

MONITORING REPORT

OF

**THE TECHNICAL ASSISTANCE
COMMITTEE**

IN THE CASE OF
BRIAN A. v. BREDESEN

January 19, 2007

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PREFACE

This report was prepared by the Technical Assistance Committee pursuant to the orders entered in *Brian A. v. Bredesen*, Civ. Act. No. 3:00-0445 (Fed. Dist. Ct., M.D. Tenn), a civil rights class action brought on behalf of children in the custody of the Tennessee Department of Children's Services. The "*Brian A.* class" includes all children placed in state custody either:

- (a) because they were abused or neglected; or
- (b) because they engaged in non-criminal misbehavior (truancy, running away from home, parental disobedience, violation of a "valid court order," or other "unruly child" offenses).

The *Brian A.* Settlement Agreement (Settlement Agreement) entered on July 27, 2001, requires improvements in the operations of the Tennessee Department of Children's Services (DCS) and establishes the outcomes to be achieved by the State of Tennessee on behalf of children in custody and their families.

The Role of the Technical Assistance Committee

The Settlement Agreement established the Technical Assistance Committee (TAC), originally consisting of five experts in the child welfare field selected by agreement of the parties, to serve as a resource to the Department in the development and implementation of its reform effort.

The TAC was envisioned as a way of making available to DCS the range of expertise and assistance that was perceived by the parties as necessary to ensure that the reform would be successful. The primary function of the TAC was and continues to be to advise and assist DCS in its efforts to design, implement and evaluate improvements required by the Settlement Agreement. In addition, there are certain areas in which the Settlement Agreement gives the TAC responsibility for making recommendations, which the Department is then required to implement.

Under the terms of the Stipulation of Settlement of Contempt Motion (Stipulation) entered by the Federal District Court on December 30, 2003, the TAC also assumed responsibility for assisting the State in developing an implementation plan and monitoring and reporting on the State's performance both under that plan and under the original agreement for a twenty-six month period beginning January 1, 2004.¹ A

¹ The *Path to Excellence*, the implementation plan developed by DCS in accordance with the Stipulation, was approved by the Court on August 19, 2004.

Stipulation to Extend Monitoring was entered on February 16, 2006, extending the TAC's monitoring role and responsibilities through August 31, 2007.²

This is the fourth monitoring report issued by the TAC. The previous monitoring reports are available on-line at http://www.state.tn.us/youth/news_room/spotlight/spotlight.htm.

The Focus and Structure of this Monitoring Report

This Monitoring Report is presented in two sections. The first section reports on the Department's efforts to identify and address any disparate impact of Tennessee's child welfare system policies and practices on minority children and families. The second section presents the results of the 2006 Case File Review conducted by TAC monitoring staff focused on the experience of children recently entering state custody.

Each section includes an introduction and a summary of key findings. Additional materials referred to in the text of the sections are included in the appendices to this report.

² In addition, pursuant to that stipulation, the TAC became a four person committee with its current membership.

SECTION ONE: IDENTIFYING AND RESPONDING TO RACIAL DISPARITY

This section of the Monitoring Report focuses on the progress that the Department has made in implementing those provisions of the Settlement Agreement and the Path to Excellence that were intended to address the parties' concern with the "national problem of the overrepresentation of African-American children in child welfare systems" and the parties' shared commitment to "ensuring that there is no disparate treatment of, or disparate impact on, African-American children in the plaintiff class."³

The Settlement Agreement provided for an evaluation of the Tennessee child welfare system to determine the extent of any disparate treatment or impact of child welfare policies and practices in Tennessee and to make recommendations for the Department to implement in order to address any such disparate treatment or impact.⁴

The Department contracted with Dr. Ruth McRoy, a professor and researcher at the University of Texas School of Social Work, to conduct the Racial Disparity Study. The results of the study were published in the fall of 2003.⁵

One of the significant challenges faced by Dr. McRoy and her team in conducting the Racial Disparity Study was the limited capacity of the Department to produce reliable aggregate data in a range of areas critical to identifying, understanding, and responding to minority overrepresentation in Tennessee's child welfare system and any disparities in treatment of minority children and their families.

Dr. McRoy emphasized that without a significant improvement in its data capacity the Department would continue to be severely limited in its ability to develop and implement strategies to address overrepresentation and disparate treatment. For this reason, a central recommendation of the Study was the improvement of data reporting and analysis.

Notwithstanding the limits of Tennessee's data capacity, by analyzing the data available, developing additional information through a variety of research techniques, and drawing on the experience in other jurisdictions, Dr. McRoy was able to identify and recommend a set of activities for the Department to engage in, pending the development of increased data capacity, focused on policies, practices, services and supports that were particularly relevant to the experiences of minority children and their families in Tennessee. These recommendations focused on five areas: resource family recruitment; relative and

³ Settlement Agreement XI.E.6

⁴ Settlement Agreement XI.E.6

⁵ McRoy, R.G. et al, *Tennessee Department of Children's Services Racial Disparity Study* (November, 26, 2003). As part of the Stipulation entered on December 30, 2003, the parties agreed to incorporate the results and recommendations of the Racial Disparity Study into the implementation plan required by the Stipulation. The *Path to Excellence* includes a section entitled "Implementation of the Recommendations of the Racial Disparity Study," setting forth those recommendations that the Department is to implement. *Path to Excellence*, pp 16-17. See also: Domain I, Goal 4, Cultural Competency Plan; Domain VI, Goal 3, Strategy 1, relative caregiver expansion; Domain V, Goal 3, Strategies 1-2, visiting of kinship homes; and Domain II, Goal 1, Strategies 1-5, staff recruitment, hiring and retention.

kinship caregiver supports; potential diversion of class members to the juvenile justice system; staff recruitment and retention; and cultural competency training and development.

This section of the Monitoring Report consists of two parts.

Part One addresses the progress made by the Department in developing the data capacity called for by the recommendations of the Racial Disparity Study. Through its collaboration with the University of Chicago Chapin Hall Center for Children, the Department has recently released a report that exemplifies the kind of data analysis envisioned by the recommendations of the Racial Disparity. The Chapin Hall Report, *Entry and Exit Disparities in the Tennessee Foster Care System*,⁶ which is included as an Appendix to this Monitoring Report, provides a level of analysis that allows the Department to develop more fine-tuned strategies and to supplement and refine the efforts initiated in response to the recommendations of the Racial Disparity Study.

Part Two of this section provides an update on the variety of other activities that the Department has undertaken in response to the recommendations of the Racial Disparity Study focusing on: resource family recruitment; relative and kinship caregiver supports; potential diversion of class members to the juvenile justice system; staff recruitment and retention; and cultural competency training and development.

KEY FINDINGS:

- The Department has made significant progress in developing its capacity to produce reliable aggregate data in a range of areas critical to identifying, understanding and responding to issues of overrepresentation of minority children in the child welfare system and disparate treatment/impact of child welfare policies and practices on minority children and their families.
- The Department's data analysis supports the Department's decision to develop and implement specific disparity reduction strategies in four counties: Shelby, Davidson, Knox and Madison.
- The Department has made significant progress in the development of the data reporting and analysis necessary for planning and tracking recruitment, certification and retention efforts and for more effectively utilizing relatives, fictive kin, and existing non-relative resource homes.
- The Department remains challenged in its effort to develop and implement more effective resource family recruitment and retention strategies to ensure that children, including minority children, can be served in family settings in or near their home

⁶ Wulczyn, F., B. Lery and J. Haight, Chapin Hall Center for Children, University of Chicago (December 2006).

communities. The Department does not appear to have been successful in increasing the numbers of resource families to meet their most pressing needs.

- The Department has substantially implemented many of the specific recommendations of the Racial Disparity Study, including expanding the range of supports and options available to relative caregivers.
- There continue to be concerns about the extent to which relatives and fictive kin are being effectively engaged and provided the information they need to understand and take advantage of the supports and options available to relative caregivers interested in serving as a placement resource for children.
- The Department generally has a diverse work force across regions and across positions, from line staff to senior leadership.

I. USING DATA TO UNDERSTAND AND RESPOND TO RACIAL DISPARITY

A. Introduction

As has been noted in previous monitoring reports, one of the Department's most significant achievements has been the building of its capacity to generate and use data.

The Racial Disparity Study recommended that the Department develop the capacity to collect and analyze data to identify areas in which it appears that policy or practice is having a disparate impact on minority families and to use that data and analysis to fashion strategies to reduce those areas of disparity. The Study identified the need for:

- Reporting *Brian A.* outcomes by race;
- Identifying and reporting on relevant performance measures by race;
- Where appropriate, monitoring and reporting private provider outcome and performance data by race.

The Department is now routinely reporting aggregate data on key performance indicators and outcomes, and has the capacity to sort and report all of its aggregate data by a variety of categories, including race and ethnicity.

Most significantly, through its collaboration with the University of Chicago Chapin Hall Center for Children, the Department has recently released a report that exemplifies the kind of data analysis envisioned by the recommendations of the Racial Disparity Study.⁷

The Chapin Hall Report, *Entry and Exit Disparities in the Tennessee Foster Care System* (included as Appendix A of this Monitoring Report), provides an analysis of Tennessee's aggregate entry and exit data with a focus on race and ethnicity in order to provide some understanding of specific areas in which the experience of African-American class members in Tennessee differs from the experience of white class members.

The Report identifies levels of racial disparity that are particularly noteworthy across a variety of dimensions:

- By geography: in which regions of the state is racial disparity greater than other regions?
- By age: among which age groups do we find the greatest racial disparity?

⁷ Beginning in January 2007, as part of the Department's reorganization and consolidation of data reporting and analysis responsibilities, Chapin Hall will be producing a broader range of statewide and regional reports, and will be including in that expanded reporting, additional data and analysis related to race and ethnicity.

- By stage of the process: what disparities do we see in the numbers of minority children entering foster care, in the length of stay for minority children who come into foster care, and in their destinations when they exit foster care?

This section summarizes the analysis presented in the Chapin Hall Report, discusses its implications, and describes steps the Department is taking in response to the Report to develop and implement strategies to improve practice and reduce racial disparity.⁸

B. Major Findings of the Chapin Hall Study⁹

Minority children are overrepresented in the Tennessee Child Welfare System:

- African-American children make up 21% of the total number of children under age 18 in Tennessee, but make up 31% of the children in foster care.
- Hispanic children make up 4% of the overall child population in Tennessee, but account for 8% of the foster care population.¹⁰

To help us understand the dynamics of overrepresentation of minority children, the Report provides data that addresses a core set of questions focused on the differences in entry rates, lengths of stay and destinations upon exit from state custody:

- What disparities do we see in the number of minority children entering foster care? To what extent do higher entry rates contribute to the overrepresentation of children in DCS custody?
- What disparities do we see in the length of stay of minority children once they are in foster care? To what extent do longer lengths of stay contribute to the overrepresentation of children in DCS custody?
- Are there differences in the mix of permanency exit types for minority children or in the length of time to achieve permanency that contribute to longer stays in custody?

⁸ Child abuse reporting data is presently being gathered and analyzed by race and ethnicity to help the Department understand the extent to which entry disparity is related to decisions made in connection with the reporting and investigation of allegations of abuse and neglect. In addition, the Department is in the process of gathering and analyzing data on case practice and service provision for children in care with a focus on race and ethnicity. The Department anticipates completing both these pieces of work by February and the TAC will report on the results in its next monitoring report.

⁹ The underlying data sources for all of the information provided in this section can be found in the Chapin Hall Report attached as Appendix A of this Monitoring Report. While all figures cited are from the Chapin Hall Report, any interpretations of that data set forth in this Monitoring Report, other than those explicitly articulated in the Chapin Hall Report, are the responsibility of the TAC.

¹⁰ Because the number of Hispanic children in care is relatively small in Tennessee, in most instances the Report provides limited information for Hispanic children.

To further our understanding, the Report adds two additional dimensions, geography and age, to the analysis of entry, exit and destination data:

- To what extent is geography a factor in determining the extent of racial disparity? In which regions of the state is racial disparity greater than other regions?
- To what extent is age a factor in determining the extent of racial disparity? Among which age groups do we find the greatest disparity?

Finally, the Report examines a variety of socio-economic factors—poverty, family structure, adult population education level, population concentration (urban v. rural)—to determine the extent to which such factors might help explain some of the disparity.

The following are the key findings with respect to these questions:

Children Entering Foster Care for the First Time

- In 2005, the rate of initial entry into foster care for Tennessee as a whole was 3.4 per 1,000 children. The rate was highest among Hispanic children (4.4/1000), followed by African-American children (3.8/1000). The rate for white children was 3.1/1000.
- In relative terms, therefore, an African-American child was 1.2 times as likely as a white child to enter foster care in 2005. An Hispanic child was 1.4 times as likely as a white child to enter care. As further discussed below, however, these figures alone do not convey the extent of disparity in many parts of the State. In seven of Tennessee's twelve regions, African-American children were at least twice as likely as white children to enter foster care.
- The extent of disparity as measured by these "relative rates" has declined over the past five years. In 2000, both African-American and Hispanic children were 1.5 times as likely as white children to enter care. The reason for the decline is that, while placement rates for all groups increased from 2000 to 2005, the increase was larger for white children than for those in other groups.
- As is true in most other jurisdictions, infants (children under age 1) were far more likely than children of other ages to be placed in foster care. Placement rates for these young children ranged from 11.6/1000 for African-American infants to 8.5 for white infants. Teens (age 13-17) had the next highest placement rates, ranging from 6.7 for Hispanic teens to 3.9 for white teens.
- Placement rates varied widely across the twelve regions, from a high of 5.5/1000 in East Tennessee and Upper Cumberland to a low of 1.8 in Shelby. While regional variation is not unusual, the form it takes in Tennessee is notable. In most other States, counties that include the largest cities have placement rates that are higher

than those for the State as a whole. In Tennessee, however, Shelby (Memphis) has a remarkably low placement rate, just over half of that for the State.¹¹

- Nearly half of the African-American children in Tennessee live in Shelby County. As a result, Shelby's low placement rate has a very powerful effect on the State-wide statistics. Across all regions in the State, as noted above, African-American children are 1.2 times as likely to enter care as white children. This is largely because a randomly selected African-American child in Tennessee is very likely to live in Shelby, where relatively few children are placed, and very unlikely to live in the regions with the highest overall placement rates (East, Upper Cumberland, and Northeast).
- *Within* regions, however, the picture looks very different. Eleven of the twelve regions have disparity rates greater than that of the State as a whole. In Knox, African-American children are nearly four times as likely as white children to be placed in care (entry rates of 9.0/1000 for African-American children, 2.3 for white children, yielding a relative rate of 3.9). In Shelby and Upper Cumberland, African-American children are at least three times as likely as white children to enter care. In South Central, Davidson, Northeast, and Hamilton, African-American children are at least twice as likely as white children to enter care.
- The researchers also analyzed underlying characteristics of the county populations to see if disparity rates are linked to those population characteristics. They found that the percentage of adults age twenty-five or older without a high school education and the percentage of families headed by single parents were both related to *lower* placement rate disparity. (A more detailed discussion of the analysis of underlying population characteristics is contained in the Report).

Children Leaving the Foster Care System

- In 2004, the median length of stay for all children entering foster care was 6.4 months. Placement duration was higher for African-American children (median of 7.5 months) than for white children (6.1 months). Differences in placement experience grew more pronounced for those children who remained in care for longer periods of time. It took 20.9 months for 75% of African-American entrants to exit from care, compared to 15.3 months for 75% of white entrants to exit care.
- Lengths of stay also varied substantially by region. In 2004, the highest median lengths of stay were for African-American children entering care in Knox (13.0 months) and South Central (11.8 months).

¹¹ The Department has made some efforts to understand the factors contributing to the low placement rate in Shelby County. The TAC would expect that once the Department has completed its analysis of the child abuse reporting and investigations data for Shelby County, it will be in a position to more fully account for the placement rate, provide a better understanding of the strengths and weaknesses of process and practice in Shelby County, and identify areas for improvement, including improvement that would reduce racial disparity.

- Two factors seem particularly important in explaining longer lengths of stay among African-American children. First, white children were significantly more likely to be reunified with their parents within the first year of entering care (51%, compared to 37% of African-American children). Second, while African-American children are as likely as white children to be adopted, adoption took significantly longer for African-American children than for white children.
- The researchers analyzed a combination of factors, including age, region, and type of placement, to try to understand more about why different children had different lengths of stay. (A more detailed discussion of this analysis is contained in the Report.)

C. Recommendations of the Chapin Hall Study for Strategic Planning and Departmental Action

The Chapin Hall Report identifies a number of areas for targeted investments that might reasonably be expected to improve outcomes for children and help reduce racial disparity, and also identifies some further analysis that might help the Department develop additional strategies. The Report recommends that the Department:

1. Implement Strategies that Improve Supports for Single Parents with Infants

African-American infants are the children with the highest placement risk. In addition, children from households headed by single parents may be at greater placement risk. Improvements in serving families with infants, especially single parents with infants, may prove to be effective in reducing placement rates generally and would benefit African-American families with infants in particular.

2. Prioritize the Counties Where the Potential Impact is the Greatest

Shelby and Davidson County account for the highest number of placements of African-American infants and have relatively high disparity rates. Knox County has both a high placement rate of African-American infants and a high disparity rate. Madison County has a high rate of single parent headed households, has the third highest placement rate, and has a much higher disparity rate than the state as a whole. If the preferred approach is to target resources to have the maximum impact, it is reasonable for the Department to focus on improving supports for families with infants in these counties. As part of this effort, single parent families may warrant additional attention.

3. Focus on Services for Single Parents and Training for Workers

Quality child care, home visiting programs, and parenting skill training focused on effective parenting of infants are among the evidence-based approaches to supporting

single parents with young children that are identified in the Chapin Hall Report as worth exploring.¹²

Training of workers who assess families is also recommended as an area of focus. “If workers tend to treat parents with less education or single parent families differently for reasons that are unrelated to direct evidence of maltreatment, social workers may need to learn how to activate the social networks within communities to better serve single parents.”¹³

4. Examine the Extent to which Disparities are Attributable to the Maltreatment Reporting and Investigation Process

The Department’s analysis of the factors that contribute to higher rates of entry into custody by minority children will not be complete until they understand the extent to which there is disparity in the reporting and investigation process. Is there disparity in the rates of reporting? Are there differences in the sources of the reporting? Are there higher rates of substantiated findings in the cases of minority children and families? Are CPS workers and/or judicial officials recommending/seeking/ordering removal in substantiated cases involving minority children and families more frequently than they do cases involving white children and families? Additional data collection and analysis are necessary to be able to answer these questions.

