	8.8	11.0	Knox	9.6	9.9	8.1	9.5	12.6
Northeast	14.2	20.6	9.7	13.2	12.1	Upper	10.0	12.4	11.0	10.2	8.7
Knox	14.2	17.0	16.0	11.0	14.4	Smoky Mountain	11.5	10.5	7.9	12.6	13.3

*Fewer than half of the children entering care in this age group during SFY16-17 in this region had exited care as of June 30, 2018. For this reason, median duration for children entering in this age group in this region in SFY16-17 cannot yet be calculated.

Source: CRW June 30, 2018, "Duration_First" tab.

Light orange shading indicates that the region was among the regions with the shortest median durations in at least three of the five fiscal years, and dark orange shading indicates that the region was among the regions with the longest median durations in at least three of the five fiscal years.

As with most outcomes when we look beyond the statewide view, we see differences among the regions and among age groups in Table 8. Statewide, when SFY11-12 is compared with SFY16-17, length of stay is trending upward across each age group. The regional experience is more mixed.

For at least three of the past five entry cohorts, Davidson and East Tennessee were among the regions with the shortest median durations across all age groups (although Davidson was also among the regions with the longest median durations for children entering care at 4 to 12 years old during SFY16-17). Southwest was consistently among the regions with the shortest median durations for infants and children 4 to 12 years old, and Mid Cumberland was consistently among the regions with the shortest median durations for teenagers.

Conversely, Smoky Mountain was among the regions with the longest median durations for at least three of the past five entry cohorts for all age groups except 4 to 12 year olds. Northeast was consistently among the regions with the longest median durations for 1 to 3 year olds and 4 to 12 year olds (but Northeast was also among the regions with the shortest median durations for 4 to 12 year olds entering during SFY16-17). Tennessee Valley has been among the regions with the longest median durations for infants for the past five entry cohorts; Knox was among the regions with the longest median durations for 4 to 12 year olds entering care from SFY12-13 through SFY14-15; and Upper Cumberland was among the regions with the longest median durations for teenagers entering care from SFY12-13 through SFY15-16.

Finally, we ask whether median duration differs by race. Figure 10 displays median duration for white and African American children first entering care during SFY16-17 by region, with the regions ordered by descending proportion of African American children in the general population (presented in Table 1). The difference in median duration between African American children and white children is measured as the disparity ratio in Figure 10 (gray bars).¹²

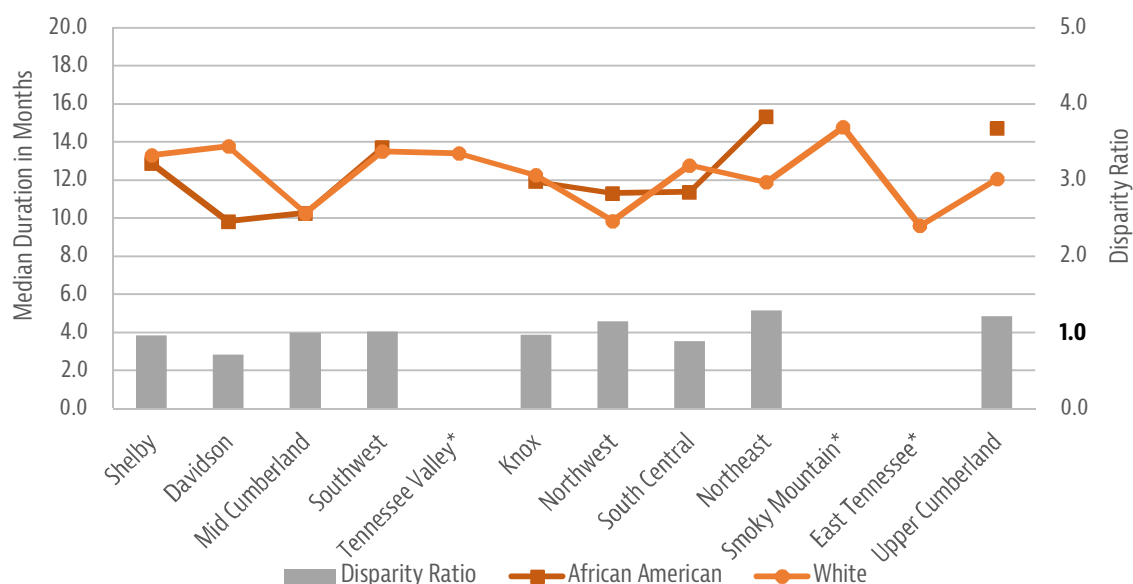
Of the six regions where most of the African American child population lives, the median duration for white children was higher than the median duration for African American children in Shelby county, Davidson county, and Knox county; the opposite was true in Mid Cumberland, Southwest, and Tennessee Valley.¹³ However, the disparity ratios in those regions indicate that the magnitude of those differences was rather small—smaller, in fact, than the differences between the median durations for white children and African American children entering care in those regions in SFY15-16 (presented in AC Report 1).¹⁴

¹² Disparity ratios above 1 indicate that African American children have longer median durations than white children; disparity ratios below 1 indicate that white children have longer median durations than African American children.

¹³ Not enough time has passed to measure the median duration for African American children in Tennessee Valley, but we know that when it is observed, it will be higher than the median duration for white children in Tennessee Valley.

¹⁴ For historical context, median durations by race for children entering care during SFY15-16 are also presented in Appendix B, along with race breakouts of median durations for prior years.

Figure 10: Median Duration by Race and Region, SFY16-17



*Fewer than half of the African American children entering care in Tennessee Valley, Smoky Mountain, and East Tennessee during SFY16-17 had exited care as of June 30, 2018. For this reason, median duration for African American children entering in Tennessee Valley, Smoky Mountain, and East Tennessee during SFY16-17 cannot yet be calculated. As a result, disparity ratios cannot yet be calculated for these regions either.

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

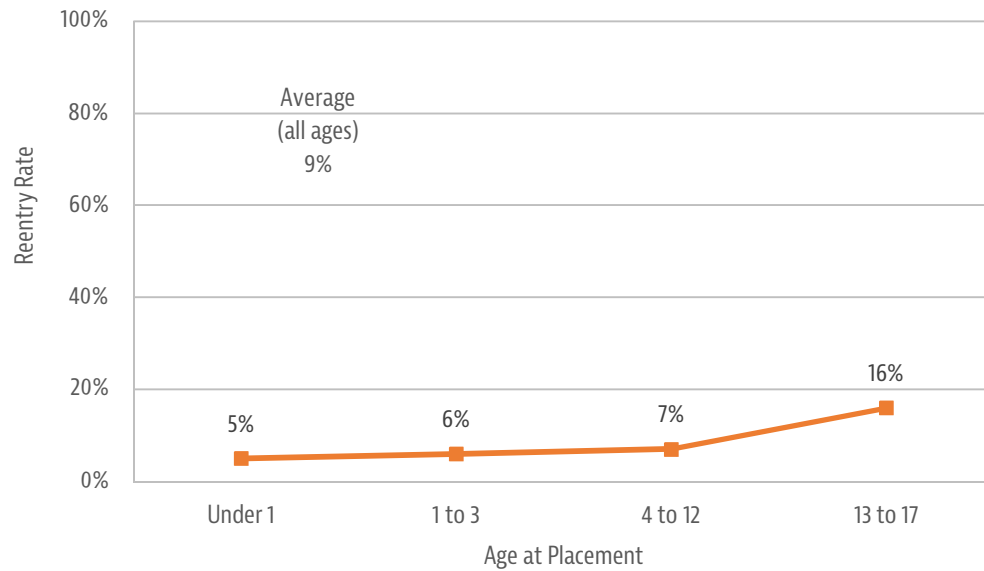
Regions are ordered by the descending proportion of African American children living in the region, of the total state population of African American children.

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 between SFY12-13 and SFY17-18 from their first admission into out-of-home placement, between eight and nine 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 11 presents the reentry rate within one year of exit to reunification, relative or other exit for children exiting during SFY16-17 from their first admission into out-of-home placement, broken out by age at admission. Children who entered care as infants or toddlers were the least likely to reenter within one year of exit, with reentry rates from five to six percent. Children who entered care as teenagers had the highest rate of reentering within one year, at 16 percent.

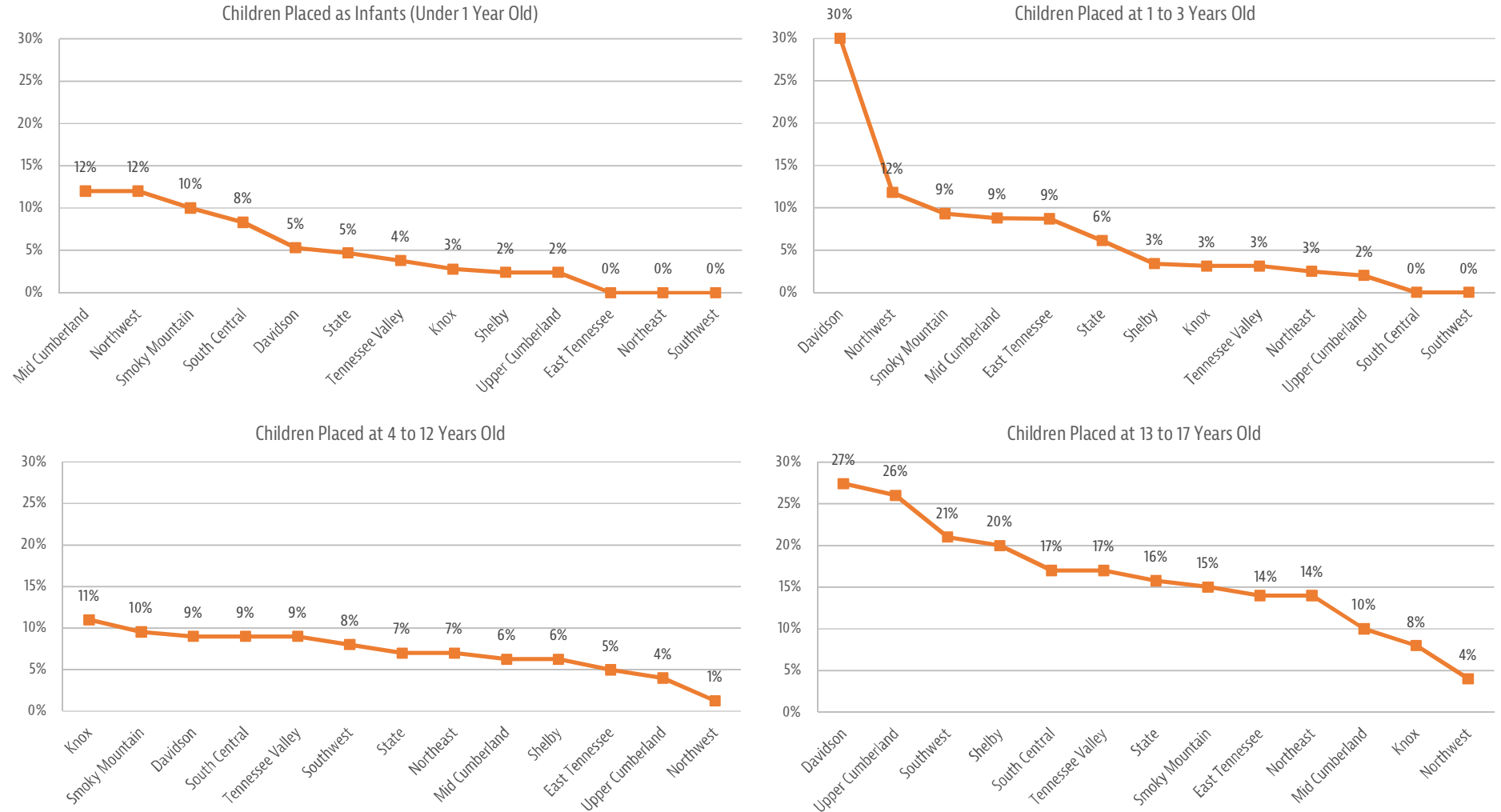
Figure 11: Reentry Rate by Age at Entry, Exits in SFY16-17 for First Admissions



Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

As shown in Figure 12, 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 (East Tennessee, Northeast, and Southwest) to 12 percent (Mid Cumberland and Northwest). For children placed between the ages of 1 to 3, reentry ranged from zero (South Central and Southwest) to 30 percent (Davidson). For children placed between the ages of 4 to 12, reentry ranged from one percent (Northwest) to 11 percent (Knox). Finally, for children placed as teenagers, the reentry rate ranged from four percent (Northwest) to 27 percent (Davidson).

Figure 12: Reentry Rate by Age at Entry and Region, Exits in SFY16-17 for First Admissions



Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

Change over time in reentry rates is found in Table 9, which shows how each region's reentry rate changed relative to other regions over the past five entry cohorts. Over the period, reentry rates ranged from a low of zero percent in several regions and age groups to a high of 26 percent in Davidson for teenagers in SFY15-16 and 4 to 12 year olds in SFY16-17. 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 SFY12-13. Then, the shading is provided as a guide to trends over time, with light orange indicating a relatively lower reentry rate and dark orange indicating a relatively higher reentry rate within one year.

For at least three of the past five entry years, Southwest was among the regions with the lowest reentry rates for infants and children 4 to 12 years old, and Upper Cumberland was among the regions with the lowest reentry rates for 1 to 3 year olds. Knox and Northeast were also consistently among the regions with the lowest reentry rates for infants, and South Central was consistently among the regions with the lowest reentry rates for children 1 to 3 years old.

Davidson was consistently among the regions with the highest reentry rates for all age groups except infants (there were no regions that consistently had among the highest reentry rates for infants). Northeast and Smoky Mountain were also consistently among the regions with the highest reentry rates for 1 to 3 year olds; South Central was consistently among the regions with the highest reentry rates for 4 to 12 year olds, and East Tennessee was among those regions for teenagers.¹⁵

¹⁵ See Appendix B for an analysis of reentry rates by race for SFY12-13 through SFY16-17.

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

Children Placed Under 1 Year Old						Children Placed at 1 to 3 Years Old					
Region	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17	Region	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17
State	6%	7%	5%	4%	5%	State	6%	6%	5%	5%	6%
Knox	0%	6%	0%	0%	3%	Knox	0%	5%	5%	2%	3%
Upper Cumberland	3%	9%	9%	13%	2%	Smoky Mountain	0%	13%	4%	12%	9%
Shelby	4%	7%	9%	5%	2%	Upper	3%	11%	4%	5%	2%
East Tennessee	4%	12%	12%	4%	0%	Southwest	4%	7%	0%	4%	0%
Mid Cumberland	5%	5%	0%	7%	12%	Northwest	5%	0%	3%	6%	12%
Davidson	5%	15%	16%	0%	5%	East Tennessee	7%	9%	12%	3%	9%
South Central	5%	11%	0%	0%	8%	Shelby	7%	2%	4%	3%	3%
Smoky Mountain	6%	5%	3%	4%	10%	Mid Cumberland	8%	1%	0%	7%	9%
Southwest	9%	0%	0%	0%	0%	Tennessee Valley	8%	13%	3%	4%	3%
Northeast	10%	0%	0%	0%	0%	Northeast	9%	2%	11%	7%	3%
Tennessee Valley	12%	5%	4%	6%	4%	Davidson	13%	5%	17%	13%	30%
Northwest	13%	6%	0%	4%	12%	South Central	15%	0%	0%	4%	0%

Children Placed at 4 to 12 Years Old						Children Placed at 13 to 17 Years Old					
Region	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17	Region	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17
State	7%	6%	5%	6%	7%	State	12%	13%	15%	13%	16%
Tennessee Valley	1%	8%	7%	8%	9%	Tennessee Valley	3%	19%	17%	9%	17%
Smoky Mountain	2%	6%	3%	5%	10%	Upper	6%	6%	10%	13%	26%
Upper Cumberland	4%	8%	4%	3%	4%	Mid Cumberland	6%	13%	17%	13%	10%
Knox	4%	4%	6%	0%	11%	South Central	9%	22%	16%	14%	17%
Mid Cumberland	5%	7%	3%	7%	6%	Smoky Mountain	9%	3%	13%	2%	15%
Northwest	6%	0%	10%	7%	1%	Knox	12%	11%	10%	15%	8%
East Tennessee	7%	10%	11%	6%	5%	Northeast	13%	16%	21%	10%	14%
South Central	8%	12%	4%	14%	9%	Shelby	13%	9%	10%	14%	20%
Shelby	10%	0%	6%	6%	6%	Davidson	16%	26%	22%	30%	27%
Southwest	11%	0%	3%	4%	8%	East Tennessee	19%	18%	18%	15%	14%
Northeast	12%	3%	2%	7%	7%	Southwest	22%	3%	8%	11%	21%
Davidson	19%	14%	8%	11%	9%	Northwest	22%	10%	17%	13%	4%

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

Light orange shading indicates that the region was among the regions with the lowest rates of reentry in at least three of the five fiscal years, and dark orange shading indicates that the region was among the regions with the highest rates of reentry in at least three of the five fiscal years.

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.¹⁶ Of the 308 youth who aged out during the first six months of 2018 and were not on runaway at the time of exit, 87 percent (269) met one or more of the achievement measures. This is a slight decline from prior performance presented in AC Report 1: 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.

The Process of Care

Investigation and Assessment Timeliness

This report includes two measures of the process and quality of the Department’s Child Protective Services (CPS) system’s response to allegations of abuse and neglect received by the Child Abuse Hotline (CAH): The time from the assignment of a report of abuse or neglect to the investigator or assessor and the investigator’s/assessor’s first face-to-face contact with the alleged victim (referred to as Priority Response) and the time to completion of the investigation or assessment.

Priority Response

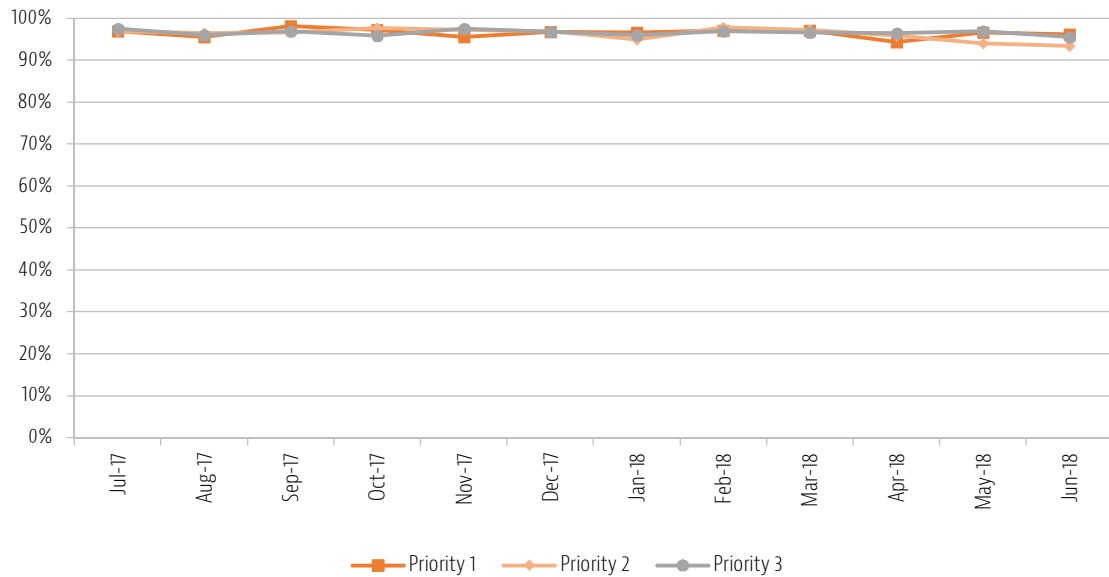
When a report of abuse or neglect is received by the CAH, the CAH worker uses the Priority Response Decision Tree in the Structured Decision Making (SDM) Manual to determine the priority response assignment (P-1, P-2, or P-3) based on critical safety and risk factors involved. As defined in DCS Policy 14.3, reports are assigned a Priority 1 response (P-1) when the child(ren) may be in imminent danger, and the investigator or assessor must initiate the investigation through face-to-face contact with the alleged victim(s) within 24 hours of the referral to the Child Abuse Hotline. Reports assigned a Priority 2 response (P-2) “allege injuries or risk of injuries that are not imminent, life-threatening or do not require medical care where a two (2) business day delay will not compromise the investigative effort or reduce the chances for identifying the level of risk to the child.” Reports assigned a Priority 3 response (P-3) “allege situations/incidents considered to pose low risk of harm to the child where three (3) business days will not compromise the investigative effort or reduce the chances for identifying the level of risk to the child.”¹⁷

Figure 13 presents the statewide percentage of investigations (including investigations handled by the Special Investigations Unit), by priority, opened each month from July 2017 through June 2018 in which there was a response meeting the applicable time frame that was correctly documented in TFACTS.

¹⁶ “Independent Living Transitional Survey Detail Report.”

¹⁷ Policy 14.3, “Screening, Priority Response and Assignment of Child Protective Services Cases,” is available at <https://files.dcs.tn.gov/policies/chap14/14.3.pdf>.

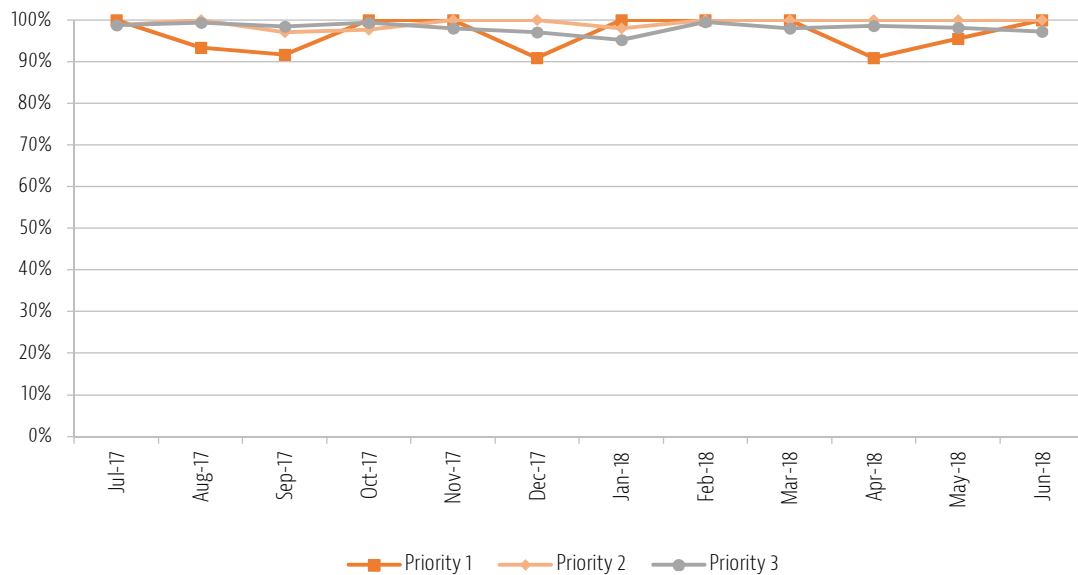
Figure 13: Percentage of Investigations Meeting Priority Response Time Frames



Source: Monthly DCS TFACTS Report, "CPS Referral Response by Priority, Investigations."

The vast majority of allegations of children being abused or neglected while in DCS custody are assigned to the Special Investigations Unit.¹⁸ Figure 14 presents performance on priority response for the Special Investigations Unit alone. Note that the number of P-1 investigations assigned to the Special Investigations Unit in a given month can be very small, resulting in greater fluctuation in the performance percentage from month to month.

Figure 14: Percentage of Special Investigations Meeting Priority Response Time Frames

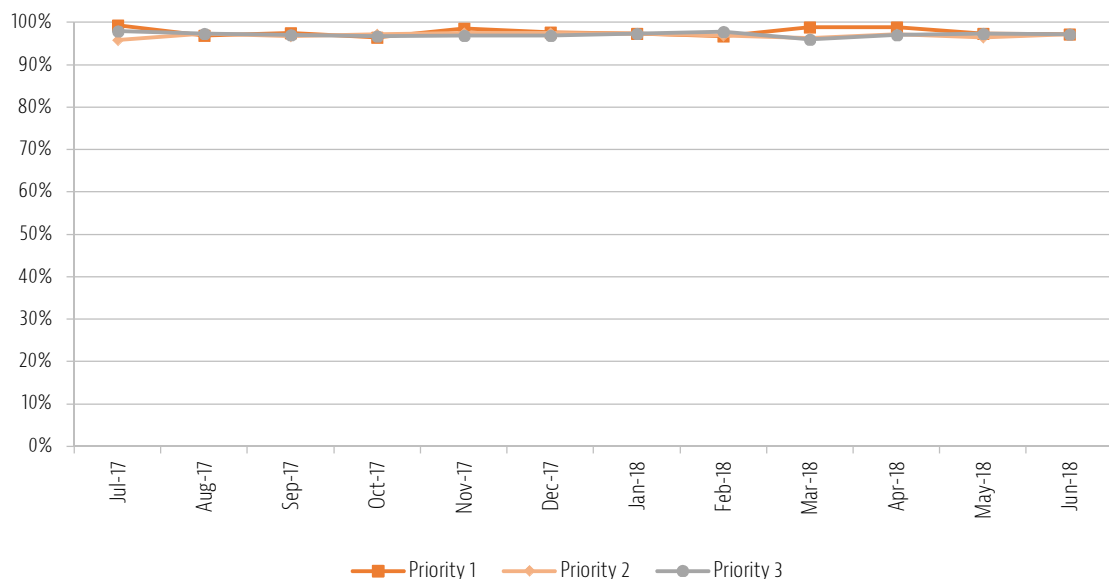


Source: Monthly DCS TFACTS Report, "CPS Referral Response by Priority, Investigations."

¹⁸ The small number of investigations where the alleged abuse and neglect occurred during the course of a home visit or runaway episode are handled by investigations staff, not by the Special Investigations Unit.

Figure 15 presents statewide performance on priority response for CPS assessments opened each month from July 2017 through June 2018.

Figure 15: Percentage of Assessments Meeting Priority Response Time Frames



Source: Monthly DCS TFACTS Report, "CPS Referral Response by Priority, Assessments."

Duration of Investigations and Assessments

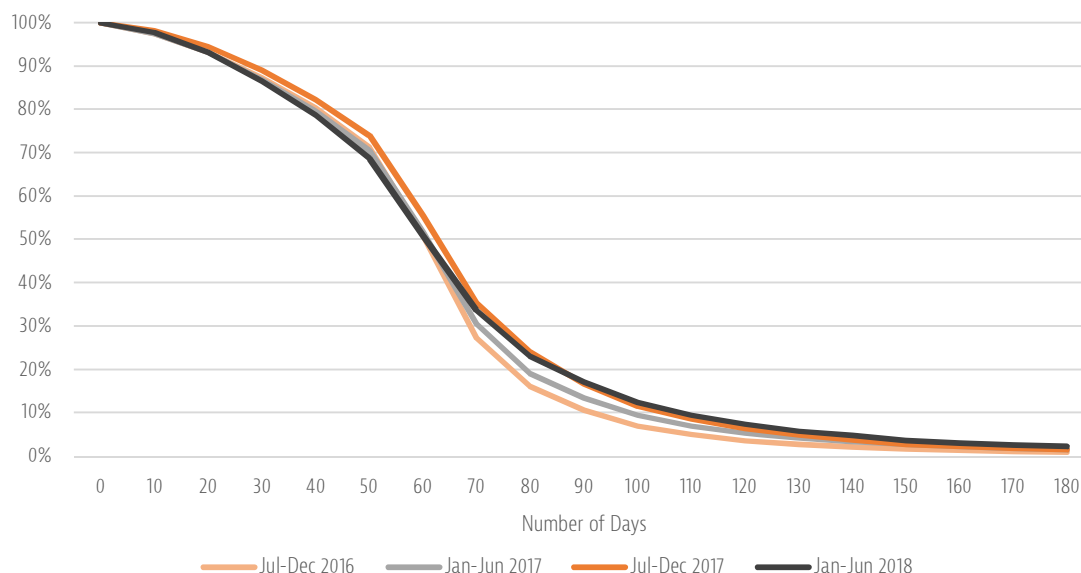
Under Tennessee law, investigations are expected to be completed within 60 days.¹⁹ However, the Department recognizes, and good practice dictates, that in some cases, a full, multidisciplinary investigation will require additional time to complete.

Figure 16 compares the duration in days as of August 22, 2018 for investigations that were initiated during four six-month windows: Between July 1, 2016 and December 31, 2016, between January 1, 2017 and June 30, 2017, between July 1, 2017 and December 31, 2017, and between January 1, 2018 and June 30, 2018. Each line shows how many investigations were still ongoing after each 10-day interval. For example, the figure shows that about 51 percent of investigations initiated in the most recent six-month window (between January 1, 2018 and June 30, 2018) were still ongoing after 60 days, but that percentage drops to 34 percent by 70 days and to 17 percent by 90 days. Investigations opened in the earliest window had the shortest durations, with about 50 percent of investigations initiated between July 1, 2016 and December 31, 2016 remaining open by 60 days, dropping to about 11 percent by 90 days.²⁰

¹⁹ Tennessee Code Annotated 37-1-406(i).

²⁰ About 11 percent of investigations initiated between January 1, 2018 and June 30, 2018 were still open as of August 22, 2018. Less than one percent of investigations initiated during the prior two six-month windows were still open as of August 22, 2018, and no investigations initiated during the last six months of 2016 were still open as of that date.

Figure 16: Duration of Investigations Initiated during Each Window



Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

Table 10 presents another way of looking at the duration of investigations—quartile durations. For investigations initiated during each six-month window, the table shows three pieces of information: the number of days that had elapsed at the point at which 25 percent of those investigations had closed (the 25th percentile), the number of days that had elapsed at the point at which 50 percent had closed (the 50th percentile, or median), and the number of days that had elapsed at the point at which 75 percent had closed (the 75th percentile).