D. DCS Response to the Findings and Recommendations of Chapin Hall Study

Consistent with the recommendations of the Chapin Hall Study, the Department is taking steps to partner with both the Department of Health (DOH) and the Governor's Office of Child Care Coordination (GOCCC) to support access to services for single parents with infants in Davidson, Shelby, Knox, and Madison counties.

The Department of Health operates and oversees home visitation programs for at risk families, substance abuse programs, and WIC. The Governor's Office of Child Care Coordination is engaged in a major initiative to address the extremely high infant mortality rate in Tennessee. The Department believes that it is likely that the factors driving the high infant mortality rate also contribute to the number of infants entering state custody.

The Department is proposing to work with these two agencies as well as community-based service programs for young, low income single parents to support their efforts and initiatives. A meeting is scheduled with DOH and GOCCC, representatives of direct service agencies in Shelby and Davidson counties, and DCS personnel in January to

¹² Chapin Hall uses the term “parenting skill training” to refer not to the entire range of curricular offerings that are frequently referred to in child welfare systems as “parenting classes”, but rather to skills-focused training (whether delivered in a group, individually or in combination) that has been demonstrated to be successful in improving parenting abilities of parents of young children in challenging situations.

¹³ Chapin Hall Report, pp. 35.

identify additional assistance and coordination that could be helpful to these efforts. A similar initiative will take place in Knox County in late February or March and in Madison County later in the spring.

In addition, Chapin Hall and the Department are presently gathering and analyzing child protective services data by race and ethnicity to help understand the extent to which entry disparity is related to decisions made in connection with the reporting and investigation of allegations of abuse and neglect. The Department expects to receive this additional data and analysis from Chapin Hall in February 2007. The Department anticipates developing and implementing additional strategies based on this additional data and analysis.

II. ADDITIONAL ACTIVITIES RELATED TO THE RECOMMENDATIONS OF THE RACIAL DISPARITY STUDY

Part One of this section of the Monitoring Report focused on the progress made by the Department in building the data capacity called for by the recommendations of the Racial Disparity Study. Part Two of this section of the Monitoring Report presents and discusses the progress that the Department has made in response to other recommendations of the Racial Disparity Study. These recommendations are organized and discussed under five broad headings: Resource Family Recruitment, Relative and Kinship Caregiver Supports, Potential Diversion of Class Members to the Juvenile Justice System, Staff Recruitment and Retention, and Cultural Competency Training and Development.

A. Resource Family Recruitment

To ensure that there are a sufficient number of families to provide neighborhood family placements for all African-American children who need them, the Racial Disparity Study recommended that the Department increase the number of non-relative African-American foster and adoptive families, kinship foster homes and relative caregivers through:

- Targeted recruitment efforts; and
- Regional recruitment plans that identify outreach and recruitment strategies and set recruitment targets.

The Department policy is to place children in family settings whenever possible, to make sure that children are comfortable in those family settings, and to maintain as much as possible those family and community connections that are important to the child's stability and well-being. In order to accomplish this, the Department is committed in both the *Path to Excellence* and the regional implementation plans to recruiting resource families from the neighborhoods that children come from and from the kinship networks of which they are a part. The emphasis is on placing children with relatives or others with whom they have a pre-existing relationship. For children who must be placed with strangers, the Department is committed to creating a pool of local resource families in every county/region so that children are able to maintain their community contacts and be with families with whom they feel comfortable.

Notwithstanding the clear commitment of the Department in this area, the Department continues to struggle to increase the number of resource families available in each county/region to serve the types of children that are coming into care in those counties/regions. There are some examples of outreach efforts in some regions targeting the faith community, and anecdotal reports of some significant successes with particular churches. While these examples may hold some promise for increased success in recruitment of "neighborhood homes for neighborhood children," at this point those

efforts have not produced substantial progress toward achieving that regional goal in any region.

The Department has recognized this and the Department's revised implementation plan, the *Road to Reform*, outlines the approach that the Department will be taking over the coming year to improve in this area. As part of the work that each region has to do to support the implementation of the Unified Placement Process, the regions must identify and develop an increasing pool of diverse, community-based resources that match the population of local children entering care. These resources—in-home, foster care, transitional and post-permanency—must be able to address the needs and complement the strengths of children and their families.

It appears that the June 2006 TNKids build (a major focus of which was addressing the critical data needs related to resource home recruitment, retention, and utilization) has provided both the regions and the central office the data capacity that they need on available resource homes so that homes can be more effectively utilized, information on gaps in resource homes for particular populations can be identified, recruitment goals can be targeted, and progress toward those goals can be tracked. The build is complete and the Department is in the process of reviewing the reports that the new system can generate and ensuring that all of the data on existing resource families is entered into TNKids. The Department is also in the process of exploring the extent to which this information can be used to draw conclusions about the characteristics of available resource homes, the success in recruitment of new homes, or the extent to which the homes match the needs of the foster care population.

The Department has developed a training rollout plan that began on December 5, 2006 and is scheduled to be completed on March 15, 2007. This training is intended to inform all DCS regional and central office staff persons with responsibilities for the recruitment and/or support of resource parents, placement of children and youth, or assuring quality practice through data collection and analysis to use TNKids to do the following:

- Understand the characteristics of resource homes throughout Tennessee;
- Identify the quantity and types of persons who need to be targeted for becoming resource homes in Tennessee;
- Identify the communities throughout Tennessee where the Department needs to focus its recruitment efforts because of the large numbers of children and youth who are entering state custody from these same communities;
- Inform case managers and Child and Family Teams about the available placements for children and youth as well as the placements that may best meet the needs of particular children and youth;
- Highlight strengths as well as gaps within a particular region's resource home approval process;
- Ensure that relatives and fictive kin are being approved in a timely manner both for the placement of children and for the receipt of the resource home board payment; and
- Track the reasons that resource homes are being closed.

The Department has scheduled a Recruitment Summit for January 2007. Each region will be attending the Summit and developing resource parent recruitment plans, utilizing the data that will be made available to them as a baseline, and will be expected to identify outreach efforts and recruitment strategies, as well as recruitment targets.

The Department is developing a template that will help the regions structure their recruitment and retention plans and help ensure that the regions develop and articulate strategies, concrete action steps, timelines, and responsible persons associated with those action steps, as well as provisions for tracking and reporting on implementation.

The Department has identified a set of technical assistance needs related to resource parent recruitment and retention and technical assistance providers to help meet these needs. They are developing plans for allocating technical assistance to the regions to support the regional recruitment efforts.

The TAC will be reporting on these efforts in the next monitoring report.

B. Relative and Kinship Caregiver Supports

As the Racial Disparity Study emphasized, relatives and kinship networks are especially important resources (both actual and potential) for many minority families. For this reason, when child welfare systems are able to improve outreach to and support of relative caregivers and to expand permanency options to include subsidized guardianship, outcomes for minority children should improve.

The Racial Disparity Study recommended that the Department improve the supports and expand the options available to relative caregivers and kinship foster families by:

- Expanding the Relative Caregiver Program (including necessary funding) to all twelve regions;
- Exploring options, including applying for a IV-E waiver and drafting legislation for the Governor's consideration to create an additional permanency option of subsidized guardianship;
- Exploring whether there is an inappropriate use of unfunded/under-funded relative placements for African-American children and, if there is, addressing any disparities in support for African-American relative caregivers by making appropriate revisions in policies or procedures;
- Ensuring that DCS staff is trained and knowledgeable about all financial options for potential African-American relative and kinship caregivers, including kinship foster care and Relative Caregiver Program options;

- Giving special attention to the manner and extent to which these options are communicated to African-American kinship and relative caregivers;
- Ensuring that children in kinship foster homes are visited with the same frequency as children in non-kinship foster homes.

1. Expansion of the Relative Caregiver Program

The Relative Caregiver Program was initiated by the Department of Children's Services to provide support for relatives caring for children who are not in DCS custody. The program goal is to help those relatives provide a safe and stable home for those children and to support relative caregiving as a viable alternative to state custody in appropriate cases, either eliminating the need for placement in state custody in the first place or supporting successful discharge to a relative from state custody.

Through the Relative Caregiver Program, DCS contracts with an appropriate private agency to provide a variety of supportive services to relative caregivers, including: short-term case management; information and referral services; educational workshops for caregivers and those working with them; emergency financial assistance; recreation and respite opportunities; groups for children and teens in relative placements; and support groups for relative caregivers.

The TAC reported in its January 19, 2006 report that the Department was in the process of expanding the Relative Caregiver Program to all twelve regions. The Relative Caregiver Program is currently operating in nine regions. Contracts for the remaining three regions, Mid-Cumberland, South Central and Southeast, were awarded in September and the contracting agencies are expected to hire staff and get the program up and running by December 2006.

The following are the regional Relative Caregiver Programs, listed in order of inception date, and including the inception date and the agency presently administering the program:

Beginning April 2001:

- Davidson, Family & Children's Service
- Shelby, University of Tennessee Boling Center for Developmental Disabilities
- Upper-Cumberland, Upper Cumberland Developmental District

Beginning July 2005:

- Hamilton, Southeast Tennessee Area Agency on Aging and Disability
- East, Foothills Care Inc.
- Knox, Foothills Care Inc.

Beginning October 2005:

- Northwest, Carl Perkins Center

Beginning April 2006:

- Northeast, Foothills Care Inc.
- Southwest, Carl Perkins Center

Beginning October 2006 (Contracts Pending):

- Mid-Cumberland, New Visions Inc.
- Southeast, Southeast Tennessee Area Agency on Aging and Disability
- South Central, Center for Family Development

The emphasis over the past year has been on getting programs up and running in every region and developing a structure for gathering information from the programs on the activities they engage in and the clients they are serving. The Department requires some basic monthly and quarterly reporting from the Relative Caregiver Programs and has developed a client satisfaction survey that is to be used to get feedback from the relative caregivers regarding their experience with the Relative Caregiver Program. While the Department has done some preliminary work on identifying outcome measures for evaluating the impact of the Relative Caregiver Programs, the programs overall are relatively new and much focus has been on working with relative caregivers to shape the programs in ways that respond to the needs they have identified as priorities.

Through the expansion of Relative Caregiver Programs to each of the regions the Department has created a structure for partnerships with client communities. Each of the Relative Caregiver Programs is required to have an advisory board that includes relative caregivers and representatives of community agencies that work with relative caregivers.

In addition, there is a statewide Kinship Care Advisory Board that includes relative caregivers from around the state. The Department supports quarterly meetings of the Advisory Board. This year the Department also provided support for a Kinship Summit, a forum for policy-focused input from relative caregivers across the state and those who work with them.¹⁴

The regional and statewide advisory groups were originally conceived as a way of ensuring that the Relative Caregiver Programs are responding to the needs of the families they serve and are learning from the experiences of those families. However, the advisory groups also provide an opportunity for identifying and involving family members in the formal regional and statewide planning and CQI processes.

¹⁴ The Summit, held in April 2006, was organized around four areas: financial resources, information and supportive services, placement practices, and court proceedings and permanency. Work groups that included caregivers, Relative Caregiver Program staff, and DCS representatives, developed a set of prioritized action steps in each of these areas for addressing certain challenges that relative caregivers are experiencing and enhancing the capacity of relatives to effectively serve as placement resources for children at risk of coming into DCS custody or in DCS custody. The Kinship Advisory Board reconvened in July to follow up on the action agenda coming out of the April gathering and another statewide meeting is scheduled for January 2007 to review the extent to which the action steps have been/are being implemented.

Because the building of community partnerships is one of the core strategies in the Road to Reform, one would expect to see over the coming year increased interaction between the Relative Caregiver Programs and the regional leadership and more formal structures for engaging and supporting relative caregivers, not simply as resources in individual cases or as advisors to the Relative Caregiver Programs, but as partners with DCS in broader system improvement.

2. Exploration of Subsidized Guardianship

One of the promising developments in child welfare nationally has been the positive experience that some states have had as a result of the implementation of subsidized permanent guardianship as an additional permanency option. Subsidized permanent guardianship allows a relative or kin caregiver to become a permanent placement for a child in appropriate circumstances without requiring termination of parental rights and adoption. These persons assume responsibilities and receive supports comparable to those associated with adoption. In other states, implementation of this option has resulted in significant numbers of children moving from long term, but legally temporary, foster care placements with relatives to permanent placement with those relatives.¹⁵

As the TAC reported in its January 2006 Monitoring Report, the Department succeeded both in getting the Legislature to enact a permanent guardianship option (effective July 1, 2005) and in getting a IV-E waiver (granted by HHS on October 14, 2005) to allow the Department to create a “subsidized permanent guardianship” demonstration project. The Department is working with two very highly regarded consultants from the University of Illinois who have special expertise in the design, implementation, and evaluation of subsidized guardianship demonstration projects.

The regions selected to participate in this project initially are Shelby, Davidson and Upper Cumberland. Special training on subsidized guardianship for these regions began in September. While the University of Illinois and the Department provided the content expertise, the Tennessee Center for Child Welfare (TCCW), the DCS training consortium of thirteen colleges and universities, took responsibility for the development of the curriculum and rollout of this Subsidized Permanent Guardianship Training. This training rolled out in the three pilot regions (Upper Cumberland, Davidson and Shelby) to over four hundred staff who work with families with children in custody toward the achievement of permanency. This included team leaders and case managers, attorneys, permanency specialists, and court liaisons. The training not only focused on the nuts and bolts of how to access the subsidy, but also on how to inform families of the availability of the guardianship subsidy within the context of all of the other permanency options available to them.

The IV-E waiver covers a five-year period and the Department anticipates expanding the project to other regions during the course of that five-year period.

¹⁵ For a good discussion of this and other potential benefits of implementing subsidized permanent guardianship, see Testa, M. et al (eds) *Family Ties: Supporting Permanence for Children in Safe & Stable Foster Care with Relatives & Other Caregivers* (2004) (available on line at www.fosteringresults.org).

Subsidized Permanent Guardianship became available to eligible families in the demonstration project counties beginning December 7, 2006. In addition, the Department was given waiver authority to afford children and youth with a sole or concurrent goal of Planned Permanent Living Arrangement (PPLA) in the non-demonstration regions a one-time opportunity to qualify for Subsidized Permanent Guardianship. All of these children and youth will be assigned to the experimental group and will, therefore, be able to receive the subsidy. This will be available to these families beginning on January 1, 2007.

3. Exploration of Use of “Unfunded/Under-funded” Relative Placements

a. Kinship Homes for Children in State Custody

With respect to the support of relatives who are serving as “kinship resource homes” (approved relative foster parents), the board rate is the same as the board rate for non-relative DCS resource homes. However, there are situations in which children in DCS custody are placed in the home of a relative pending that relative’s approval as a resource home. Until a relative has completed the approval process (training, home study, background checks), the relative is not eligible for a board payment. The Department has a special contract with Agape, a private adoption agency, to provide expedited home studies for relatives who wish to be certified as resource families.

The Department is now able to use the expanded resource family reporting capacity of the new TNKids build to identify relative resource homes in which children have been placed pending approval, to ensure that referrals have been made, and to track the approval process of these relatives to minimize the time during which these homes are “unfunded.” In addition, the Department has flex funds which are available to provide some interim support for relative caregivers until they are certified and can receive board payments.

The Department’s focus at this point is on how to expedite the resource home approval process of relative caregivers and how to provide support for those relatives pending approval, to reduce the use of “unfunded” relative and kin placements for children in state custody. With its new data capacity, the Department is looking at the process for approving relatives as kinship resource homes to determine how well the expedited approval process is working, and to determine, among other things, whether there are any disparities in the approval of the kinship home support process.

Using its newly available resource home data, the Department has identified 731 “kinship homes” in which children were initially placed through an “expedited placement,” but which were never approved, 250 of which currently have children in the home. Each region is required to review and report on the experience of these 731 relatives and the Department will be analyzing and following up on this information.

b. Relative Caregiver Supports for Children Not in State Custody

With respect to the support of relatives who are caring for children not in state custody, in addition to expanding the Relative Caregiver Program, the Department in collaboration with the Department of Human Services, developed a pilot project in sixteen counties (including Davidson and Shelby) to provide an “enhanced Temporary Assistance for Needy Families (TANF) option” for relative caregivers. Under this pilot, relative caregivers receive financial assistance that is larger than the regular TANF grant, but not as large as the “board payment” provided to a licensed resource parent. The hope was that this additional financial support would allow low income relatives to care for children who would otherwise have to come into state custody. The Department has continued to fund the 225 “enhanced TANF” slots that were initially created in 2005 for relative caregivers, but has not yet determined whether provision of this additional option for relative caregivers is an effective strategy.

At the present time, most of the enhanced TANF slots are being used as a “front-end” relative caregiver option to prevent children from coming into state custody. In all counties other than those participating in the subsidized guardianship IV-E waiver demonstration project, enhanced TANF can also be used to support children exiting custody to relatives or kin; however, only East Region is presently utilizing some of the TANF slots for this purpose.

The Department is not presently exploring any disparity regarding relative caregivers for children not in state custody who receive supports from Relative Caregiver Programs or who receive enhanced TANF payments. The Department is not able to say at this point whether African-American relatives tend to be over-represented in the Relative Caregiver Programs (which provide less financial support to relatives than kinship resource families receive) and/or underrepresented as certified kinship resource families.

4. Ensuring that Staff is Trained and Knowledgeable about Financial Supports for Relative Caregivers and Kinship Resource Families

In the January 19, 2006 Monitoring Report, the TAC observed that “staff attitudes toward relative placement, staff skills in identifying and engaging relatives, and staff abilities to understand and connect families with the available supports are critical factors that will determine whether increased numbers of relatives will be willing and able to provide placements for children through the improved support infrastructure for relative caregivers.”

The Department has promulgated policies that clearly articulate the options available to relative caregivers, that direct the case managers to discuss those options with potential relative caregivers, that require the case manager to document those discussions (including obtaining the signature of the relatives with whom they have such a discussion), and to provide the caregivers with a brochure explaining the options.

The Department has done some training of staff around the options available to relative caregivers. In addition, the Relative Caregiver Programs provide relative caregivers and those who work with them training about the supports available from the Relative Caregiver Programs and some general information on the other options available to relative caregivers.

The Department has also developed a DVD to be used in training on the Child and Family Team process that includes an explanation to a relative caregiver of the options available to relative caregivers. A portion of this DVD related to the subsidized guardianship option has been used in the subsidized guardianship training in the IV-E waiver demonstration sites.