This view also shows that the same pattern. Twenty-five percent of investigations initiated during the second half of 2016 closed within 46 days, 50 percent closed within 60 days, and 75 percent closed within 71 days. For investigations initiated during the first half of 2018, 25 percent closed within 43 days, 50 percent closed within 60 days, and 75 percent closed within 77 days.

Table 10: Quartile Durations in Days for Investigations Initiated during Each Window

Window	25 th Percentile	50 th Percentile	75 th Percentile
July-December 2016	46	60	71
January-June 2017	45	60	73
July-December 2017	49	62	78
January-December 2018	43	60	77

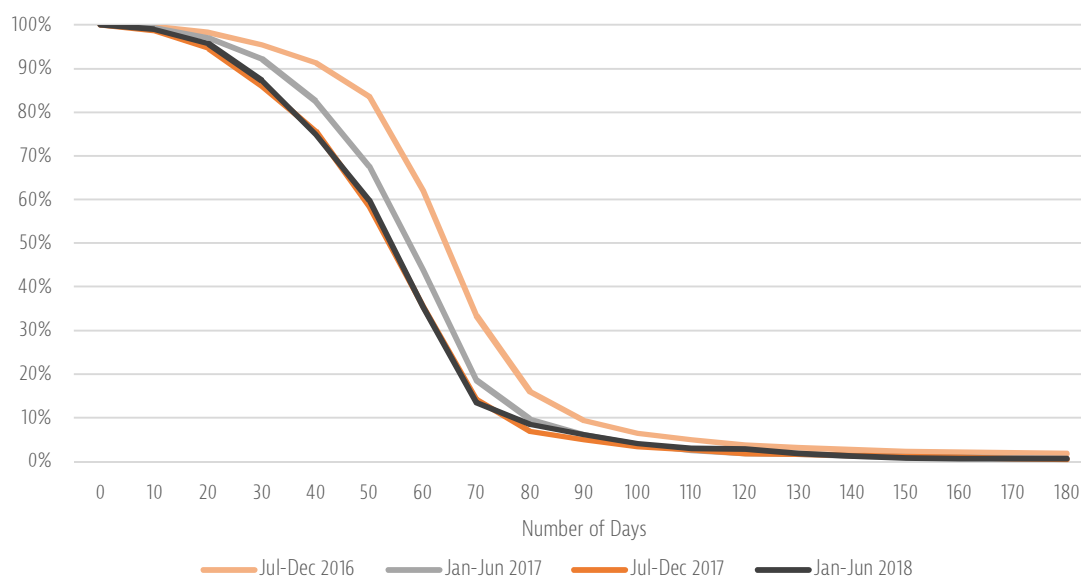
Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

A longer view of the data looking back over the duration of investigations beginning in calendar year 2013 through calendar year 2017 shows that the duration of investigations has been decreasing since 2013. It took 67 days for half of the investigations that opened during 2013 to close and 92 days for 75 percent of the investigations that opened during 2013 to close.

Figure 17 and Table 11 present the same analyses for special investigations initiated during those windows. As shown in Figure 17, speed of closure for special investigations increased over the span of the six-month windows shown. Of special investigations initiated during the last six months of 2016, about 62 percent

remained open by 60 days and about 10 percent remained open by 90 days. However, of special investigations opened between January 1, 2018 and June 30, 2018, only 35 percent remained open by 60 days, dropping to six percent by 90 days.²¹

Figure 17: Duration of Special Investigations Initiated during Each Window



Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

Table 11 presents the quartile durations in days for special investigations opened during each window. The decrease in duration of special investigations since July 2016 is also reflected in the table, which shows that of investigations opened during the second half of 2016, 25 percent closed within 56 days, 50 percent closed within 63 days, and 75 percent closed within 73 days. Of investigations opened during the first half of 2018, 25 percent closed within 40 days, 50 percent closed within 55 days, and 75 percent closed within 63 days.

Table 11: Quartile Durations in Days for Special Investigations Initiated during Each Window

Window	25 th Percentile	50 th Percentile	75 th Percentile
July-December 2016	56	63	73
January-June 2017	46	58	66
July-December 2017	40	55	63
January-June 2018	40	55	63

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

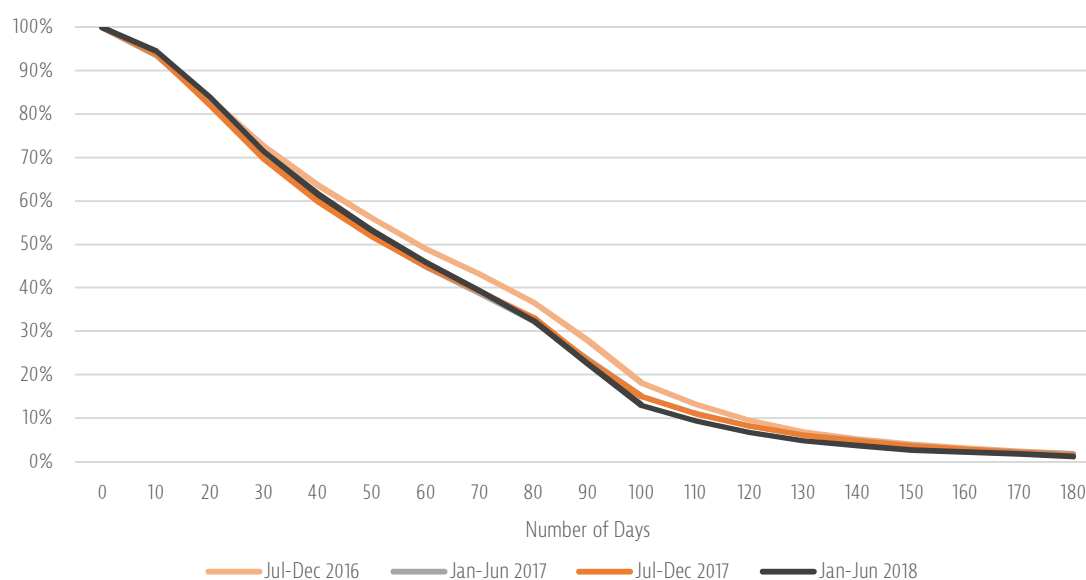
A longer view of the data looking back over the duration of special investigations beginning in calendar year 2013 through calendar year 2017 shows that the duration of special investigations increased from 2013 through 2015 but then decreased through 2017. It took 59 days for half of the special investigations that opened during 2013 to close and 67 days for half of the special investigations that opened during 2015 to close. The 75th

²¹ About four percent of investigations initiated between January 1, 2018 and June 30, 2018 were still open as of August 22, 2018. Only one investigation initiated during the prior six-month window was still open as of August 22, 2018, and no investigations initiated during the last six months of 2016 and the first six months of 2017 were still open as of that date.

percentile was 65 days for special investigations that opened during 2013 and 77 days for special investigations that opened during 2015.

DCS Policy requires cases assigned to the assessment track to be completed within 90 days. Figure 18 and Table 12 present the same analyses of duration for assessment cases as presented for investigations above. The duration of assessments has remained stable over the span of the three windows included in this analysis. Of assessments initiated during the last six months of 2016, about 50 percent remained open by 60 days and about 28 percent remained open by 90 days. Similarly, of assessments opened between January 1, 2018 and June 30, 2018, about 46 percent remained open by 60 days and about 23 percent remained open by 90 days.²²

Figure 18: Duration of Assessments Initiated during Each Window



Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

Quartile durations for assessments opened during each window are shown in Table 12. Of assessments opened during the second half of 2016, 25 percent closed within 28 days, 50 percent closed within 58 days, and 75 percent closed within 91 days. Of assessments opened during the first half of 2018, 25 percent closed within 27 days, 50 percent closed within 54 days, and 75 percent closed within 88 days.

Table 12: Quartile Durations in Days for Assessments Initiated during Each Window

Window	25 th Percentile	50 th Percentile	75 th Percentile
July-December 2016	28	58	91
January-June 2017	26	53	88
July-December 2017	25	52	88
January-December 2018	27	54	88

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

²² About nine percent of assessments initiated between January 1, 2018 and June 30, 2018 were still open as of August 22, 2018. Less than one percent of assessments initiated between January 1, 2017 and December 31, 2017 were still open as of August 22, 2018, and no assessments initiated during the last six months of 2016 were still open as of that date.

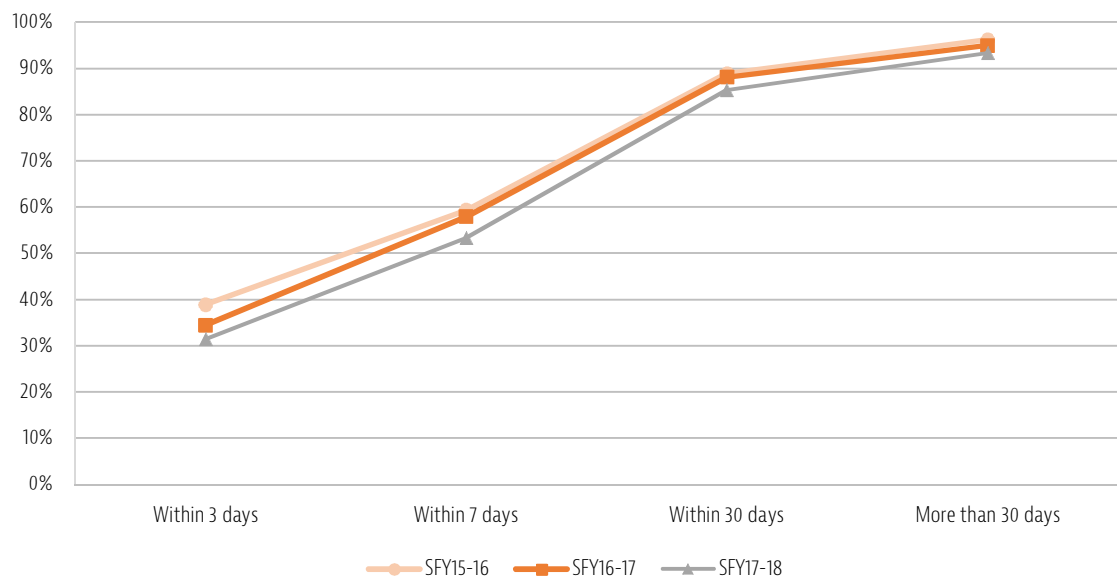
A longer view of the data looking back over the duration of assessments beginning in calendar year 2013 through calendar year 2017 shows that the duration of assessments has decreased over time. It took 71 days for half of the assessments that opened during 2013 to close and 120 days for 75 percent of the assessments that opened during 2013 to close.

Assessments of Wellbeing

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 19 below presents performance on this measure for the children entering custody during SFY15-16, SFY16-17, and SFY17-18 who remained in custody for at least three days. A total of 88 percent of children entering custody in SFY17-18 received an EPSDT assessment within 30 days of entering custody (the standard established by the *Brian A. Settlement Agreement*). Of children entering custody in SFY15-16 and SFY16-17, the percentage who received an EPDST within 30 days was 89 percent and 88 percent, respectively.

Figure 19: Cumulative Percentage of ESPDT Assessments Completed within Each Time Interval, Children Entering Care in SFY15-16, SFY16-17, and SFY17-18



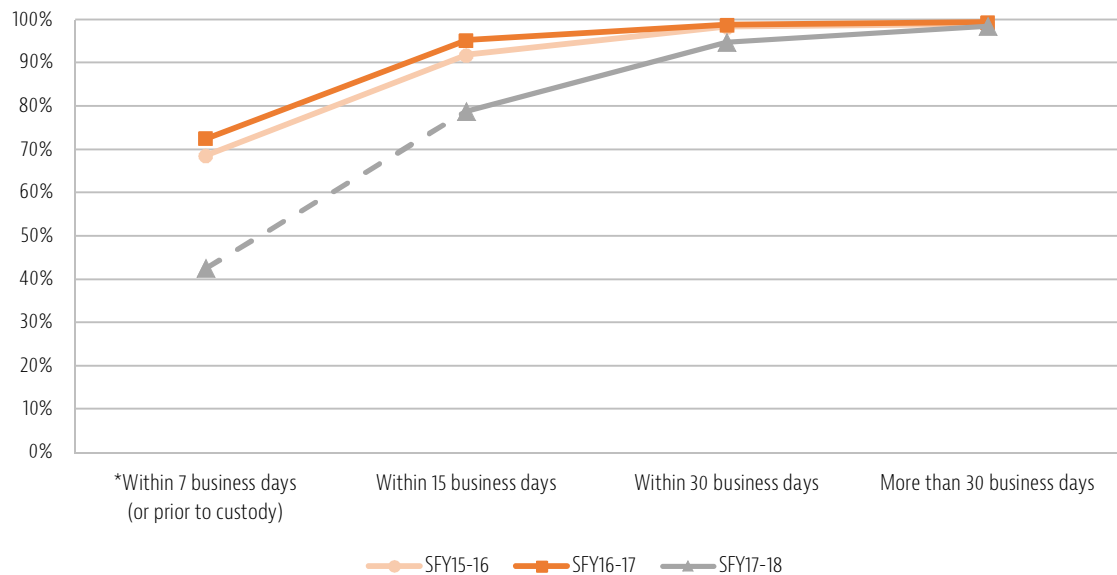
Source: TFACTS Report, "TAC New Custody EPSDT Medical Cohort."

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 20 below presents performance on this measure for the children entering custody during SFY15-16 through SFY17-18 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 SFY15-16, 99 percent of children entering custody in SFY16-17, and 95 percent of children entering in SFY17-18 had a CANS assessment completed within 30 business days of entering custody (the standard established by the *Brian A. Settlement Agreement*).

During SFY17-18, the Department revised the CANS assessment process (now called CANS 2.0) to require caseworkers to add narrative justification for all of the items.²³ The Department also modified policy to extend the time frame for completion of the initial CANS assessment from 7 business days to 15 business days.²⁴ These changes are reflected in the lower percentages of initial CANS completed within 7 business days and within 15 business days for children entering in SFY17-18 (43 percent and 79 percent, respectively).

Figure 20: Cumulative Percentage of Initial CANS Assessments Completed within Each Time Interval, Children Entering Care in SFY15-16 through SFY17-18



*As of SFY17-18, the Department no longer uses the 7 business day standard because of CANS 2.0.
Source: Monthly TFACTS Report, "Timeliness of Initial CANS Assessment."

Processes Related to Achieving Permanency

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*.²⁵ 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.²⁶

²³ In addition, the CANS 2.0 has some changes in the modules as well as which are required for every child or triggered by response to the question.

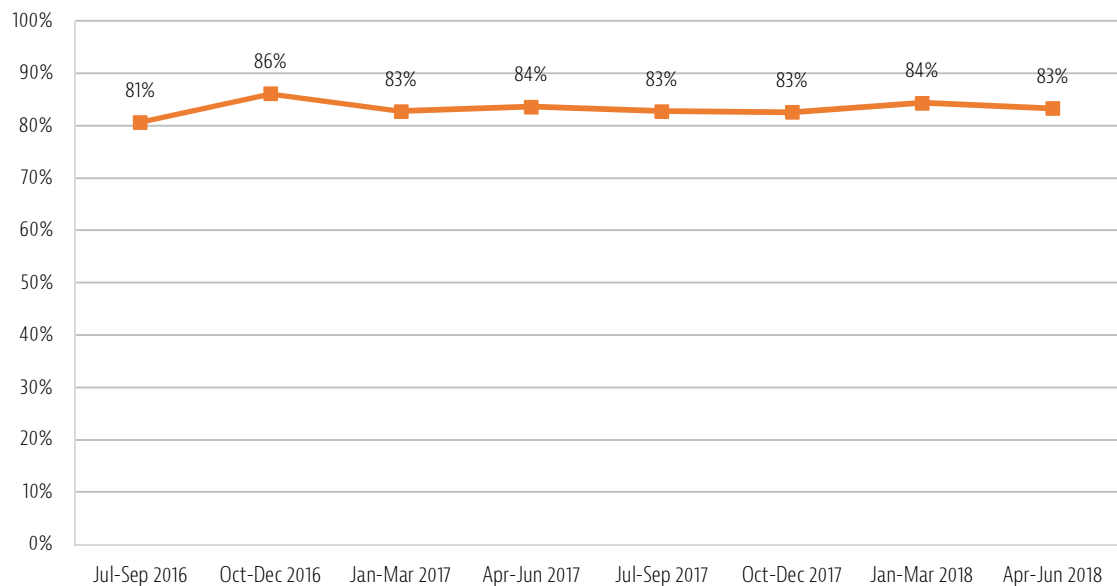
²⁴ The "CANS Case Protocol," supplement to DCS Policy 11.1, "Assessment Process and Tools," is available at <https://files.dcs.tn.gov/policies/chap11/CANSProtocol.pdf>.

²⁵ The Department is currently working on updates to the Practice Model and has temporarily removed it from its website.

²⁶ 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>.

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 21 below presents performance for each quarter during SFY16-17 and SFY17-18. As shown in the figure, performance has remained consistent over this period.

Figure 21: Children Who Had at Least One CFTM during the Quarter



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

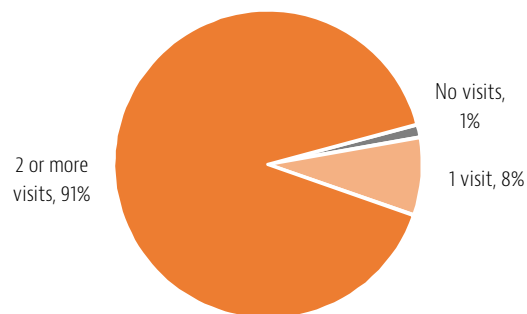
Case Manager Visits

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.²⁷ DCS produces a report from TFACTS that measures the number of face-to-face visits children receive from a case manager each month.

Figure 22 below presents, for children in custody each month, the average of monthly performance on this measure during SFY16-17 (reported in AC Report 1), and Figure 23 presents the average of monthly performance on the measure during SFY17-18. As reflected in the figures, performance during SFY17-18 is similar to performance during SFY16-17, previously reported by the AC. On average, about 90 percent of children receive at least two visits from a case manager, and slightly less than 10 percent receive one visit. The average percentage of children for whom no visits are documented each month is very small, at two percent or less.

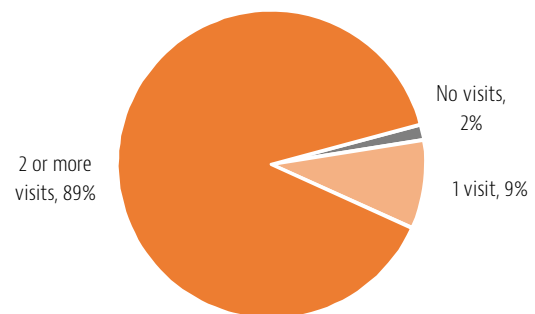
²⁷ This twice-per-month requirement is a simplified version of complex DCS policy requirements regarding visits that vary depending on whether the child is in a DCS placement or a private provider placement and on the length of time the child has been in the placement. DCS Policy 16.38, "Face-to-Face Visitation with Dependent and Neglected and Unruly Children in DCS Custody," is available at <https://files.dcs.tn.gov/policies/chap16/16.38.pdf>.

Figure 22: Frequency of Visits with a Case Manager,
Average of Monthly Performance between July
2016 and June 2017



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

Figure 23: Frequency of Visits with a Case Manager,
Average of Monthly Performance between July
2017 and June 2018



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.²⁸ Table 13 below compares, for the children first entering care in each fiscal year who had exited to reunification as of June 30, 2018, the number who had a THV prior to exit and the 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.²⁹

²⁸ 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."

²⁹ 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 56 days.

Table 13: Trial Home Visits for Children Exiting to Reunification, First Admissions by Fiscal Year

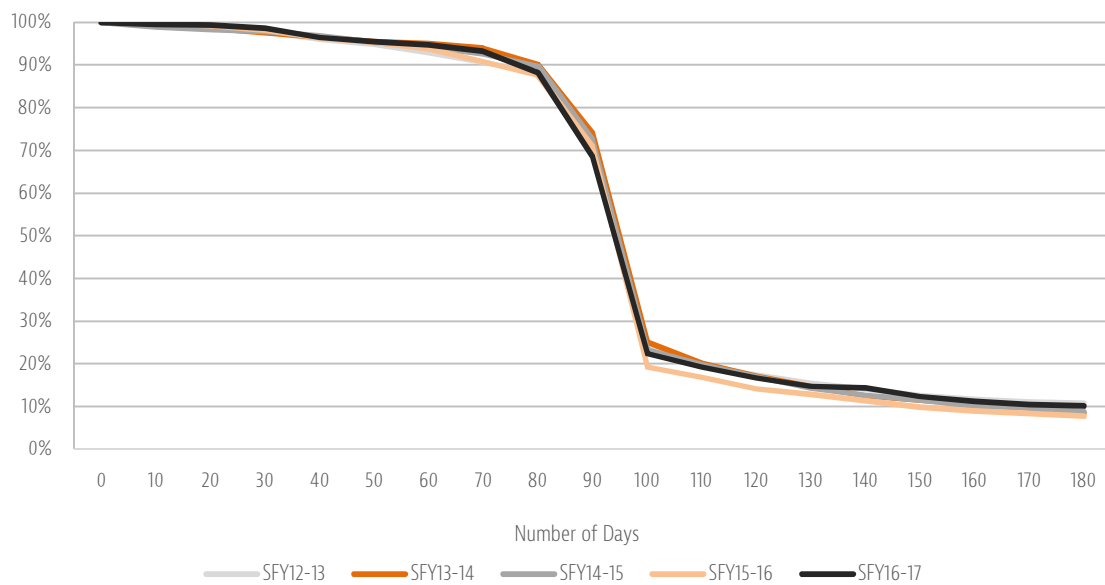
Fiscal Year of Entry	Exits to Reunification	Exits to Reunification Including THV	Exits to Reunification NOT Including THV
<i>Number</i>			
SFY12-13	2,240	1,573	667
SFY13-14	1,762	1,291	471
SFY14-15	1,747	1,280	467
SFY15-16	1,695	1,174	521
SFY16-17	1,648	1,134	514
<i>Percentage</i>			
SFY12-13	100%	70%	30%
SFY13-14	100%	73%	27%
SFY14-15	100%	73%	27%
SFY15-16	100%	69%	31%
SFY16-17	100%	69%	31%

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

For the THVs that began in each fiscal year, Figure 24 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 69 percent of THVs beginning in SFY16-17 were still ongoing after 90 days, but by 100 days, only about 22 percent were still ongoing.

The figure shows that the length of THVs beginning in SFY12-13 through SFY16-17 has remained consistent: fewer 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 11 percent of THVs remain open by 180 days.

Figure 24: Length of Trial Home Visits Beginning in Each Fiscal Year



Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

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, 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 14 shows that for the last several fiscal years, this is the case.

Table 14: Adoption Milestones

Fiscal Year	Number of Children with Sole Adoption Goal Assigned in Fiscal Year	Of Those, Number with a TPR Filing within 3 Months	Sole Adoption Goal to TPR Filing within 3 Months
SFY12-13	1067	919	86%
SFY13-14	1171	1008	86%
SFY14-15	1143	952	83%
SFY15-16	1095	977	89%
SFY16-17	983	881	90%

Fiscal Year	Number of Children with First TPR Filed in Fiscal Year	Of Those, Number with Full Guardianship in 8 Months	First TPR Filed to Full Guardianship within 8 Months
SFY12-13	1191	571	48%
SFY13-14	1169	563	48%
SFY14-15	1020	510	50%
SFY15-16	1075	577	54%
SFY16-17	1102	553	50%

Fiscal Year	Number of Children Reaching Full Guardianship in Fiscal Year	Of Those, Number of Children Adopted within 1 Year	Full Guardianship to Adoption within 1 Year
SFY12-13	1248	1012	81%
SFY13-14	1405	1063	76%
SFY14-15	1243	937	75%
SFY15-16	1349	1026	76%
SFY16-17	1299	1030	79%

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

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, 85 percent went on to be adopted by June 30, 2018. Of all the children for whom DCS became the sole guardian, 90 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.³⁰

Because the assignment of goals throughout the life of a case unfolds over time, and because PPLA goals tend to be assigned later in a child's custody stay, the percentage of children in a given cohort who are assigned a PPLA goal at some point in their custody stay can be accurately characterized only for cohorts in which most or all of the children have exited care. As of June 30, 2018, more than 97 percent of children entering care in SFY12-13 and SFY13-14 had exited care, and 94 percent of children entering care in SFY14-15 had exited.

Observing these cohorts, a very small percentage of children entering care each year are eventually assigned a PPLA goal at some point during their custody stay. Statewide, 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) was 1.4 percent for children entering during SFY12-13 and SFY13-14 and 1.0 percent for children entering during SFY14-15. The percentage of children ever assigned a sole permanency goal of PPLA was 0.9 percent for children entering during SFY12-13, 1.0 percent for children entering during SFY13-14, and 0.6 percent for children entering during SFY14-15. (The percentages for all three entry cohorts, but especially for SFY14-15, may increase slightly as the last children in those entry cohorts exit care.)

Most children who are assigned a PPLA goal enter custody as teenagers. As of June 30, 2018, only seven children entering care under age 13 between SFY12-13 and SFY17-18 were assigned a sole PPLA goal, and only 17 were assigned a concurrent PPLA goal. Table 15 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, at three percent in SFY12-13 and SFY13-14 and two percent in SFY14-15, and the percentage of teenagers assigned a sole or concurrent goal of PPLA was only slightly higher, at four percent in SFY12-13 and SFY13-14 and three percent in SFY14-15.³¹

³⁰ 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>.

³¹ The percentages of children assigned PPLA goals presented in this report are slightly higher than those presented in Report 1 because of an error in classification of permanency goals that resulted in a small number of PPLA goals being categorized as non-custody permanency goals. That error has been corrected in the data presented above.

Table 15: 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	Still in Care as of June 30, 2018
SFY12-13	1,798	74	46	0
SFY13-14	1,583	67	50	7
SFY14-15	1,547	45	30	45
SFY15-16	1,825	45	27	160
SFY16-17	1,915	38	20	442
SFY17-18	1,948	11	5	1056
SFY12-13	100%	4%	3%	0%
SFY13-14	100%	4%	3%	0%
SFY14-15	100%	3%	2%	3%
SFY15-16	100%	2%	1%	9%
SFY16-17	100%	2%	1%	23%
SFY17-18	100%	1%	0%	54%

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

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.³²

DCS produces a report from TFACTS³³ that measures the time from the occurrence of case activity to documentation of that activity in TFACTS case recordings. Of the 324,623 case recordings regarding foster care activities entered into TFACTS for children adjudicated neglected, abused, or unruly during SFY17-18, 271,844 (84 percent) were entered within 30 days of the case activity being documented. This is consistent with performance previously reported by the AC and the TAC. Of the 312,284 such case recordings entered into TFACTS during SFY16-17, 260,285 (83 percent) were entered within 30 days of the case activity being documented, as were 278,491 (85 percent) of the 329,188 such case recordings entered during SFY15-16.

³² DCS Policy 31.14, "Documentation of TFACTS Case Recordings," is available at <https://files.dcs.tn.gov/policies/chap31/31.14.pdf>.

³³ "Brian A. Timeliness of Case Recordings Report."

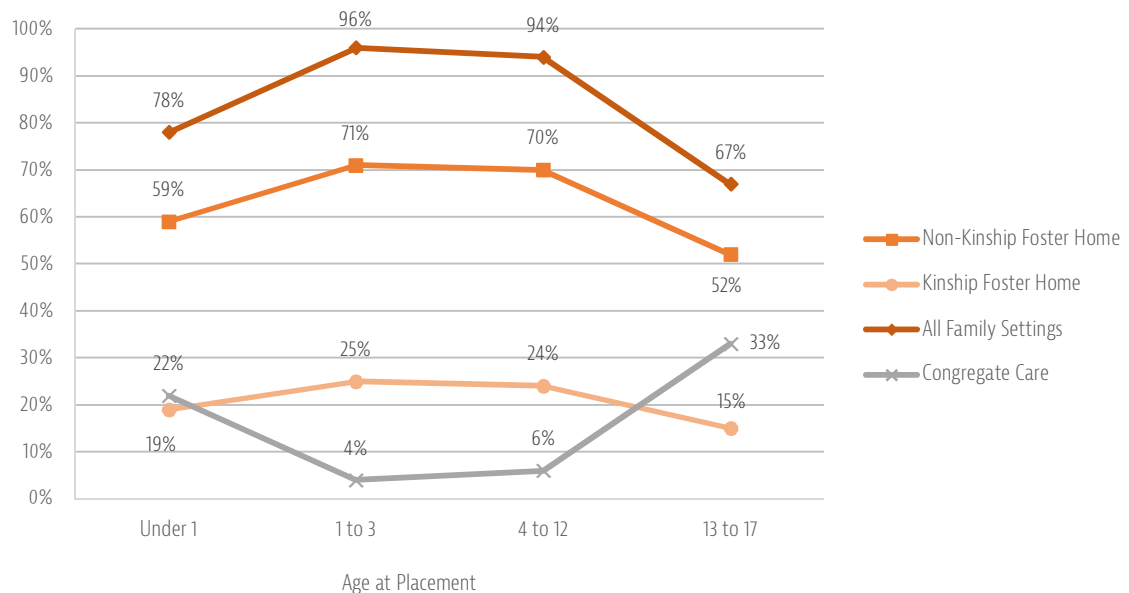
The Quality of Care

Placement Type and Placement Stability

Placement Type

Figure 25 below presents initial placement type by age at placement for the most recent completed fiscal year, SFY17-18.³⁴ 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 SFY17-18, 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 varies less based on age at placement (between 22 and 25 percent), except for a lower proportion of initial kinship placements among teenagers (15 percent). Placement in group care settings is most likely for teenagers (33 percent).

Figure 25: Initial Placement Type, First Admissions during SFY17-18



Source: CRW June 30, 2018, "Entry_First" tab.

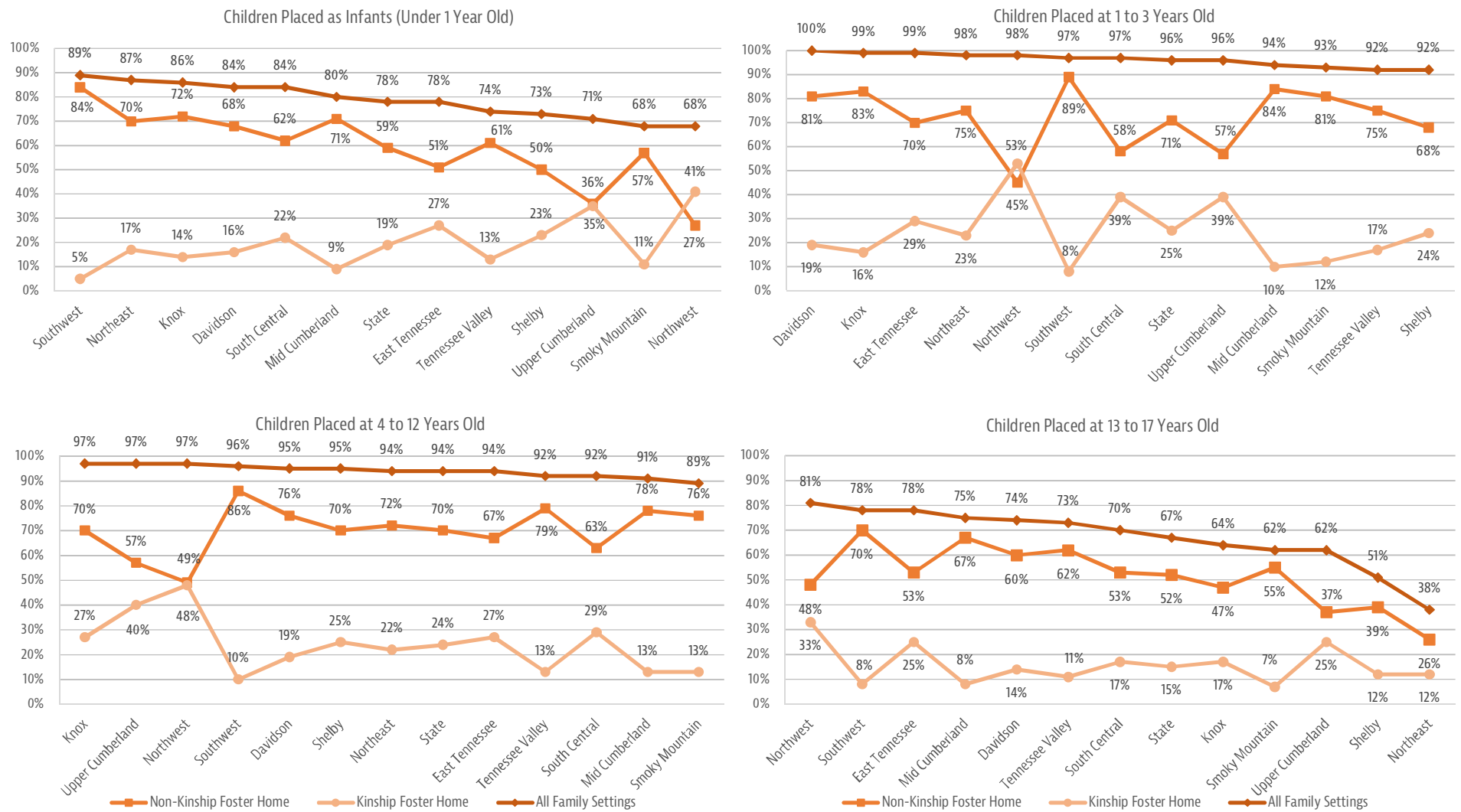
Figure 26 below presents initial placements in family settings by age at placement and region, including a breakout of non-kinship foster homes and kinship foster homes. The difference between the percent in family settings and 100 percent is the percent of children first placed in group care. When the 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, indicated by the dark orange line in each segment of the figure) for the first three age groups. For teenagers, a larger variation was observed, with 81 percent of teenagers from Northwest experiencing a family setting as an initial placement and 38 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 Mid Cumberland, Smoky Mountain, Southwest, and Tennessee

³⁴ The denominators, or number of first placements by age and by region, are presented in Table 3.

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, East Tennessee, and South Central are most likely to initially be placed in a kinship foster home.

Figure 26: Initial Placements in a Family Setting by Age at Placement and Region, First Admissions in SFY17-18



Source: CRW June 30, 2018, "Entry_First" tab.

Table 16 shows how each region's percentage of initial placements in family settings changed relative to other regions over the past six entry cohorts. Over the period, the percentage of initial placements in family settings ranged from a low of 38 percent in Northeast for teenagers entering care during SFY15-16 and SFY17-18 to a high of 100 percent in several regions and age groups. Each section of the table is sorted from highest to lowest percentage of initial placements in family settings in SFY12-13. Light orange shading indicates that the region was among the regions with the highest proportions of placements in a family setting over time, and dark orange shading indicates that the region was among the regions with the lowest proportions of placements in a family setting over time.

Table 16 shows that 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. Children age 4 to 12 in some entry cohorts in Smoky Mountain and Mid Cumberland are the only exceptions. At the state level, the percentage of teenagers placed in a family setting has decreased since SFY11-12 (presented in Report 1), hitting the lowest point in SFY16-17. The percentage of teenagers initially placed in family settings in Mid Cumberland, Davidson, Shelby, Upper Cumberland, South Central, and Northeast is lower in SFY17-18 than it was in SFY12-13. Smoky Mountain and Northeast were consistently among the regions with lowest percentage of initial placements of teenagers in family settings over this period. However, as shown in Figure 26, regions do vary in the percentage of children initially placed in kinship versus non-kinship family settings.

Table 16: 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	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17	SFY17-18	Region	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17	SFY17-18
State	72%	73%	78%	75%	78%	78%	State	97%	96%	96%	96%	97%	96%
Davidson	91%	83%	76%	78%	68%	84%	Southwest	100%	100%	98%	95%	100%	97%
Southwest	87%	80%	95%	83%	81%	89%	Tennessee Valley	100%	94%	96%	99%	97%	92%
Mid Cumberland	79%	76%	79%	80%	71%	80%	Northwest	100%	94%	92%	98%	97%	98%
Tennessee Valley	79%	75%	79%	77%	77%	74%	Knox	99%	100%	98%	97%	99%	99%
Northeast	77%	76%	79%	85%	85%	87%	South Central	98%	95%	92%	91%	96%	97%
South Central	71%	70%	74%	86%	84%	84%	East Tennessee	97%	100%	96%	99%	100%	99%
Knox	70%	74%	85%	65%	88%	86%	Upper Cumberland	97%	98%	99%	97%	96%	96%
Smoky Mountain	69%	58%	74%	67%	75%	68%	Smoky Mountain	97%	93%	86%	93%	98%	93%
Northwest	68%	68%	87%	75%	72%	68%	Northeast	96%	97%	97%	95%	96%	98%
East Tennessee	65%	80%	74%	80%	88%	78%	Davidson	96%	93%	100%	94%	92%	100%
Upper Cumberland	65%	75%	77%	78%	71%	71%	Shelby	96%	93%	93%	96%	95%	92%
Shelby	64%	70%	68%	67%	72%	73%	Mid Cumberland	95%	96%	100%	99%	97%	94%

Children Placed at 4 to 12 Years Old							Children Placed at 13 to 17 Years Old						
Region	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17	SFY17-18	Region	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17	SFY17-18
State	96%	96%	94%	94%	93%	94%	State	73%	70%	67%	69%	65%	67%
Davidson	99%	100%	99%	87%	95%	95%	Mid Cumberland	84%	77%	78%	73%	71%	75%
Knox	99%	98%	94%	96%	95%	97%	Davidson	82%	84%	71%	87%	75%	74%
Upper Cumberland	98%	98%	98%	96%	94%	97%	Northwest	80%	80%	78%	80%	79%	81%
South Central	98%	97%	96%	93%	89%	92%	Shelby	80%	70%	81%	87%	56%	51%
Tennessee Valley	98%	95%	95%	97%	96%	92%	Upper Cumberland	76%	75%	67%	64%	53%	62%
Northwest	98%	92%	96%	97%	97%	97%	South Central	75%	82%	84%	69%	69%	70%
Shelby	97%	97%	99%	99%	96%	95%	Southwest	74%	76%	71%	73%	82%	78%
Northeast	97%	97%	94%	90%	92%	94%	Tennessee Valley	74%	60%	54%	55%	69%	73%
Southwest	96%	99%	96%	94%	98%	96%	East Tennessee	73%	67%	68%	75%	70%	78%
Mid Cumberland	93%	94%	94%	89%	89%	91%	Knox	62%	62%	61%	58%	72%	64%
East Tennessee	92%	94%	96%	98%	97%	94%	Smoky Mountain	56%	57%	45%	61%	53%	62%
Smoky Mountain	91%	91%	79%	87%	86%	89%	Northeast	52%	51%	48%	38%	41%	38%

Source: CRW June 30, 2018, "Entry_First" tab.

Light orange shading indicates that the region was among the regions with the highest proportions of placements in a family setting in at least four of the six fiscal years, and dark orange shading indicates that the region was among the regions with the lowest proportions of placements in a family setting in at least four of the six fiscal years.

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 SFY17-18 in these six regions, Table 17 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 were differences in family placements by race. For teenagers entering care for the first time in SFY17-18, African American and white teenagers were about equally likely to be placed in a family setting in Davidson, Mid Cumberland, and Knox. However, white teenagers entering care for the first time in Shelby, Southwest, and Tennessee Valley were more likely to be placed in family settings than were African American teenagers. However, we observe a fair amount of volatility from year to year because of the small denominators. In seven out of 12 of these percentages, the denominator is under 50.³⁵

Table 17: Initial Placements in Family Settings by Type, Region, and Race,
First Admissions of Teenagers in SFY17-18

Region	Race and Ethnicity	All Family Settings	Initial Placement Type	
			Non-Kinship Foster Home	Kinship Foster Home
Shelby	African American	51%	38%	13%
	White	78%	67%	11%
Davidson	African American	78%	63%	15%
	White	75%	65%	10%
Mid Cumberland	African American	79%	74%	6%
	White	78%	68%	10%
Southwest	African American	68%	63%	5%
	White	80%	70%	10%
Tennessee Valley	African American	61%	61%	0%
	White	81%	64%	17%
Knox	African American	62%	50%	12%
	White	57%	46%	11%

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

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.

³⁵ For historical context, Appendix B includes a breakout of initial placements in family settings by race for prior years.

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. We present two different measures in this report: 1) The percentage of children who have experienced at least one placement move within the first 60 days of out-of-home placement and 2) the number of moves per 1,000 days in care for all placements during the year of placement. Each measure characterizes movement differently. The first measures early moves at the child level. The second measures the frequency of moves per day, which will capture multiple moves by the same child.

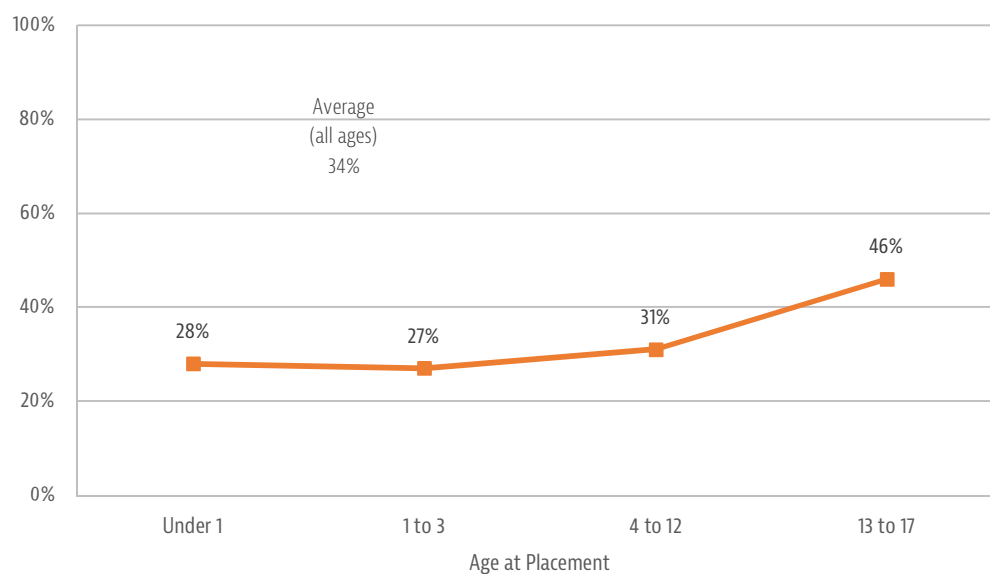
Both measures reflect similar findings that frequency of movement increases with the age at placement. Similar regions are highlighted as having either consistently low or high rates of movement, and in no case do the measures point in opposite directions at the regional level. However, the measure of movements per day does show a consistent increase over the last four fiscal years, and placement stability is addressed as an area of continuing work.

At Least One Move during the First 60 Days in Care

This measure calculates the number of children in each entry cohort who have experienced at least one placement move within the first 60 days of out-of-home placement. Since most moves happen early in a placement spell, this measure captures the period when children are the most likely to move.

As shown in Figure 27, the percentage of children entering care for the first time in SFY16-17 experiencing at least one placement move during the first 60 days is similar for infants and children ages 1 to 3 (at 28 percent and 27 percent, respectively), but increases to 31 percent for children ages 4 to 12 and to 46 percent for teenagers.

Figure 27: Percentage of Children Experiencing at Least One Placement Move during the First 60 Days of Placement, Fiscal Year of Entry, First Admissions in SFY16-17

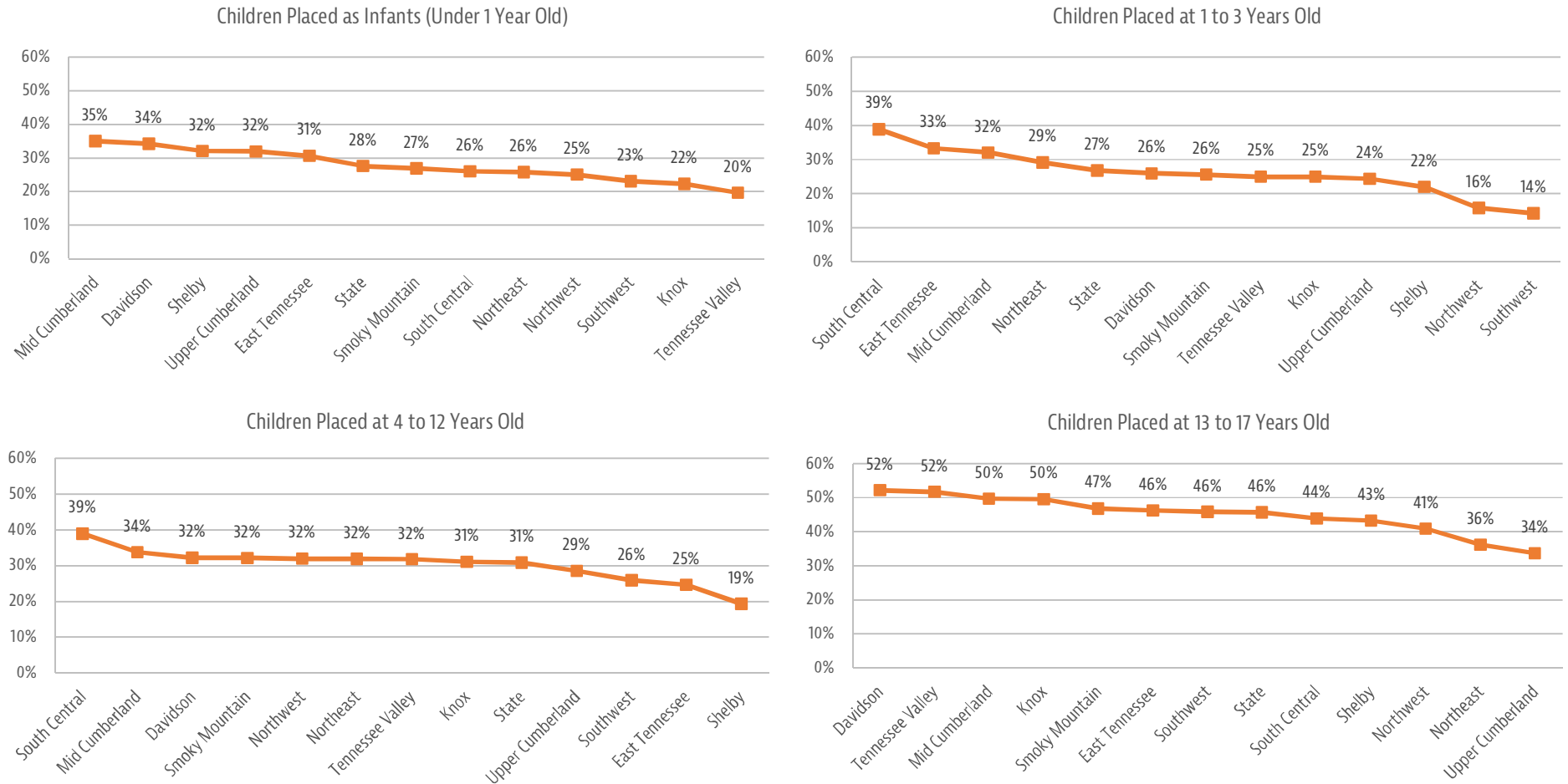


Source: CRW June 30, 2018, "CumulativeProb_Moves" tab.

Disaggregating the state data for SFY16-17 by region in Figure 28 below, we see that there was variation in the experience of movement by region across all age groups. Children of all ages in Mid Cumberland were among the most likely to experience a placement move during the first 60 days. Children in Davidson in all age groups

except 1 to 3 years old were also among the most likely to experience a placement move during the first 60 days. Among children ages 1 to 12, those in South Central were most likely to experience a placement move during this period.

Figure 28: Percentage of Children Experiencing at Least One Placement Move during the First 60 Days of Placement by Age at Entry and Region, First Admissions in SFY16-17



Source: CRW June 30, 2018, "CumulativeProb_Moves" tab.

Table 18 how each region's percentage of children who experience at least one placement move during the first 60 days changed relative to other regions over the past four entry cohorts. Over the period, the percentage of children who experienced at least one placement move during the first 60 days ranged from a low of six percent in Southwest for 1 to 3 year olds entering care during SFY13-14 to a high of 58 percent in Mid Cumberland for teenagers entering care during SFY13-14 and SFY15-16. Each section of the table is sorted from lowest to highest percentage of children in the SFY13-14 entry cohort experiencing at least one placement move during the first 60 days. The shading is once again provided as a guide to trends over time, with light orange indicating a relatively lower percentage of children experiencing at least one placement move during the first 60 days and dark orange indicating a relatively higher percentage of children experiencing at least one placement move during the first 60 days. At the state level, the percentage of children experiencing at least one move during the first 60 days may be slightly increasing among all age groups except infants, and additional years of data will be an important indicator.

Four regions consistently had relatively low percentages of children experiencing at least one placement move in the first 60 days (Tennessee Valley, Southwest, Shelby, and Upper Cumberland).

No region consistently had a relatively high percentage of infants experiencing at least one placement move during the first 60 days. Smoky Mountain and Mid Cumberland were consistently among the regions with the highest percentage of children experiencing at least one placement move during the first 60 days for 4 to 12 year olds and teenagers, and South Central was consistently in this group for children age 1 to 12. Davidson was also consistently among the regions with the highest percentage for teenagers.³⁶

³⁶ Appendix B includes performance on this measure by race for SFY13-14 through SFY16-17.

Table 18: Percentage of Children Experiencing at Least One Placement Move during the First 60 Days in Care 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	SFY13-14	SFY14-15	SFY15-16	SFY16-17	Region	SFY13-14	SFY14-15	SFY15-16	SFY16-17
State	32%	30%	33%	28%	State	21%	23%	27%	27%
Southwest	18%	38%	30%	23%	Southwest	6%	17%	15%	14%
Northwest	26%	27%	32%	25%	Shelby	14%	15%	12%	22%
Tennessee Valley	26%	27%	23%	20%	East Tennessee	17%	26%	30%	33%
Knox	26%	25%	41%	22%	Upper Cumberland	18%	25%	18%	24%
Shelby	28%	38%	34%	32%	Knox	19%	17%	35%	25%
East Tennessee	29%	39%	33%	31%	Northeast	20%	22%	23%	29%
Davidson	31%	24%	28%	34%	Tennessee Valley	21%	32%	31%	25%
Upper Cumberland	33%	31%	30%	32%	South Central	23%	35%	35%	39%
South Central	33%	22%	40%	26%	Northwest	23%	27%	12%	16%
Northeast	39%	23%	27%	26%	Davidson	24%	8%	40%	26%
Mid Cumberland	41%	26%	35%	35%	Smoky Mountain	26%	38%	33%	26%
Smoky Mountain	49%	32%	45%	27%	Mid Cumberland	38%	17%	27%	32%

Children Placed at 4 to 12 Years Old					Children Placed at 13 to 17 Years Old				
Region	SFY13-14	SFY14-15	SFY15-16	SFY16-17	Region	SFY13-14	SFY14-15	SFY15-16	SFY16-17
State	27%	28%	34%	31%	State	43%	42%	46%	46%
Southwest	13%	9%	28%	26%	Upper Cumberland	30%	30%	41%	34%
Upper Cumberland	15%	24%	31%	29%	Northwest	33%	46%	38%	41%
Northeast	18%	25%	27%	32%	Shelby	35%	45%	31%	43%
Shelby	19%	34%	19%	19%	Knox	36%	59%	49%	50%
Davidson	26%	27%	48%	32%	Northeast	38%	44%	43%	36%
Tennessee Valley	30%	25%	33%	32%	South Central	39%	41%	54%	44%
Northwest	31%	29%	24%	32%	Southwest	41%	33%	33%	46%
South Central	32%	41%	44%	39%	East Tennessee	42%	31%	31%	46%
East Tennessee	34%	15%	39%	25%	Tennessee Valley	43%	42%	52%	52%
Knox	34%	25%	31%	31%	Davidson	44%	49%	52%	52%
Smoky Mountain	35%	42%	38%	32%	Smoky Mountain	56%	52%	56%	47%
Mid Cumberland	40%	33%	44%	34%	Mid Cumberland	58%	41%	58%	50%

Source: CRW June 30, 2018, "CumulativeProb_Moves" tab.

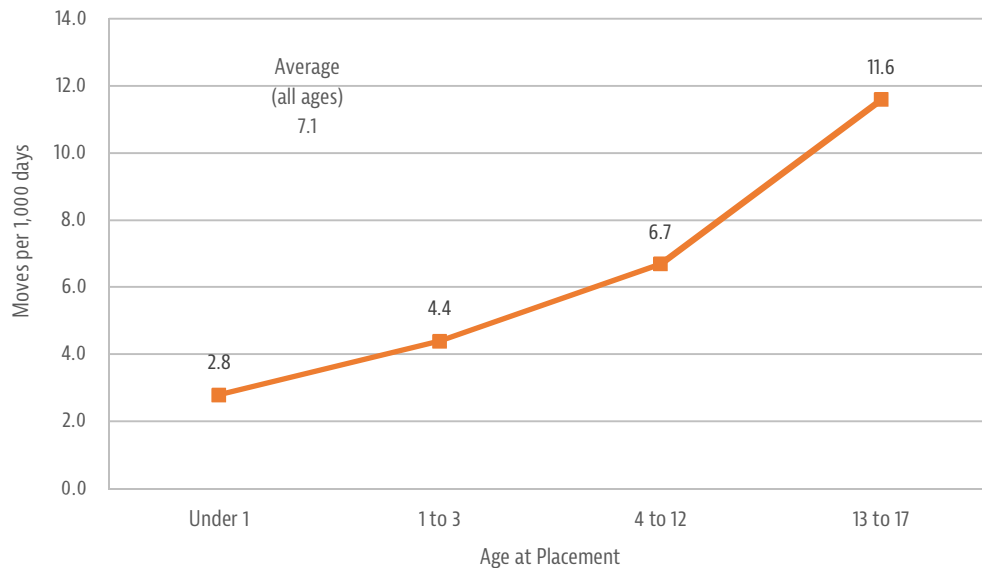
Light orange shading indicates that the region was among the regions with the lowest percentage of children experiencing at least one placement move in the first 60 days in at least three of the four fiscal years, and dark orange shading indicates that the region was among the regions with the highest percentage of children experiencing at least one placement move in the first 60 days in at least three of the four fiscal years.

Rate of Moves per 1,000 Days

Another view of placement stability (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.³⁷ For example, a child whose spell took place from September 1, 2017 to April 1, 2018 and moved twice would contribute two moves to the numerator and 212 days to the denominator. A child whose spell began on May 1, 2018 and was still in care on June 30, 2018 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 29, the number of moves per 1,000 days of care increases with age at admission for all entrants in SFY17-18, from a low of 2.8 moves per 1,000 days for those entering care as infants to 11.6 moves per 1,000 days for those entering care as teenagers.

Figure 29: Moves per 1,000 Days by Age at Entry, Fiscal Year of Entry, All Admissions in SFY17-18

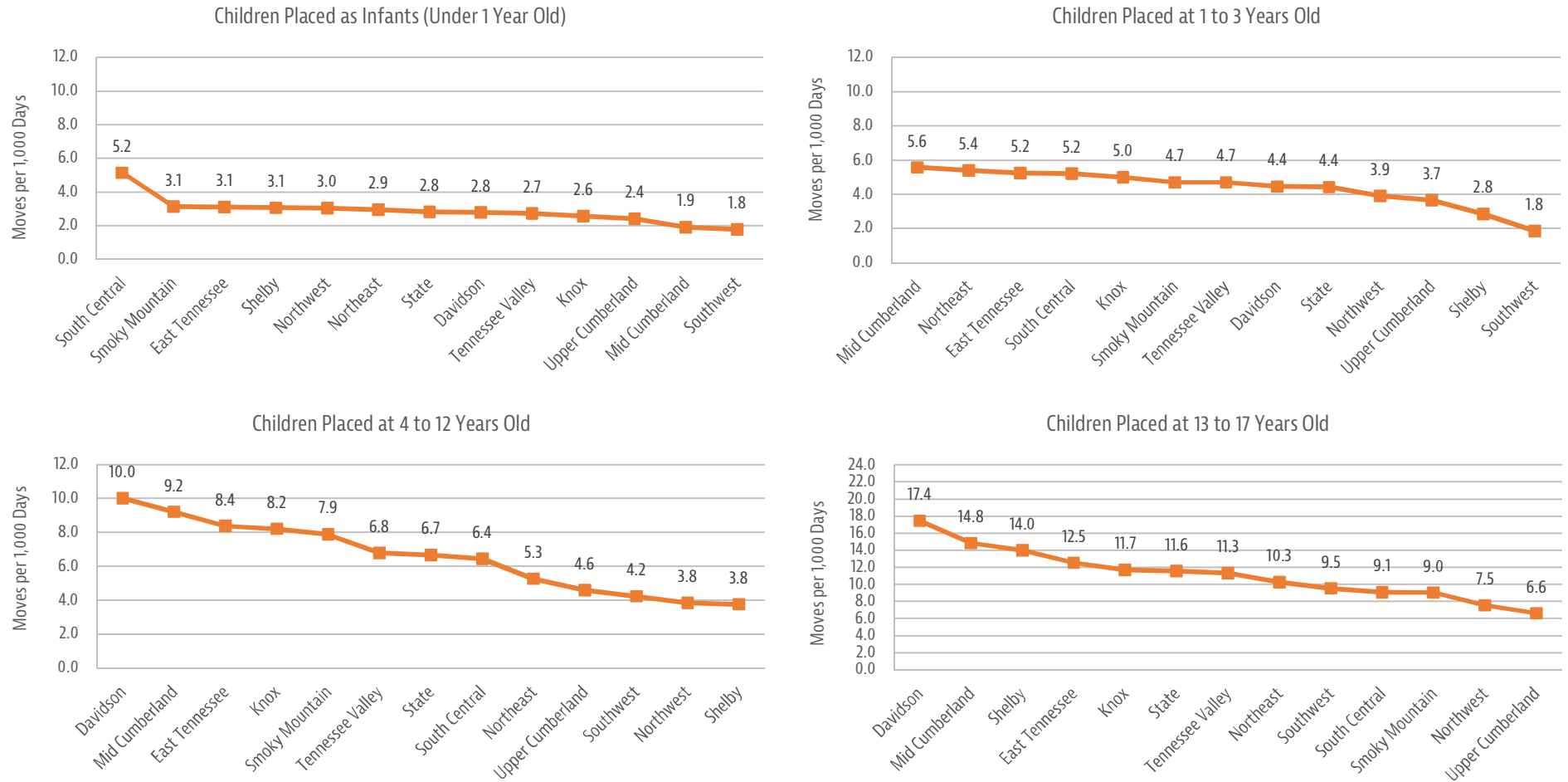


Source: CRW June 30, 2018, "PlacementStab" tab.

Disaggregating the state data for SFY17-18 by region in Figure 30 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.

³⁷ To be consistent with the federal measure, all entrants are included, not just first entrants.