The TAC does not have information on the extent to which case managers are trained in and knowledgeable of the financial supports associated with each option or the extent to which there is a special effort to make sure that this information is communicated to every relative caregiver or potential relative caregiver. However, based on a review of the action steps generated by the work groups at the 2006 Kinship Summit, it appears that relative caregivers and those who work with them continue to have concerns that a significant number of case managers, CFTM facilitators, and other staff are not sufficiently familiar with the range of options and supports available to relative caregivers. As a result, there continues to be concern that a significant number of relatives are not receiving the information they need to access the range of services and supports that are available.

Notwithstanding these concerns, there has been an increase in the number of relative caregivers receiving supports and services through the Relative Caregiver Programs. The increase is largely a function of the expansion of the Relative Caregiver Program into new regions; however, outreach efforts of the Relative Caregiver Programs have certainly resulted in an increased awareness of those programs among relative caregivers and those who work with them (both DCS staff and others).

It is not clear whether there has been an increase in the use of kinship resource homes. Based on initial data from several years ago regarding the utilization of relative resources, the Department concluded that it was not utilizing kinship resource homes to the extent that the Department believed it should, at least in some regions in the state. One indication that case managers are more knowledgeable of the options available for relative caregivers and are more effective in communicating those options to relative caregivers would be an increase in the use of kinship resource homes. If the data on kinship resource home utilization that the Department expects to be available from TNKids in the near future reflects an increase in utilization of kinship resource homes, it

would be reasonable to conclude that the efforts to ensure good communication between case managers and relatives are having an impact.¹⁶

5. Giving special attention to the manner and extent to which these options are communicated to African-American kinship and relative caregivers.

The policies, materials and training regarding options for relatives has not been specifically focused on African-American kinship and relative caregivers, but on kinship and relative caregivers in general.

6. Ensuring that children in kinship foster homes are visited with the same frequency as children in non-kinship foster homes.

The Department policies regarding the number of visits that case managers must make to the resource home that is the child's placement apply without regard to whether a resource parent is a relative. The Department has not produced any data comparing the frequency of case manager visits to kinship resource homes with the frequency of visits to other homes, nor has the Department produced any data comparing the frequency of case manager visits to African-American kinship resource homes with the frequency of visits to white kinship resource homes.

C. Potential Diversion of Class Members to Juvenile Justice System

The Racial Disparity Study recommended that the Department explore the issue of whether DCS case managers or other staff engage in or support practices which divert dependent and neglected African-American children into the juvenile justice system and, if so, to appropriately address any such practices.

The Department has not yet examined this issue in any formal manner.

D. Staff Recruitment and Retention

The Racial Disparity Study recommended that the Department develop and implement recruitment and hiring strategies designed to increase diversity of staff at those levels of the organization that lack such diversity and to maintain and support diversity at those levels of the organization that reflect such diversity.

¹⁶ While the Department is not confident in the accuracy of the baseline data that was the source of the earlier findings regarding the underutilization of kinship resource homes, there was qualitative data that supported the conclusion that relatives were underutilized, even if the level of utilization could not be precisely measured. While a comparison of the new data with the "baseline" from the old data is problematic, if there is a significant increase either statewide or in particular regions, it will likely be an indication of some real improvement. At worst, it would be an indication that the Department had been doing a better job of utilizing relative resources than its earlier data had suggested.

As part of implementing this recommendation, the Department conducted a “diversity gap analysis” in 2005. The regional data generated by that diversity analysis is included as Appendix B. The Department, in its Human Resources Development Plan, summarized the results of that analysis. The following are the significant findings from that summary:

- Approximately 34% of the DCS staff is African-American, although the civilian workforce for the state of Tennessee is only 14.5% African-American. Since June 2004 the Department has added over 1,000 staff, but the level of African-American employees remained constant at 34%.
- The Department’s present staff is racially diverse at all levels and pay grades, from line staff to senior leadership positions.
- In most regions DCS staff ratios more closely resemble the custodial population than the civilian workforce. For example, in Davidson County, African-Americans comprise approximately 22% of the civilian workforce, but are 65% of the DCS staff. The custodial population in Davidson County is 67% African-American. In two of the other three urban regions (Shelby and Hamilton), African-Americans are a significantly higher percentage of the DCS workforce than the civilian workforce of the county, but in both instances the percentage is similar to the percentage of African-Americans in the custodial population. In all other regions, except Northwest, the custodial population more closely resembles the youth population of the region. In all of those regions the DCS staff ratio is similar to the custodial population. In Northwest, African-Americans are 10.3% of the civilian workforce, 7.5% of the DCS workforce and 26% of the custodial population.

The Human Resources Development Plan notes that traditionally Tennessee state government has not expended resources for recruiting staff. The vast majority of DCS staff positions are civil service positions and must be filled from applicants on state registers. The Department has identified the following efforts that it has made and continues to make in order to ensure that there is a diverse pool of qualified applicants on the registers from which DCS hires staff and promotes staff:

- Continued recruitment through the university consortium BSW and MSW stipend and child welfare certification programs.
- The development of internship programs (both paid and non-paid) for college students exploring an interest in child welfare, as well as areas such as legal, human resources, fiscal, and juvenile justice.
- Establishing formal relationships with colleges and universities to actively recruit on campus, including specific targeted recruitment at historically black colleges and universities.
- Participation at career and job fairs across the state.
- Developing career paths to ensure that an appropriate number of employees of all races have the opportunity to be promoted within the organization.

- Establishing relationships with civic and community organizations representing ‘other’ races and ethnicities (Hispanic chambers of commerce, etc.).
- Improve the DCS website to include an enhanced personnel webpage with recruitment information.
- Running advertisements in media outlets that target non-white audiences.

E. Cultural Competency Training and Development

The Racial Disparity Study recommended that the Department develop and deliver cultural competency training throughout the organization and set standards for cultural competency that staff are expected to meet.

The *Path to Excellence* included a provision for the development and implementation of a cultural competency plan to improve the ability of the agency to work effectively in cross-cultural situations.

For case management staff, the focus for cultural competency training has been the new pre-service curriculum. The pre-service curriculum for new workers (and the version of this curriculum developed for existing staff) was developed with a focus on addressing issues of cultural responsiveness throughout the training. Examples of specific references to/focus on cultural responsiveness include:

Course 2: Building Trusting Relationships with Families:

- Section 2-6 defines a culturally responsive approach;
- Section 2-7 describes the importance of respecting the unique culture of the family;
- Section 2-8 articulates how a family-centered, strengths-based, culturally responsive approach guides their work with children and families;
- Section 5-1 describes how one's own culture affects perceptions, behavior and values;
- Section 5-2 identifies the elements that make up culture and that define individual and family cultural identities;
- Section 5-3 describes the potential effects of cultural differences on the case manager/family relationship;
- Section 5-4 explains the importance of considering and demonstrating respect for cultural differences when working with families;
- Section 5-5 develops strategies for engaging culturally diverse families; and
- Section 7-4 demonstrates the ability to integrate a family-centered, strengths-based, culturally responsive approach when engaging with an individual.

Course 4: Conducting Family-Centered Assessments:

- Section 4-2 explains how cultural differences and personal biases can influence the assessment.

Course 6: Family-Centered Planning:

- Section 6-2 uses an awareness of the family's culture to develop family-centered plans that build upon a family's strengths, address their needs, and respect their cultural values; and
- Section 6-4 describes the importance of respecting the unique culture of a family.

The competency assessment process, which is to occur throughout the pre-service training period in both the classroom and field practice components, requires that observation and feedback during their practice activities include a focus on the case manager's skills and abilities to be culturally responsive. The final skills assessment and written examination given to case managers during Course 9 before they can assume a formal caseload also addresses the case manager's ability to be culturally responsive in his or her interactions with families.

The Department describes the desired practice as being “strengths-based, family-centered, child-focused, and culturally responsive” and explicitly intends the design of all training for case practice, pre-service, and in-service to reinforce those four elements.

With respect to non-direct service staff, the Department has instituted a one day, mandatory training for all non-direct service staff, using a curriculum that is used by other agencies in state government, not a curriculum specifically designed for human services or child welfare agencies. The training, entitled “Winning Balance”, is intended to ensure that participants:

- realize the impact of today's changing demographics on the workplace;
- realize the important role they play in creating a workplace in which people of all cultures and backgrounds have a chance to succeed;
- identify their personal attitudes and behaviors toward differences;
- recognize how attitudes toward differences influence their interactions with others; and
- act as a diversity change agent to create a respectful workplace.

The initial phase of this training targeted the non-direct service staff in DCS Central Office. Ninety percent of the targeted employee group in Central Office participated in the training. The Department's goal is to have the remainder of the Central Office non-direct service staff as well as the regional non-direct service staff and employees of unique divisions trained over the course of the next six months.

The Department intends to develop some further Cultural Competency training, beyond Winning Balance, and has contracted with a private consultation firm to help the Department complete an organizational cultural competency assessment in conjunction with the Multi-Cultural Affairs Committee and to develop specific training to respond to needs identified by this assessment. This further training is envisioned as targeted for all DCS employees. The consulting firm is in the process of performing the organizational assessment.

SECTION TWO: RESULTS OF THE 2006 CASE FILE REVIEW

INTRODUCTION

The *Brian A.* Settlement Agreement requires the Department to conduct an annual case file review under the supervision of the federal court monitor.¹⁷ The Technical Assistance Committee (TAC) assumed the monitoring responsibilities for oversight of the annual case file review pursuant to the Stipulation entered in December 2003.

In the early years of Tennessee's reform effort, the case file review was a particularly important source of information to the parties and the monitor, because there were few alternative sources of relevant, reliable quantitative and qualitative data. The Department had difficulty producing useful aggregate data from the TNKids system or from its separately developed "stand alone" databases. Various efforts to hand-collect data and create aggregate reporting from that data were inefficient and prone to error. Furthermore, DCS had no internal qualitative review process. The parties and the monitor were therefore overly dependent on the case file review as the primary vehicle for monitoring progress with the reform effort. Statistics produced from the case file review sample were relied on in lieu of aggregate data for key outcome areas. Qualitative judgments about both child and family outcomes and system performance and practice were made based on case file notes and documentation, in the absence of a Quality Service Review.¹⁸

With the dramatic improvements the Department has made over the past two years in TNKids reporting, reliable aggregate data is now available on key performance indicators and outcome measures. In addition, beginning in September 2005, DCS, in collaboration with the Tennessee Commission on Children and Youth, has been conducting Quality Service Reviews using a protocol that provides important qualitative data. As a result of these improvements, the TAC, in consultation with the parties, has been working to tailor

¹⁷ *Brian A.* Settlement Agreement XI.E.3

¹⁸ There are limits inherent in reviews that examine written records. First, by necessity, case record reviews measure what is documented about a particular child, family, or activity. It is therefore necessary to assume, for purposes of monitoring, that "if it wasn't documented, it wasn't done." This introduces an unknown degree of error into the findings. If the system shows improvement in future reports, it will be impossible to know how much of that improvement represents better performance and how much of it represents better documentation. Second, case record reviews alone cannot assess the accuracy and completeness of the documentation. Third, case record reviews can determine what has been done, but not the quality or effectiveness of what has been done. For example, a reviewer can learn from the case record that there have been six face-to-face contacts between a case manager and a child over a three-month period and conclude that the case is "in compliance" with a performance standard; however, there is no way to judge reliably, from the case record alone, whether those in-person contacts addressed the important issues affecting the child's life, helped the child adjust to her new living situation, etc. Similarly, a case record review can show that there is a permanency plan for the child to return home, but it cannot reveal the extent to which this plan has been diligently implemented nor the likelihood that it can be achieved. A well-designed Qualitative Service Review process, involving structured interviews with all of the important individuals involved in a case, is the best way to develop this kind of qualitative data.

the annual case file review to focus on particular areas that can complement, supplement, and corroborate these other sources of data.

In establishing the TAC's monitoring priorities for this year, the parties agreed that the 2006 Case File Review would be conducted "using a protocol sufficiently similar to the protocol used by the TAC and QA/CQI staff for the 2005 case record review to permit performance comparisons to the results of that prior review."¹⁹

In order to get the most accurate picture of the Department's current performance, the 2005 Case File Review focused on the experience of recent entrants into foster care. The sample for 2005 was drawn from the group of children who (a) came into DCS custody between October 1, 2004 and December 31, 2004 and (b) remained in custody for at least three months. The review period ended on March 31, 2005. This created a sample of children who were in care for a minimum of three months and a maximum of six months during the review period.

The 2006 Case File Review focuses on the experience of a comparable group of recent entrants. The 2006 sample was drawn from the group of children who (a) came into DCS custody between October 1, 2005 and December 31, 2005 and (b) remained in custody for at least three months. The review period ended on March 31, 2006. The sample of cases reviewed was randomly selected and stratified by region. The records were reviewed by the TAC monitoring staff over a three month period beginning in June of 2006. Appendix C provides a more detailed discussion of the methodology for the Case File Review.

By focusing on a sample of recent entrants into care rather than a sample of all children in care, the 2006 Case File Review findings more closely reflect the impact of current practice and improvement efforts. In addition, by using a protocol that is comparable to that used for the 2005 Case File Review, this review is able to provide a statistical measure of improvement (or lack of improvement) from 2005 to 2006.

The findings of the 2005 Case File Review were limited by what was documented in the case file. As a result, there were a number of areas in which there were significant numbers of cases coded and reported as "UTD" (unable to determine). In addition, where file documentation was absent, there was no effort to determine whether there had been relevant case activity and a failure to document that activity, or whether the lack of documentation accurately reflected a lack of relevant case activity.

In this year's Case File Review, reviewers identified areas in which documentation was absent, incomplete, ambiguous or unclear, including cases for which the answer to a question was "UTD." In those cases, reviewers requested additional documentation from the appropriate DCS and/or private provider agency staff, and reflected relevant

¹⁹ Monitoring Plan in the Case of *Brian A. v. Bredesen* (May 12, 2006), page 6. The plan further states that "the case record review will be designed to collect information relevant to the Settlement Agreement provisions that is not sufficiently gathered by the Department's aggregate reporting process or by the QSR process, but which can be reasonably captured by a case file review."

information provided in the reported results. This has resulted in a reduction of the number of cases coded “UTD” and an increase in the ability of the TAC to distinguish between the absence of relevant case activity and the failure to document relevant activity.²⁰

SUMMARY OF FINDINGS

As was the case last year, when measured against the goals appropriately set for the Department by the Settlement Agreement, the DCS *Path to Excellence*, and the DCS *Practice Model*, the Case File Review reflects that the Department’s practice does not yet meet its own performance expectations. Nevertheless, there are a number of important areas in which this year’s case file review documents a higher level of system performance than that found last year, including the following:

- Increased attendance of older children and youth at Child and Family Team Meetings;
- Increased DCS case manager contacts with children;
- Increased private provider agency case manager contacts with children;
- More frequent visits between children and their family of origin;
- More frequent visits between children and their siblings who are not placed together;
- Higher percentage of children receiving services related to identified medical needs;
- Higher percentage of children receiving services related to identified mental health needs; and
- Higher percentage of children who are represented by guardians *ad litem*.

In addition, those areas which the TAC identified as relative strengths last year continue to be areas of strength this year:

- DCS has maintained previous gains in keeping children in normalized settings—placing them with families and keeping children, including many with specialized needs, in regular schools. Although there were somewhat more children placed initially in non-family placements this year compared to last, children are most often initially placed in family settings rather than in non-family settings; and, by the end of the review period, 91% of the children were in family placements (comparable to last year). While there is still a need to recruit additional resource families for teenagers,

²⁰ At least some of the improvements identified in this year’s Case File Review may be the result of the ability of the reviewers this year to request, receive, and consider additional documentation. It may be that last year’s findings would have been more positive had a similar follow-up procedure been followed in that review, and that the degree of improvement from last year to this year would therefore have been less.

children under the age of 13 are almost always initially placed in family settings. The vast majority of class members continue to attend public rather than in-house schools.

- The vast majority of children who come into custody are having initial Child and Family Team Meetings and permanency planning CFTMs, with most meetings happening within the required timeframes.
- Children were placed with some or all of their siblings in 85% of cases in which children had a sibling(s) in custody. Most, if not all, of the cases in which siblings were separated fell within one or more of the *Brian A.* exceptions permitting separation of siblings under certain circumstances.

There are also a number of findings that reflect continuing challenges for the Department's performance. These findings are clustered in four areas: stability (of placement, school, and key relationships); well-being of children in care; Child and Family Team formation; and documentation/data accuracy.

Stability:

- Children in DCS custody continue to experience far too much instability and disruption because of placement moves and changes in school.
- In the majority of cases in which a child experienced placement disruption, placement stabilization services were not provided to prevent the disruption.
- Notwithstanding improvements in the areas of children visiting with their family of origin and children visiting their siblings, DCS continues to have difficulty in a significant number of cases in ensuring the frequency and quality of family contact that is so important to maintaining family connections and reducing the trauma of placement.
- Notwithstanding improvements in the area of case manager contacts with children, case managers in a significant number of cases continue to have difficulty having contacts with children in placement with the required frequency.
- Children, including those who have been in care a relatively short period of time, too frequently experience a change in case manager.

Well-Being:

- Notwithstanding improvements over last year, better performance is needed to ensure that children receive services for identified medical and mental health needs in a timely manner.

- Educational concerns related to school attendance, assessment for special education services/provision of special education services, and school achievement were identified in a significant number of cases.
- DCS procedures for identifying, tracking, and following up on maltreatment and serious incidents for children in DCS custody need to be integrated and coordinated to ensure that there is appropriate follow-up both in addressing individual situations and in identifying and responding to systemic problems.

Child and Family Team Formation:

- Notwithstanding the improvements over last year, significant numbers of older children and youth are not participating in their initial Child and Family Team Meetings.
- School representatives do not appear to be routinely included as members of the Child and Family Team for school-age children.²¹
- Despite the legal mandate that each child be represented by a guardian *ad litem* and notwithstanding the increase in the number of children represented by guardians *ad litem* in this year's sample, there remain a surprising number of children who do not have a legal advocate.

²¹ It is not possible from a case file review to make any findings regarding the extent to which the Child and Family Team Meetings are of the quality contemplated by the *Practice Model*, and it is not possible to say simply from a person's presence at a Child and Family Team Meeting that the person actively participated in the meeting. However, the absence of an older child from a Team Meeting or the absence of a child's teacher or school counselor in cases in which there are significant educational issues, suggests that more attention should be paid to team formation as a prerequisite for an effective Child and Family Team Meeting.