Figure 30: Moves per 1,000 Days by Age at Entry and Region, All Admissions in SFY17-18



Source: CRW June 30, 2018, "PlacementStab" tab.

Table 19 shows rates of movement per 1,000 days by region and age group for the past six entry cohorts, allowing us to see how each region's rate of moves per 1,000 days changed relative to other regions over the past six entry cohorts. Over the period, the rate of moves per 1,000 ranged from a low of 0.4 moves per 1,000 days in South Central for infants entering care during SFY13-14 and SFY14-15 to a high of 23.4 moves per 1,000 days for teenagers entering care during SFY15-16 in Davidson county. Each section of the table is sorted from lowest to highest rate of moves per 1,000 days in SFY12-13. Light orange shading indicates that the region was among the regions with the lowest rate of moves per 1,000 days over time, and dark orange shading indicates that the region was among the regions with the highest rate of moves per 1,000 days over time. At the state level, the number of moves per 1,000 days has increased for the past three entry cohorts among all age groups except infants. In addition, the number of moves per 1,000 days for was higher for infants entering in SFY17-18 than in prior years.

Table 19 shows that children ages 1 to 12 entering care in Southwest have consistently had among the lowest rates of moves per 1,000 days since SFY13-14. Children entering care at ages 4 to 12 in Shelby county and teenagers entering care in Northeast, Upper Cumberland, and Northwest have consistently had among the lowest rates of moves per 1,000 days compared to children of those ages in other regions.

In contrast, children ages 0 to 12 in East Tennessee have consistently had among the highest rates of moves, as have children ages 1 to 17 in Mid Cumberland. Children ages 4 to 12 in Davidson have had the highest rates of movement in the state since SFY14-15, and teenagers in Davidson have had the highest rates of movement in the state for the past six entry cohorts.³⁸

³⁸ Appendix B includes performance on this measure by race for SFY13-14 through SFY17-18.

Table 19: 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	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17	SFY17-18	Region	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17	SFY17-18
State	2.2	2.1	2.0	2.1	2.1	2.8	State	3.7	3.4	3.6	3.6	4.0	4.4
Knox	1.1	2.1	2.2	2.3	2.3	2.6	Northwest	0.9	3.8	3.4	2.2	1.8	3.9
Davidson	1.5	2.5	0.9	1.1	2.8	2.8	Tennessee Valley	1.9	2.0	4.9	3.8	3.9	4.7
Tennessee Valley	1.8	1.4	1.6	1.2	1.3	2.7	Knox	2.5	4.5	2.7	4.1	3.4	5.0
Southwest	2.0	2.6	4.4	1.7	1.4	1.8	Davidson	2.6	4.6	4.3	6.2	5.0	4.4
East Tennessee	2.1	3.8	3.1	2.1	3.8	3.1	Shelby	3.6	2.5	3.2	2.3	2.9	2.8
Shelby	2.2	1.3	2.8	1.6	2.1	3.1	East Tennessee	3.7	4.4	4.5	4.3	4.9	5.2
Northwest	2.3	1.2	2.0	2.6	0.9	3.0	Upper Cumberland	3.8	3.2	3.9	2.6	3.4	3.7
Northeast	2.5	1.6	0.9	2.5	1.9	2.9	Northeast	3.8	2.2	2.7	3.6	4.4	5.4
Mid Cumberland	2.7	3.3	1.4	3.1	2.2	1.9	Southwest	4.5	2.2	2.5	2.4	2.6	1.8
Upper Cumberland	2.8	2.6	1.4	1.8	2.1	2.4	South Central	4.6	1.5	3.3	4.4	7.3	5.2
Smoky Mountain	2.8	2.2	2.5	2.8	1.9	3.1	Smoky Mountain	5.2	4.3	4.4	3.2	3.4	4.7
South Central	3.8	0.4	0.4	2.4	2.6	5.2	Mid Cumberland	6.0	4.4	3.3	4.2	5.3	5.6

Children Placed at 4 to 12 Years Old							Children Placed at 13 to 17 Years Old						
Region	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17	SFY17-18	Region	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17	SFY17-18
State	5.2	5.1	5.0	5.8	5.9	6.7	State	8.9	9.1	9.1	11.0	11.1	11.6
Davidson	3.6	6.8	7.3	11.2	10.4	10.0	Southwest	6.7	6.9	7.4	6.9	9.5	9.5
Shelby	3.9	3.8	4.6	4.4	3.9	3.8	Northeast	7.1	6.7	7.0	8.3	8.1	10.3
Northwest	4.2	5.3	5.4	4.6	4.9	3.8	Upper Cumberland	7.4	5.6	6.6	7.5	7.9	6.6
Northeast	4.3	3.1	4.4	5.3	5.6	5.3	Northwest	7.6	6.8	7.5	5.6	7.2	7.5
Upper Cumberland	4.4	3.6	5.1	4.4	4.9	4.6	Smoky Mountain	8.0	9.1	7.4	9.6	8.3	9.0
Knox	4.5	7.1	5.2	6.1	6.0	8.2	South Central	8.4	7.9	10.0	10.5	8.1	9.1
South Central	5.2	4.0	7.6	5.8	5.7	6.4	East Tennessee	8.6	9.5	9.2	9.9	10.9	12.5
Tennessee Valley	5.3	4.6	3.8	5.3	6.0	6.8	Mid Cumberland	9.2	11.9	11.0	14.1	13.2	14.8
Southwest	5.7	2.7	1.9	4.4	4.6	4.2	Tennessee Valley	9.7	11.0	8.8	11.8	10.0	11.3
Smoky Mountain	5.8	5.7	5.3	6.0	6.5	7.9	Shelby	9.8	7.9	8.8	9.9	11.8	14.0
East Tennessee	7.2	6.9	4.3	6.7	5.3	8.4	Knox	11.2	9.6	10.4	11.5	10.1	11.7
Mid Cumberland	7.5	7.9	5.9	8.0	6.8	9.2	Davidson	12.3	15.0	13.8	23.4	22.7	17.4

Source: CRW June 30, 2018, "PlacementStab" tab.

Light orange shading indicates that the region was among the regions with the lowest rate of moves per 1,000 days in at least four of the six fiscal years, and dark orange shading indicates that the region was among the regions with the highest rate in at least four of the six fiscal years.

Placement Experience

Resource Home Placements Exceeding Capacity

DCS Policy 16.46 outlines the standards for placement of children and requires justification and prior approval on a Placement Exception Request (PER) form by the Regional Administrator (or designee) for any placement that departs from those placement standards.³⁹ The standards related to placements in foster homes that require a PER are the following:

- ▶ Any placement that results in more than five children in a home, including birth, adopted, and foster children of all ages (standard set by the Council on Accreditation).
- ▶ Any placement that results in more than two children under the age of two in a home, including birth, adopted, and foster children of all ages (standard set by the Council on Accreditation).
- ▶ Any placement that results in more than two medically fragile children or children requiring Level 2 or Level 3 placement services in a home.
- ▶ Any placement that results in the separation of siblings from one another.

The Department's PER process is designed to distinguish between exceptions to the placement standards that were made in the best interest of the children involved (for example, instances in which the number of children placed in the home exceeds the standard but all children in the home are part of a sibling group) and exceptions that were made because of a lack of available foster homes to accommodate the child(ren). TAC case reviews in 2016 found that DCS procedures were resulting in appropriate exceptions to the placement standards.

However, DCS does not track the total number of children in the home, both foster children and other children, a potentially dynamic number. To shed light on the possible issue of overcrowding, Table 20 shows, for the group of children entering care in SFY14-15 observed through December 31, 2017, the proportion of care days these children spent in foster homes as the only foster child, as one of two foster children, three foster children, four foster children, five foster children, or six or more foster children. The same analysis is repeated for foster children under two. Note that these analyses are aggregating the number of days with each number of foster children in a home. As children come and go from a home, or as children themselves move, they may experience foster care with different numbers of other foster children over the course of one spell. This analysis totals all the days experienced with different numbers of children in the home to understand the prevalence of each experience.

The TAC measured the proportion of foster children in a home at one point in time (December 2016) and found that at the time, 13 percent of children were in a home with more than three foster children and four percent were in a home with more than six foster children. Because the number of children in a home is dynamic, the AC used TFACTS data to measure the proportion of days children experience in homes with other foster children, and what proportion of days. In SFY13-14, at total of 5,029 children were placed in out-of-home care for the first time. Of these children, 4,930 experienced at least one day in a foster or kinship home and experienced a total of 1.5 million days in foster care through June 30, 2018, including first and subsequent spells. About one quarter of these days were experienced as the only foster child in the home. Thirty-three percent of these days were experienced as one of two foster children in the home and 27 percent were experienced as one of three foster children in the home. Together, this accounted for 84 percent of all days experienced. The remaining 16 percent of days were experienced as one of four or more foster children in the home. Note that in

³⁹ DCS Policy 16.46, "Child/Youth Referral and Placement," is available at <https://files.dcs.tn.gov/policies/chap16/16.46.pdf>.

more than 80 percent of cases where siblings enter care together, siblings are placed together.⁴⁰ Many of these children were placed together as part of an intact sibling group. These results were similar to the TAC results from the point-in-time samples.

Table 20: Number of Foster Care Days by Number of Foster Children in the Foster Home, SFY14-15 First Placements, All Spells, Observed through December 31, 2017⁴¹

Number of Other Foster Children In Home	Number of Days	Percent of Days
Only Foster Child in Home	377,732	24%
One of Two Foster Children in Home	517,856	33%
One of Three Foster Children in Home	426,055	27%
One of Four Foster Children in Home	170,688	11%
One of Five Foster Children in Home	55,513	4%
One of Six or More Foster Children in Home	18,683	1%
Total Days	1,566,527	100%

Source: TFACTS/Chapin Hall Administrative Data through December 31, 2017.

Using the same approach, the AC examined the proportion of care days for children placed under the age of two spent in foster homes as the only foster child under the age of two, as one of two foster children under the age of two, or one of three or more foster children under the age of two. In SFY13-14, at total of 945 children under the age of two were placed in out-of-home care for the first time. Of all days in foster care used by these children when they were under two, 80 percent of days were as the only foster child under two and 19 percent of days were as one of two foster children under the age of two. One percent of days were spent as one of three foster children under the age of two and a very small number of days were spent as one of four children under the age of two.

Table 21: Number of Foster Care Days by Number of Foster Children Under 2 in the Foster Home, SFY14-15 First Placements, All Spells, Observed through December 31, 2017⁴²

Number of Other Foster Children In Home	Number of Days	Percent of Days
Only Foster Child Under 2 in Home	234,139	80%
One of Two Foster Children Under 2 in Home	54,243	19%
One of Three Foster Children Under 2 in Home	3,442	1.2%
One of Four Foster Children Under 2 in Home	317	0.1%
Total Days	292,150	100%

Source: TFACTS/Chapin Hall Administrative Data through December 31, 2017.

Congregate Care Placement for Children Under 6 Years Old

Consistent with previous reporting by the TAC, a small number of children under the age of 6 are placed in congregate care. We reported in our first report that between January 1, 2016 and December 31, 2017, four

⁴⁰ See Table 24 in the "Maintaining Family Connections" section below.

⁴¹ Eleven percent of these children were still in care as of December 31, 2017.

⁴² Nine percent of these children were still in care as of December 31, 2017.

children were placed in congregate care at the age of 5. Two of these children were still in those placements as of June 30, 2018, one had been reunified with family, and one had stepped down to a foster home placement. The length of time in congregate care to date ranged from one month to 74 months. As with any congregate placement, an evaluation and approval process was completed prior to placement in order to ensure that these placements met the child's needs. There were no additional placements of a child under 6 in congregate care during the first six months of 2018.

Overnight Placement in DCS Offices

When children enter DCS custody, significant effort is made to ensure that they are placed in the most appropriate, least restrictive setting to meet their needs. At times, the most suitable placement may not be currently available, may be far away, or may not be initially located. In those cases, DCS seeks to find an appropriate temporary placement for the child. Sometimes, however, such temporary placements cannot be found. This may occur because of the child's unique needs, because of the time of day, because appropriate options have already been allocated to other children, or because of other, unique circumstances. When all other alternatives have been exhausted, children may stay overnight in a DCS office. Because the Department seeks to minimize the use of these placements, they are tracked in TFACTS and monitored by the Deputy Commissioner for Child Programs.

Table 22 shows the total number of overnight office placements that occurred during SFY12-13 through SFY17-18, broken out by their duration in days. The number of overnight office placements that occurred during each fiscal year showed a sudden increase between SFY14-15 and SFY15-16. The number of overnight office placements reached a high point of 144 during SFY16-17 and decreased to 127 during SFY17-18. The vast majority of overnight office placements—now 99 percent—lasted one day, and a small percentage in the past lasted two days.

Table 22: Overnight Office Placements by State Fiscal Year and Duration (in Days)

Calendar Year	1 day	2 days	3 days	4 days	5 days	6 days	Total Placements
<i>Number</i>							
SFY12-13	90	1	0	0	0	0	91
SFY13-14	84	7	0	0	0	0	91
SFY14-15	56	2	0	0	0	2	60
SFY15-16	128	5	1	3	0	0	137
SFY16-17	144	6	2	0	0	1	153
SFY17-18	127	0	0	0	1	0	128
<i>Percentage</i>							
SFY12-13	99%	1%	0%	0%	0%	0%	100%
SFY13-14	92%	8%	0%	0%	0%	0%	100%
SFY14-15	93%	3%	0%	0%	0%	3%	100%
SFY15-16	93%	4%	1%	2%	0%	0%	100%
SFY16-17	94%	4%	1%	0%	0%	1%	100%
SFY17-18	99%	0%	0%	0%	1%	0%	100%

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

Use of Restraint and Seclusion

Minimizing children's experiences of restraint and seclusion is a key part of providing high-quality out-of-home care. The AC is charged to review how DCS conducts regular reviews of this practice and to make appropriate

comment in public reporting. Last modified in July 2016 and available to the public, DCS Policy 19.11 defines restraint and seclusion and provides rigorous, comprehensive standards regarding the use of restraint and seclusion.⁴³ In addition, DCS Policy 1.4 requires that an "Incident Report" (IR) must be entered into the TFACTS Incident Reporting module for any use of restraint or seclusion.⁴⁴ This allows DCS to track the number of restraint and seclusion incidents by type, level (defined below), private provider, and facility.

Each restraint or seclusion incident is categorized as Level 1 or Level 2 based on its duration. The level assigned determines the depth of review required for the incident, as described further below. Incidents of restraint lasting less than 15 minutes and seclusion lasting less than 30 minutes are assigned to Level 1, and incidents of restraint lasting 15 minutes or more and seclusion lasting 30 minutes or more are assigned to Level 2.

Table 23 below presents the number of incidents of restraint and seclusion involving children who were adjudicated neglected, abused, or unruly, by level, reported each quarter for the 18-month period between July 2016 and June 2018.

Table 23: Quarterly Number of Incidents of Restraint and Seclusion by Level

Calendar Quarter	Level 1			Level 2			Grand Total ⁴⁵
	Restraint	Seclusion	Total Level 1	Restraint	Seclusion	Total Level 2	
July-September 2016	1,257	35	1,292	253	61	314	1,606
October-December 2016	1,040	32	1,072	272	38	310	1,382
January-March 2017	1,018	32	1,050	228	24	252	1,302
April-June 2017	1,084	44	1,128	266	42	308	1,436
July-September 2017	1,235	45	1,280	229	76	305	1,585
October-December 2017	1,132	31	1,163	235	71	306	1,469
January-March 2018	1,347	24	1,371	255	32	287	1,658
April-June 2018	1,092	9	1,101	269	31	300	1,401

Source: DCS CQI analysis of TFACTS incident reporting data.

The Department relies on multiple interwoven CQI processes to understand, manage, and monitor the use of restraint and seclusion for children in its custody:

1. For Level 1 incidents, CQI staff conduct a review of the documentation of a random sample of restraints and seclusions (one per 10 incidents of all types occurring at each facility during each calendar quarter) focused on whether the facts set forth in the incident report supported the use of

⁴³ Policy 19.11, "Use of Physical Restraint and Seclusion," is available at <https://files.dcs.tn.gov/policies/chap19/19.11.pdf>.

⁴⁴ Policy 1.4, "Incident Reporting," is available at <https://files.dcs.tn.gov/policies/chap1/1.4.pdf>.

⁴⁵ Note that children can be represented more than once. The unduplicated count of children who had at least one restraint or seclusion incident of any level in a given quarter is approximately 300.

restraint or seclusion. (The revised sampling and review process is described in detail in the Incident Reporting Review Manual.⁴⁶)

All of the 209 reviewed for the period between July 1, 2017 and December 31, 2017 appeared to be appropriate (an additional 171 incidents of other types were included in the review, for a total sample size of 380 incidents for the period). This is consistent with previous reviews by the TAC and the Department, which found one inappropriate restraint per random sample. CQI staff are currently reviewing the sample of incidents that occurred during the first half of 2018.

2. For Level 2 incidents, the regional mental health clinicians (MHCs), under the supervision of the Psychology Director, are responsible for the initial review and investigation. In addition, any restraint or seclusion, regardless of duration, that results in an injury to a child requires review and response by the DCS nurses assigned to each region (health unit nurses). If a particular child is the subject of multiple incident reports, the reviewer is expected to review all prior incidents, without regard to the level of those previous incidents, to ensure that the child is receiving appropriate care.

As part of their review, the regional MHCs and health unit nurses are expected to examine the circumstances of the specific incident and take appropriate action in response to any concerns about the particular use of physical restraint or seclusion. If the reviewer suspects that the incident reflects a broader problem with the child's treatment plan or the therapeutic milieu of the facility, he or she refers the issue to the Psychology Director for follow-up, which can include a referral to the Provider Quality Team (the Department's structure for monitoring of private providers). The reviewer then documents any actions taken in response to their review into TFACTS.

For 81 percent (473) of the 587 Level 2 incidents of restraint and seclusion reported between January 1 and June 30, 2018, the reviewer indicated that, upon review of the documentation entered into TFACTS, no follow-up was necessary. The reviewer indicated that additional information was requested for an additional 19 percent (113 incidents), and the reviewer indicated that he or she had forwarded a concern about either the handling or the documentation of one incident (0.2 percent) to the Psychology Director for follow-up.

3. The Central Office Incident Reporting CQI Circle, which meets at least quarterly, brings together regional and Central Office CQI staff to review reports from the Incident Reporting administrative data. Through these reviews of data, the Central Office IR CQI Circle seeks to identify concerning patterns or trends in restraint and seclusion incidents (among other incident types) by level, provider, and placement. The team also reviews administrative data reports on the timeliness of IR documentation and the timeliness of the response process for Level 2 incidents, described above, to identify opportunities for improvement of the incident reporting documentation and response processes.

During the 2018 quarterly meetings, based on review of the data, the team identified seven providers for special focus regarding their incident reporting practice and implemented a corrective action plan with one of those providers. The team also requested a modification to TFACTS reporting on the review process for Level 2 incidents (discussed above) to facilitate monitoring of the review process at

⁴⁶ The Incident Reporting Review Manual is available at <https://files.dcs.tn.gov/policies/chap1/IRRManual.pdf>. A listing of all incident types and their definitions is available at <https://files.dcs.tn.gov/policies/chap1/TermsDefIncidents.pdf>.

the regional level, and the team implemented a tracking process to understand whether under-reporting of incidents is a problem for certain facilities, providers, or incident types.

Psychotropic Medication

Last modified in August 2011 and available to the public, DCS Policy 20.18 requires DCS and private providers to “regulate the handling and administration of psychotropic medications in accordance with professional standards of care, good security practices, and appropriate state and federal laws.”⁴⁷ The policy defines the therapeutic use of psychotropic medication, including circumstances in which use of psychotropic medication is prohibited, and outlines required procedures for prescription, informed consent, administration, storage, and disposal of psychotropic medications. In addition, the policy requires that the DCS regional nurses document in TFACTS any prescription, dosage change, or discontinuation of psychotropic medication, as well as informed consent for the medication.

The Department has continued to partner with the Vanderbilt Center of Excellence (COE) to review some prescriptions. A “red flag team” including COE Psychiatric Mental Health Nurse Practitioners supported by a child psychiatrist and regional nurses discusses prescriptions where the number of medications prescribed, the combination of medications, the specific type or brand of medication, or the age of the child for whom the medication is being prescribed warrant special scrutiny.⁴⁸ In SFY17-18, these teams conducted 247 initial reviews of children’s medication regimens and 55 secondary reviews of medication regimens that had been previously reviewed. The team’s review resulted in disapproval of a particular medication regimen in 13 percent of the 247 cases reviewed for the first time.

At the system level, DCS currently evaluates the prevalence of the use of psychotropic medication by obtaining, on an annual basis, lists of children from TennCare, Tennessee’s Medicaid provider, who had prescriptions filled for psychotropic medications during any of the previous 12 months. These lists are matched to lists of children in custody to determine what proportion of children with at least one day in custody had at least one psychotropic medication prescription filled in that same year and to compile other statistics such as type of drug, frequency of prescription during the year, and other characteristics available in the placement data.

During 2017, the proportion of children with at least one day in care with at least one psychotropic medication prescription was 28 percent. This is a slight decline from reporting by the AC and the TAC for calendar years 2015 and 2016, when the proportion was 31 percent and 32 percent, respectively. Looking at the 2017 population by age at the time of the prescription, these figures were six percent for children ages 0-5, 29 percent for children ages 6-10, 43 percent for children ages 11-14, and 54 percent for children ages 15-17. According to the same report, the average number of medications was just under two, and the majority of medication types were antidepressants (32 percent) and stimulants (27 percent).

However, as DCS recognizes, this current way of understanding this important issue is very limited. First, these current measures likely overstate the use of psychotropic medications because they include a point-in-time population which will consist of more long-staying children who might be more likely to have behavioral health issues to be addressed. Second, the measure also does not account for children who were already on such medications when they entered or reentered state custody, or changes in the use of these medications during custody, such as the likelihood that a child will start on a psychotropic medication during placement.

⁴⁷ Policy 20.18, “Psychotropic Medication,” is available at <https://files.dcs.tn.gov/policies/chap20/20.18.pdf>.

⁴⁸ Red flag cases are those where prescriptions are for more than two medications of the same class, are for more than four medications, exceed the maximum dose, or are for a child under age 6.

DCS takes a multi-pronged approach to red flag prescribing. DCS Regional Nurses conduct an initial review and ongoing monitoring of psychotropic medication prescriptions for children and youth in DCS custody. The Department also collaborates with the Vanderbilt Center of Excellence (COE) who reviews red flag prescribing and makes recommendations to the DCS Regional Nurse. Additionally, during the tenure of DCS's previous Deputy Commissioner of Child Health, the peer-to-peer messenger project was conceived and the statistical model was developed by the Vanderbilt Biostatistics team. This model identifies physicians who are outliers among their peers with respect to a number of red flag prescriptions. Numerous variables are corrected for as part of the model, such as age, gender, race, commitment region, DCS level of care, percent poverty associated with removal address, and CANS severity score. In other words, it is possible to identify physicians whose red flag prescriptions exceed those of peers, even after taking into account the complexity of the youth's picture, level of care, poverty level, etc. The "zone" of focus was set at three standard deviations outside the norm.

The next step was to create a peer-to-peer messenger model in which prescribers' peers within their agency would approach them and nonjudgmentally point out the prescription patterns of the physician in question along with the patterns of his or her peers. Safety science literature indicates that this awareness alone is often sufficient to create change in behavior. The Department's previous Deputy Commissioner of Child Health made significant efforts to create consensus among external team members, such as Blue Care and TennCare, that these patterns of prescribing were indeed worthy of follow-up and that the appropriate method of follow-up was a peer-to-peer messenger model. The one physician on the team expressed some skepticism, and recommended more prescribing professionals be engaged in the group.

Upon assuming the role in January 2018, the Department's current Executive Director of Child Health joined this team and after a period of acclimation to the role, began work on this project. The Executive Director of Child Health increased efforts to create consensus among team members by inviting additional prescribers to the table, including additional physicians from Blue Care, and physicians or Nurse Practitioners from TennCare, Vanderbilt, and the Tennessee Chapter of the American Academy of Pediatrics (TNAAP). Through a series of focused meetings with this cohort, along with the Vanderbilt Biostatistics team, the model was scrutinized repeatedly and all questions discussed in full. Building consensus was still a challenge after several iterations of this process. The statistical model was adjusted multiple times per the team's recommendations to fine-tune the risk factors adjusted for. The increase in prescriber representation from one individual to eight has been crucial to engaging professionals like those targeted in the proposed intervention and in fine-tuning the model leading to that intervention.

Ultimately, the concept was identified that prescribers be presented with the same data but using a different framework. In this framework, prescribers would be provided with their data along with that of the average prescriber, and would be asked to reflect upon what systems and other barriers with which they could use assistance. This approach will allow prescribers both to reflect upon their prescribing behavior and to identify possible external factors leading to the prescribing pattern. For example, a physician at a residential treatment center could offer that if the milieu is chaotic at night, youth may require more sleep aids. This would in turn be an area to examine with the administration of that facility. This concept created immediate consensus among physicians and nurse practitioners at the table, forging a pathway to move forward with an intervention. The concept was presented to a group of pediatricians with TNAAP, and it was received very positively. Following that meeting, the Vanderbilt team conducted analyses to identify which prescribers are outliers, along with their mean and median number of red flags, and which agencies they represent.

The team's next steps are to receive adjusted data from the Managed Care Organization that holds the prescription data for DCS (Magellan) and run updated analyses, planned for first quarter 2019. The Vanderbilt COE Nurse Practitioners will then review the updated data to identify physicians and will develop a process to report this information back to DCS, planned for first and second quarter of 2019. The workgroup will continue

meeting regularly to develop messaging to identified prescribers with a goal of beginning this intervention in the second quarter of 2019.

The Department has kept all of its informed consent policies and practices in place since the last report. Given the complexity of this issue, DCS will continue to address it as a CQI issue moving forward.

Maintaining Family Connections

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 24 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.⁴⁹

Table 24: Initial Placement of Siblings Together, by Fiscal Year and Region

Region	SFY12-13	SFY13-14	SFY14-15	SFY15-16	SFY16-17	SFY17-18
State	81%	83%	82%	82%	82%	80%
Davidson	89%	73%	88%	71%	73%	73%
East Tennessee	88%	89%	88%	74%	91%	83%
Knox	89%	85%	81%	84%	72%	71%
Mid Cumberland	87%	91%	92%	90%	93%	90%
Northeast	85%	80%	82%	88%	74%	84%
Northwest	74%	74%	73%	75%	81%	79%
Shelby	67%	79%	71%	72%	77%	72%
Smoky Mountain	76%	80%	82%	85%	87%	76%
South Central	83%	91%	72%	87%	83%	79%
Southwest	71%	82%	84%	72%	84%	69%
TN Valley	84%	84%	71%	83%	77%	83%
Upper Cumberland	84%	88%	92%	89%	89%	87%

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

Parent-Child Visits

Chapter 16 of DCS 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 without an allowable exception based on the best interest of the child.^{50 51} TFACTS data on parent child visits

⁴⁹ Appendix B includes performance on this measure by race for SFY12-13 through SFY17-18.

⁵⁰ Policy 16.43, “Supervised and Unsupervised Visitation between Child/Youth, Family, and Siblings,” is available at <https://files.dcs.tn.gov/policies/chap16/16.43.pdf>.

⁵¹ The Settlement Agreement provisions regarding parent-child visits allowed similar 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 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

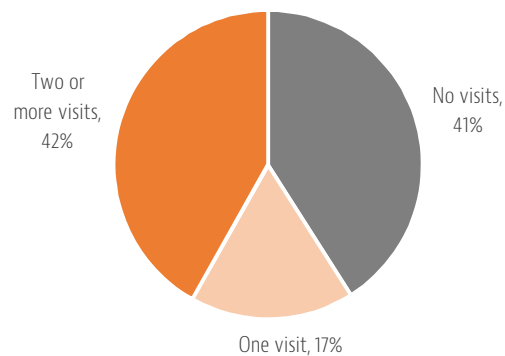
has two main shortcomings. First, while policy allows for exceptions to the parent-child visit requirement, the percent of children calculated from TFACTS as receiving a parent-child visit includes children who would be exempt from the requirement due to an exception. Second, not all informal parent-child visits are recorded. In this third AC report, we report on parent-child visits in two ways. The first uses a combination of the TAC's analysis and monthly counts of cases receiving parent-child visits from TFACTS. The second analysis builds on the results reported in the second AC report, analyzing parent-child visits longitudinally, and lining up visits within periods of out-of-home care.

Monthly Counts of Visits

In the TAC's last report, the TAC supplemented the TFACTS administrative data with checks of individual case records and interviews with Family Service Workers for a sample of cases and found that between 95 percent and 100 percent of children visited with their parents at least once or had a good reason for not doing so.⁵²

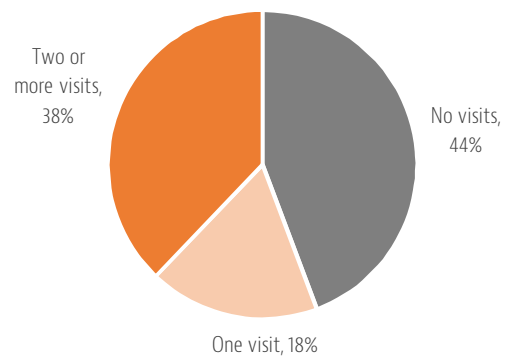
While TFACTS data understate the frequency of non-exempt parent-child visits, the AC concluded that a measure based on TFACTS data would move in the same direction as the TAC's review-based measure. That is, if the proportion of parent-child visits that were occurring went down, this decrease in performance would be reflected in the TFACTS data, even if the percentage derived understated performance. Thus, the AC has provided TFACTS data for each of the three AC reports. Figure 31 below presents the average of monthly performance on this measure during SFY16-17 (reported in AC Report 1), and Figure 32 presents the average of monthly performance on the measure during SFY17-18. As reflected in the figures, performance during SFY17-18 has declined in comparison to performance during SFY16-17. During each month of SFY16-17, on average, 59 percent of children in custody who had a reunification goal and for whom parental rights had not been terminated visited with their parents at least once and 42 percent visited at least twice. Average monthly performance for SFY17-18 was 56 percent visiting at least once and 38 percent visiting at least twice. The Department expects to learn about and address the frequency of parent-child visits through the Process Quality Review (PQR) described in the Case Reviews section.

Figure 31: Frequency of Parent-Child Visits, Average of Monthly Performance between July 2016 and June 2017



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

Figure 32: Frequency of Parent-Child Visits, Average of Monthly Performance between July 2017 and June 2018



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

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.

⁵² The March 28, 2017 Monitoring Report of the Technical Assistance Committee is available online at <https://www.childrensrights.org/wp-content/uploads/2017/04/2017.04.04-Dkt.-No.-576-1-MR15.pdf>.

Visits by Person-Period

In the 2nd AC period, the AC examined parent-child visits longitudinally, exploring the pattern of parent-child visits by month of the child's experience in out-of-home care. Among children with shorter lengths of stay, the percentage of children who experienced at least one and at least two parent-child visits were higher than among children with longer lengths of stay. Note that this analysis does not speak to any cause and effect relationship between occurrence of parent-child visits and length of stay. We did not find striking evidence of a difference in the frequency of parent-child visits between children who are predominantly placed in kinship foster homes and those who are predominantly placed in non-kinship foster homes.

In this AC period, the AC extended the analysis to examine whether the frequency of parent-child visits was associated with the likelihood of reunification. Two visits per month were associated with higher reunification rates, controlling for age at placement and placement type. As above, it is unknown whether or not more visits raise the likelihood of reunification. Nevertheless, the analysis confirms what DCS would hope to see, that parents and children who are reunified are more likely to visit one another during placement.

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.⁵³

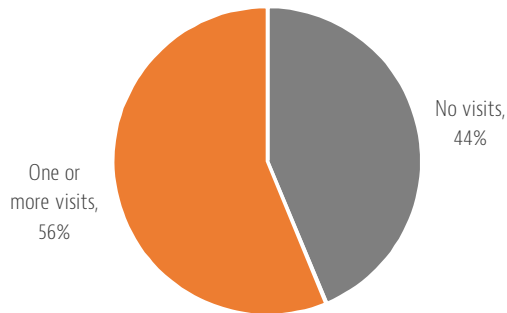
As with the requirement regarding parent-child visits, TFACTS administrative data regarding sibling visits have consistently reflected performance below the standard set by the Settlement Agreement, with less than 60 percent of children visiting with siblings placed separately at least once per month. 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 TFACTS⁵⁴ and failure to document sibling visits that had occurred.

The AC uses the same approach to this measure as to the parent-child visits measure: although TFACTS data understate the frequency of non-exempt sibling visits, the AC concluded that a measure based on TFACTS data would move in the same direction as the TAC's review-based 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 33 below presents the average of monthly performance on this measure during SFY16-17 (reported in AC Report 1), and Figure 34 presents the average of monthly performance on the measure during SFY17-18. As reflected in the figures, performance during SFY17-18 is similar to performance previously reported by the AC. During each month of SFY16-17, on average, 56 percent of children separated from siblings visited with their sibling(s) at least once. Average monthly performance for SFY17-18 was 54 percent.

⁵³ 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>.

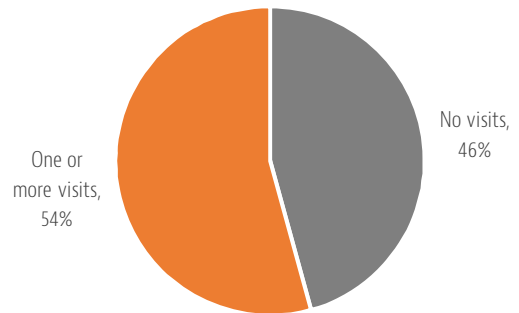
⁵⁴ The Settlement Agreement provisions regarding sibling visits allowed specific exceptions including: situations in which there is a court order prohibiting or limiting visits to less frequently than once per month, situations in which visits were not in the best interest of one or more of the siblings, situations in which the child (generally an older adolescent) did not wish to visit his or her siblings, and 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.

Figure 33: Frequency of Sibling Visits for Siblings Placed Separately, Average of Monthly Performance between July 2016 and June 2017



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

Figure 34: Frequency of Sibling Visits for Siblings Placed Separately, Average of Monthly Performance between July 2017 and June 2018



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

Case Reviews

DCS uses case record reviews to learn about casework practice as part of its overarching strategy to sustain improvement after the Settlement. Case record reviews are an integral part of DCS' focus on quality casework. Historically, DCS has relied on a number of case review methods, including the Child and Family Service Reviews (CFSR), Quality Service Reviews (QSR), Case Process Reviews (CPR), and many specialized reviews. As DCS has transitioned out of the Settlement Agreement, it continues to look at its various case review practices and is making strategic choices for exploiting case records as a source of information about its work.

Case Review Strategy

In the last few months, the DCS Office of Continuous Quality Improvement has been working both within the Office and with DCS regions to compile a tracking document that will allow DCS leadership to review the content, sample size, time commitment per reviewer for each case reviewed, the total time DCS staff spend on each review, and the results and the "value add" of each review. Such an inventory is intended to guide DCS to make strategic decisions about what reviews to continue doing, what reviews to combine, and what reviews to phase out.

To date, DCS has identified that the most time-intensive review DCS conducts is the annual CFSR review. DCS is required to conduct and report on an annual review using the CFSR tool as part of its agreement with the Children's Bureau to conduct its own review. The 2018 review was estimated to use the equivalent of 4.5 full-time staff for the full year, including reviewers and shadows. Findings this year were that caseworkers were not completing thorough, quality, comprehensive, ongoing assessments of the entire family.

The next most time-consuming review is the annual review of child deaths mandated by COA, taking equivalent of 1.9 weeks of staff time. DCS also conducts the Case Process Review (CPR) which is the only review done by supervisors reviewing other supervisor's cases. This review uses the equivalent of 1.7 full time workers and includes some but not all questions required by COA.

Specialized Reviews

DCS Performance & Quality Improvement staff also conduct case reviews as issues arise that need to be understood and addressed. Using the wide range of administrative data available, including longitudinal resources developed by Chapin Hall, the Department identifies strengths and opportunities for improvement at the statewide, regional, and even team level. Sometimes this information prompts follow-up questions that cannot be answered without reviewing individual cases in order to better understand factors contributing to both positive and negative outcomes. In order to investigate those issues, appropriate samples are selected to match the scope, range, and nature of the questions the Department seeks to answer. Review tools are developed and tailored to meet the specific objectives of the review, and a core set of staff in the Performance and Quality Improvement division conduct the reviews. Results are used to identify system, program, and practice strategies targeted to improve outcomes.

Process Quality Review (PQR)

The process quality reviews (PQR) specifically target case processes to allow for better focused review than the CPR but ultimately with larger samples than the CFSR. The idea behind the PQR is to reduce to the CQI cycle time, to move more quickly to identifying the baseline for a problem, targeting a hypothesized solution, and assess if the solution is having an impact.

Over the past six months, DCS has tested and piloted a process-based case review tool to evaluate the critically important work caseworkers do during a child's first 45 days in custody, including parent-child visits, that results in an agreed-upon plan of action. The review allows DCS to assess the process and quality of assessments, CFTMs, and the initial permanency plan. The Department had already identified issues with the quality of assessments in the CFSR reviews and had begun an "Assessment Integration" review. This review had the advantage of being relatively short (since it targeted these initial processes) and of using an entry cohort perspective, meaning that all cases had opened in a recent quarter.

The initial pilot involved a review of the cases of 30 children (10 each from Shelby, Mid Cumberland, and South Central regions) who entered care for the first time between April 1 and June 30, 2018. DCS did find evidence for quality issues with assessments and as a result, the Department has decided to add 30 more cases (10 more from each region) to help set the baseline for improvement.

The Capacity to Provide Care

Caseloads

Investigation and Assessment Caseloads

DCS' goal is to maintain staffing at a level that allows investigation 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).

In this report, we present an analysis of caseload size by case type (investigation, special investigation, or assessment) in order to better inform policy and management decisions.⁵⁵

⁵⁵ In instances when a caseload included both investigation and assessment cases, the caseload was counted as either an investigation or assessment caseload (but not both) depending on the case type that made up the greatest proportion of cases on the caseload. For example, a caseload of 20 investigations and two assessments was counted as an investigation caseload, and a caseload of 20 assessments and two investigations was counted as an assessment caseload.

Table 25 presents a breakdown of the statewide number of investigation case managers (excluding special investigation case managers) by caseload size (12 cases, 13 to 24 cases, 25 to 34 cases, and more than 35 cases) on each of 12 randomly selected dates during the first six months of 2018. Although the percentages fluctuate somewhat from one measurement to the next, in general during the first six months of 2018, between 87 percent and 94 percent of investigation case managers on a given date had a caseload in the range of one to 24 cases on their caseloads, and between six percent and 13 percent had caseloads of 25 or more cases (no more than two percent had 35 or more cases on their caseloads). This is an improvement over performance during the second half of 2017 presented in the second AC report. The percentage of case managers with caseloads in the range of one to 24 cases ranged between 83 percent and 90 percent during the second six months of 2017.

Table 25: Statewide Percentage of Investigation Case Managers by Caseload Size: Randomly Selected Dates between January 1, 2018 and June 30, 2018

Caseload Size	Jan 2	Feb 7	Feb 19	Mar 12	Mar 19	Mar 25	Apr 4	Apr 10	May 14	May 28	Jun 12	Jun 24
Number of Investigation Case Managers	300	286	294	294	290	289	288	288	289	293	297	298
1 to 12 cases	41%	45%	45%	43%	41%	39%	35%	35%	33%	36%	35%	38%
13 to 24 cases	48%	48%	50%	49%	48%	51%	56%	57%	57%	55%	53%	49%
25 to 34 cases	10%	6%	5%	6%	10%	9%	8%	8%	9%	9%	12%	13%
35 or more cases	2%	1%	1%	2%	1%	1%	1%	1%	0%	0%	0%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

Table 26 presents the same analysis for caseloads of special investigation case managers. During the first half of 2018, the percentage of special investigation case managers with caseloads of 24 or fewer cases ranged between 97 percent and 100 percent. For four of the measurements during this window (in March and April), one special investigation case manager had a caseload of between 25 and 34 cases. This performance is consistent with performance previously reported by the AC. During the second half of 2017, performance also ranged between 97 percent and 100 percent, with one date on which one special investigation case manager had a caseload of between 25 and 34 cases.

Table 26: Statewide Percentage of Special Investigation Case Managers by Caseload Size: Randomly Selected Dates between January 1, 2018 and June 30, 2018

Caseload Size	Jan 2	Feb 7	Feb 19	Mar 12	Mar 19	Mar 25	Apr 4	Apr 10	May 14	May 28	Jun 12	Jun 24
Number of Special Investigation Case Managers	32	32	35	35	35	35	32	31	30	29	30	31
1 to 12 cases	72%	78%	77%	71%	63%	69%	72%	71%	30%	28%	60%	74%
13 to 24 cases	28%	19%	20%	29%	34%	29%	25%	26%	70%	72%	40%	26%
25 to 34 cases	0%	3%	3%	0%	3%	3%	3%	3%	0%	0%	0%	0%
35 or more cases	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

Table 27 presents this analysis for caseloads of assessment case managers. During the first six months of 2018, performance on this measure fluctuated similarly to performance during the last six months of 2017 previously reported by the AC. On January 2nd, 80 percent of assessment case managers had caseloads of 24 cases or fewer, 15 percent had caseloads that ranged between 25 and 34 cases, and five percent had caseloads of 35 or more cases. The percentage of assessment case managers with caseloads of more than 34 cases reached a high point of eight percent on May 14th. By June 24th, that percentage had dropped to three percent. As reported in the second AC report, during the second six months of 2017, performance ranged from five percent of assessment case managers with caseloads of 35 more cases on August 20th and August 27th to eight percent on September 30th and November 29th.

Table 27: Statewide Percentage of Assessment Case Managers by Caseload Size: Randomly Selected Dates between January 1, 2018 and June 30, 2018

Caseload Size	Jan 2	Feb 7	Feb 19	Mar 12	Mar 19	Mar 25	Apr 4	Apr 10	May 14	May 28	Jun 12	Jun 24
Number of Assessment Case Managers	412	409	409	417	417	419	422	418	422	428	427	419
1 to 12 cases	35%	33%	30%	25%	27%	25%	24%	24%	24%	27%	35%	37%
13 to 24 cases	45%	50%	53%	54%	51%	49%	49%	50%	42%	47%	48%	47%
25 to 34 cases	15%	14%	13%	16%	18%	21%	21%	20%	25%	19%	14%	13%
35 or more cases	5%	4%	4%	5%	5%	5%	5%	6%	8%	7%	3%	3%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

Foster Care Caseloads

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.⁵⁶ 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 28 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 2018 were within the established threshold for their job classifications.⁵⁷ For the data presented in the table, the cause of the slight understatement of performance discussed in the prior AC reports has been corrected. Statewide, all measurements during this period were between 91 percent and 93 percent of *Brian A.* caseloads meeting the caseload thresholds.

Table 28: Percentage of Foster Care Family Service Workers within Caseload Thresholds: Randomly Selected Dates between January 1, 2018 and June 30, 2018

Region	Jan 2	Feb 7	Feb 19	Mar 12	Mar 19	Mar 25	Apr 4	Apr 10	May 14	May 28	Jun 12	Jun 24
Number of FSWs	558	556	566	565	569	568	570	566	559	570	574	570
State	91%	91%	89%	90%	90%	90%	91%	90%	89%	87%	88%	89%
Davidson	90%	80%	85%	84%	84%	92%	85%	88%	55%	40%	64%	65%
East	100%	100%	100%	97%	97%	97%	100%	97%	94%	97%	100%	100%
Knox	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Mid Cumberland	75%	81%	78%	77%	74%	70%	73%	76%	87%	86%	86%	86%
Northeast	90%	94%	85%	88%	92%	90%	81%	84%	84%	87%	87%	91%
Northwest	90%	87%	87%	97%	97%	97%	97%	97%	100%	97%	100%	100%
Shelby	91%	94%	93%	94%	94%	96%	98%	94%	92%	96%	92%	88%
Smoky Mountain	98%	96%	93%	97%	96%	93%	95%	96%	98%	89%	95%	96%
South Central	82%	70%	75%	75%	79%	80%	86%	84%	78%	71%	67%	66%
Southwest	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Tennessee Valley	92%	92%	91%	91%	89%	91%	94%	94%	94%	96%	92%	94%
Upper Cumberland	93%	96%	96%	92%	94%	94%	93%	87%	81%	84%	84%	90%

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

⁵⁶ 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.

⁵⁷ The denominators, or number of foster care FSWs in each region on each randomly selected date, can be found in Appendix D.

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 29 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 2018 were within the established threshold for their job classifications.⁵⁸ All measurements during this period ranged between 94 percent and 98 percent for the applicable supervisory workload thresholds.

Table 29: Percentage of Foster Care Supervisors within Supervisory Workload Thresholds: Randomly Selected Dates between January 1, 2018 and June 30, 2018

Region	Jan 2	Feb 7	Feb 19	Mar 12	Mar 19	Mar 25	Apr 4	Apr 10	May 14	May 28	Jun 12	Jun 24
Number of Supervisors	174	209	207	203	207	210	212	209	212	208	212	207
State	95%	97%	96%	96%	97%	97%	96%	98%	97%	96%	94%	94%
Davidson	82%	94%	94%	94%	93%	100%	100%	92%	94%	94%	80%	93%
East	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Knox	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%	96%
Mid Cumberland	100%	100%	100%	97%	97%	97%	97%	97%	96%	93%	88%	90%
Northeast	87%	100%	100%	100%	93%	94%	89%	100%	93%	93%	93%	79%
Northwest	100%	100%	100%	100%	100%	88%	88%	100%	100%	100%	100%	100%
Shelby	95%	89%	85%	95%	95%	95%	95%	95%	100%	100%	96%	92%
Smoky Mountain	92%	100%	100%	90%	100%	100%	100%	100%	100%	100%	100%	100%
South Central	100%	93%	93%	93%	93%	93%	87%	95%	85%	86%	86%	92%
Southwest	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Tennessee Valley	93%	90%	87%	93%	93%	93%	93%	100%	100%	95%	95%	95%
Upper Cumberland	94%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

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

Performance during the first six months of 2018 reflects a slight improvement over performance last reported by the AC for randomly selected dates during the second six months of 2017, which ranged between 91 percent and 95 percent of *Brian A.* supervisory workloads meeting the applicable thresholds statewide.⁵⁹

⁵⁸ The denominators, or number of foster care supervisors in each region on each randomly selected date, can be found in Appendix D.

⁵⁹ The increase in the total number of supervisors between January and February 2018 appears to be the result of two shifts: the assignment of *Brian A.* cases to caseworkers on teams that had been previously non caseload-carrying (such as, for example, permanency specialists or CFTM facilitators) and the assignment of a small number of *Brian A.* cases to caseworkers whose caseloads are primarily made

Foster Home Recruitment and Retention

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, are consistent with nationally accepted standards and apply 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.

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.⁶⁰ DCS produces a regular report from TFACTS⁶¹ measuring the extent to which inquiries are responded to within seven days. Performance on this measure during SFY17-18 is consistent with prior performance reported by the AC and the TAC.

Of the 854 inquiries received during SFY17-18, 829 (97 percent) received a response within seven days. Performance was at 96 percent for SFY16-17 and at 97 percent for SFY15-16.

Dynamics of Foster Home Retention

Foster homes are a critical piece of the child welfare service system, allowing DCS to provide temporary care for children in family settings and avoid congregate care. However, prior qualitative and quantitative research concerning the retention of foster homes has almost exclusively been based on point-in-time or exit samples that do not provide a foundation for understanding how foster homes are used or retained.

The AC developed a longitudinal events and spells database for foster homes, similar to the child events and spells files, that can be used to answer a broad range of questions about the dynamics of the Department's system of foster homes. The initial report using the foster home spell file was produced during the second AC period. It focused on foster homes that opened for the first time between January 1, 2011 and December 31, 2016 and provided information about characteristics of both foster homes and foster parents, the dynamics of the foster home population (opening of foster homes, closure of foster homes, and the foster home population at particular points in time), the reasons that foster parents chose to close their homes, the duration of foster home spells, and child placements provided by the foster homes.

During this AC period, DCS and the AC worked together to understand more about the group of non-kinship foster parents (non-expedited) that become approved but do not ever take a placement. This is an important group for focus because it is possible that (a) a significant proportion of homes in which DCS invests are not the type of homes that will take the children that need placement or (b) caseworkers show a preference for homes that have taken placements, or some combination. Using the longitudinal file, the AC is providing evidence about regional variation and public/private variation in the proportion of homes that never take a placement. The AC is also generating evidence that shows that the probability of ever getting a first placement declined over time for both public and private agencies. In addition, from the work with the longitudinal file, DCS and the AC are learning that administrative data about foster homes present new data issues to be addressed in

up of other types of cases (such as, for example, ongoing non-custodial services cases or Juvenile Justice cases). Because supervisors are only counted in the Supervisory Caseload Compliance Summary Report when one or more of the caseworkers they supervise carries a *Brian A.* case, the assignment of *Brian A.* cases to caseworkers on these teams results in additional supervisors appearing on the report.

⁶⁰ DCS Policy 16.4, "Foster Home Selection and Approval," is available at <https://files.dcs.tn.gov/policies/chap16/16.4.pdf>.

⁶¹ "Resource Home Inquiry Report."

TFACTS so that the Department has an accurate view of what is happening with these homes. Using these data as a baseline, DCS can seek to improve the targeting of its recruitment and to understand in greater depth the placement decision-making of caseworkers. Next, the AC is going to work with the Department to further understand foster home quality particularly around placement stability.

During this AC period, the AC also used the foster home event file to analyze resource home capacity, presented in the Quality of Care section.

Staff Training

Pre-Service Training for Case Managers

The Department requires newly-hired case managers to complete the pre-service training and certification process, which consists of seven weeks of intensive training and assessment. The Core Training includes information on trauma informed practice and an overview of the work done at DCS. After completion of Core Training, new hires receive training in the specialty area for which they were hired. During alternating weeks, new hires participate in on-the-job (OJT) training, guided by their supervisor and OJT Coach, during which they shadow their assigned mentor in daily work activities and begin interacting with families and conducting real casework. Following the completion of classwork and OJT training, new hires participate in a Case Presentation Assessment involving one of their training cases. The presentation is assessed by their OJT coach, mentor and supervisor.

At the conclusion of this presentation, the team determines the new hire's readiness to be certified as a case manager. If the team determines the new hire is ready to assume all case responsibilities and duties of a caseload in their specialty program, the new hire is certified as a case manager. If the team determines the new hire is not ready to assume all case responsibilities and duties of a caseload, the team may decide to either terminate the new hire's employment or to require additional training and a second case presentation.

During the 6-month period between July 1, 2016 and December 31, 2016, the Department certified 163 new case managers upon successful completion of pre-service training. The Department certified 115 new case managers between January 1, 2017 and June 30, 2017; 153 new case managers between July 1, 2017 and December 31, 2017; and 210 new case managers between January 1, 2018 and June 30, 2018.

Training for New Supervisors

The Department requires that all newly promoted supervisors complete the supervisor certification process prior to assuming supervisory responsibilities. The supervisor certification process consists of online and classroom coursework and coaching to be completed over a 6-month time frame. After completion of the coursework and coaching, the newly promoted supervisor is required to complete a panel assessment designed to assess how the new supervisor approaches, processes, and applies knowledge to a supervisory case example. If the panel determines the new supervisor has demonstrated the ability to implement skills learned during the supervisory training program, the panel recommends the new supervisor for certification. If the panel determines the new supervisor has not demonstrated this ability, the panel may require additional tasks and a second assessment, or the panel may determine that the supervisor should not be given supervisory responsibility.

During the 6-month period between July 1, 2016 and December 31, 2016, the Department certified 48 new supervisors upon successful completion of supervisory training. The Department certified 41 new supervisors between January 1, 2017 and June 30, 2017; 36 new supervisors between July 1, 2017 and December 31, 2017; and 31 new supervisors between January 1, 2018 and June 30, 2018.

Participation in Tuition Assistance Programs

As a piece of the Department's strategy to improve the quality of case practice and reduce turnover among case managers, the Department offers two programs through approved universities designed to increase the professionalization of case managers and supervisors in the field by providing incentives to prospective and current employees to obtain degrees in social work. Both programs are administered through the Department's Tuition Assistance Program.

Bachelor of Social Work/Bachelor of Science in Social Work Program

Through this program offered to undergraduates in their final two years of pursuing degrees in social work, the Department pays tuition and provides a monthly stipend to help defray the cost of textbooks, travel, and living expenses for up to four semesters in exchange for a commitment to work for the Department after graduation. In addition, DCS pays graduates of this program a higher starting salary than their non-participating counterparts. Program participants sign a contract to work for the Department immediately upon graduation for between 18 and 24 months, depending on the number of semesters for which the Department provided assistance.

Nineteen participants entered the Bachelor's Tuition Assistance Program in the fall of 2015. Of these, 17 graduated with a Bachelor's degree in social work. Fourteen of the 17 accepted a position with the Department and as of October 2018, six of them remain employed with the Department.

Fifteen participants entered the program in the fall of 2016. All 15 participants graduated and accepted a position with the Department, and 13 of them remain employed with the Department as of October 2018.

Five participants entered the program in the fall of 2017. As of October 2018, all five remain in the program.

Master of Social Work/Master of Science in Social Work Program

Through this program offered to current full-time DCS employees who have been employed at least two consecutive years, the Department pays part-time or full-time tuition and provides a monthly stipend to help defray the cost of textbooks, travel, and living expenses for up to two academic years (defined as eight semesters) in exchange for a commitment to continue to work for the Department for six months per semester of assistance provided after graduation. If participants default on their employment commitment, they must repay the assistance received on a prorated basis.

The majority of employees who participate in the Master's Tuition Assistance Program continue to work for the Department after completing the program. Thirty-two employees entered the program in the fall of 2015. Of these, 25 graduated with a Master's degree in social work, of whom 21 remain employed with the Department as of October 2018. One of the 32 who entered the program in the fall of 2015 continues to work toward the Master's degree after returning from deferral. The remaining six were dismissed from the graduate program prior to completing their degrees, of whom five remain employed with the Department as of October 2018.

Seventeen employees entered the Master's program in the fall of 2016. As of October 2018, 15 of these remain employed with the Department: six have graduated, seven remain in the program, and two were dismissed from the program. Two of the 17 who began the program in the fall of 2016 quit the program and no longer work for the Department.

Seven employees entered the program in the fall of 2017. As of October 2018, six remain in the program, and one was terminated from both the program and DCS employment.

SACWIS Functionality

DCS records and stores all child and family records in TFACTS. In turn, DCS' caseworkers use the system as a reference for casework to date, and 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.

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.

DCS continues to improve the way TFACTS provides quality support for casework and management work. Projects to improve TFACTS are supported by stakeholder teams 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.

Working with the Accountability Center, DCS continues to take steps to maximize the use of TFACTS data for management and evaluation. Chapin Hall receives many extracts of TFACTS tables each quarter and uses those tables to create evidence for DCS on a number of topics, including those reported on in the AC reports. In addition, DCS and Chapin Hall use these TFACTS-based meta-data resources to ask and answer questions on an ongoing basis, and to link across DCS activities. For example, the Foster Home Spell File integrates foster parent information and placement information.

For caseworkers and supervisors, a number of ongoing projects have moved substantially forward since the last Accountability Center report. An enhancement to document storage moved TFACTS to a more modern platform that allows documents to be categorized more intuitively and accessed more readily when they are uploaded into the system. The most recent release related to health and wellbeing generates a child "need" and action steps when a health confirmation form is entered into TFACTS, signaling that a child has had a medical or dental appointment that may require follow up. Other, ongoing enhancements relate to fiscal considerations, permanency plan improvements, and generation of streamlined summary documents from case records.

The Department has signaled its intention to transition to a Comprehensive Child Welfare Information System (CCWIS), the newest approach recommended by the Children's Bureau that includes new rules and technical requirements. Much of the work already in progress—moving to modular development, system integration, and interagency data sharing—aligns with the key principles associated with CCWIS.

Summary

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 in the last 18 months. 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 last year and in prior years before the settlement agreement entered its final stage. That said, there are a few changes observed from the first AC report highlighted below:

- ▶ Statewide, there has been a two percentage point decrease in the percentage of teens who were initially placed in congregate care, from 35 percent in SFY16-17 to 33 percent in SFY17-18. In the Areas for Follow-Up section of Report 1, we highlighted five regions as making the largest contributions to the increase in congregate care placements among teens. In two of these five regions, a drop in the percentage of teens placed in congregate care was observed between SFY16-17 and SFY17-18: Mid Cumberland (29 percent to 25 percent) and Upper Cumberland (47 percent to 38 percent). (In two regions, the percentage increased: from 59 percent to 62 percent in Northeast and from 44 percent to 49 percent in Shelby. The change in South Central was very small—from 31 percent to 30 percent.)
- ▶ The number of overnight office placements in SFY17-18 dropped back to the level observed in SFY15-16.
- ▶ The number of first admissions/placement rate continues to increase for some age groups in some regions. (In the following regions, the number of first admissions increased by more than 10 percent from Report 1 to Report 3: East Tennessee, Northwest, Smoky Mountain, South Central, and Upper Cumberland.)
- ▶ Median duration increased by almost two months for children 4 to 12 at entry (from 11.7 to 13.6 months) and by almost one month for children 13 to 17 at entry (from 7.7 to 8.5 months).
- ▶ The percentage of Initial CANS assessments completed within 15 business days has dropped in SFY17-18 (it was above 90 percent in the two prior fiscal years; for SFY17-18, it is 79 percent). We think the Department is still adjusting to new rules about having to document a justification for every item.
- ▶ Performance on parent-child visits (at least one visit per month) has declined compared to Report 1, when the average of monthly performance as measured by TFACTS was 59 percent for SFY16-17; it was 56 percent for SFY17-18.
- ▶ Placement stability, measured as the percent of moves per day in care, shows a consistent decrease over the last four fiscal years.
- ▶ During the first six months of 2018, between 87 percent and 94 percent of investigation case managers on a given date had a caseload in the range of one to 24 cases on their caseloads, an improvement over caseloads observed during the second half of 2017, when performance ranged from 82 percent to 90 percent.
- ▶ Compliance with FSW caseload limits has decreased over the AC period, from 96 percent statewide in January 2017 to 89 percent in June 2018.
- ▶ There has been a decrease in participation in the Tuition Assistance programs over the AC period: 19 participants started the BSW program in the fall of 2015, 15 in the fall of 2016, and five in the fall of 2017; 32 participants started the MSW program in the fall of 2015, 17 in the fall of 2016, and seven in the fall of 2017.

Areas of Continuing Work

DCS and the AC will continue to work in partnership using the Accountability Framework, focusing on the five areas described below. The Department and the AC will continue to generate and apply valid and reliable evidence about the performance of its child welfare system. Rigorous use of longitudinal data will continue to allow the development of a coherent Continuous Quality Improvement (CQI) framework, including a strategic

case review process. Close examination of variation in performance across time and geographic areas will allow DCS to pilot or focus initiatives in certain regions and rigorously measure impact.