Documentation and Data Accuracy:

- There continue to be problems with the accuracy of data in TNKids.
- A considerable number of case files contain significant gaps in documentation.
- TNKids documentation for private provider-managed cases continues to be a challenge, because private providers have not had access to the TNKids system for entering case activity and service provision information.²²

PRESENTATION OF CASE FILE REVIEW RESULTS

The results of the 2006 Case File Review are organized and presented under the following eight topic headings: Placement, Visits and Family Contact, Child and Family Team Meetings, Services and Child Well-Being, Case Transfer, Maltreatment While in DCS Custody, Case File Contents, and Legal Advocacy. Relevant comparisons with 2005 Case File Review results are included in the text. In addition, comprehensive tables comparing the 2006 Case File Review data with 2005 Case File Review data are included as Appendix D.

²² There was a greater level of private provider activity documented in the case files this year. A uniform reporting form has been created to capture private provider data so that it can be entered into TNKids. This was not in use at the time of the review, but has since become required of all private provider agencies. In addition, there has been some recent progress in developing and implementing a web based application that will allow private providers to interface with TNKids and enter case activity and service provision documentation. This will allow DCS to hold private providers accountable for ensuring that their work with children and families is accurately documented in the case file.

I. Placement

It is traumatic for children to move from their homes to a completely new environment, even when they are at risk of maltreatment in their home environment. A child's home community is the source of that child's identity, culture, sense of belonging, and connection with things that give meaning and purpose to life. For this reason, both the DCS *Practice Model* and the Settlement Agreement emphasize placing children with siblings, close to their home and community, and in the least restrictive placement possible, utilizing foster families drawn from a child's kinship network whenever possible rather than placing a child with strangers.

Family members, relatives, friends, and members of a child's community who already have a connection with and commitment to the child are critical potential resources. They can serve as a support network for the children and the family, including serving as possible kinship placements for a child coming into care. For this reason, the Department in its *Practice Model* and implementation plan emphasizes identifying, at the earliest stages of DCS involvement with a family, relatives and others with connections and commitment to the child(ren), and aggressively exploring this natural kinship and community support system for potential foster home placements as an alternative to placing children with strangers or in congregate care facilities. By utilizing kinship foster homes, not only can the trauma of removal be minimized for the child, but available foster homes can be saved for children who do not have those kinship options.

In cases in which children coming into custody cannot be placed with kin, children should in most circumstances be placed in a non-relative foster family setting. When siblings come into state custody, they should normally be placed together in the same foster home.

Congregate care placements should only be used when a child's needs cannot be safely met in a foster family setting.

In order to better understand the Department's performance with respect to the placement process, reviewers gathered and analyzed data related to placement type (both initial placement type and placement type at the end of the review period), placement stability, and sibling separation.

A. Placement Type

1. Child's Initial Placement Type

The Case File Review collected information about the initial placements of children upon entry into DCS custody. Of the 268 children in the sample, 265 children were placed in “out-of-home” placements; three remained in “in-home” placements for the entire review period.²³ Of the 265 children in out-of-home placements, 84% (222) were initially placed in family or foster home settings.

Of the 43 children (16%) who were initially placed in non-family settings, 22 were initially placed in emergency shelters or Primary Treatment Centers (PTCs), eight in medical facilities, seven in group homes, five in residential treatment facilities, and one child was placed in a “supervised transitional living home.”²⁴

While the percentage of children in this year's sample initially placed in family settings was somewhat lower than in last year's sample,²⁵ much of that difference is attributable to the number of children who came into care from hospital settings.²⁶

As was the case last year, most of the congregate care placements were placements of teenagers. The only children under 13 years of age not placed in family settings were: seven children under the age of two and one 11-year old who each began their custody episode in hospital settings;²⁷ one 11-year- old initially placed in a PTC, and one 12-year-old initially placed in a “supervised transitional living home.” (See Figures 1 and 2).

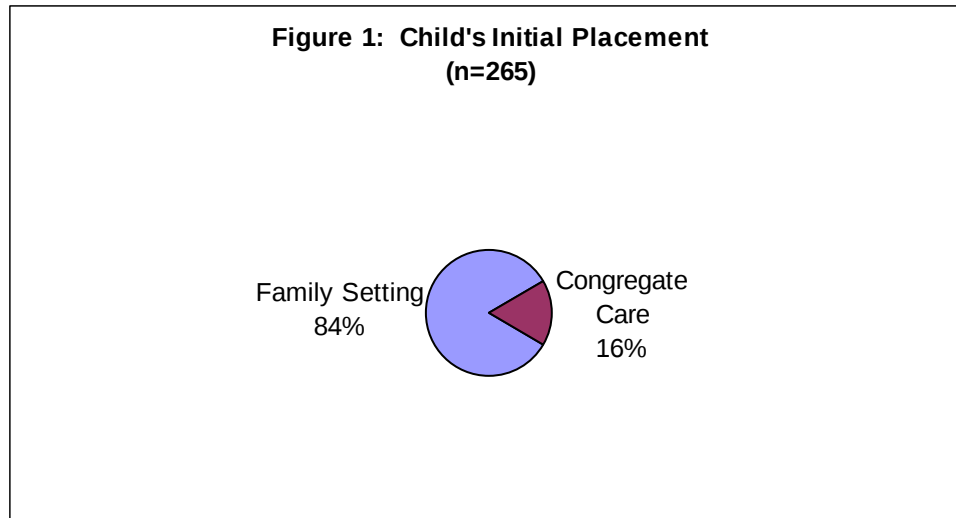
²³ An “in-home” placement ordinarily results from a child coming into legal custody of the Department, but not being physically removed from his or her home. Of the three children in the sample who were in in-home placement, one was with his father. The two others, siblings, were in “in-home” placements, each with a different aunt with whom they had been placed pursuant to a DCS safety plan and a less than clear proceeding in juvenile court. Neither aunt had legal custody nor was either aunt approved as a kinship home.

²⁴ This one child resided in the Dyer County Union Rescue Mission with two adults (program directors) and one other child who was close in age to this child. According to supplemental documentation received from the Department, this program is run “like a busy household.” The directors are “a willing ear” and are “always available” for the children. The Department felt this to be the best temporary placement for the child until her father could be contacted. It was the most homelike setting that could be provided at the time (a holiday weekend) to give her the safety and security that she needed. The child resided at the Mission for two days.

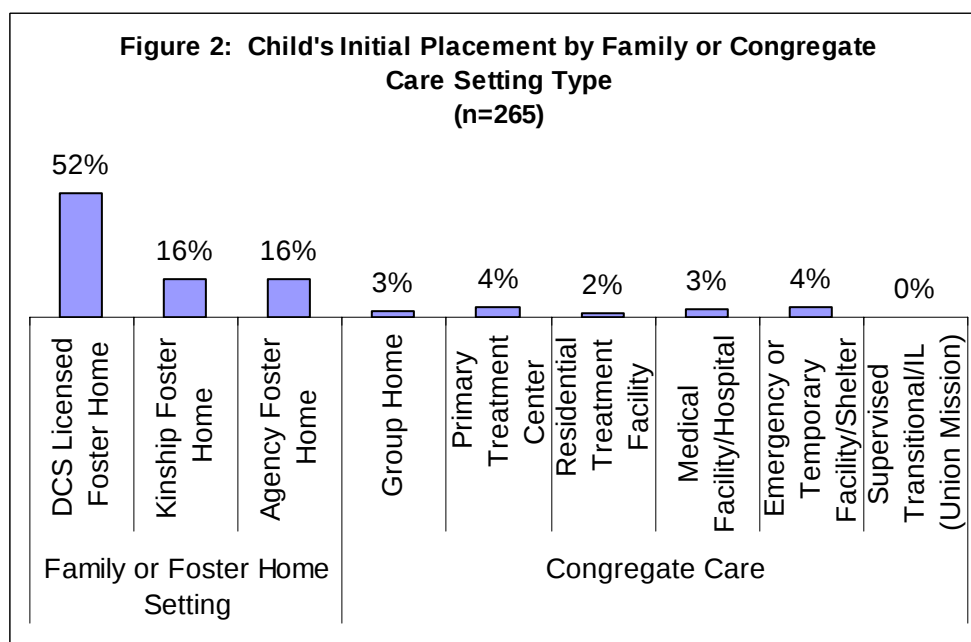
²⁵ In the 2005 Case File Review, 90% of the children in the sample were initially placed in a family setting.

²⁶ In the 2005 Case File Review 1% of 276 children were initially placed in a medical facility.

²⁷ Under the terms of the *Brian A. Settlement*, hospital stays of up to ten days are not considered placements, while longer stays are. All eight children who began their custody episodes with hospital stays in excess of ten days were discharged from the hospital setting to a foster family setting.



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*
 n equals all children who were placed out-of-home during the review period

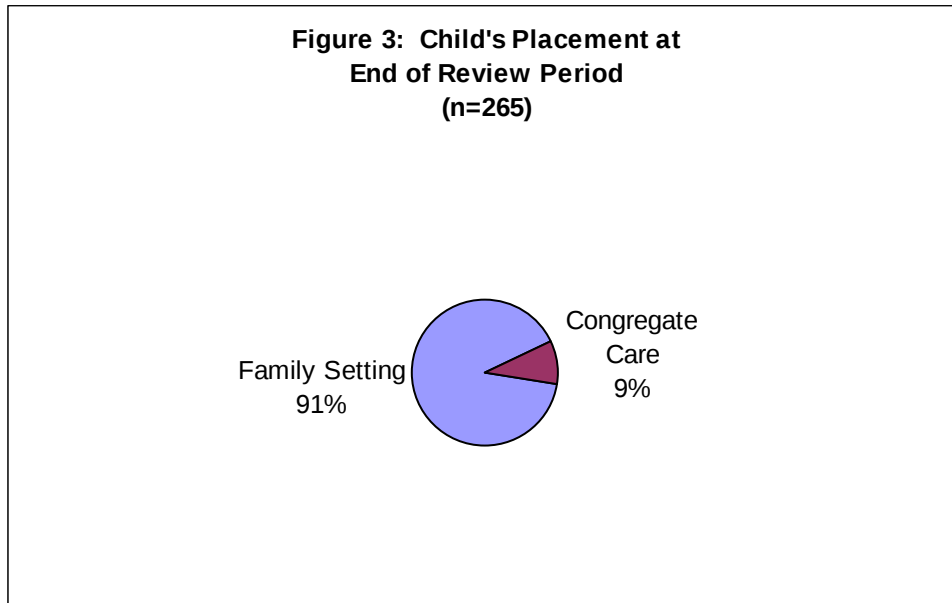


Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*
 n equals all children who were placed out-of-home during the review period

2. Child's Placement Type at End of Review Period

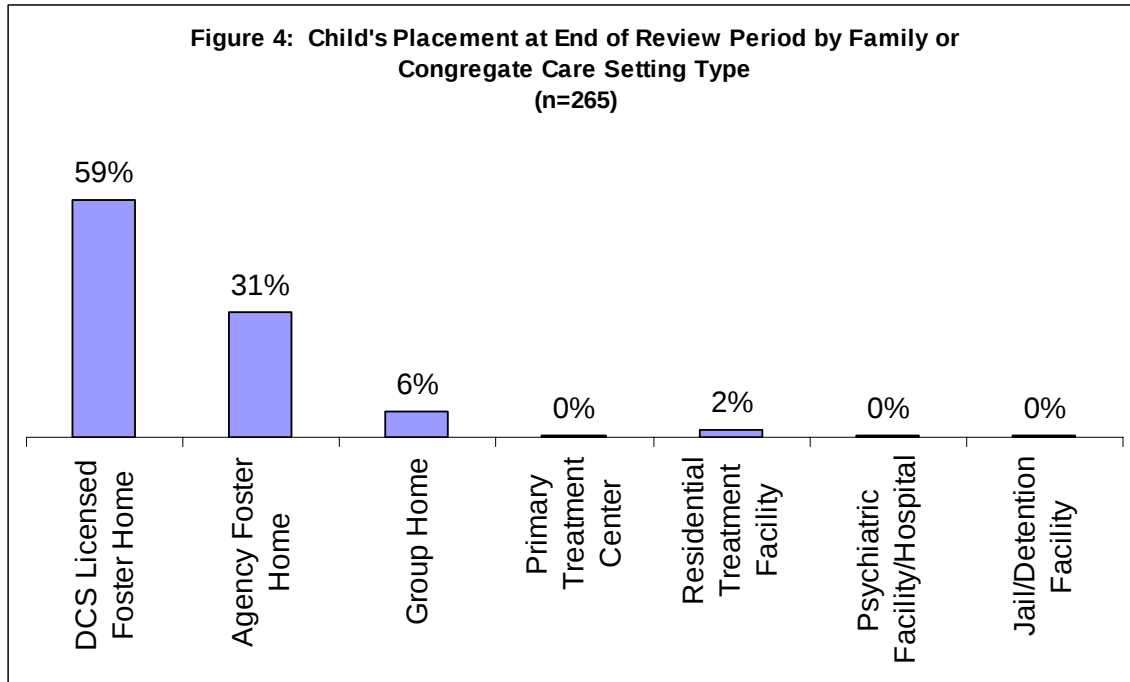
Notwithstanding the decline in the percentage of children initially placed in family or foster family settings in this year's sample, by the end of the review period, children were placed in family or foster home settings (DCS licensed foster homes, kinship homes, and

private provider foster homes) in 91% (240) of the 265 cases.²⁸ Of the 25 children (9%) who were in congregate care settings at the end of the review period, one child was placed in a Primary Treatment Center (PTC), five were placed in residential treatment facilities, one was placed in a hospital for psychiatric care, one was in a detention facility, and 17 were placed in group home settings. (See Figures 3 and 4).



Source: *Brian A. Case File Review*, October 1, 2005 – March 31, 2006
n equals all children who were placed out-of-home during the review period

²⁸ The 2005 Case File Review did not report on data placement type of children at the end of the review period.



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*
n equals all children who were placed out-of-home during the review period

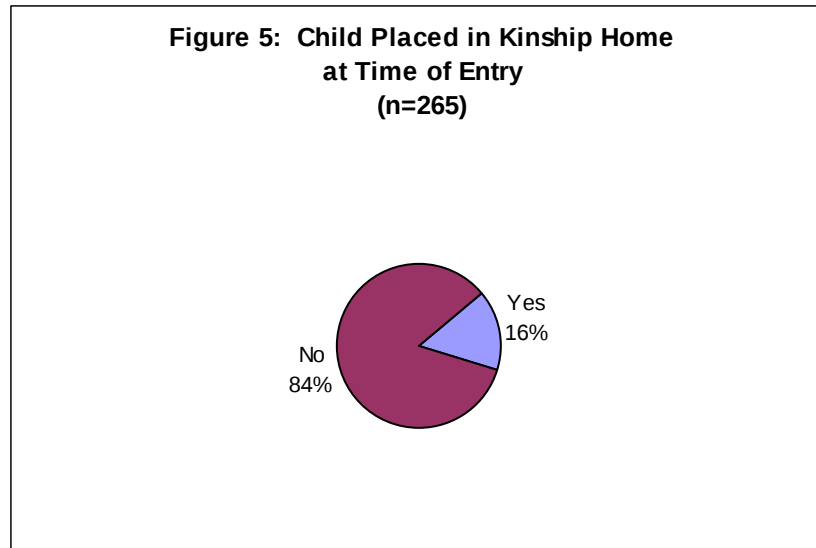
3. Kinship Placements

In order to provide information relevant to the Department's efforts to identify and utilize kinship resources, reviewers gathered data on the number of children in the sample who were placed in a kinship foster home at some point during the review period and on the number of children whose initial placement was a kinship foster home.²⁹

Figure 5 provides information about the percentage of children initially placed in kinship homes. Of those placed in family/foster home settings, 42 children, representing 16% of the children placed out-of-home, were initially placed in kinship homes, a somewhat lower percentage than was the case for last year's review sample.³⁰

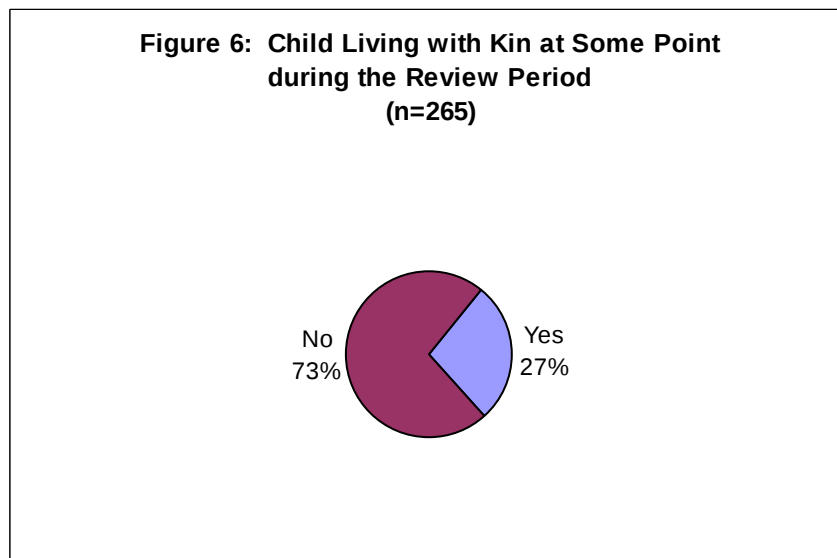
²⁹ Reviewers used the definition of kinship set forth in DCS Policy 16.4: "any person who has a significant relationship with the child."

³⁰ In the 2005 Case File Review 21% of the children in the sample were initially placed in a kinship home at time of entry.



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*
n equals all children who were placed out-of-home during the review period

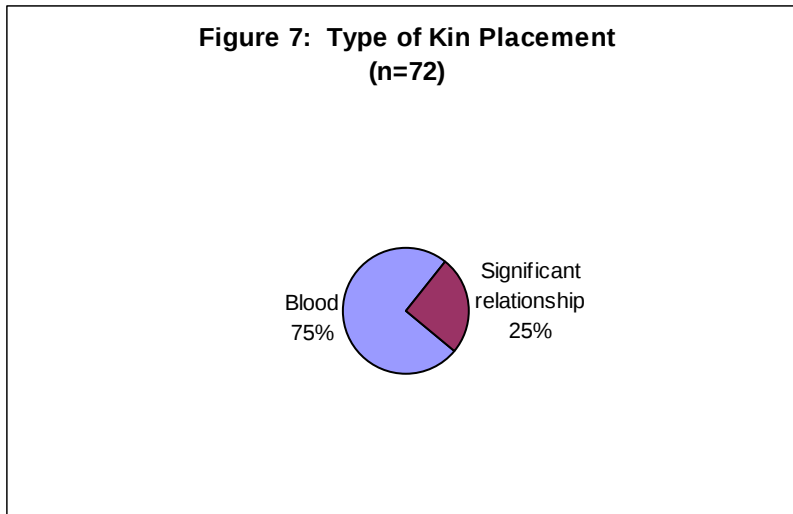
As shown in Figure 6, 72 children (27%) were placed in a kinship home at some point during the review period.³¹



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*
n equals all children who were placed out-of-home during the review period

Of the 72 children, 54 were placed with blood relatives and 18 were placed with “fictive kin” (non-relatives with whom they had a significant pre-existing relationship). (See Figure 7).