Family Service Worker Caseloads

DCS leaders are engaged in ongoing oversight of caseload cap compliance, especially in light of the overall increase in the number of children in custody in the last two years, and are developing and refining a more nuanced, comprehensive view of caseloads. Central Office leaders meet monthly to review caseloads at the regional, team, and frontline case manager levels. These meetings consist of monthly reviews of regional organization charts with caseload counts documented for each frontline staff member. During the review, Central Office and regional leadership analyze staff vacancies and create strategies for right-sizing that will lead to caseload compliance, with increased focus on regions where concerns are noted. For example, the Davidson region, Nashville area, has become such an engine of growth that the Department has identified challenges in hiring and retaining qualified individuals, not only in Nashville but in all the surrounding regions. Nashville's unemployment rate in August 2018 was 3.1 percent.

In addition to the monthly reviews, the Office of Child Programs makes formal right-sizing recommendations twice annually. This process, conducted by Child Programs, includes gathering needed information and conferencing with regions individually to develop plans around making appropriate staffing transitions.

During these reviews, in order to ensure limited resources are allocated in the most appropriate ways, the leadership team evaluates the capacity of all teams and program areas in the region before assigning new positions. At the same time, "overlap" positions are allocated when regions experience dramatic changes in circumstances that require immediate response. As a result of increased caseloads, the Department is doubling the number of allocated overlap positions. The Department is also in the process of re-instituting the private provider case management option for two regions (Mid-Cumberland and Davidson). The Department added 12 new CM2 and six new CM3 foster care case manager positions across the state in SFY18-19. Mid Cumberland, South Central and Davidson regions received new positions proportional to their need. The Department plans to continue monitoring caseload levels with the Accountability Center over the following 6-month period and will develop additional strategies, as necessary.

Increases in Admissions

At both the central office and regional levels, staff continue to focus on safely reducing custodial entries. The regions are implementing a variety of strategies to accomplish this goal. Admissions fluctuate from year to year but there are a few regions where increased admissions appear to be a challenge: Davidson, East Tennessee, Northwest, and South Central, where the number of first placements in SFY17-18 was the highest observed in the last seven fiscal years, and in Knox and Northeast, the high point was observed in SFY16-17. In the remaining six regions, the high point was observed in years prior to SFY14-15. Working with the AC, the Department will evaluate the targeting of these strategies to the places where admissions are rising the most.

Regions are utilizing data to isolate areas where practice can be improved. In many regions, leadership analyzes the custodial entry rate by county to determine which counties within the region have the highest custody entry rate for a given time period. In the East, Northeast, Mid-Cumberland, Northwest, Smoky Mountain, and South Central region, regional leadership implemented a strategy of the court liaison staff reviewing court dockets prior to the hearing date and coordinating with DCS staff and families to hold Child and Family Team Meetings and determine if there are services that the Department can provide to the family on a non-custodial basis to prevent the need for the children entering custody. Regional leadership in these same regions are collaborating with local judges to determine if there are improvements in relationships, service delivery, and/or practice that will allow the Department to work with more families non-custodially to avoid the trauma of children needing to enter custody.

The Department is also leveraging its standardized assessment tool to ensure that planning and service delivery match the unique needs and strengths of each family, both to enhance overall engagement of families and to prevent unnecessary entries to custody. To that end, the Department is currently implementing an Assessment Integration pilot, focused on improving the quality of one of the formal assessments, the Family Advocacy and Support Tool (FAST). Initial pilot rollout began in one county in Tennessee Valley and two counties in the Northwest region in November 2016, followed by pilot initiation in the Southwest region in April 2017. Remaining regions are in the beginning stages of implementation, starting August through December 2018. The FAST assessment identifies the needs and strengths of families involved with the Department on a non-custodial basis and assists in determining the level of service need for the identified family. Additionally, the Assessment Integration pilot places an increased focus on ensuring that the results of the assessment tool are utilized in ongoing case planning to ensure the family's needs can be met on a non-custodial basis whenever possible.

As a result of this increased focus on utilizing a holistic approach of assessment integration in planning, the Department is gaining more sophisticated insight into the most pressing needs of children and families and in response is implementing strategies to ensure a robust service array is in place to respond to those needs. As a part of this focus, the Department is examining the current service array available to children and families to ensure it is of high quality and is readily available. The Department is also ensuring that family preservation service contracts, an intensive service type for families with increased risk, are being utilized to their fullest potential.

Additionally, in a continued effort to decrease custodial entries and as a part of the IV-E Waiver, the Department is implementing the Nurturing Parenting Program (NPP), an evidence-based parenting education program with proven effectiveness in treating and preventing the occurrence and recurrence of child abuse and neglect. NPP is a family-based program with a highly structured series of sequenced lessons that is delivered in the family's home for approximately 90 minutes each week, for a total of 16 weeks. This program implementation is intended for the families with children at highest risk for entering state custody, as determined by the FAST. This program is being piloted in six regions. East, Knox, Smoky, and Northeast implemented in September 2017; and Shelby and Northwest re-implemented in October 2018. Initial pilot locations for this program (East, Knox, Smoky and Northeast) were selected based on the regions' original involvement as targets of the IV-E Waiver. Additional pilot locations for this program were strategically chosen to provide a diverse sample for evaluation of the program, to include both rural and urban regions on the east and west side of the state.

The Youth Villages (YV) Intercept in-home services program is another strategy that the Department has had in place for many years to prevent custodial admissions. YV Intercept provides treatment to children and families in their homes at times convenient for the families. The program serves children of any age (infant to age 18) who have serious emotional and behavioral problems. Adding 60 more slots in SFY17-18, DCS maintained its commitment and usage of 371 Intercept slots across the state. DCS continually assessed and reviewed data with staff to ensure the use of Intercept slots is strategic and based on where the most significant impact can be achieved. Intercept specializes in diverting youth from out-of-home placements such as residential treatment facilities, foster homes, psychiatric residential treatment centers, hospitals or group homes, and, for children in placement, in successfully reuniting children with their families in the community. The diversion services (non-custody) generally last four to six months, while reunification services (custodial) generally last six to nine months. Intercept family intervention specialists are skilled at reuniting families even when the child has been out of the home for an extended period. In SFY17-18 (as of June 21, 2018), Youth Villages research department reported that the Intercept program served 1,523 families, with an 88 percent success rate at discharge for those who received a minimum of 60 days of treatment.

Use of Congregate Care by Teenagers

The Department strives to place children and youth in the least restrictive environment possible, based on the youth's needs. In an effort to decrease placement of teens in congregate care settings, the Department implemented C.O.R.E. for Teens national pilot with the Children's Bureau and Spaulding for Children in October 2018. This program is a cultural and trauma informed course designed to prepare qualified foster parents to successfully work with older youth who have moderate to serious behavioral health challenges. The Department anticipates that foster parents will be better prepared to conduct self-assessments to determine their ability and capacity to parent youth and meet the unique needs of teens. The goal of this curriculum is to provide increased stability and permanency, while promoting social and emotional well-being for older youth who have experienced trauma and now exhibit challenging behaviors.

DCS is increasing focus on strategies to increase kin placement rates of children and youth in DCS custody. These strategies include formal consultations between the case manager, regional leadership and a Masters level social worker, and a formalized process for locating and identifying relatives and formal/informal supports that can act as a network for the family and possible out-of-home non-custodial placements for the children. When it is necessary for a child/youth to be removed from the parents' care, the Department strives to identify a relative or informal support the child/youth is familiar with to care for them. Not only will higher placement of teens in relative care likely result in a decreased rate of congregate care placement for this population, but the trauma impact of the out-of-home placement is less severe and the likelihood for placement disruption is reduced.

The Department, working with the AC, will be measuring whether the results of both of these initiatives increase the likelihood of placement of teens in foster or kin/relative placements and decrease congregate care placements. As an example for other regions, both Northwest region (22 percent) and East region (23 percent) have congregate care placement rates for youth 13 and older well below the state average of 37 percent. Among non-congregate care placements, these regions also have kin placement rates for youth 13 and older that are well above the state average of 13 percent, with Northwest at 30 percent and East at 24 percent.

Placement Stability

As measured by the percent of children that move within 60 days, placement stability statewide has remained similar to the previous reporting period and as measured by the number of moves per 1,000 days, placement stability is decreasing. The Department is working to better understand what is causing placement moves with children and youth in care and to measure whether the initiatives described below will increase placement stability.

As a part of the Department's focus on increasing placement stability, the Department is implementing Keeping Foster and Kinship Parents Trained and Supported (KEEP). KEEP is a 16-week evidence-based support and skill enhancement model designed for foster and kinship parents in a support group setting. The program supports foster and kinship families to promote child well-being and prevent placement disruption. Research suggests that, compared to foster parents who receive typical services, foster parents who participate in the KEEP program experience fewer placement disruptions and foster children have lower levels of behavioral and emotional problems, resulting in greater retention among foster parents. KEEP is currently implemented in 10 of the 12 regions across the state, with KEEP groups beginning in the remaining two regions in early 2019. In an evaluation of KEEP implementation in Tennessee, Chapin Hall did not find evidence that placement stability increased among children placed in homes where a foster parent had received the KEEP curriculum. The Department anticipates that this outcome will be evident as program saturation of eligible foster parents increases statewide.

Throughout 2018, the Department has made efforts to expand the provider placement network by increasing placement options to support the individualized needs of children and youth in care, thus reducing the need to

move youth to another placement. In addition to increasing the provider placement network, the Department is also increasing its work with providers to improve practice and ensure the needs of the children served are being met in their first placement. The Department has instituted Placement Assistance calls to provide staff across the state with an overview of available providers, type and level of services provided, and characteristics of youth who might benefit from their respective programs. These calls also include information about referral process, admission criteria, geographic scope, and bed availability, to help increase both the efficiency and effectiveness of the placement process. Central Office staff also conducts monthly meetings with the Executive Committee for the Tennessee Alliance for Children and Families to share information and discuss relevant issues. The Central Office placement team reviews data on placement stability regularly with providers and regional staff and is working with all parties to communicate placement philosophies, reduce temporary placements, and strive to ensure that the first placement being made is the best fit for the child(ren).

In collaboration with the Annie E. Casey Child Welfare Strategy Group (CWSG), Davidson County began implementing the first phase of a prevention continuum and a court strategy for youth abandoned in detention. During the initial Assessment and Analysis Phase initiated in April 2018, CWSG conducted a targeted analysis of the Tennessee child welfare system and its partnering agencies to deepen their knowledge of the strengths and challenges internal to the Department and more specifically in relationship to teens. Davidson was selected for this initiative because Davidson has a high rate of first moves within six months among teens. The strategy development and initial implementation phase of the partnership entails working through October 2019 to develop a comprehensive strategy to implement recommendations made during the assessment phase of work, as well as to begin initial implementation. The CWSG will support the Davidson Region on three outcome areas: 1) reducing unnecessary entries, 2) improving placement stability, and 3) increasing family based care for teens.

Foster Home Recruitment and Use

The Foster Care Division continues to focus on recruiting and supporting families to foster and adopt custodial children. The Department is working with Chapin Hall to develop a longitudinal approach to looking at administrative data to answer questions about: (1) the number of foster homes that open and close each year and the characteristics of the homes and the foster parents; (2) the reasons for home closure; (3) the length of service of foster homes; and (4) the occupancy of foster homes. Through analyzing this data, the Department plans to develop improvement strategies to strengthen foster parent utilization earlier in their service period and to improve retention of certified foster parents over extended periods of time.

In recent years, Department staff has rallied providers, community partners, and foster parents to more fully engage in recruitment planning, evidenced by an increase in the number of newly recruited foster homes that remain open at least 30 days. Since January 2017, the Department has partnered with America's Kids Belong (AKB) to bring statewide awareness to the foster parent recruitment, retention, and support message. The partnership, which has received active support from the Governor and First Lady, advocates for strengthened wrap-around roles from faith communities. While Department staff have the lead for increasing and retaining foster homes, AKB's primary focus is increasing faith based support systems. Notable SFY17-18 achievements included:

- ▶ All state foster parent support staff and team leaders received two days of specialized training on recruitment and retention from Annie E. Casey Foundation recruitment technical consultants.
- ▶ All state foster parent support managers received a one-day training session on how to develop effective and measurable recruitment/retention plans.
- ▶ All 12 regions were required to develop recruitment/retention plans effective January 2018 that utilized the demographics of their custodial population and their current foster parent pool with

the application of skills learned in the training sessions. One consistent area of focus identified in every region was the gap in available homes for teens.

- ▶ Effective with the current calendar year (2018), all recruitment/retention plans are evaluated quarterly through facilitated discussions with appropriate regional staff.
- ▶ Effective January-December 2017, the Commissioner's Office established a targeted statewide goal for new foster home certifications that challenged regions to open and approve 10 percent more foster homes than the number that voluntarily closed in calendar year 2016. Statewide, the goal was exceeded by approximately 30 percent.
- ▶ For calendar year 2017, there were 13 percent fewer voluntary home closures than in the previous year. To meet the goal of approving/certifying 10 percent more homes in 2018 than closures in 2017, a minimum of 882 new home approvals would be required in calendar year 2018. At the end of October 2018, with two months remaining in the calendar year, the Department had already exceeded the goal with 952 new home approvals.

The Department also implemented the Foster Parent Mentorship program to provide foster parents with increased support and guidance while caring for children in state custody. The Mentorship program has an implementation presence in every region of Tennessee. From July 1, 2017 to April 30, 2018 there have been 146 active and supportive mentors matched with 367 new foster families across the state. The program continues to expand through ongoing conversations that are facilitated by local foster parent associations. The Department believes that if this program is able to maintain a robust network of mentors that the program will have a positive impact on foster parent stability. Kinship Coordinators provide information about the mentoring program to all kin-relative homes, and home study writers provide that information to all traditional foster home applicants who complete the approval process. It is the Department's intention that this program will expand to include additional mentors in each region, in order to provide all new foster families with the additional support they need from seasoned foster parents who understand policy, procedures, resources, and experiences.

The Center for State Child Welfare Data

Tennessee Accountability Center Companion Disparity Report: African American/White Disparities in the Tennessee Foster Care System

Table of Contents

I.	INTRODUCTION	89
II.	DATA AND METHODS	89
	Entry rate disparity or the African American/white placement gap	89
	Exit rate disparity	90
III.	FINDINGS	91
	Entry rate disparity	92
	Exit rate disparity	94
IV.	SUMMARY	100

List of Figures

Figure 1: Period-Specific Rates of Exit and Disparity Ratios by Race*	98
Figure 2: Period-Specific Rates of Exit to Reunification and Disparity Ratios by Race*	99
Figure 3: Period-Specific Rates of Exit to Guardianship and Disparity Ratios by Race	100
Figure 4: Period-Specific Rates of Exit to Adoption and Disparity Ratios by Race	100

List of Tables

Table 1: Number of Children, Number of Foster Children by Race: 2011-2017	91
Table 2: Number of Children Placed in Foster Care for the First Time and Reason for Leaving Care by Race	92
Table 3: Number of Children, Number of Children Placed, Placement Rates by Race, and Disparity Ratio: Tennessee – 2011-2017	93
Table 4: Placement Rates and Disparity Ratios by Size of County Population	94
Table 5: Likelihood of Leaving Care to Permanency by Person-Period	95
Table 6: Parameter Estimates for Permanency	97

INTRODUCTION

In this report, prepared for the Tennessee Department of Children’s Services’ Accountability Center, we examine whether African American children are 1) more likely to enter Tennessee’s foster care system and 2) less likely to leave placement. Research carried out over the last several decades shows that across the United States, African American children are both more likely to enter foster care and leave care more slowly than white children (Fluke, Jones, Jenkins, & Ruehrdanz, 2011). As a result of these entry and exit disparities, African American children are over-represented in state child welfare systems generally and in foster care specifically, a situation that raises important questions about why the rate of involvement for African American children and families is higher than it is for whites. For these reasons and others, when the negotiations that brought the Brian A. Settlement Agreement to a close were underway, the Plaintiffs, with the concurrence of the Department, asked the Accountability Center to address African American/white disparities in Tennessee, with the goal of first establishing the extent to which disparities are present and then providing guidance for the Department’s efforts to address disparity.

To meet these objectives, Accountability Center reports—one issued in December of 2017, a second in June of 2018, and a third in December of 2018—have emphasized racial and ethnic differences with reference to such key indicators as placement rate per 1,000 children, median duration, reason for leaving care, and placement in family settings. With this report—a companion to the third and final Accountability Center report—we move beyond prior reports by looking more closely at where and when disparity emerges. We are specifically interested in two issues that we believe have greater operational utility than the summary data typically used to describe disparity. For example, at the state level, admission disparity, which measures the rate of African American child placement relative to the rate of white child placement, offers a useful summary statistic but masks potentially important variation at sub-state levels such as regions or counties. We contend that these sub-state differences reveal important, operationally relevant differences as to why the disparities arise in the first place and, more importantly, what might to be done to alleviate disparity. Understanding the within state variation stimulates a problem-solving process that recognizes the need for multi-dimensional solutions that fit local circumstances. In short, it is unlikely that disparities arise for one reason only and problem-solving ought to recognize that possibility.

In this report, our aim is to provide stakeholders with two types of evidence. First, we want to examine whether entry rate disparity varies from one part of the state to another so that the Department can target resources differentially if the evidence supports that type of strategic thinking. Second, we want to examine exit rate disparities, but with a specific focus on when over the time spent in out-of-home care disparity tends to emerge. Reports of exit rate disparities tend to focus on the average length of time children stay in care. As we show below, the evidence supports a more nuanced narrative that goes beyond the simple observation that African American children stay longer on average than white children. Again, the idea is to reinforce strategic targeting of resources within an overall accountability framework.

Following the introduction, the main body of the report is divided into three sections: data and methods, findings, and implications. Each of the three sections is divided into two subsections: the first subsection addresses entry rate disparities, and the second subsection addresses exit rate disparities. In the data and methods section, we provide a detailed definition of key terms; the next following section describes the assembled evidence with reference to both entry and exit disparities.

DATA AND METHODS

Entry rate disparity or the African American/white placement gap

The African American and white placement gap is measured by comparing African American child placement rates with white child placement rates. Measured in this way, the African American/white placement gap may

also be referred to as the entry rate disparity ratio. We use the terms African American/white placement gap, entry rate disparity, and the disparity ratio interchangeably.

The entry rates and the corresponding disparity ratio are calculated as follows:

- ▶ African American child placement rate (AP) = the number of African American children placed / the number of African American children living in Tennessee, by county.
- ▶ White child placement rate (WP) = the number of white children placed / the number of white children living in Tennessee, by county.
- ▶ African American/white placement gap (i.e., the disparity ratio) = AP / WP for each county in Tennessee.

We used two types of data to measure the placement gap: child placement data and child population data. For the first, we used the Tennessee foster care spell file from TFACTS to identify the number of children placed. These data are analyzed on both a statewide and county-specific basis. Among placed children of all adjudications (neglected, abused, unruly, and delinquent), only children who were placed for the first time (first entry cohorts) from 2011 through 2017 were included.¹ Youth admitted to detention centers were also excluded.²

Second, we used the 2015 American Community Survey (ACS) data to obtain the number of African American and white children living in each county.³ Even though there are Hispanic and Latino children and children of other races and ethnicities living in Tennessee, their overall numbers are relatively small, so our analysis includes only African American and white children under the age of 18 at the time of their first admission. With these data, we calculated the proportion of African American children as a percentage of the total African American/white children in the general population. After ordering the counties by the African American/white composition, we divided the counties into the following three groups: (1) the 24 counties with the smallest proportion of African American children (Small African American Population), (2) the 24 counties with the largest proportion (Large African American Population), and (3) the 47 counties in between (Moderate African American Population).

Exit rate disparity

For this analysis, we examined the placement records for all children admitted to foster care between 2011 and 2017. We again used Tennessee's administrative data (i.e., Chapin Hall's spell file) to reconstruct the child's placement history from the day of admission through the day the child left care. We counted the days between those dates and the reason why the child left care. We included children who returned to care, noting for each admission how often the child had been in care previously. The only children excluded from the analysis are children placed in detention centers.

The outcome of interest is permanency. Permanency is measured as the likelihood of leaving placement through either reunification, adoption, or guardianship, whether subsidized or not. Based on the placement records, reunification is the main reason children leave foster care, followed by exits to relatives, and adoption, respectively. If African American children leave care more slowly than white children, the difference is

¹ The focus on children entering care for the first time excludes children returning to care, an important subset of children admitted to out-of-home care. They are omitted from this analysis because the focus is on the original entry to care rather than reentry. Reentry to care may reveal important disparities but those data ought to be analyzed separately as the reasons for disparate reentry rates may be different than the reasons for disparate entry rates. Combining the two may hide more than is revealed.

² The Department may also want to explore disparities with regard to the use of detention centers.

³ The American Community Survey, sponsored by the US Bureau of the Census, is an ongoing survey of American households and is used to provide estimates of various population characteristics for the years between the decennial census.

expressed as a ratio of the two exit rates. Ratios greater than 1 indicate that African American children leave more quickly; ratios lower than 1 indicate a slower rate of exit for African American children relative to white children.

In addition to dates of admission and exit, we included information about the child and his/her placement history. Specifically, we pulled age at admission, gender, and the child's race/ethnicity from the administrative records. We also recorded the placement type where the child spent the majority of time in care (foster family, congregate care, kinship home, and other) and the year of placement.

Three other pieces of data were added to the file we developed for this component of the study: the proportion of children in the county who are African American and the proportion who are white (calculated as described above). We included this in the analysis to determine whether county-level population differences account for exit rate disparities. In addition, to accommodate the fact that permanency rates vary with how long a child is in care—i.e., permanency rates generally decline as time in care increases—we constructed what is commonly referred to as a person-period file from each child's placement record. Briefly, the analysis allows us to assess whether the exit rate disparity depends on how long children have been in care. For example, among children in care for more than 18 months, the exit rate disparity may be larger (or smaller) than it is among children in care for 24 months or more. Constructed in this way, the analysis provides a way to assess whether disparities in how quickly children leave care depend on how they leave care (i.e., exit reason) and how long they have been in care. The importance of these distinctions will become clearer in the sections below. Finally, we consider whether exit rate disparities are correlated with entry rate disparities.

FINDINGS

Table 1 below provides a basic orientation to the population of children living in foster care, away from their parents. When African American and white children are included, there were approximately 1.46 million children living in Tennessee during the period from 2011 to 2017 (children of other races/ethnicities are not included). Of those children, 22 percent were African American and 78 percent were white. The comparable figures for the foster care population are 28 percent and 72 percent, respectively. Nationwide, African American children make up 23 percent of the foster care population and 13 percent of the general child population. (US Department of Health and Human Services, Administration for Children and Families, Administration on Children Youth and Families, Children's Bureau, 2017).

Table 1 also provides an admission profile by race. Between 2011 and 2017, there were 41,592 total admissions, which includes children entering care and returning to care. Of those, 32,344 were children placed for the first time. Among first admissions to care, 27 percent involved African American children, which is comparable to the overall proportion of African American children in the foster care population.

Table 1: Number of Children, Number of Foster Children by Race: 2011–2017

Placement History	Total	Number		Total	Percent	
		African American Children	White Children		African American Children	White Children
Child population ¹	1,455,454	324,106	1,131,348	100%	22%	78%
Foster care population ²	6,088	1,701	4,387	100%	28%	72%
All admissions to foster care ²	41,592	11,765	29,827	100%	28%	72%
First admissions	32,344	8,599	23,745	100%	27%	73%

¹ Source: Kids Count Data Book retrieved from: <https://datacenter.kidscount.org/data/tables/6469-population-under-age-18-by-race?loc=44&loc=5#detailed/2/any/false/871,870,573,869,36,868,867/107,642,722,2765/13408>. The numbers displayed are the average population size for the period between 2011 and 2017.

² Source: TFACTS, Tennessee Department of Children's Services. Includes children with one race; excludes races not shown separately. Figures displayed are totals for the period from 2011 through 2017, inclusive.

Table 2 shows the number of children admitted to care by the reason for leaving care. African American children were more likely to be reunified, somewhat less likely to leave care to live with a relative, and much less likely to be adopted. Twenty-one and 18 percent of African American and white children, respectively, experienced non-permanent exits or were still in care as of December 31, 2017. The relatively large number of children still in care is attributable to the fact that the number of admissions includes children admitted in 2017, many of whom were still in care when the data used for the analysis were pulled from TFACTS. The figures in Table 2 serve as the basis for the analysis of exit rate disparities.

Table 2: Number of Children Placed in Foster Care for the First Time and Reason for Leaving Care by Race

Permanency	Total	Number		Total	Percent	
		African American Children	White Children		African American Children	White Children
Adoption	4,616	519	4,097	14%	6%	17%
Reunification	15,486	4,780	10,706	48%	56%	45%
Exit to relative	6,080	1,491	4,589	19%	17%	19%
Still in care/other	6,162	1,809	4,353	19%	21%	18%
Total	32,344	8,599	23,745	100%	100%	100%

Entry rate disparity

Although useful for descriptive purposes, the racial composition of the caseload and the number of children entering care provide few if any operational insights (see Table 1). One key question is whether African American children are more likely to enter care than white children, a question that depends to some extent on the number of children. In this section, we examine the rate of entry into out-of-home care, given the number of children living in the state of Tennessee as a whole. Then we examine entry rates for counties grouped together based on the size of the African American child population relative to the white child population. We do this to highlight two important strategic considerations. First, there is considerable variation in the level of disparity. Second, higher rates of disparity are not, per se, associated with higher placement rates. Efforts to reduce disparity requires an understanding that balances the overall placement rate, the size of the county in terms of population size, and the disparity rate.

We start with the number of children and the number of children placed statewide by race. Table 3 shows the number of children living in Tennessee by race, along with the number of children placed into foster care.⁴ For the state as a whole, the African American child placement rate was 3.78 whereas the white child placement rate was 2.99. The entry rate disparity ratio is 1.27, which is indicative of a generally higher rate of placement for African American children relative to white children.

⁴ For Table 3, Table 4, and Table 5, we added up the total number of children (by race) and the total number of children placed for the first time (also by race) for each year between 2011 and 2017 and divided the result by seven (the number of years) to produce an average population-at-risk and an average number of first placements. Because the number of children living in a county and the number of children placed into foster care tends to change from year to year, using the average of the seven years provides a more stable estimate of the placement rate and the disparity ratio.

Table 3: Number of Children, Number of Children Placed, Placement Rates by Race, and Disparity Ratio:
Tennessee – 2011-2017

	Total Children	Children Placed	Placement Rate
African American children	324,106	1,226	3.78 placements / 1000 children
White children	1,313,348	3,377	2.99 placements / 1000 children
Disparity ratio			1.27

With that said, it is important to consider county-level placement rates and the corresponding disparity ratios, in part because of where in Tennessee children live. About 70 percent of all African American children live in Shelby, Davidson, Hamilton, and Knox counties whereas only 30 percent of white children live in those same places. If the placement rates in those counties (and others) are different than the statewide rate, then the statewide entry rate conceals important strategic information pertaining to where the Department ought to concentrate efforts to reduce disparity. That information may be helpful to inform strategies.

To illustrate this point, we divided Tennessee's 95 counties into three groups based on the size of the African American child population. The first group consists of 24 counties with the smallest African American child population. In those counties, the number of African American children, as a proportion of the total African American/white population, ranged between 0.3 and 2.6 percent of the population. The second group of counties—47 in total—had African American child populations that ranged between 2.7 percent and 10.4 percent of the total population; the third group—the group with the highest percentage of African American children—had African American child populations that ranged between 10.4 percent and 62 percent. Once grouped, the total population and the number of placements for each group of counties were used to calculate placement rates and the associated disparity ratio. The results are found in Table 4.

With regard to placement rates, white placement rates are highest in the areas with the smallest African American child populations. Moreover, because African American child placement rates are the lowest in the areas with the fewest African American children, the disparity ratio is actually under 1, which means that in the counties with very small African American child populations, the risk of being placed is actually higher for white children than it is for African American children. By way of contrast, African American child placement rates are the highest in the counties which fall in the middle range—neither the smallest nor the largest. Moreover, because the white child placement rate is lower in those same places, the disparity rate rises to 1.15, which is above the ratio in counties with (relatively) small African American child populations, but still somewhat below the statewide figures reported in Table 3.

In counties with the largest African American child populations, the African American child placement rate (3.75) is between the rates reported for the other two county groups. For whites, the placement rate is lowest in the counties with more African American children. Together, the slightly lower rate of admissions for African American children and the much lower rate for white children produce a disparity ratio above two in the counties with the largest African American child populations, which is considerably larger than the statewide disparity rate.

Table 4: Placement Rates and Disparity Ratios by Size of County Population

Population Size	Placement Rate per 1,000		
	African American Children	White Children	Disparity Ratio
Small African American Child Population	2.89	5.41	0.53
Moderate African American Child Population	4.10	3.64	1.13
Large African American Child Population	3.75	1.78	2.10
Shelby	3.72	0.68	5.46
Davidson	3.49	1.00	3.50
Hamilton	4.64	1.61	2.89
Knox	6.31	3.48	1.81

Table 4 also displays the placement rates for African American and white children and the corresponding disparity rates for the four Tennessee counties with the largest number of African American children. Again, these results show why, from a strategic perspective, it is important to move to the county level to understand where disparity is greater than or less than other parts of the state. For example, in Shelby county, the rate of African American child placement is low (3.72) relative to the placement rate for the other 23 other counties included in the large African American child population group (3.75). However, the disparity rate is large (5.46), mainly because the placement rate for white children is among the lowest in the state. By way of contrast, the placement rate for African American children in Knox county is among the highest in the state, but the disparity rate is below the disparity rate for the other counties with large African American child populations because the white child placement rate is likewise above the level reported for the counties in the group.

Exit rate disparity

In this section, we investigate whether African American children have different placement experiences than white children do. More specifically, the focus is on permanency: when they leave care, are children reunified with their family, adopted, or placed with relatives who assume guardianship? We are interested in whether African American children are more or less likely to achieve permanency. We refer to the difference in permanency rates as the African American/white permanency gap or the permanency disparity ratio.

When assessing whether African American children have a different placement experience than white children, it is possible to ask simply: are permanency rates different for African American children? There are, however, some additional factors to consider. First, rates of permanency differ for children of different ages. If, for some reason, African American children are younger or older on average than white children are, then the composition of the population has to be considered when assessing permanency rates. The same is true for placement type. If African American children are more likely to be placed with relatives and permanency rates are correlated with kinship placements, then placement type has to be thought of as a factor that contributes to permanency rates. Other factors to consider include how long children have been in care, the number of times they move between placements, and where in Tennessee the children were living when they entered placement. Regarding length of stay, African American/white disparities may be larger (or smaller) among children who have been in care past a certain period of time. The same is true for county of residence. As observed in the prior section, disparity varies depending on where in the state, children live. Our analysis is designed to consider these issues.

The statistical model presented in Table 5 assesses differences in permanency rates for African American children relative to white children, after controlling for time in care. The interpretation of the findings is straightforward. For time in care (i.e., the person-periods), the column labeled *(Rate) or Odds Ratio* is the most important. Numbers in parentheses refer to rates, which may be interpreted as follows. In the first person-period, the likelihood a child will leave care is about 28 percent (.279). For children who are still in care at the

start of the second person-period (i.e., they didn't leave during the first), the likelihood of leaving care is somewhat higher (about 32 percent or .323). The likelihood of leaving care among children still in care at the start of the third person-period (PP-3) is slightly lower (.29), and so on.

Table 5 also shows the Odds Ratio (without the parentheses) for African American children relative to white children. Bearing in mind statistical significance (column headed with Pr. > |t|), an odds ratio greater than 1 is associated with an increased likelihood of permanency and an odds ratios smaller than 1 is associated with a lower likelihood of permanency, provided the significance level is .05 or smaller. Odds ratios are expressed in terms of a reference group. In Table 5, the reference group is white children and the odds ratio indicates whether African American children are more or less likely to achieve permanency. The results from this model indicate that across the state as a whole, over all person periods, the permanency rate for African American children (1.017) is *not* statistically different than the rate for white children (Pr. > |t| = .3235).

Table 5: Likelihood of Leaving Care to Permanency by Person-Period

Effect	Estimate	Error	Pr > t	(Rate) or Odds Ratio
Time in care				
1-180 days (PP-1)	-0.947	0.0128	0.0001	(0.279)
181-360 days (PP-2)	-0.7417	0.0154	0.0001	(0.323)
361-540 days (PP-3)	-0.8956	0.0205	0.0001	(0.290)
541-720 days (PP-4)	-0.8611	0.0262	0.0001	(0.297)
721-900 days (PP-5)	-0.7743	0.0338	0.0001	(0.316)
901-1,080 days (PP-6)	-0.9025	0.0456	0.0001	(0.289)
Race/ethnicity				
White children	Reference			
African American children	0.0169	0.0171	0.3235	1.017

The next model, found in Table 6, considers the full range of variables included in the analysis: race, age, gender, year of admission, placement type, placement history, and county characteristics. The interpretation of the findings follows Table 5. Permanency rates—the likelihood that a child will achieve permanency by person-period—are displayed within parentheses. Odds ratio are in the same, rightmost column but without parentheses. The odds ratios explain how the variables in the model influence permanency as compared to the reference group.

As shown in Table 6, the permanency rate for each person-period is in close alignment with the results found in Table 5 for each person-period. There is between a 27 and 32 percent chance of reaching permanency during the person-periods for the children who were still in care at the start of the person-period. Of the other variables in the model, the results are in line with expectations: infants achieve permanency more slowly than older children; the results also suggest that placement history matters with children who returned to care moving more slowly to permanency than children in their first placement spell, as do children with some prior history of foster family care.

The model presented in Table 6 also considers whether the county characteristics, measured as the size of the African American population as a percentage of the total population (as described above). When compared with counties in the middle of the distribution (moderate African American child population), neither counties with large or small African American populations have permanency rates that are significantly different, an indication that although the permanency rates differ by county, the size of the African American population is not a factor, when that influence is judged alongside the other factors in the model

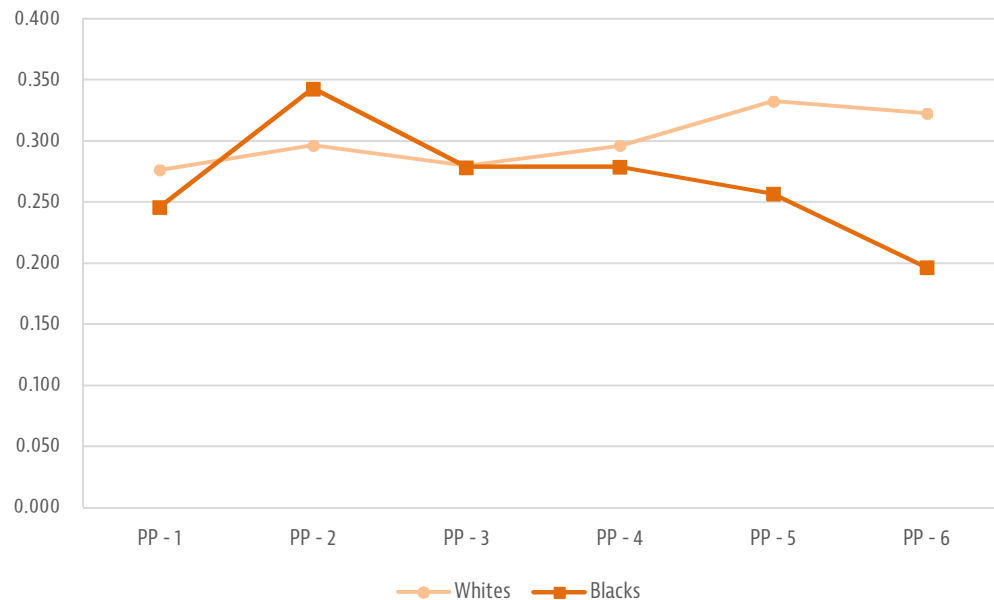
The results presented in Table 6 suggest that African American children are somewhat less likely to achieve permanency (.94) than white children. That said, the results in Table 6 report the average effect of a given variable over all person-periods. To understand whether the magnitude of the disparity depends on the time children spend in care, the model has to be adjusted to show race *and* period-specific permanency rates. The results of this adjustment, which is accomplished using interaction terms, are found in Figure 1.

Table 6: Parameter Estimates for Permanency

Effect	Estimate	Error	Pr > t	Odds Ratio or (Rate)
Time in care				
1-180 days (PP-1)	-0.975	0.051	.0001	(0.27)
181-360 days (PP-2)	-0.771	0.051	.0001	(0.32)
361-540 days (PP-3)	-0.923	0.053	.0001	(0.28)
541-720 days (PP-4)	-0.867	0.055	.0001	(0.30)
721-900 days (PP-5)	-0.766	0.059	.0001	(0.32)
901-1,080 days (PP-6)	-0.885	0.067	.0001	(0.29)
Race/ethnicity				
White children	Reference			
African American children	-0.067	0.025	0.007	0.94
Age at admission				
Infants	Reference			
Age 1 to 5	0.073	0.026	0.006	1.08
Age 6 to 12	0.015	0.027	0.576	1.02
Age 13 & above	0.164	0.028	.0001	1.18
Gender				
Female	Reference			
Male	0.053	0.016	0.001	1.05
Year of admission				
Year admitted - 2011	Reference			
Year admitted - 2012	-0.067	0.026	0.010	0.94
Year admitted - 2013	-0.038	0.026	0.143	0.96
Year admitted - 2014	-0.070	0.028	0.011	0.93
Year admitted - 2015	-0.115	0.027	.0001	0.89
Year admitted - 2016	-0.319	0.029	.0001	0.73
Year admitted - 2017	-0.806	0.039	.0001	0.45
Placement type				
Foster care	Reference			
Kinship care	0.477	0.021	.0001	1.61
Congregate care	0.296	0.025	.0001	1.34
Other care types	0.234	0.064	0.000	1.26
Placement History				
First admissions	Reference			
Spell 2	-0.468	0.038	.0001	0.63
Spell 3	-0.675	0.073	.0001	0.51
History of foster care	Reference			
History kinship	0.209	0.077	0.007	1.23
History congregate	0.202	0.054	0.000	1.22
History other	0.199	0.117	0.088	1.22
County characteristics				
Moderate African American population	Reference			
Large African American population	0.034	0.071	0.635	1.03
Small African American population	-0.009	0.079	0.913	0.99

Figure 1 displays the adjusted rate of permanency by person-period for African American and white children separately (see Appendix E, Table 1). The adjusted rates refer to the fact that all of the variables in Table 6 have been incorporated in the assessment of permanency rates.

Figure 1: Period-Specific Rates of Exit and Disparity Ratios by Race*

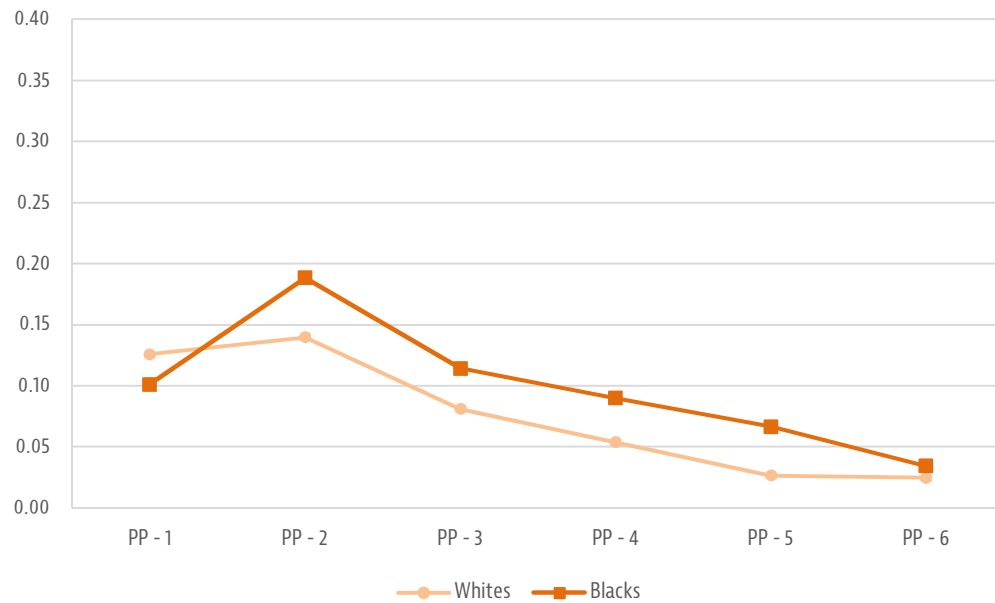


Overall, the analysis reveals that judgments about the African American/white permanency gap do indeed depend on when one looks. Although the statewide assessment suggests that African American children move somewhat more slowly to permanency than white children do, the reason why has to do with what happens among children who have been in care 720 days or more (24 months or longer). Prior to that time, the gap is small and, in the case of children leaving care between the seventh and twelfth month (the second person-period), the rate of permanency is higher for African American children than it is for white children. After 720 days (the fourth person-period), the disparity grows larger, indicated by the gap between the line for whites and the line for African Americans.

Because the disparity in permanency rates is dependent on how long children have been in care, the results displayed in Figure 1 raise the question as to whether disparity is dependent on the type of permanency achieved. More specifically, because adoptions are more likely to involve children who have been in care for some time, during which time reunification and guardianship have been ruled out as possibilities, we may find that disparities in permanency rates generally are the result of exit-specific differences in exit rates that further differentiate the experience of African American children as compared to white children.

To test this possibility, we repeated the analysis shown in Figure 1 (and Appendix E, Table 1) for each of three exit reasons: reunification, guardianship and adoption. The results are displayed in Figure 2 through Figure 4 for reunification, guardianship and adoption, respectively.

Figure 2: Period-Specific Rates of Exit to Reunification and Disparity Ratios by Race*



The findings do indeed point to exit-specific disparities. In the case of reunification, African American children are actually more likely to be reunified than white children, except within six months of placement (see Figure 2). For guardianship, the story is a bit more complicated. Exit rates are higher for white children during the first two person-periods, but thereafter are higher for African American children (Figure 3). Finally, for adoption, white children, regardless of how long they have been in care, are more likely to be adopted, except in the initial six months, when adoption is rare overall (see Figure 4).

Figure 3: Period-Specific Rates of Exit to Guardianship and Disparity Ratios by Race

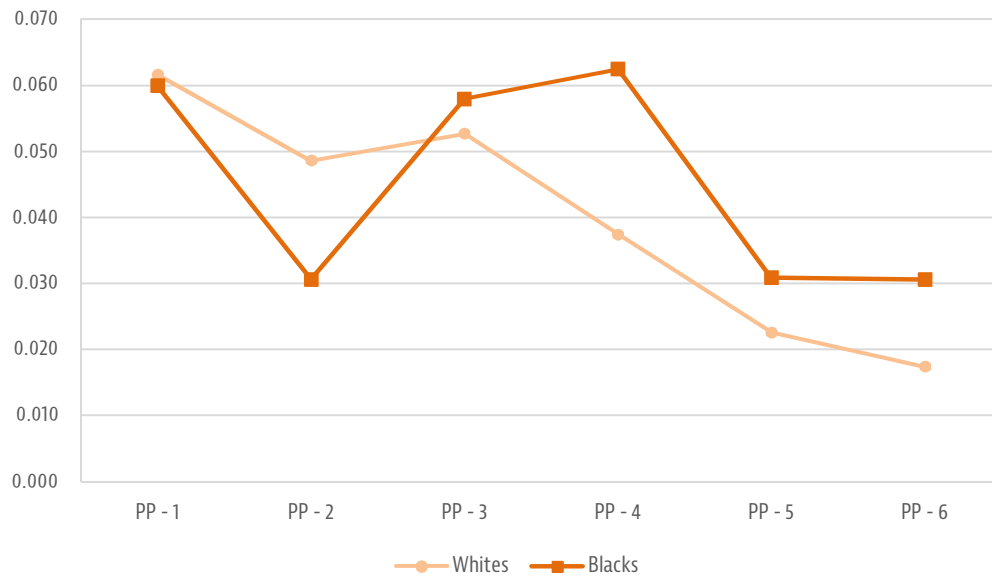
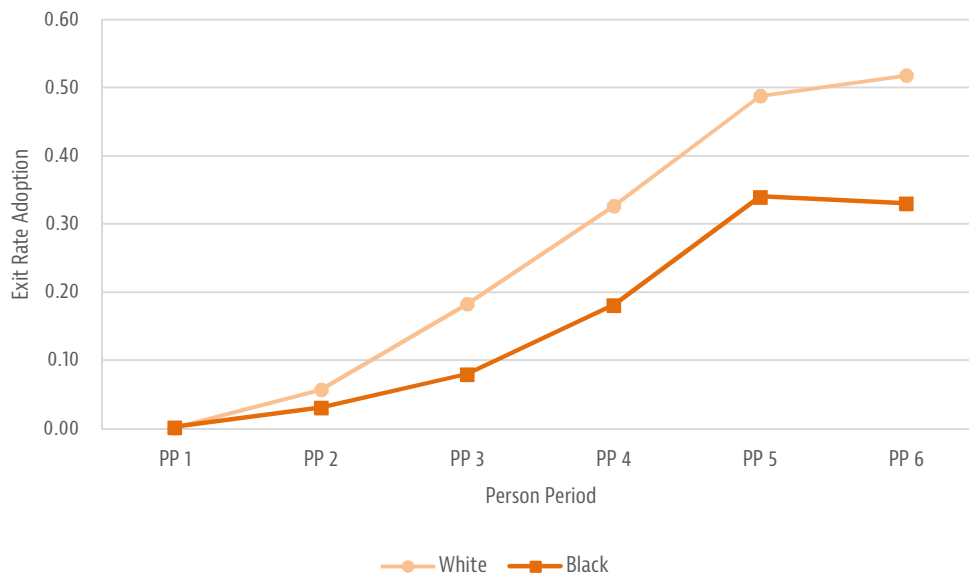


Figure 4: Period-Specific Rates of Exit to Adoption and Disparity Ratios by Race



SUMMARY

In this report, we examined whether African American children are more likely to enter foster care and less likely to leave. Pooled together, the findings suggest that there is no simple narrative that differentiates the placement experience of African American children from the experience of white children. For the state as whole, admission disparities are modest. The ratio of African American admissions to white admissions is 1.27 over the period from 2011 to 2017, which is in line with the disparity ratio reported earlier (1.2) for 2005 (Wulczyn, Lery, & Haight, 2006) and well below levels elsewhere around the country (Wulczyn & Lery, 2007; Wulczyn, Gibbons, Snowden, & Lery, 2013).

With that said, the results do reveal important two important differences to bear in mind. First, the level of disparity varies at the county level. We showed this in two ways. When grouped by the size of the African

American population relative to the white population, disparity rates were highest in the counties with the largest African American child population. That finding suggests that efforts to reduce disparities ought to focus on certain counties, not exclusively, but as a matter of priority. We also showed that among the group of counties with the largest African American child populations, disparity varied considerably at the county level. Moreover, we showed that for specific counties, the underlying placement rate was not necessarily associated with greater disparity: counties with high African American child placement rates may have low disparity ratios because the placement rate for whites tends to be high in those same counties. Knox county is a clear example of this situation. Placement rates for both white and African American children are higher there than other parts of the state, which produces a lower than average disparity ratio.

We also found that African American children do leave care at slightly different rates than white children overall, but the most meaningful differences are tied to the reason for leaving care. African American children are more likely to be reunified at each point of time (the person-periods), except for the first six months after entering care. For guardianship, the narrative is a bit more complicated. Among white children, in the 12 months after placement, guardianship is more likely than it is for African American children. Thereafter, the guardianship rate is higher for African American children. Adoption is the one reason for leaving care for which the experience of white children is persistently different than it is for African American children. For each person-period, among the children who start the person-period still in care, the likelihood of being adopted is about twice as high for white children as it is for African American children.

Because it is the first time evidence of this nature has been presented to DCS leadership, particularly for the exit disparities, it is prudent to be circumspect about next steps. As the evidence suggests, addressing disparity is not just a matter of reducing admissions or accelerating permanency. For example, simply because African American children leave care to live with their parents at rates that are higher than they are for white children should not be taken to mean that some level of parity has been achieved. We did not, for example, compare whether reentry rates are higher for African American children, which may be cause for further study. If that were the case, the meaningful differences in reunification rates would take on a slightly different meaning. In fairness, then, it is important to avoid the tendency to reach a summary conclusion when important details have yet to be incorporated into the picture this evidence paints.

Notwithstanding the substantial investments DCS already puts toward community engagement, perhaps the most important next step is to convene a group of stakeholders to explore how the evidence presented here informs the broader dialogue about the quality of care children receive, regardless of their race, ethnicity, gender, or where in Tennessee they happen to live. Because adoption disparities are the most striking, the stakeholder group might start with adoption processes by embedding a review within the Department's ongoing continuous improvement efforts. A carefully selected sample of records from counties with elevated adoption disparities, comparing similarly situated children may isolate the factors that contribute to the observed disparity. When the decision to adopt is made and by whom, under what circumstances is it made, and what effort is required to secure adoptive homes are worthwhile focal questions, especially if foster homes are more likely to adopt white foster children than African American foster children.

In sum, if the results pointed to a single narrative, the list of recommendations would be somewhat easier to imagine. That, however, is simply not the case. Whether the topic is admission disparity or exit disparity, the only persistent theme is how much variation there is. Because one part of Tennessee does not resemble other parts, a single solution applied across the state is unlikely to have uniform, intended benefits and could make matters worse in some parts of the state. Going forward, the best problem-solving model would involve systematic application of the Department's CQI model. That process starts with an assertion/observation about disparity (in any one of its many forms including admission/exit disparity) and the collection of evidence that supports or contradicts the assertion. When an observation has been made and substantiated with valid/reliable evidence, the next step involves formulating a statement about why the disparity is present. Again, the reasons why will have to be defended with relevant evidence. An explanation, supported by valid

evidence, is important to the process because it is tied ultimately to the action steps and an assessment of whether the steps taken have their intended benefits.

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

Placement Rate per Thousand by Race, Region, and Fiscal Year of Entry, First Admissions in SFY12-13 through SFY17-18

Region	SFY12-13			SFY13-14			SFY14-15			SFY15-16			SFY16-17			SFY17-18		
	AA	WH	Disp Ratio	AA	WH	Disp Ratio	AA	WH	Disp Ratio	AA	WH	Disp Ratio	AA	WH	Disp Ratio	AA	WH	Disp Ratio
State	3.3	3.1	1.0	2.5	2.9	0.9	2.6	2.7	1.0	2.9	2.9	1.0	3.1	3.1	1.0	3.1	3.2	1.0
Davidson	2.6	1.5	1.7	2.7	1.3	2.0	2.9	1.0	3.0	2.9	1.3	2.3	3.6	1.7	2.1	3.6	1.2	3.1
East Tennessee	3.2	5.6	0.6	1.9	5.2	0.4	1.3	4.6	0.3	13.7	5.2	2.7	1.5	3.4	0.4	3.0	5.6	0.5
Knox	6.1	3.2	1.9	5.6	3.9	1.4	4.3	3.9	1.1	5.7	3.4	1.7	8.0	4.3	1.9	7.1	3.9	1.8
Mid Cumberland	3.2	1.8	1.8	2.0	1.5	1.4	2.0	1.4	1.4	2.7	1.6	1.7	3.4	1.9	1.8	3.1	1.6	1.9
Northeast	3.2	3.7	0.9	4.9	3.7	1.3	1.6	3.3	0.5	2.9	3.4	0.9	5.0	4.8	1.1	5.0	3.9	1.3
Northwest	4.8	2.7	1.8	5.6	3.0	1.9	6.7	2.9	2.3	3.8	3.6	1.0	3.3	2.3	1.4	4.5	3.8	1.2
Shelby	3.6	0.9	4.2	2.2	0.6	3.5	2.2	0.6	3.5	2.5	0.7	3.5	2.2	1.2	1.9	2.6	1.0	2.7
Smoky Mountain	1.5	5.6	0.3	1.9	4.6	0.4	3.9	4.4	0.9	9.7	4.6	2.1	9.1	4.4	2.1	8.1	4.7	1.7
South Central	3.0	2.7	1.1	1.5	1.8	0.8	4.7	2.3	2.1	1.4	3.5	0.4	2.5	4.0	0.6	2.5	4.8	0.5
Southwest	1.5	2.3	0.7	2.3	1.9	1.2	1.7	2.0	0.8	2.8	1.0	2.8	3.3	2.1	1.6	2.4	2.3	1.0
Tennessee Valley	2.9	3.2	0.9	2.5	3.1	0.8	2.7	2.6	1.0	3.7	2.9	1.3	3.4	3.1	1.1	2.8	2.6	1.1
Upper Cumberland	6.0	6.3	1.0	3.4	5.9	0.6	10.2	5.7	1.8	9.3	5.2	1.8	7.1	4.5	1.6	10.7	5.7	1.9

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

Note that most of the African American population lives in six regions: Shelby, Davidson, Mid Cumberland, Southwest, Tennessee Valley, and Knox (see AC Report 3, Table 1).

Median Duration by Race, Region, and Fiscal Year of Entry, First Admissions in SFY12-13 through SFY16-17

Region	SFY12-13			SFY13-14			SFY14-15			SFY15-16			SFY16-17		
	AA	WH	Disp Ratio	AA	WH	Disp Ratio	AA	WH	Disp Ratio	AA	WH	Disp Ratio	AA	WH	Disp Ratio
State	9.5	10.4	0.9	11.3	11.3	1.0	11.1	11.2	1.0	10.6	11.2	1.0	12.1	12.1	1.0
Davidson	5.3	8.3	0.6	4.9	4.5	1.1	7.2	4.6	1.6	13.4	5.6	2.4	9.8	13.8	0.7
East Tennessee	7.2	7.6	1.0	1.6	6.9	0.2	5.1	6.4	0.8	1.5	8.0	0.2	-	9.6	-
Knox	9.4	13.8	0.7	10.2	13.2	0.8	10.2	13.8	0.7	12.1	11.6	1.0	11.9	12.3	1.0
Mid Cumberland	10.1	9.2	1.1	8.4	7.3	1.2	10.3	9.2	1.1	6.7	9.0	0.7	10.3	10.3	1.0
Northeast	19.3	12.5	1.5	13.3	16.3	0.8	6.1	10.0	0.6	22.8	12.5	1.8	15.3	11.9	1.3
Northwest	7.4	12.3	0.6	15.4	10.9	1.4	12.3	11.8	1.0	15.1	8.8	1.7	11.3	9.9	1.1
Shelby	10.2	3.8	2.7	13.0	7.0	1.9	12.8	6.2	2.1	10.9	7.9	1.4	12.9	13.3	1.0
Smoky Mountain	1.4	12.2	0.1	3.3	12.7	0.3	9.7	12.7	0.8	11.2	14.3	0.8	-	14.8	-
South Central	4.6	10.0	0.5	14.0	11.2	1.2	12.9	11.0	1.2	14.7	10.5	1.4	11.4	12.8	0.9
Southwest	7.2	6.0	1.2	12.5	11.3	1.1	11.2	7.3	1.5	7.9	11.9	0.7	13.7	13.5	1.0
Tennessee Valley	12.1	8.0	1.5	11.2	10.9	1.0	13.4	12.3	1.1	7.3	9.2	0.8	-	13.4	-
Upper Cumberland	13.3	11.7	1.1	20.2	12.6	1.6	19.3	13.2	1.5	5.9	11.9	0.5	14.7	12.1	1.2

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

Note that most of the African American population lives in six regions: Shelby, Davidson, Mid Cumberland, Southwest, Tennessee Valley, and Knox (see AC Report 3, Table 1). In the table above, denominators for African American children in the other regions may be very small.

Reentry Rate by Race, Region, and Fiscal Year of Entry, First Admissions in SFY12-13 through SFY16-17

Region	SFY12-13			SFY13-14			SFY14-15			SFY15-16			SFY16-17		
	AA	WH	Disp Ratio	AA	WH	Disp Ratio	AA	WH	Disp Ratio	AA	WH	Disp Ratio	AA	WH	Disp Ratio
State	11%	8%	1.45	8%	8%	1.02	11%	7%	1.46	7%	7%	1.00	12%	9%	1.34
Davidson	12%	21%	0.56	20%	14%	1.47	21%	18%	1.14	11%	17%	0.62	25%	5%	4.69
East Tennessee	0%	11%	-	33%	12%	2.86	25%	13%	1.88	0%	9%	-	50%	8%	6.25
Knox	2%	5%	0.51	8%	4%	1.89	9%	5%	2.00	5%	2%	2.47	8%	9%	0.90
Mid Cumberland	7%	6%	1.18	8%	8%	0.97	3%	9%	0.32	7%	9%	0.70	6%	11%	0.51
Northeast	20%	12%	1.66	0%	7%	-	14%	7%	2.00	0%	7%	-	0%	9%	-
Northwest	7%	15%	0.44	11%	3%	4.04	8%	9%	0.92	0%	10%	-	4%	6%	0.76
Shelby	10%	4%	2.41	4%	0%	-	8%	0%	-	8%	0%	-	8%	14%	0.58
Smoky Mountain	20%	3%	6.71	0%	7%	-	0%	6%	-	0%	5%	-	0%	12%	-
South Central	32%	8%	4.08	0%	12%	-	20%	7%	2.89	20%	9%	2.19	6%	9%	0.63
Southwest	24%	9%	2.48	0%	4%	-	4%	3%	1.18	6%	5%	1.06	15%	8%	1.82
Tennessee Valley	10%	4%	2.68	15%	13%	1.13	25%	6%	4.31	14%	7%	2.07	20%	8%	2.53
Upper Cumberland	0%	4%	-	43%	8%	5.36	0%	6%	-	0%	7%	-	31%	8%	3.98

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

Note that most of the African American population lives in six regions: Shelby, Davidson, Mid Cumberland, Southwest, Tennessee Valley, and Knox (see AC Report 3, Table 1). In the table above, denominators for African American children in the other regions may be very small.