³¹ The 2005 Case File Review gathered data on children initially placed in kinship homes and children who were placed in kinship homes at the end of the review period. Data was not gathered about kinship home placement at any other times during a child’s time in custody. Twenty-six percent of the children in the 2005 sample were in kinship homes at the end of that review period.



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*
 n equals all children living with kin at some point during the review period

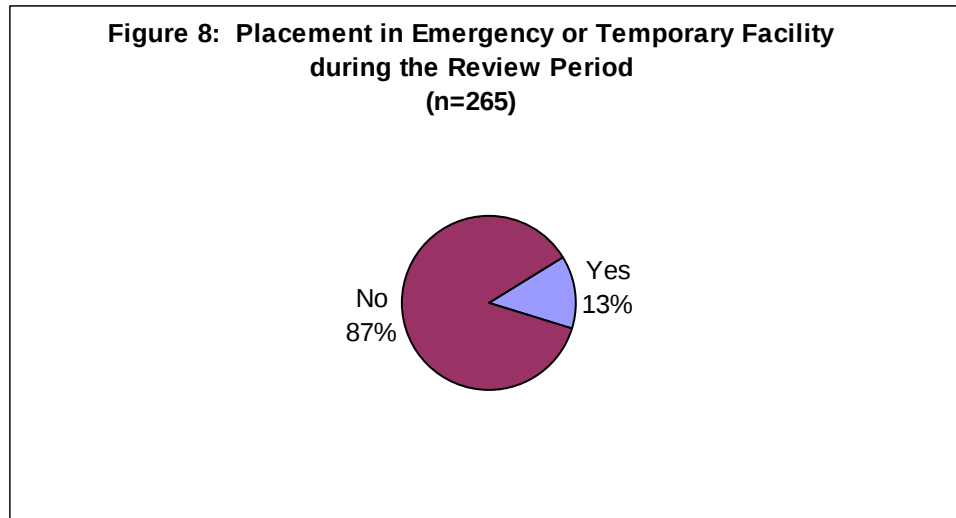
4. Placement in Emergency or Temporary Placements

Placements in Emergency Shelters and Primary Treatment Centers (PTC) are generally disfavored placements. Among other things, these placements introduce a degree of instability for a child because, by design, they do not provide continuity in caring relationships and consistency of settings and routines. These placements are intended to be short-term, safe places for a child while a good decision about a placement is made or until a more appropriate placement becomes available. Placement in an emergency shelter or PTC guarantees that the child will experience at least one more move and therefore contributes to the placement instability discussed in the next subsection of this report.

Children in 13% (35) of the cases reviewed were placed in an emergency shelter or PTC initially and/or at some other point during the review period.³² This is an increase in the number of children placed in an emergency placement compared to last year's findings.³³ (See Figure 8).

³² Children who have behaviors that could put them or others at risk may be placed temporarily in a PTC for assessment in order to determine the most appropriate placement for the child; however, PTCs are sometimes misused as emergency placements when appropriate placements are not available.

³³ In the 2005 Case File Review, 7% of the children in the review sample were placed in an Emergency or Temporary Facility during the review period.



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*
n equals all children who were placed out-of-home during the review period

5. Placement in a Detention Center

Detention Centers are not considered appropriate placements for class members. Six children in this year's sample were placed in a detention center at some point during the review period. Two of these children spent time in both emergency/temporary facilities and detention.

Two children came into detention after a runaway episode (one child spent one day in detention and the other spent ten days in detention while awaiting a court date).³⁴ One child disrupted her trial home visit and was brought to detention (where she spent two hours before being released). Two children were charged with misdemeanor offenses (both spent one day in detention) and one child spent four hours in detention after getting into a fight in school.

B. Placement Stability

Continuity in caring relationships and consistency of settings and routines are essential for a child's sense of identity, security, attachment, trust, and optimal social development. The stability of a child's out-of-home placement will impact the child's ability to build trusting relationships and form attachments.³⁵ For this reason, improving placement stability is a high priority for the Department.

³⁴ According to supplemental documentation provided by the Department, the child entered detention during Thanksgiving weekend and remained in detention until his court date on December 1. This appears to be a violation of the legal limits on secure detention of status offenders.

³⁵ Placement stability is not the only factor that affects the stability of children in care. It is important to ensure that children also have continuity of relationships and consistency of settings and routines in other areas. Changing schools and changing case managers are among the disruptions that contribute to

In order to provide placement stability for children in custody, it is critical that a good decision be made about a child's first placement. Matching children with the right foster family and wrapping services around that child and foster family to make that placement work for the child is the goal. Focus should be on improving the placement process so that the percentage of children experiencing "no moves" is increasing and so that those children who do change placements move no more than once.

1. Number of Placements/Placement Moves

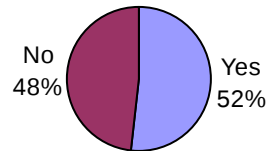
The 2006 Case File Review sample consisted of children who had been in custody for six months or less, and therefore the Case File Review provides information on stability in the early months in custody rather than overall stability for the foster care population. It might seem intuitively that, given the relatively short time that children in the sample were in state custody (three to six months) there would be less opportunity for (and therefore less likelihood of) a placement move. However, as reported in previous TAC reports, the aggregate data shows that in fact most movement for children in DCS custody occurs during the first six months in out-of-home placement.³⁶ Consistent with this finding, the case review identified a significant number of children in the sample who experienced placement moves during the review period. Fifty-two percent (139) of the children experienced at least one placement move; 18% (49) experienced more than one move. Forty-eight percent (126) of the sample remained in the same placement throughout the review period, compared to 55% in last year's sample.³⁷ (See Figure 9).

instability for children in foster care. Findings related to these kinds of stability indicators are discussed in Subsections IV and V below.

³⁶ Monitoring Report of the Technical Assistance Committee in the case of *Brian A. v. Bredesen*, January 19, 2006, page 34.

³⁷ As previously discussed in subsection I, a number of children began their custody episode with a hospital stay and were released to a family foster home. These children may account for some of the difference between this year and last in the percentage of children who experienced no moves during the review period. In any event, the percentage of children experiencing "no more than one placement move," was 81% in 2005 and 82% in the 2006 sample. The parties may want to give some thought to the way in which hospital stays are counted. In this year's sample, a medically fragile child was extremely well provided for by a single foster family for the entire review period; however, the child experienced frequent hospital stays, two of which were in excess of ten days. For purposes of reporting under *Brian A.*, this child is counted as having been in four placements during the review period.

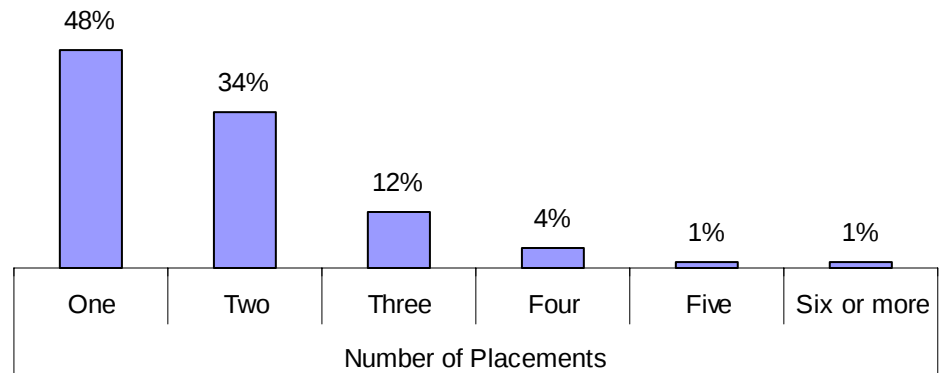
Figure 9: Child Experienced at Least One Placement Change During the Review Period (n=268)



Source: *Brian A.* Case File Review, October 1, 2005 – March 31, 2006
n equals all children who were placed out-of-home during the review period

Figure 10 below shows the number of placements that children in the sample experienced during the six-month review period.

Figure 10: Number of Placements during the Review Period (n=265)

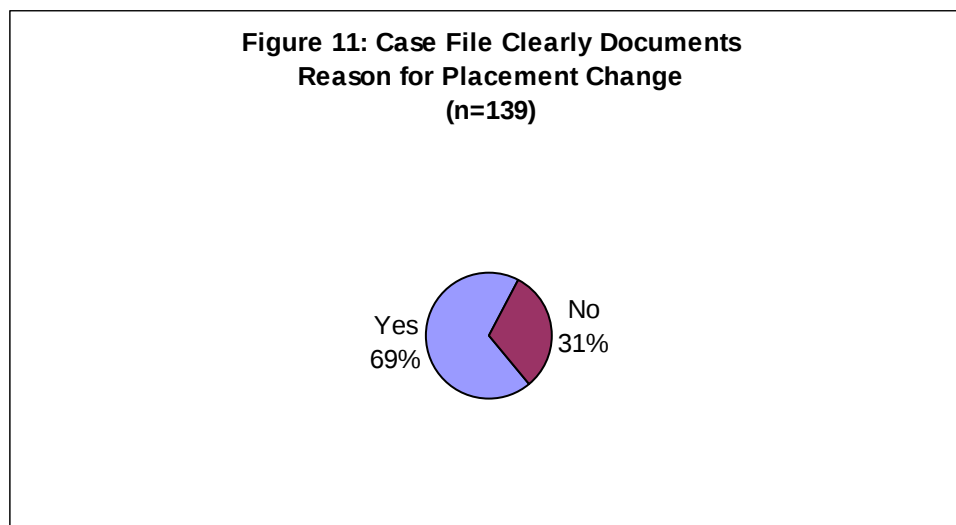


Source: *Brian A.* Case File Review, October 1, 2005 – March 31, 2006
n equals all children who were placed out-of-home during the review period

2. Documentation of Reasons for Placement Move

Reviewers were asked to indicate for those children who experienced a change in placement whether the case file documented the reason for the most recent placement change.

In 69% (96) of the 139 cases in which a child changed placements during the review period, the reviewers found clear documentation of the reason for the most recent placement change.³⁸ (See Figure 11). In some of the remaining 43 cases (31%), the case file showed that a child was in one placement on one day and in another the next, without any specific case notes about the child's move; in other cases the move was noted in the case recordings, but no information given about why the most recent move was necessary.



Source: Brian A. Case File Review, October 1, 2005 – March 31, 2006
n equals those children who changed placements during the review period

3. Placement Moves to Maintain or Create Family Connections

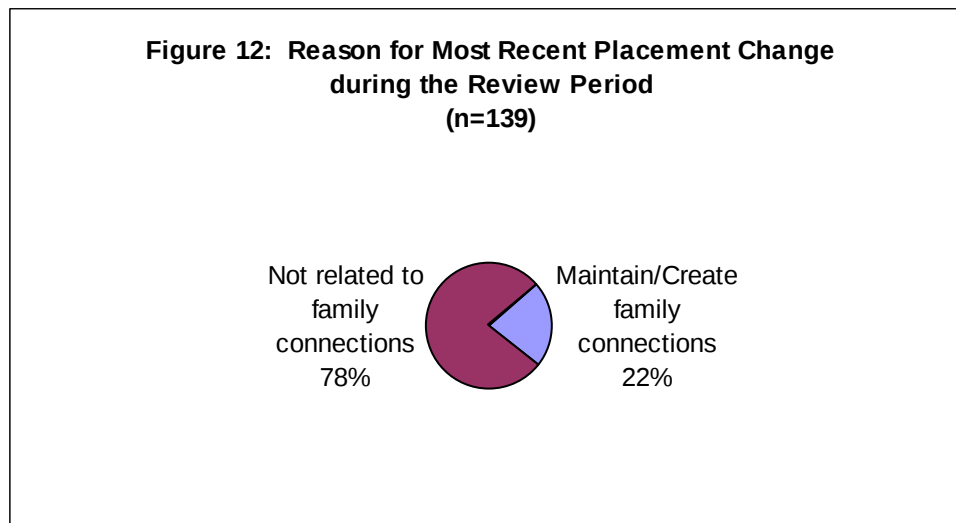
A placement change that is made for the purpose of maintaining or creating family connections is often in the best interest of the child because of the importance of family connections and community ties to a child's healthy development.³⁹ In addition, such placement changes often are moves toward permanency for the child.

³⁸ In the 2005 Case File Review, reviewers found clear documentation of the reason for the placement change in 80% of 124 cases in which children experienced a placement change.

³⁹ In the DCS *Practice Model*, viable relative resources should be identified and mobilized at the front-end of a case. For this reason, while a placement move from a non-relative placement to a kinship home is often a positive move for the child, in some cases such a move may be a reflection of less than optimum front-end casework, resulting in the failure to utilize relative and fictive kin resources as the initial placement.

Reviewers considered a move to be related to maintaining/creating family connections if the move was from a non-kinship placement to a kinship placement; from one kinship placement to another kinship placement; or from a distant placement to one in close proximity to the birth family. Reviewers also considered a move to be related to maintaining/creating family connections if the move was to a home that reunited previously separated siblings, or if the move was to a pre-adoptive or adoptive home. Reviewers made this judgment irrespective of whether the case notes explicitly articulated the purpose of the move.

As reflected in Figure 12 in 22% (30) of the 139 cases in which the child changed placements during the review period, reviewers judged that the child's most recent placement change was made in order to maintain or create family connections. Last year, 28% of the placement moves were judged to be moves that maintained or created family connections.

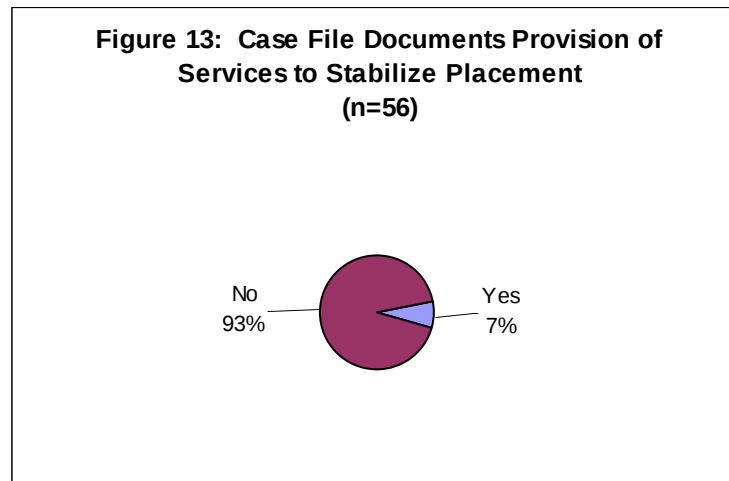


Source: Brian A. Case File Review, October 1, 2005 – March 31, 2006
n equals those children who changed placements during the review period

4. Provision of Stabilization Services Prior to Placement Change

Some placement moves are positive events for the child: a discharge from a hospital to a foster home, a move from congregate care to a foster family setting, or a move to be with family members. Other placement moves occur because of conditions that could not or should not be ameliorated by stabilization services, such as the death or serious illness of a resource parent or the abuse of the child in a foster home. However, in some circumstances, potential disruptions from otherwise appropriate and viable placements can be avoided by timely provision of supportive services to the child and/or family. Reviewers looked at the circumstances of each case in which there was a placement move and determined first whether the situation was one in which good practice would have called for an effort to provide such stabilization services and, if so, whether there was documentation that such services had been provided.

Reviewers judged that services should have been provided to stabilize the placement from which the child moved most recently in 56 cases in which there was a move. The case file documented that services were provided to stabilize the placement in 7% (4) of these 56 cases. This is a somewhat lower level of documentation than was the case last year. (See Figure 13).⁴⁰



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*
n equals those cases for which reviewers judged stabilization services should have been provided

C. Sibling Separation

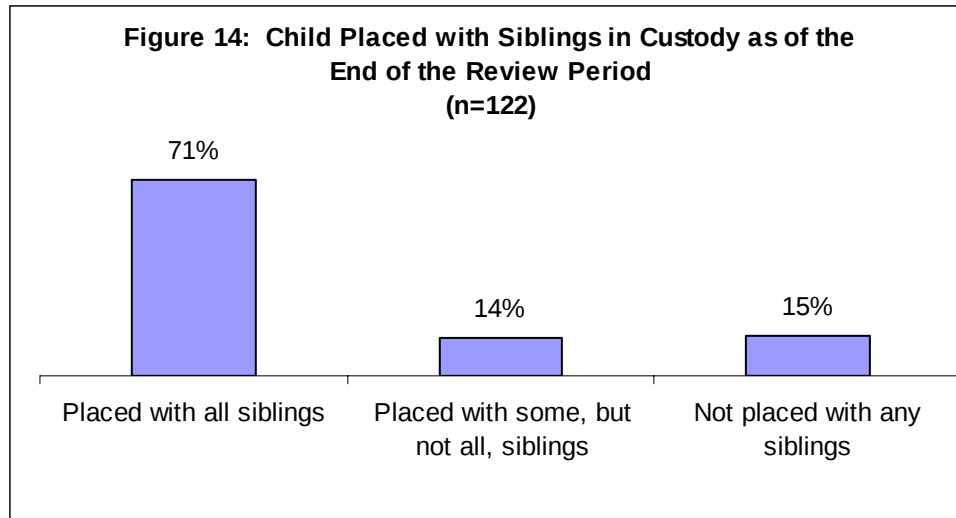
The DCS *Practice Model* recognizes the importance of maintaining and nurturing sibling relationships. The Settlement Agreement requires that siblings should be placed together, “unless doing so causes harm to one or more of the siblings, one of the siblings has such exceptional needs that can only be met in a specialized program or facility, or the size of the sibling group makes placement impractical notwithstanding diligent efforts to place the group together.”⁴¹

As of the end of the review period, a total of 85% (104) of the 122 cases of children who had a sibling(s) also in custody were placed with some or all of their siblings. In 71% (87) of the cases the child was placed with all of his or her sibling(s) and in 14% (17) of the cases the child was placed with some but not all siblings. In 15% (18) of the cases the child was not placed with any siblings as of the end of the review period. (See Figure 14). This is an improvement from last year’s findings.⁴²

⁴⁰ In the 2005 Case File Review, 14% of 56 case files documented provision of services to stabilize placement.