Initial Placement in Family Settings by Race, Region, and Fiscal Year of Entry, First Admissions (Age 13 through 17) in SFY12-13 through SFY17-18

Region	SFY12-13			SFY13-14			SFY14-15			SFY15-16			SFY16-17			SFY17-18		
	AA	WH	Disp Ratio	AA	WH	Disp Ratio	AA	WH	Disp Ratio	AA	WH	Disp Ratio	AA	WH	Disp Ratio	AA	WH	Disp Ratio
State	80%	71%	1.1	71%	69%	1.0	73%	65%	1.1	75%	65%	1.2	69%	63%	1.1	65%	68%	1.0
Davidson	89%	69%	1.3	86%	84%	1.0	64%	71%	0.9	88%	80%	1.1	73%	75%	1.0	78%	75%	1.0
East Tennessee	100%	71%	1.4	0%	66%	-	100%	65%	1.5	25%	79%	0.3	100%	72%	1.4	0%	80%	-
Knox	40%	63%	0.6	58%	63%	0.9	60%	60%	1.0	57%	58%	1.0	78%	70%	1.1	62%	57%	1.1
Mid Cumberland	87%	82%	1.1	74%	79%	0.9	80%	78%	1.0	71%	71%	1.0	89%	66%	1.3	79%	78%	1.0
Northeast	-	55%	-	50%	52%	1.0	67%	51%	1.3	-	39%	-	67%	39%	1.7	33%	39%	0.8
Northwest	63%	88%	0.7	50%	87%	0.6	100%	74%	1.4	72%	82%	0.9	75%	82%	0.9	86%	81%	1.1
Shelby	82%	66%	1.2	70%	67%	1.0	80%	67%	1.2	87%	86%	1.0	56%	60%	0.9	51%	78%	0.7
Smoky Mountain	100%	57%	1.8	-	56%	-	33%	46%	0.7	44%	59%	0.7	50%	52%	1.0	50%	60%	0.8
South Central	57%	76%	0.8	75%	83%	0.9	88%	86%	1.0	50%	70%	0.7	78%	71%	1.1	71%	69%	1.0
Southwest	60%	74%	0.8	79%	79%	1.0	84%	66%	1.3	63%	84%	0.8	94%	73%	1.3	68%	80%	0.9
Tennessee Valley	75%	73%	1.0	45%	62%	0.7	53%	58%	0.9	46%	59%	0.8	70%	67%	1.0	61%	81%	0.7
Upper Cumberland	66%	76%	0.9	100%	76%	1.3	60%	70%	0.9	67%	64%	1.0	14%	56%	0.3	80%	57%	1.4

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

Note that most of the African American population lives in six regions: Shelby, Davidson, Mid Cumberland, Southwest, Tennessee Valley, and Knox (see AC Report 3, Table 1). In the table above, denominators for African American children in the other regions may be very small.

Note that for this measure, a higher disparity rate is associated with a positive outcome.

Percentage of Children Experiencing at Least One Placement Move during the First 60 Days in Care by Race, Region, and Fiscal Year of Entry,
First Admissions in SFY13-14 through SFY16-17

Region	SFY13-14			SFY14-15			SFY15-16			SFY16-17		
	AA	WH	Disp Ratio	AA	WH	Disp Ratio	AA	WH	Disp Ratio	AA	WH	Disp Ratio
State	31%	31%	1.0	34%	32%	1.1	35%	37%	0.9	41%	34%	1.2
Davidson	35%	32%	1.1	34%	34%	1.0	47%	43%	1.1	49%	27%	1.8
East Tennessee	33%	33%	1.0	0%	29%	0.0	63%	32%	2.0	100%	33%	3.1
Knox	32%	28%	1.1	43%	28%	1.5	44%	37%	1.2	51%	30%	1.7
Mid Cumberland	61%	43%	1.4	32%	33%	1.0	48%	46%	1.0	42%	42%	1.0
Northeast	33%	26%	1.3	25%	31%	0.8	14%	31%	0.5	42%	31%	1.4
Northwest	22%	31%	0.7	15%	35%	0.4	23%	30%	0.7	41%	30%	1.4
Shelby	24%	28%	0.9	34%	20%	1.7	25%	22%	1.1	33%	28%	1.2
Smoky Mountain	50%	39%	1.3	63%	42%	1.5	50%	45%	1.1	29%	34%	0.9
South Central	25%	34%	0.7	32%	40%	0.8	32%	45%	0.7	53%	39%	1.4
Southwest	19%	27%	0.7	33%	17%	2.0	35%	24%	1.5	32%	32%	1.0
Tennessee Valley	43%	27%	1.6	43%	31%	1.4	36%	38%	1.0	41%	34%	1.2
Upper Cumberland	25%	22%	1.2	8%	27%	0.3	15%	32%	0.5	60%	31%	1.9

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

Note that most of the African American population lives in six regions: Shelby, Davidson, Mid Cumberland, Southwest, Tennessee Valley, and Knox (see AC Report 3, Table 1). In the table above, denominators for African American children in the other regions may be very small.

Number of Moves per 1,000 Days by Race, Region, and Fiscal Year of Entry, All Admissions in SFY12-13 through SFY17-18

Region	SFY12-13			SFY13-14			SFY14-15			SFY15-16			SFY16-17			SFY17-18		
	AA	WH	Disp Ratio	AA	WH	Disp Ratio	AA	WH	Disp Ratio	AA	WH	Disp Ratio	AA	WH	Disp Ratio	AA	WH	Disp Ratio
State	6.7	5.3	1.2	6.4	5.4	1.2	6.8	5.3	1.3	8.3	6.0	1.4	9.3	5.9	1.6	8.7	6.5	1.4
Davidson	9.4	3.5	2.7	13.8	7.3	1.9	10.5	8.9	1.2	17.3	11.8	1.5	17.8	8.8	2.0	13.2	8.1	1.6
East Tennessee	2.4	6.1	0.4	0.0	7.1	0.0	4.4	6.2	0.7	16.7	6.2	2.7	10.6	7.0	1.5	16.4	7.6	2.2
Knox	7.2	3.8	1.9	6.7	5.7	1.2	6.5	4.7	1.4	9.9	5.5	1.8	10.0	5.6	1.8	7.9	6.4	1.2
Mid Cumberland	9.5	7.0	1.4	11.5	7.8	1.5	8.1	6.3	1.3	10.8	9.0	1.2	12.1	7.3	1.7	11.6	9.0	1.3
Northeast	3.8	4.6	0.8	6.8	3.2	2.1	2.1	4.7	0.5	2.5	5.1	0.5	2.5	5.3	0.5	10.3	6.0	1.7
Northwest	7.9	4.1	1.9	3.5	5.4	0.6	4.8	4.8	1.0	4.5	4.0	1.1	5.3	4.8	1.1	8.8	4.6	1.9
Shelby	5.5	5.5	1.0	4.7	2.6	1.8	5.7	3.1	1.8	5.7	2.9	1.9	6.5	3.8	1.7	6.5	4.6	1.4
Smoky Mountain	20.2	5.9	3.4	0.0	6.0	0.0	8.5	5.3	1.6	7.8	6.1	1.3	3.9	5.9	0.7	17.6	7.0	2.5
South Central	7.5	6.6	1.1	7.0	5.1	1.4	11.9	7.6	1.6	5.4	6.9	0.8	10.0	6.3	1.6	4.7	6.6	0.7
Southwest	4.8	5.8	0.8	4.1	4.4	0.9	5.8	3.3	1.8	7.3	3.8	1.9	7.2	4.9	1.5	6.3	4.3	1.5
Tennessee Valley	6.7	5.4	1.2	6.3	5.3	1.2	5.7	5.0	1.1	7.3	6.5	1.1	6.0	6.2	1.0	9.2	6.5	1.4
Upper Cumberland	8.4	4.4	1.9	1.0	4.0	0.3	4.1	4.7	0.9	2.6	4.7	0.6	7.5	5.0	1.5	5.9	4.6	1.3

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

Note that most of the African American population lives in six regions: Shelby, Davidson, Mid Cumberland, Southwest, Tennessee Valley, and Knox (see AC Report 3, Table 1). In the table above, denominators for African American children in the other regions may be very small.

Initial Placement with Siblings by Race, Region, and Fiscal Year of Entry, First Admissions in SFY12-13 through SFY17-18

Region	SFY12-13			SFY13-14			SFY14-15			SFY15-16			SFY16-17			SFY17-18		
	AA	WH	Disp Ratio	AA	WH	Disp Ratio	AA	WH	Disp Ratio	AA	WH	Disp Ratio	AA	WH	Disp Ratio	AA	WH	Disp Ratio
State	75%	84%	0.9	81%	84%	1.0	77%	83%	0.9	73%	85%	0.9	74%	83%	0.9	73%	82%	0.9
Davidson	87%	88%	1.0	68%	80%	0.9	82%	100%	0.8	55%	93%	0.6	67%	88%	0.8	68%	93%	0.7
East Tennessee	100%	87%	1.1	-	89%	-	-	88%	-	67%	76%	0.9	-	93%	-	-	84%	-
Knox	88%	92%	1.0	93%	82%	1.1	100%	79%	1.3	80%	85%	0.9	68%	73%	0.9	57%	78%	0.7
Mid Cumberland	84%	92%	0.9	100%	91%	1.1	92%	93%	1.0	100%	88%	1.1	86%	95%	0.9	88%	90%	1.0
Northeast	100%	84%	1.2	67%	81%	0.8	100%	82%	1.2	-	90%	-	33%	74%	0.5	0%	85%	-
Northwest	88%	73%	1.2	50%	78%	0.6	62%	73%	0.8	80%	77%	1.0	75%	86%	0.9	67%	80%	0.8
Shelby	66%	79%	0.8	82%	56%	1.5	70%	80%	0.9	67%	86%	0.8	77%	62%	1.3	75%	67%	1.1
Smoky Mountain	-	75%	-	-	81%	-	100%	80%	1.3	100%	85%	1.2	100%	87%	1.2	67%	79%	0.8
South Central	67%	85%	0.8	-	90%	-	100%	69%	1.4	100%	86%	1.2	86%	81%	1.1	86%	76%	1.1
Southwest	78%	75%	1.0	93%	78%	1.2	100%	77%	1.3	43%	79%	0.5	82%	86%	1.0	38%	81%	0.5
Tennessee Valley	73%	84%	0.9	70%	85%	0.8	70%	70%	1.0	92%	81%	1.1	71%	77%	0.9	88%	80%	1.1
Upper Cumberland	100%	85%	1.2	-	87%	-	67%	94%	0.7	50%	95%	0.5	0%	89%	-	100%	86%	1.2

Source: TFACTS/Chapin Hall Administrative Data through June 30, 2018.

Note that most of the African American population lives in six regions: Shelby, Davidson, Mid Cumberland, Southwest, Tennessee Valley, and Knox (see AC Report 3, Table 1). In the table above, denominators for African American children in the other regions may be very small.

Note that for this measure, a higher disparity rate is associated with a positive outcome.

AC Report 1: 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.

Compare to Table 5 in AC Report 3.

AC Report 1: 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.

Compare to Table 6 in AC Report 3.

APPENDIX C

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 D

Number of Foster Care Family Service Workers by Region: Randomly Selected Dates between January 1, 2018 and June 30, 2018

Region	Jan 2	Feb 7	Feb 19	Mar 12	Mar 19	Mar 25	Apr 4	Apr 10	May 14	May 28	Jun 12	Jun 24
State	558	556	566	565	569	568	570	566	559	570	574	570
Davidson	42	41	39	37	38	37	40	40	38	35	42	43
East	31	30	30	32	32	33	29	30	32	31	32	32
Knox	47	49	48	51	52	53	54	54	53	53	55	55
Mid Cumberland	65	63	67	66	70	64	67	68	67	71	70	66
Northeast	50	48	47	48	49	49	52	50	50	53	52	54
Northwest	31	31	31	29	29	31	30	29	31	32	30	29
Shelby	70	71	71	67	67	67	66	66	66	67	66	67
Smoky Mountain	55	56	57	59	57	58	57	54	55	57	57	56
South Central	45	44	48	48	48	49	50	50	45	48	48	47
Southwest	26	26	26	26	26	26	26	26	26	25	25	25
Tennessee Valley	49	51	55	54	54	54	54	53	49	49	48	47
Upper Cumberland	46	46	47	48	47	47	45	46	47	49	49	49

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

Number Foster Care Supervisors by Region: Randomly Selected Dates between January 1, 2018 and June 30, 2018

Region	Jan 2	Feb 7	Feb 19	Mar 12	Mar 19	Mar 25	Apr 4	Apr 10	May 14	May 28	Jun 12	Jun 24
State	174	209	207	203	207	210	212	209	212	208	212	207
Davidson	11	17	16	16	15	15	18	12	16	16	15	15
East	9	9	9	9	9	12	9	9	9	9	9	9
Knox	17	27	27	27	27	27	27	27	27	18	27	27
Mid Cumberland	23	24	27	31	33	31	30	30	28	28	25	21
Northeast	15	17	17	12	15	17	18	13	14	14	14	14
Northwest	11	12	12	8	8	8	8	8	8	10	8	8
Shelby	21	19	20	20	20	20	21	21	27	27	26	26
Smoky Mountain	13	20	20	21	21	21	21	16	21	20	22	22
South Central	14	14	14	14	14	14	15	21	13	14	14	13
Southwest	9	9	9	9	9	9	9	9	9	9	9	9
Tennessee Valley	14	20	15	15	15	15	15	22	20	21	21	21
Upper Cumberland	16	21	21	21	21	21	21	21	20	22	22	22

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

APPENDIX E

The analysis of person-periods conforms with what is known as a discrete-time hazard model. Discrete-time models offer a number of advantages when the data are structured as person-periods. As mentioned, when using person-periods, it is possible to measure how permanency rates vary with length of stay. In the context of disparity, rather than rely on the average difference in permanency rates, as is the case with most analyses of permanency and disparity, we are able to assess whether disparity varies with length of stay. Second, the discrete time models make it easy to consider the fact that children from the same county may have similar experiences because they are receiving services from within the same general context. The same practices within counties may create differences between counties that are of interest to policy makers, even in jurisdictions that do not have a county administrative structure. Put another way, our analysis doesn't rely on the assumption that disparity is the same everywhere throughout the state. Last, the discrete time model accommodates child differences tied to differences in demographic characteristics and placement history, as discussed above.

There are four tables in the Appendix, each of which served as the basis for **Error! Reference source not found.** through **Error! Reference source not found.**. They are presented here as technical backup. In the main text, the narrative was organized around disparity. Here, the focus is on disparity plus the other insights derived from the statistical analysis, to the extent those insights have practical value for leadership.

Regarding disparity, **Error! Reference source not found.** through **Error! Reference source not found.** were developed using the data from rows under the Time in Care heading. Listed under the heading are the specific terms used for the line charts. Disparity is calculated by dividing the exit rates for African American children by the exit rate for white children. For example, the exit rate to permanency in the first period for white children is 0.282 and for African American children it is 0.247 (see Appendix Table 1). The ratio of the two rates is $(0.247/0.282)$ produces a disparity ratio of 0.878, which indicates that exits to permanency in the six months of placement is less likely for African American children. These disparity ratios are displayed in the right most column of the four appendix tables.

Appendix Table 1: Permanency

- ▶ Age at admission: Infants move most slowly to permanency, but this is highly dependent on the type of permanency, as shown when the results for each model—reunification, guardianship, and adoption—are compared.
- ▶ Males generally move more quickly to permanency, but the difference is generally small (five percent per person-period and also dependent on the type of permanency).
- ▶ The link between placement type and leaving care is complicated.
 - a) Congregate care: White non-adolescents in congregate care move more slowly to permanency than children in family-based care (0.49).
 - b) Congregate care and African American: African American non-adolescents in congregate care leave care somewhat more quickly than white non-adolescents in congregate care but the difference is not statistically significant (1.28).
 - c) Congregate care and adolescent: White adolescents leave congregate care to permanency much more quickly than white non-adolescents (3.26).
 - d) Congregate care and African American and adolescent: African American adolescents in congregate care leave more slowly than African American non-adolescents (0.72).

- ▶ Children who returned to care (i.e., reentered care) achieve permanency more slowly and speak to the need to understand reentry to care from multiple perspectives including a factor that explains disparities.
- ▶ County population differences, measured as the proportion of children in the county who are African American, does not have an effect on permanency, but this finding is also dependent on the reason for leaving care.
- ▶ County-level admission entry rate disparities are not a factor associated with exit rates.

Appendix Table 1: Exits to Permanency – Model Used for **Error! Reference source not found.**

Effect	Estimate	Error	Pr > t	(Rate) or Odds Ratio	Exit Disparity
Time in care					
Whites - PP-1	-0.96	0.06	0.00	(.28)	0.89
Whites - PP-2	-0.86	0.06	0.00	(.3)	1.13
Whites - PP-3	-0.95	0.06	0.00	(.28)	1.00
Whites - PP-4	-0.87	0.06	0.00	(.3)	0.93
Whites - PP-5	-0.70	0.07	0.00	(.33)	0.79
Whites - PP-6	-0.74	0.08	0.00	(.32)	0.63
African Americans - PP-1	-1.12	0.06	0.00	(.25)	
African Americans - PP-2	-0.65	0.07	0.00	(.34)	
African Americans - PP-3	-0.95	0.07	0.00	(.28)	
African Americans - PP-4	-0.95	0.08	0.00	(.28)	
African Americans - PP-5	-1.06	0.09	0.00	(.26)	
African Americans - PP-6	-1.41	0.12	0.00	(.2)	
Age at admission					
Infants	Reference				
Age 1 to 5	0.07	0.03	0.01	1.07	
Age 6 to 12	0.08	0.03	0.00	1.08	
Age 13 & above	0.07	0.03	0.01	1.08	
Gender					
Female	Reference				
Male	0.05	0.02	0.00	1.05	
Year of admission					
Year admitted - 2011	Reference				
Year admitted - 2012	-0.07	0.03	0.01	0.93	
Year admitted - 2013	-0.04	0.03	0.09	0.96	
Year admitted - 2014	-0.07	0.03	0.01	0.93	
Year admitted - 2015	-0.12	0.03	0.00	0.89	
Year admitted - 2016	-0.32	0.03	0.00	0.73	
Year admitted - 2017	-0.81	0.04	0.00	0.44	
Placement type & Placement type interactions					
Foster care	Reference				
Kinship care	0.47	0.02	0.00	1.60	
a) Congregate care – White, non-adolescents	-0.71	0.08	0.00	0.49	
b) Congregate care & African American & adolescent	-0.33	0.15	0.03	0.72	
c) Congregate care & African American	0.24	0.15	0.11	1.28	
d) Congregate care & adolescent	1.18	0.09	0.00	3.26	
Other care types	0.29	0.06	0.00	1.34	
Placement history					
First admissions	Reference				
Spell 2	0.21	0.08	0.01	1.23	
Spell 3	0.17	0.05	0.00	1.19	
History of foster care	Reference				
History of kinship	0.21	0.08	0.01	1.23	
History of congregate	0.17	0.05	0.00	1.19	
History (other)	0.17	0.12	0.15	1.18	
County characteristics					
Moderate African American population	Reference				
Large African American population	0.03	0.07	0.66	1.03	
Small African American population	-0.03	0.08	0.73	0.97	
Admission disparity	0.01	0.01	0.33	1.01	

Appendix Table 2: Reunification

- ▶ Infants are less likely to be reunified.
- ▶ Males are more likely to be reunified.
- ▶ Reunification rates have slowed somewhat in more recent years compared to 2011 but this may be due to the fact that children admitted more recently have yet to complete their time in care, notwithstanding the fact that our statistical models control for the shortened observation period for the more recent cohorts.
- ▶ The link between placement type and reunification is complicated.
 - a) Congregate care – whites, non-adolescents: White non-adolescents in congregate care move somewhat more slowly to reunification than children in family-based care regardless of their age (0.89), but the difference is not statistically significant.
 - b) Congregate care and African American and adolescent: African American adolescents in congregate care are adopted more slowly than African American non-adolescents (0.91) but the difference is not statistically significant.
 - c) Congregate care and African American: African American non-adolescents in congregate care leave care somewhat more slowly to adoption than white non-adolescents in congregate care but the difference is not statistically significant (0.94).
 - d) Congregate care and adolescent: White adolescents leave congregate care much more quickly to adoption than white non-adolescents (2.38).
- ▶ Prior time in care—i.e., children who returned to care—are less likely to be reunified.
- ▶ When compared to counties with moderately sized African American child populations, reunification rates are some smaller in counties with small African American child populations but no different when compared with counties with larger African American child populations.

Appendix Table 2: Exits to Reunification – Model Used for **Error! Reference source not found.**

Effect	Estimate	Error	Pr > t	(Rate) or Odds Ratio	Reunification Disparity
Time in care					
Whites - PP-1	-1.94	0.07	0.00	(.13)	0.77
Whites - PP-2	-1.82	0.07	0.00	(.14)	1.36
Whites - PP-3	-2.42	0.07	0.00	(.08)	1.38
Whites - PP-4	-2.86	0.08	0.00	(.05)	1.80
Whites - PP-5	-3.59	0.11	0.00	(.03)	2.33
Whites - PP-6	-3.66	0.14	0.00	(.03)	1.00
African Americans - PP-1	-2.18	0.08	0.00	(.1)	
African Americans - PP-2	-1.46	0.08	0.00	(.19)	
African Americans - PP-3	-2.04	0.08	0.00	(.11)	
African Americans - PP-4	-2.31	0.10	0.00	(.09)	
African Americans - PP-5	-2.63	0.12	0.00	(.07)	
African Americans - PP-6	-3.33	0.18	0.00	(.03)	
Age at admission					
Infants	Reference				
Age 1 to 5	0.52	0.04	0.00	1.67	
Age 6 to 12	0.65	0.04	0.00	1.91	
Age 13 & above	0.73	0.04	0.00	2.08	
Gender					
Female	Reference				
Male	0.08	0.02	0.00	1.08	
Year of admission					
Year admitted - 2011	Reference				
Year admitted - 2012	-0.02	0.03	0.49	0.98	
Year admitted - 2013	-0.02	0.03	0.45	0.98	
Year admitted - 2014	-0.09	0.03	0.01	0.92	
Year admitted - 2015	-0.17	0.03	0.00	0.85	
Year admitted - 2016	-0.29	0.03	0.00	0.75	
Year admitted - 2017	-0.86	0.05	0.00	0.42	
Placement type & Placement type interactions					
Foster care	Reference				
Kinship care	-0.09	0.03	0.00	0.91	
a) Congregate care – White, non-adolescents	-0.11	0.09	0.22	0.89	
b) Congregate care & African American & adolescent	-0.10	0.17	0.55	0.91	
c) Congregate care & African American	-0.06	0.16	0.71	0.94	
d) Congregate care & adolescent	0.87	0.10	0.00	2.38	
Other care types	0.43	0.07	0.00	1.54	
Placement history					
First admissions	Reference				
Spell 2	0.11	0.10	0.26	1.12	
Spell 3	0.25	0.06	0.00	1.28	
History of foster care	Reference				
History of kinship	0.11	0.10	0.26	1.12	
History of congregate	0.25	0.06	0.00	1.28	
History (other)	0.16	0.13	0.22	1.17	
County characteristics					
Moderate African American population	Reference				
Large African American population	0.00	0.08	0.95	1.00	
Small African American population	-0.24	0.09	0.01	0.78	
Admission disparity	0.02	0.02	0.13	1.02	

Appendix Table 3: Guardianship

- ▶ Infants are less likely to be leave care to live with guardians than children of other ages.
- ▶ Males are no more likely to leave to live with guardians than females.
- ▶ Compared to 2011, guardianships are less common.
 - a) Congregate care – Whites, non-adolescents: White non-adolescents in congregate care move somewhat more slowly to guardianship than children in family-based care regardless of their age (0.31).
 - b) Congregate care and African American and adolescent: African American adolescents in congregate care leave to guardianship more slowly than African American non-adolescents (0.39).
 - c) Congregate care and African American: African American non-adolescents in congregate care leave care somewhat more quickly than white non-adolescents in congregate care but the difference is not statistically significant (1.21).
 - d) Congregate care and adolescent: White adolescents leave congregate care much more quickly to guardianship than white non-adolescents (1.91).
- ▶ County population characteristics—size of the African American child population relative to white children and the admission disparity—do not have an impact on guardianship.

Appendix Table 3: Exits to Guardianship – Model Used for **Error! Reference source not found.**

Effect	Estimate	Error	Pr > t	(Rate) or Odds Ratio	Guardianship Disparity
Time in care					
Whites - PP-1	-2.72	0.10	0.00	(.06)	1.00
Whites - PP-2	-2.97	0.10	0.00	(.05)	0.60
Whites - PP-3	-2.89	0.11	0.00	(.05)	1.20
Whites - PP-4	-3.25	0.12	0.00	(.04)	1.50
Whites - PP-5	-3.77	0.14	0.00	(.02)	1.50
Whites - PP-6	-4.03	0.19	0.00	(.02)	1.50
African Americans - PP-1	-2.75	0.11	0.00	(.06)	
African Americans - PP-2	-3.45	0.13	0.00	(.03)	
African Americans - PP-3	-2.79	0.13	0.00	(.06)	
African Americans - PP-4	-2.71	0.14	0.00	(.06)	
African Americans - PP-5	-3.45	0.19	0.00	(.03)	
African Americans - PP-6	-3.45	0.23	0.00	(.03)	
Age at admission					
Infants	Reference				
Age 1 to 5	0.30	0.05	0.00	1.35	
Age 6 to 12	0.32	0.05	0.00	1.37	
Age 13 & above	0.21	0.05	0.00	1.24	
Gender					
Female	Reference				
Male	0.01	0.03	0.76	1.01	
Year of admission					
Year admitted - 2011	Reference				
Year admitted - 2012	-0.12	0.05	0.01	0.88	
Year admitted - 2013	-0.02	0.05	0.60	0.98	
Year admitted - 2014	-0.07	0.05	0.15	0.93	
Year admitted - 2015	-0.03	0.05	0.55	0.97	
Year admitted - 2016	-0.24	0.05	0.00	0.78	
Year admitted - 2017	-0.47	0.07	0.00	0.62	
Placement type & Placement type interactions					
Foster care	Reference				
Kinship care	1.16	0.03	0.00	3.19	
a) Congregate care – White, non-adolescents	-1.18	0.22	0.00	0.31	
b) Congregate care & African American & adolescent	-0.95	0.39	0.02	0.39	
c) Congregate care & African American	0.19	0.38	0.62	1.21	
d) Congregate care & adolescent	0.65	0.23	0.01	1.91	
Other care types	0.23	0.12	0.05	1.26	
Placement history					
First admissions	Reference				
Spell 2	0.36	0.13	0.01	1.43	
Spell 3	0.04	0.13	0.78	1.04	
History of foster care	Reference				
History of kinship	0.36	0.13	0.01	1.43	
History of congregate	0.04	0.13	0.78	1.04	
History (other)	0.43	0.26	0.10	1.53	
County characteristics					
Moderate African American population	Reference				
Large African American population	0.11	0.13	0.39	1.12	
Small African American population	0.12	0.14	0.40	1.13	
Admission disparity	0.00	0.02	0.89	1.00	

Appendix Table 4: Adoption

- ▶ Infants are the most likely to be adopted, by a significant margin. It is important to remember that infants are the largest group, by single year of age, entering out-of-home care.
- ▶ There is no gender difference in adoption rates.
- ▶ Adoption rates have not changed over time.
- ▶ When compared to children in foster homes, adoption is somewhat more likely among children living in kinship foster homes but less likely among children living in other settings.
- ▶ Prior time in care increases the likelihood of adoption, which suggests that children returning to care from a prior reunification are less likely to be reunified again.
- ▶ Compared to children in counties with a moderately-sized African American child population, children from counties with smaller African American populations are more likely to be adopted.
- ▶ Admission disparities have no impact on adoption rates.

Appendix Table 4: Exits to Adoption – Model Used for **Error! Reference source not found.***

Effect	Estimate	Error	Pr > t	Odds Ratio or (Rate)	Adoption Disparity
Time in care					
Whites - PP-1	-6.5743	0.2947	.0001	(.001)	2.00
Whites - PP-2	-2.8062	0.1112	.0001	(.057)	0.54
Whites - PP-3	-1.4947	0.1043	.0001	(.183)	0.44
Whites - PP-4	-0.7217	0.1042	.0001	(.327)	0.56
Whites - PP-5	-0.04743	0.1066	0.656	(.488)	0.70
Whites - PP-6	0.07436	0.1135	0.512	(.519)	0.64
African Americans - PP-1	-6.0751	0.5122	.0001	(.002)	
African Americans - PP-2	-3.4463	0.2039	.0001	(.031)	
African Americans - PP-3	-2.4387	0.1701	.0001	(.08)	
African Americans - PP-4	-1.5056	0.1548	.0001	(.182)	
African Americans - PP-5	-0.6605	0.1522	.0001	(.341)	
African Americans - PP-6	-0.706	0.1787	.0001	(.33)	
Age at admission					
Infants	Reference				
Age 1 to 5	-0.9923	0.04717	.0001	0.371	
Age 6 to 12	-1.3774	0.05328	.0001	0.252	
Age 13 & above	-1.8407	0.07658	.0001	0.159	
Gender					
Female	Reference				
Male	-0.04467	0.03813	0.241	0.956	
Year of admission					
Year admitted - 2011	Reference				
Year admitted - 2012	-0.06686	0.06152	0.277	0.935	
Year admitted - 2013	-0.06734	0.06187	0.276	0.935	
Year admitted - 2014	0.07182	0.06412	0.262	1.074	
Year admitted - 2015	0.06684	0.06504	0.304	1.069	
Year admitted - 2016	-0.1873	0.0841	0.025	0.829	
Year admitted - 2017	-0.359	0.2105	0.088	0.698	
Placement type					
Foster care	Reference				
Kinship care	0.1077	0.04884	0.027	1.114	
Congregate care	-2.921	0.2569	.0001	0.054	
Other care types	-1.3091	0.3281	.0001	0.270	
Placement history					
First admissions	Reference				
Spell 2	0.1663	0.08992	0.064	1.181	
Spell 3	0.3966	0.2967	0.181	1.487	
History of foster care	Reference				
History of kinship	-0.00955	0.1722	0.955	0.990	
History of congregate	-1.0419	0.4695	0.026	0.353	
History (other)	0.3757	0.6307	0.551	1.456	
County characteristics					
Moderate Black population	Reference				
Large Black population	-0.236	0.1491	0.117	0.790	
Small Black population	0.4331	0.1544	0.0062	1.542	

*There are no interaction terms for the adoption model because the number of adoptions (i.e., the sample size) involving adolescents and congregate care is too small to generate reliable estimates.

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