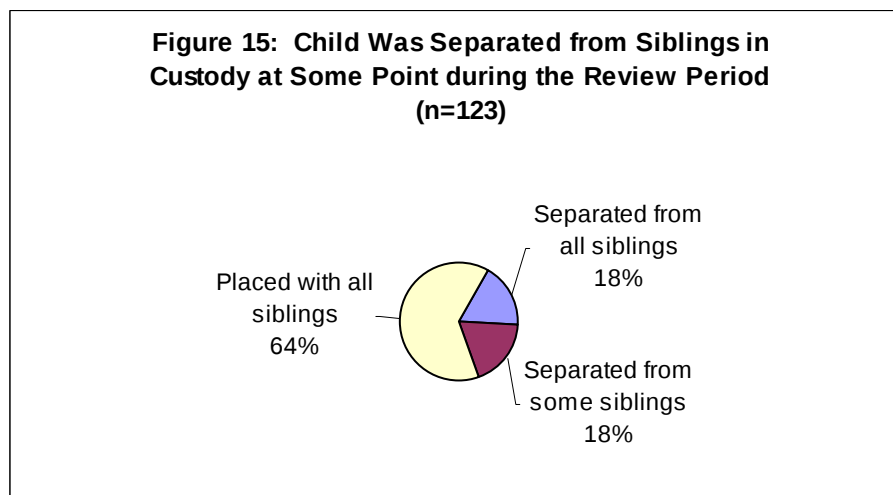
⁴¹ *Brian A. Settlement Agreement VI.C.6.*

⁴² The 2005 Case File Review reported 80% of 162 children who were placed with some or all siblings (62% were placed with all siblings and 18% were placed with some siblings).



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006* and follow-up information provided by DCS
 n equals all cases of children who were placed in out-of-home care with siblings also in custody as of the end of the review period and excludes one case where the child entered custody with and was separated from an older sibling who turned 18 ten days later and exited custody

Of the 123 children with siblings in custody, 18% (22) were separated from all siblings at some point during the review period. Eighteen percent (22) of children were separated from some of their siblings in custody at some point during the review period.⁴³ (See Figure 15).



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*
 n equals all cases of children who were placed in out-of-home care with siblings in custody at some point during the review period. This includes the child whose case was excluded from the n in the previous Figure.

For cases in which children were separated from some or all of their siblings at some point during the review period, reviewers looked for information in the case files about

⁴³ In the 2005 Case File Review, data was not collected for children separated from siblings in custody at some point during the review period.

whether the case manager or the Child and Family Team had decided that the separation was in the best interest of the siblings and also requested supplemental documentation from the Department.

Based on both information in the case files and the supplemental documentation provided by the Department, reviewers concluded that all sibling separations fell into one or more of the exceptions of the Settlement Agreement permitting sibling separation. Of these 44 cases:

- Seven children were separated from their sibling because the child or sibling was placed in a medical facility for over ten days.
- Nine children were each part of large sibling groups that were unable to be placed together.
- In 17 cases, the child or the child's sibling was aggressive and needed a higher level of care.
- Four children were separated because of behavior problems.⁴⁴
- Five children had half-siblings placed with paternal families.⁴⁵
- In two cases there were other reasons for sibling separation.⁴⁶

This is a significant improvement over last year's findings.⁴⁷

⁴⁴ In some cases there was specific information about the problematic behaviors on which the Department was basing its decision to separate siblings. In other cases, there was reference to siblings having conflicts with each other as the reason for the separation, but reviewers could not judge the extent to which the conflicts were outside the ranges of normal sibling interaction or the extent to which efforts were made or should have been made to provide services to address those behaviors and allow the siblings to remain together.

⁴⁵ Five children were separated from their half-siblings: one child came into custody at a different time and from a different home than his half-sibling, and the Department did not know they were related; two of these children were siblings and they were placed with their paternal grandmother, while their half-siblings (the children have different fathers) were placed with their paternal grandmother; the remaining two children were siblings placed with their father while their half-siblings (who have a different father) went to live in a foster home.

⁴⁶ One child was in custody with his sibling for ten days before the sibling turned 18 and exited custody. In the other case DCS planned a gradual return of the children to their home where younger children returned home and then the older children returned so as to ease the transition for the mother.

⁴⁷ The 2005 Case File Review found documentation that 50% of the 54 children separated from their siblings were separated for reasons that were "in their best interest."

II. Visits and Family Contacts

The Settlement Agreement and/or Department policy require regular visits:

- between the child and the primary caregiver(s);⁴⁸
- between the child and his or her siblings if they are placed separately;
- between the child and the case manager;
- between the case manager and the child's family of origin; and
- between the case manager and the child's foster parents or facility staff.

The Case File Review collected information on the frequency of each of these types of visits.⁴⁹

A. Child-Parent Visits

The DCS *Practice Model* and the Settlement Agreement highlight the importance of preserving family relationships through meaningful visits between the parents and child that provide an atmosphere conducive to developing and maintaining non-detrimental family relationships and attachments, regardless of the permanency goal. Department policy states that visits between children and their families shall be no less than one hour per week, and that every effort shall be made to ensure that children and families have more than one hour per week to visit with one another.⁵⁰

1. Frequency of Child-Parent Visits

Of the 268 cases reviewed, reviewers determined that in 246 cases, visits would be appropriate and expected between the child and his or her primary caregiver.⁵¹ Of those 246 cases, 62% (152) documented visits between the child and primary caregiver at least one time per month. This represents an increase from last year's findings.⁵² Twenty-eight percent (70) of the cases documented visits between the child and primary caregiver that were less than monthly, and 10% (24) of the cases did not document any visits

⁴⁸ The term "primary caregiver" is used to refer to the parent(s) or surrogate parent caregiver from whom the child was removed and/or to whom the child is intended to return.

⁴⁹ The term "visit" as it is used in this report does not necessarily indicate a time specifically set aside solely for the purpose of providing the relevant parties the opportunity to spend time with each other. Reviewers looked at the contacts between the relevant parties, the context of the contact, and the interaction between the relevant parties to determine whether to count the contact as a visit. Visits would include, for example, one-on-one time spent by the case manager with the child while transporting the child to a doctor's appointment or to a Child and Family Team Meeting.

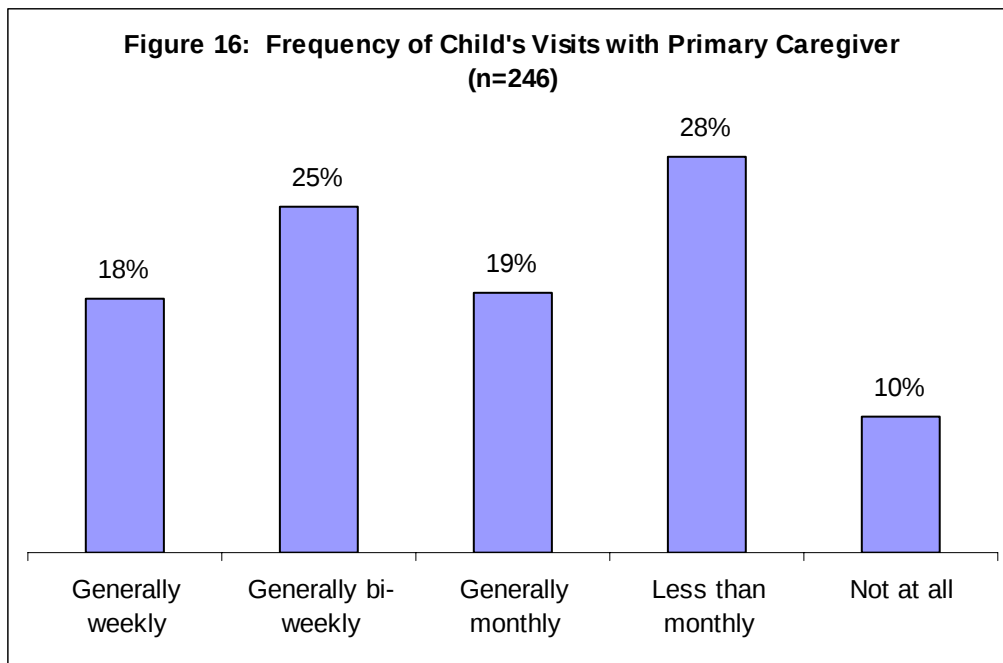
⁵⁰ DCS Policy 16.44 BA

⁵¹ The 22 cases that were not assessed for visits were cases in which the case file clearly documented that: parental rights were terminated; the caregiver's whereabouts were unknown; the child was placed with the primary caregiver; or contact with the caregiver was not in the child's best interest.

⁵² In the 2005 Case File Review, visits occurring between the child and his or her primary caregiver at least one time per month were documented in 42% of the cases; weekly visits were documented in 12%.

occurring between the child and primary caregiver between October 1, 2005 and March 31, 2006.⁵³ Eighteen percent (45) of cases documented weekly visits. (See Figure 16).

Reviewers noted in 49 cases, based on statements in the case file, that visits seemed to be occurring more frequently than specifically documented.⁵⁴ For instance, in one case file there were recordings indicating that a child placed with a relative was seeing her mother at family gatherings, but the dates of those visits were not specifically documented. In another case file there was reference to a visitation schedule, but there were not specific notes that visits had occurred on specific dates. This documentation problem appeared to be more common in cases in which visits were scheduled and facilitated by someone other than the case manager, such as a relative or a foster parent. Because reviewers counted only those visits that were specifically documented in the case file, the data may reflect a lower percentage of visits in these cases than actually took place.



Source: Brian A. Case File Review, October 1, 2005 – March 31, 2006

n excludes cases in which parental rights were terminated or the caregiver's whereabouts were unknown, cases in which the child was placed with the primary caregiver, and cases in which contact with the caregiver was not in the child's best interest.

The Department was asked to provide responses to all of the cases in which documented visits between the child and his or her primary caregiver were occurring less than monthly or not at all. This follow-up had two purposes. The first was to determine whether any of these children had in fact been visiting more frequently than was

⁵³ In one case, the child's mother lived in the foster home with the child for part of the review period. Visits were only assessed after the mother moved out of the home, and these occurred less than monthly.

⁵⁴ In 22 of these cases, the case file documented that the child saw the primary caregiver at least one time per month, less than monthly visits were documented in 23 of these cases, and in four of these cases no visits were documented.

documented in the file. The second purpose was to ensure that corrective action could be taken by the Department with respect to any of the children still in custody who were visiting less than monthly.

In some cases the Department asserted that visits had occurred more frequently than the reviewer had found from the Case File Review. In those cases, the reviewers rechecked TNKids for corresponding documentation and, if the visits were documented in TNKids at the time of the recheck, those visits were included in the calculation of visit frequency reflected in Figure 16 above.

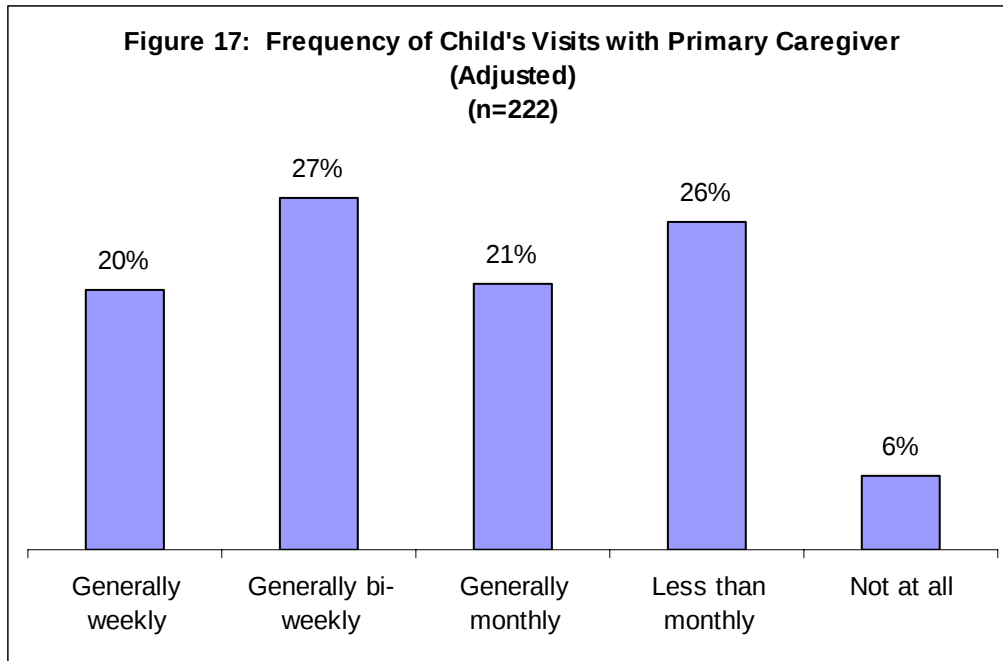
In some of the other cases for which the reviewers requested follow-up information, the Department did not contest the reviewers' finding that visits had not occurred, but asserted that these were cases in which visits should not have been expected to occur, based on special circumstances. In some of these cases, the supplemental documentation provided by the Department clearly established that the lack of visiting was a result of circumstances beyond the Department's control. Examples include a parent who was in jail in another state, a parent who was a fugitive from justice, and a parent who could not be located despite specific steps taken by the Department as part of its "diligent search." In other cases, the Department simply stated that visits did not occur because the parent could not be located or did not show up for scheduled visits or was uncooperative, but did not provide any specific information about the circumstances or about the efforts made by the case manager to locate, connect with, or engage the parent.

Figure 17 below presents data regarding children's visits with their primary caretaker after adjusting for any cases in which the Department's supplemental documentation was construed as an assertion that the visits between the child and his or her primary caregiver would not be reasonably appropriate/expected under the circumstances of the case.

Based on this adjustment, visits would have been appropriate and expected between the child and his or her primary caregiver in 222 of the 268 cases reviewed. Of those 222 cases, 68% (152) documented visits between the child and primary caregiver at least one time per month. Twenty-six percent (57) of cases documented visits between the child and primary caregiver less than monthly, and 6% (13) of the cases did not document any visits occurring between the child and primary caregiver between October 1, 2005 and March 31, 2006.⁵⁵ Twenty percent (45) of cases documented weekly visits. (See Figure 17). This represents a significant improvement from last year's findings.⁵⁶

⁵⁵ In one case, the child's mother lived in the foster home with the child for part of the review period. Visits were only assessed after the mother moved out of the home, and these occurred less than monthly.

⁵⁶ See Footnote 52. It may be that last year's findings would have been more positive had a similar follow-up procedure been followed in that review, and that the degree of improvement from last year to this year would therefore have been less. See footnote 20.



Source: *Brian A.* Case File Review, October 1, 2005 – March 31, 2006
 n excludes cases in which parental rights were terminated or the caregiver's whereabouts were unknown, cases in which the child was placed with the primary caregiver, and cases in which contact with the caregiver was not in the child's best interest.

2. Type of Child-Parent Visit

Reviewers also collected data on whether child-parent visits were supervised or unsupervised and whether any of the visiting involved overnight visits with the parent.

Of the 246 cases assessed for visits, there were 222 cases in which visits occurred. In 55% (122) of the 222 cases, all of the documented visits were supervised. In 17% (38) of the 222 cases all of the documented visits were unsupervised; in 22% (49) documented visits were a combination of supervised and unsupervised; and in 6% (13) of cases, documentation was insufficient to determine whether the visits were supervised or unsupervised.

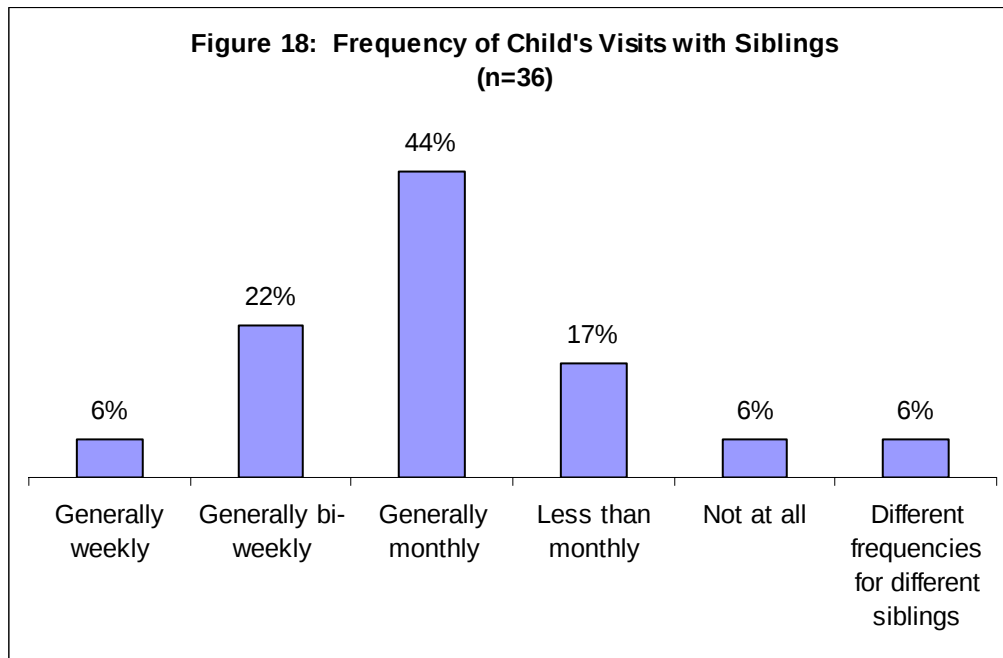
Overnight visits occurred in 25% (56) of the 222 cases.

B. Sibling Visits for Siblings Placed Apart

The DCS *Practice Model* emphasizes the importance of helping siblings who are placed separately maintain and further develop their relationships by providing regular opportunities for them to visit each other. The Settlement Agreement requires that siblings not placed together visit each other as frequently as necessary and appropriate to facilitate sibling relationships but no less frequently than once each month.⁵⁷

⁵⁷ *Brian A.* Settlement Agreement XVI.B.2a-b.

Of the 44 children who were separated from one or more of their siblings at some point during the review period, reviewers judged visits with the separated sibling(s) to be appropriate for 36 of those children.⁵⁸ Of those 36 children, 72% (26) had documented visits between the child and siblings at least one time per month. This represents an increase from last year's findings.⁵⁹ Seventeen percent (6) of the cases documented visits between the child and siblings as occurring less than monthly, and 6% (2) of the cases did not document any sibling visits. In two cases, reviewers determined that different frequencies of visits were occurring for different siblings of the same child.⁶⁰ (See Figure 18).



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*

n equals all cases in which the child had siblings in custody with whom he or she was not placed and with whom visits would have been appropriate

C. Case Manager-Child Visits

⁵⁸Eight cases were not included in the assessment of sibling visits for various reasons. In one of the cases, the court ordered no contact between the child and his siblings. In one case the reviewer was unable to determine at the time of the review whether siblings were placed together or separately. In another case the reviewer was unable to determine whether sibling visits were appropriate. In two cases, the siblings were separated for less than one month during the review period and those two cases were not assessed for visits. In three cases a member of a sibling group who lived together spent a period of time in the hospital, and this hospital stay was counted as a separate placement for some purposes, however for the purpose of assessing visits, the siblings were coded as not being separated.

⁵⁹ In the 2005 Case File Review, 51% of 47 cases assessed for sibling visits documented visits occurring at least one time per month.

⁶⁰ In one case the reviewer noted that the child was seeing some siblings weekly and some siblings generally monthly. In the other case the reviewer noted that the child had some visits with some siblings but did not visit with all siblings.

Visits between the case manager and child assist in ensuring the stability and well-being of the child. Visits allow the case manager to assess on a regular basis how the child is adapting to his or her placement, to monitor safety issues, and to stay current on the various issues affecting the child. Visits at the child's placement are particularly valuable when assessing safety issues and allow the case manager an opportunity to interact with foster parents or facility staff. Such visits allow for the early identification of problems in the foster home or facility and keep the case manager apprised of whether needed services are being provided and are having the intended impact. Case managers are required to ensure some time for private conversation with the child away from the caregiver as a means of encouraging the child to talk openly with the case manager about any concerns that the child might be uncomfortable discussing in the presence of the caregiver or facility staff.

1. Visits During the First Eight Weeks in a New Placement

The Settlement Agreement contemplates that the time immediately following removal from a home of origin or immediately following a move from one placement to another is unsettling for the child and therefore requires more frequent contact between the case manager and child than that needed once a child has had a chance to settle into a placement. The Settlement Agreement therefore requires that case managers visit a child six times during the first eight weeks in a new placement. In a private provider-managed case, expectations for private provider case manager visits are the same as those for DCS case managers with children in DCS foster homes.⁶¹

For children in the sample who remained in their initial placement for the entire review period, there was only one relevant "first eight weeks" for reviewers to examine. For children in the sample who were in more than one placement during the review period, reviewers collected information regarding "case manager visits in the first eight weeks of placement" for the child's most recent placement during the review period. For ease of reference in this section, reviewers use the term "most recent out-of-home placement" to include the initial and only placement of those children who did not experience a placement move during the review period.

There were 239 cases of children in the sample who had been in their most recent out-of-home placement for at least eight weeks as of the end of the review period. In 53% (126) of those cases, the case file documented that all of the required visits took place between

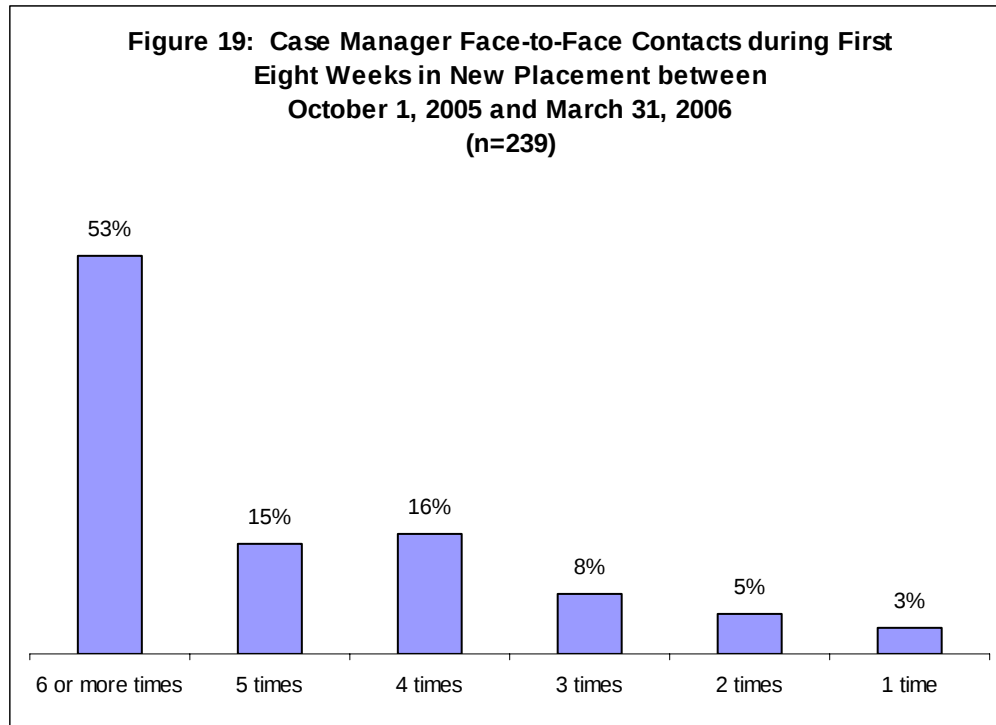
⁶¹ *Brian A. Settlement Agreement VI.K.1-2.*

the case manager and the child.⁶² In 91% (218) of the cases, the child was visited three or more times during the first eight weeks. This represents a substantial improvement over last year's findings.⁶³ There were eight cases (3%) in which only one contact with the case manager was documented in the file for the first eight weeks in the new placement.⁶⁴ (See Figure 19).

⁶² Only contacts made by the assigned DCS Home County Case Manager were counted unless there were extenuating circumstances documented such as the case manager being on medical leave. Reviewers only counted contacts when documentation clearly illustrated interaction between the case manager and the child. For example, in one case, the case manager documented that she visited the child at school but only observed him and did not talk to him. Reviewers did not count this observation as constituting the kind of visit contemplated by the Settlement Agreement. In private provider-managed cases, however, because private providers were not clearly directed by DCS to document the circumstances of the contact, reviewers did accept documentation of dates of visits as contacts without accompanying case recordings documenting interaction. Had reviewers' requirements of documentation in private provider agency cases been comparable to documentation required for DCS cases, 13 cases would be moved to the UTD category.

⁶³ In 2005, all of the required visits occurred in 37% of the 242 cases in which children in the sample were in their most recent placement for at least eight weeks and three or more visits occurred in 68% of those cases. This year's findings may not be directly comparable to last year's findings because of the large number of cases in the 2005 review that were coded as UTD because of the lack of private provider documentation. For the 2006 Case File Review, private providers were contacted directly and asked to provide any additional documentation kept by their agency regarding contacts (See Appendix C).

⁶⁴ The reviewers requested additional information from the appropriate DCS or private provider staff with respect to these eight cases. Four of the cases were DCS-managed cases and four were private provider-managed. Based on the supplemental documentation, the reviewers were able to better understand the circumstances of these cases. In one DCS-managed case, other DCS employees such as CPS workers and a case assistant had contact with the child during that time. In another case, upon follow-up, the region reported that a supervisor had visited the child while the case manager was on medical leave but this was not documented in TNKids. In another DCS-managed case, DCS acknowledged that visits had not occurred and did not present any further explanation. In the fourth DCS-managed case, DCS provided follow-up regarding visits during a placement that was not the most recent placement. In two of the private provider-managed cases, two brothers were placed with the same agency and other workers from that agency, including family therapists, had contact with each child. In another private provider-managed case, the child was placed at a group home and was having daily contact with house parents and other staff. (The parties may need to engage in further conversations with the private providers to clarify how the case manager contact provisions apply in private provider agency cases in which several staff interact with the children and family on a regular basis.) The remaining case was a private provider-managed case in which the child was only visited one time in the first eight weeks of placement according to the documentation provided by that provider agency and no further explanation was provided.



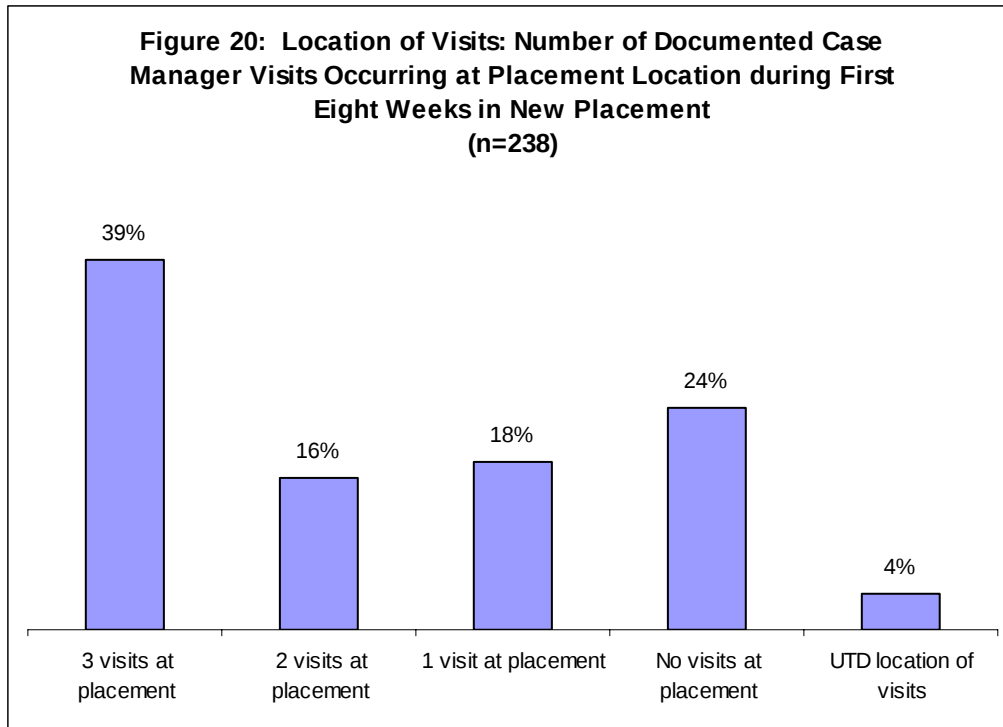
Source: *Brian A.* Case File Review, October 1, 2005 – March 31, 2006
 n equals all cases in which the child had been in the most recent out-of-home placement for at least eight weeks as of the end of the review period

The Settlement Agreement also requires that at least three of the visits during the first eight weeks a child is in a new placement take place in the child's placement.⁶⁵ This allows the case manager both to observe the child in his or her current environment and to assess safety and other issues in the home or facility. As shown in Figure 20, the case file documented that at least three of these visits occurred in the child's placement in 39% (93) of cases. This represents an improvement over last year's findings.⁶⁶ In 4% (9) of cases, three or more visits took place but the locations of the visits were not documented.⁶⁷

⁶⁵ *Brian A.* Settlement Agreement VI.K.1-2.

⁶⁶ In the 2005 Case File Review, 22% of 242 cases documented three or more visits occurring in the placement during the first eight weeks of placement. The 2006 Case File Review findings may not be directly comparable to last year's findings because of the large number of UTDs in 2005 resulting from the lack of private provider documentation.

⁶⁷ Of the nine cases in which reviewers were unable to determine the location of visits, six were managed by private provider agencies. It may be that private agency staff were not aware at that time that they were expected to document location of visits.



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*
 n equals all cases in which the child had been in the current placement at least eight weeks with the exception of one case in which the reviewer omitted the question

2. Visits After the First Eight Weeks in a New Placement

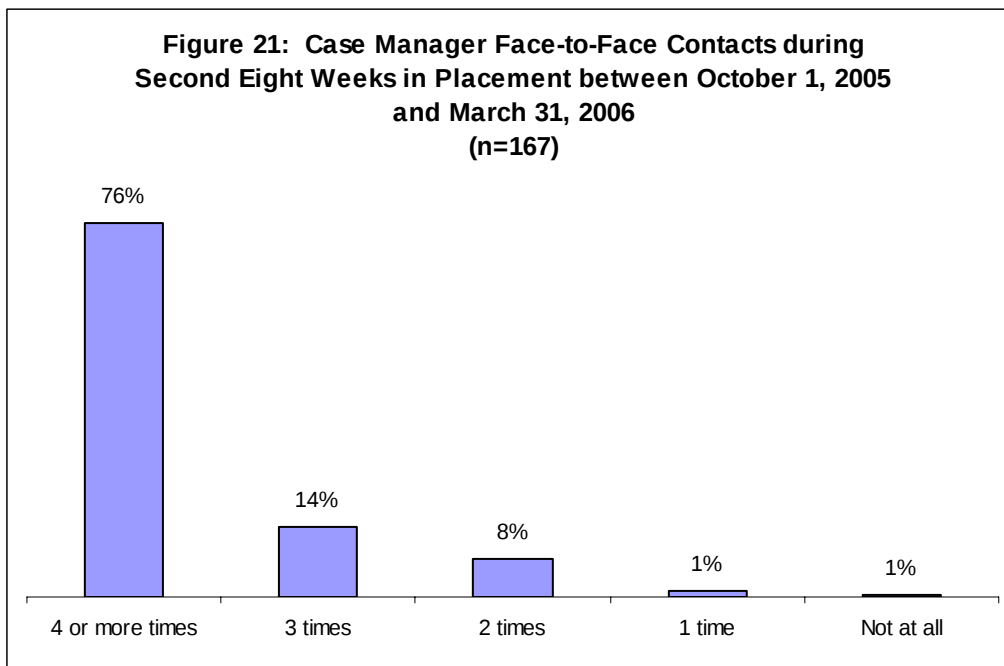
The Settlement Agreement requires less frequent visits—biweekly visits—once children have been in a placement for more than eight weeks.⁶⁸ As shown in Figure 21, case managers were better able to meet the Settlement Agreement requirements for the second eight weeks a child was in a placement.

There were 167 children in the sample who had been in their most recent out-of-home placement for at least 16 weeks during the review period. The case file documented that in 76% (127) of cases all of the required visits between the case manager and the child occurred during the second eight weeks in that placement, representing a dramatic improvement from last year's findings.⁶⁹ There were three cases for which fewer than two visits occurred during the second eight weeks in the most recent out-of-home

⁶⁸ *Brian A. Settlement Agreement VI.K.1-2.*

⁶⁹ In the 2005 Case File Review, 44% of 183 cases documented four or more visits occurring during the second eight weeks of placement. These findings may not be directly comparable to last year's findings because of the large number of UTDs in 2005 resulting from the lack of private provider documentation.

placement and the reviewers obtained supplemental documentation to better understand the circumstances of these children.⁷⁰



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*
n equals all cases in which the child had been in the most recent out-of-home placement at least sixteen weeks during the review period

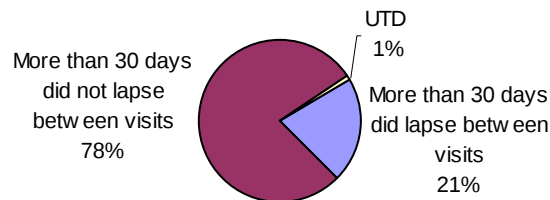
3. Length of Time Between Visits

Reviewers looked not only at the number of case manager-child visits per month, but also at the length of time between case manager visits. Reviewers recognized that if a child had two visits in the first week of the first month and two visits in the last week of the second month, the case manager would be considered to be visiting “twice a month”, but the child could have gone as much as eight weeks without a visit from the case manager. In order to ensure that children were being seen regularly by their case managers, reviewers collected information on whether more than 30 days ever lapsed between case manager face-to-face contacts with a child. In 21% (56) of the cases reviewed, the child went for more than thirty days on at least one occasion without a visit from his or her case manager. (See Figure 22).⁷¹

⁷⁰ All three of these cases were private provider-managed cases. Two of the children were placed with the same agency, one in a foster home and one in an institution. The other child was placed in a foster home and was having monthly therapy sessions with a provider agency therapist. Both of the agencies reported that the therapist functioned as the case manager in these cases. Therapy sessions involving the child and therapist were documented in these cases and were considered by the agencies to satisfy the case manager-child contact requirement.

⁷¹ The 1% UTD in Figure 22 represents one child for whom follow-up information was not requested.

Figure 22: Case Manager Face-to-Face Contacts with More than Thirty Days Lapsing Between Visits (n=268)



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*

4. Private Time With the Child

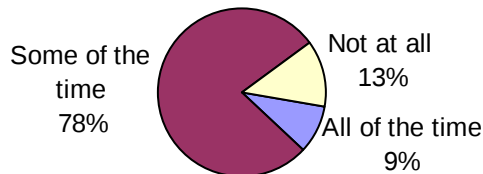
The Settlement Agreement requires that, for children two years of age and older, each visit between the case manager and the child include a private meeting between them outside of the presence of the caregiver in order to provide an opportunity for open communication with the child.⁷²

As shown in Figure 23, the case file documented private time between the case manager and the child during at least some of the visits in 87% (178) of the 205 cases of children two years or older. This is a significant improvement over last year's findings.⁷³

⁷² *Brian A. Settlement Agreement VI.K.1.*

⁷³ In the 2005 Case File Review, the case file documented private time between the case manager and the child during at least some of the visits in 74% of 208 cases.

Figure 23: Case Manager Face-to-Face Contacts Included Time with Child Outside the Presence of Caregiver (n=205)



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*
 n excludes all cases of children under two years old and two cases of non-verbal children with severe disabilities

Sometimes reviewers found specific case recordings stating that the visit included private time with the child; other times it was evident from the circumstances of the visit (such as a visit at school or a visit while transporting a child to an appointment) that the case manager spent time with the child outside the presence of the caregiver. The data show that a significant majority of case managers are documenting private time with the child during at least some of the visits, although few documented such private time during every visit. Those cases in which the Case File Review found incomplete compliance with this particular requirement of the Settlement Agreement may be to some extent an indication of a documentation problem rather than a case practice issue.

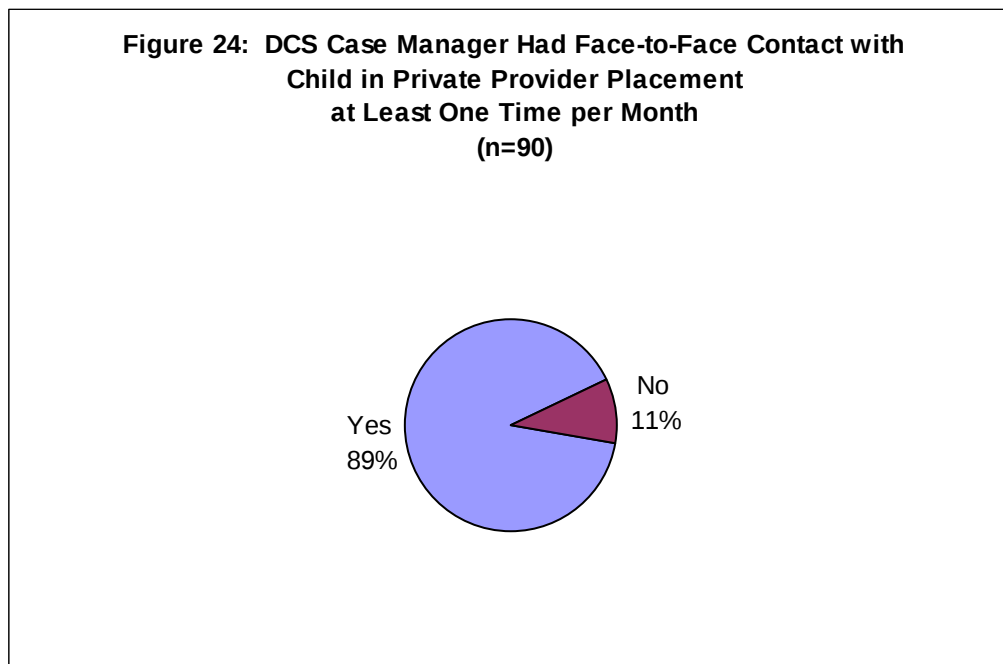
5. Monthly DCS Case Manager Contact With Children in Private Provider-Managed Cases

In private provider-managed cases, not only must the private provider case manager visit with the same frequency as DCS case managers in DCS-managed cases, but the DCS case manager must also visit children in those private provider-managed placements. The Settlement Agreement requires a monthly face-to-face visit between the DCS case manager and child at the private provider-managed placement.⁷⁴

The DCS case manager visited the child at least one time per month in 89% (80) of the 90 cases in which the child was in a private provider placement for at least one month as of

⁷⁴ *Brian A. Settlement Agreement VI.K.2.b.*

the end of the review period. (See Figure 24). This represents an improvement over last year's findings.⁷⁵



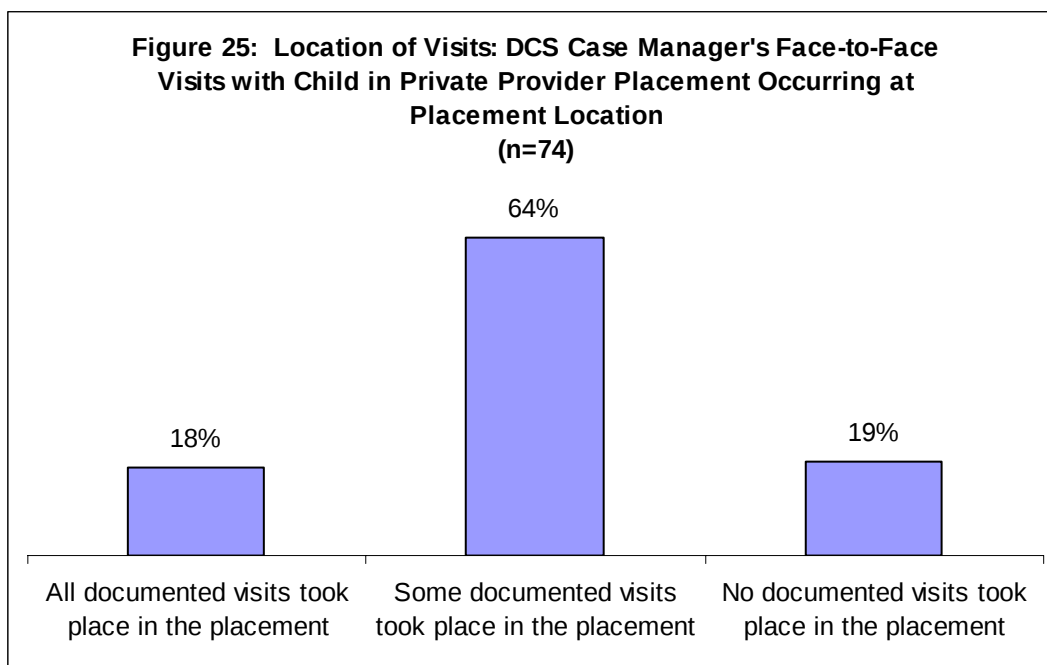
Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*

n equals all cases of children whose most recent placement was a private provider placement and the child was in that placement for at least one month as of the end of the review period

In 82% (60) of cases assessed, children in private provider-managed cases were visited by their DCS case manager at their placement location at least one time during the review period.⁷⁶ In 14 (19%) of the cases, the children were not seen in their placement at all by their DCS case manager during the review period. (See Figure 25).

⁷⁵ In the 2005 Case File Review, the DCS case manager visited the child at least one time per month in 67% of 79 cases.

⁷⁶ The decision to collect this data was made after completion of the first region reviewed. Figure 25 therefore reflects data collected for 11 of 12 regions.



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*
n equals all cases of children in a private provider placement for at least one month as of the end of the review period, excluding 16 cases not assessed for this information from the first region reviewed

6. DCS Case Manager/Private Provider Case Manager Joint Visits

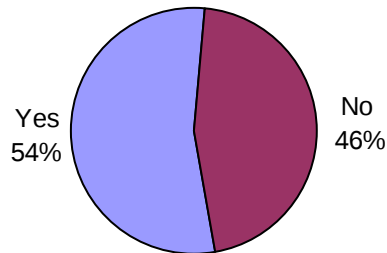
In private provider-managed cases, it is important that the DCS case manager and private provider case manager visit jointly with the child in his or her placement on a regular basis so that they are able to discuss the case with each other, the foster parents/facility staff, and the child. For this reason, the Settlement Agreement requires that the private provider case manager in these cases accompany the DCS worker to his or her monthly visit with the child at least once every three months.⁷⁷

The case file documented joint quarterly visits in 54% (44) of the 81 cases of children who were in a private provider placement for at least three months during the review period. (See Figure 26). This represents a marked improvement over last year's findings.⁷⁸

⁷⁷ *Brian A. Settlement Agreement VI.K.2.b.*

⁷⁸ In the 2005 Case File Review, joint quarterly visits were documented in 29% of 68 cases.

**Figure 26: DCS and Private Provider Case Managers Visited
Jointly with Child at Least Once Every Three Months
(n=81)**

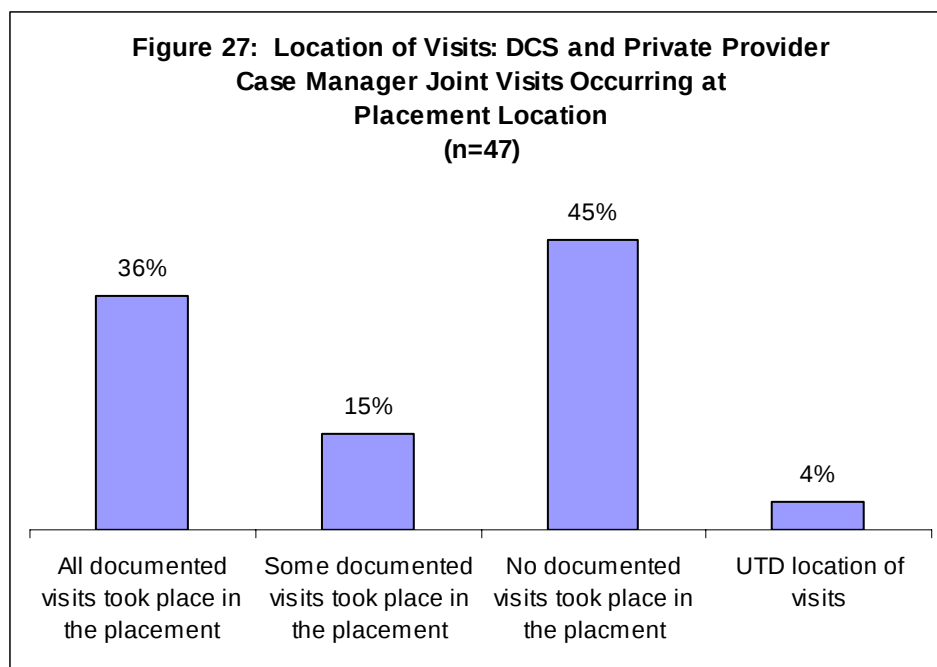


Source: *Brian A.* Case File Review, October 1, 2005 – March 31, 2006
n equals all cases of children in a private provider placement for at least three months during the review period.

The Settlement Agreement requires that these joint visits occur at the child's placement.⁷⁹ In 51% (24) of cases assessed for joint visits, children in private provider-managed cases were jointly visited by their DCS and private provider case managers at their placement location at least one time during the review period.⁸⁰ (See Figure 27).

⁷⁹ *Brian A.* Settlement Agreement VI.K.2.b.

⁸⁰ The decision to collect this data was made after completion of the first region reviewed. Figure 27 therefore reflects data collected for 11 of 12 regions. Information was collected on location of all visits, some of which may have exceeded the required visits.



Source: *Brian A. Case File Review*, October 1, 2005 – March 31, 2006
n equals all cases of children in a private provider placement for at least three months during the review period in which joint quarterly visits occurred, excluding 17 cases not assessed for this information from the first region reviewed⁸¹

D. Trial Home Visit Contacts

It is not uncommon for children to go on a “trial home visit” for up to 90 days before being discharged from state custody. The Settlement Agreement requires that during any trial home visit, the child’s case manager visit the child in person at least three times in the first 30 days and two times per month for the remaining 60 days.⁸²

In this year’s sample, 22 children were on a trial home visit for at least 30 days during the review period. Seven of those children were on a trial home visit for at least 90 days. Of the 22 children on a trial home visit for at least 30 days during the review period, 14 were visited three times during the first 30 days of the trial home visit and eight were not. All eight of the children who were not visited at least three times were visited two times.⁸³

⁸¹ The n for Figure 27 is greater than the number of “Yes” answers for Figure 26 because in some cases, all joint quarterly visits did not occur, although some did, and location of visits was collected for the visits that did occur.

⁸² *Brian A. Settlement Agreement VII.L.4.*

⁸³ Based on follow-up, reviewers determined that the Department often counted the court hearing at which the child was placed on the trial home visit as the first case manager visit and therefore reported that three visits did take place. In these cases, the case recordings for the court hearing date were read by reviewers and none documented specific relevant interactions after court. This was not considered to be a visit in the way that the Settlement Agreement intended and therefore these court contacts were not included as visits in this report.

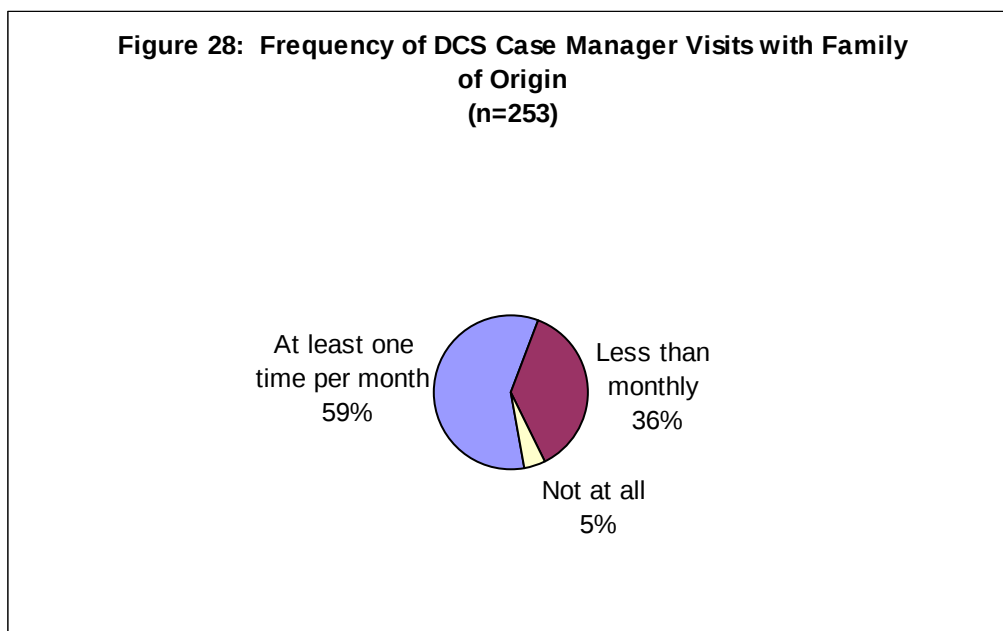
Of the seven children on a trial home visit for at least 90 days during the review period, six (all but one) were visited two times per month after the initial 30 days.⁸⁴

E. Case Manager-Family of Origin Visits

1. DCS Case Manager Visits with Family of Origin

Although the Settlement Agreement does not establish specific requirements for DCS case manager visits with parents, DCS Policy states that face-to-face visits must take place no less than once each month.⁸⁵

Of the 253 cases in the sample for which, under DCS policy, face-to-face contact between the family of origin and the DCS case manager would be expected, 59% (149) of cases documented visits occurring at least once per month, an improvement from last year's case review findings.⁸⁶ Thirty-six percent (92) of cases documented visits occurring less than monthly and 5% (12) of the cases did not document any visits during the review period.⁸⁷ (See Figure 28).



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*

n excludes cases in which parental rights have been terminated, the family of origin is unwilling to have contact with the DCS case manager, or their whereabouts are unknown

⁸⁴ The one child who was not visited two times per month was visited twice in the first month and only one time in the second month, and was therefore visited three rather than four times during that two month period.

⁸⁵ DCS Policy 16.38 BA

⁸⁶ In the 2005 Case File Review, case manager-family of origin visits were documented as having occurred at least one time per month in 53% of 242 cases reviewed for that issue.

⁸⁷ Reviewers counted documented face-to-face contacts between DCS case managers and family of origin if case recordings illustrated interaction between the case manager and the family. Reviewers used the “Not Applicable” option if parental rights were terminated, or if the parents refused or were unable to be contacted and reviewers found documented efforts by the case manager to locate or engage the parents.

The Department was asked to provide supplemental information in all of the cases in which, according to the documentation in the file, visits between the DCS case manager and the family of origin were occurring less than monthly or not at all. The reviewers sought to determine through this follow-up request whether any of the case managers had in fact been visiting more frequently with the family than was documented in the file, or whether there were some special circumstances that explained the lack of contact between the case manager and the family.

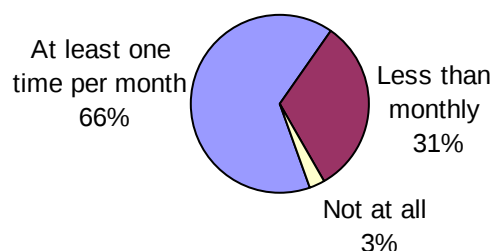
In a number of cases the Department provided clear justification for the missed visits (parent incarcerated in another state; parent unable to communicate after suffering a stroke; specific actions taken to try to locate a parent, without success); in others the response simply stated that the parent could not be located, failed to show up for a scheduled meeting, or was uncooperative, but did not provide any specific information about efforts made by the case manager to locate, connect with, or engage the parent.

Figure 29 below presents data regarding DCS case manager visits with family of origin after adjusting for any cases in which the Department's supplemental documentation was construed as an assertion that the visits between the case manager and the family of origin would not be reasonably appropriate/expected under the circumstances of the case.

Of the 227 cases assessed for face-to-face contact between the family of origin and the DCS case manager, 66% (149) documented visits occurring at least one time per month. Thirty-one percent (72) documented visits occurring less than monthly and 3% (6) did not document any visits during the review period. This represents an improvement over last year's findings.⁸⁸

⁸⁸ See Footnote 86.

**Figure 29: Frequency of DCS Case Manager Visits with Family Of Origin (Adjusted)
(n=227)**



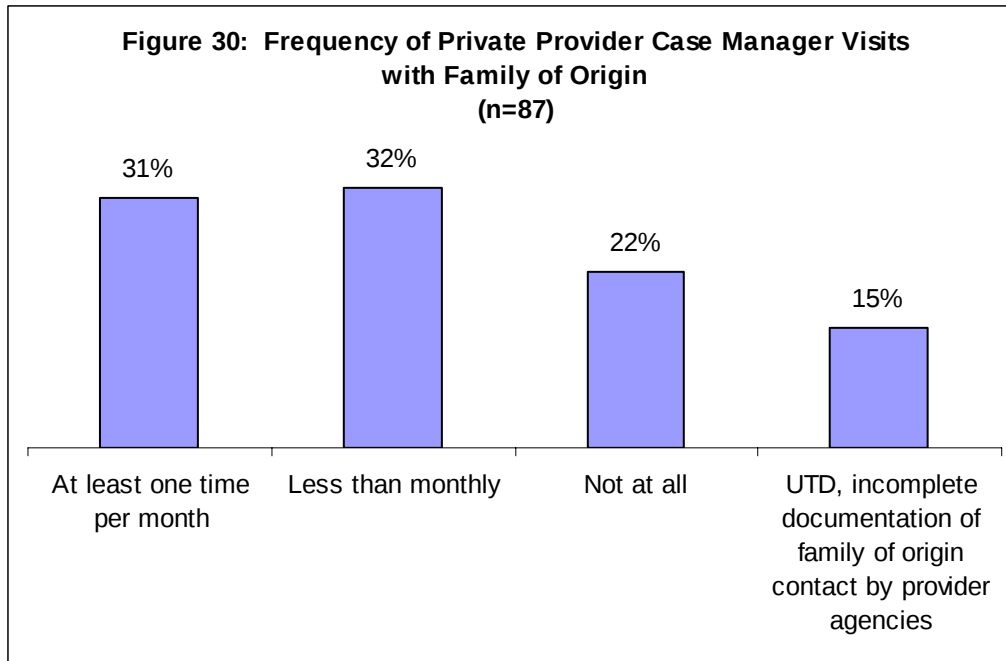
Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*
n excludes cases in which parental rights have been terminated, the family of origin is unwilling to have contact with the DCS case manager, or their whereabouts are unknown

2. Private Provider Case Manager Visits with Family of Origin

The Settlement Agreement does not specifically require private provider case managers to have regular contacts with the family of origin. Nevertheless, private provider case managers are required by the Department to have no less than two face-to-face contacts per month with the family in all cases in which the child is in out-of-home placement and the permanency plan has identified reunification with family as a permanency goal.⁸⁹ Reviewers therefore collected information about private provider case manager contacts with family of origin.⁹⁰ There were 87 cases of children who were placed in a private provider placement for at least one month during the review period in which visits with the family of origin would be expected. Of those 87 cases, 31% (27) documented visits occurring at least one time per month. (See Figure 30).

⁸⁹ Private Provider Manual Chapter 1, Section III.H.11

⁹⁰ The 2006 Case File Review did not collect information on permanency goals but it was assumed for purposes of this question that all of children had a goal of reunification because the sample was limited to recent entrants into care and the review was for their first six months in care.



Source: *Brian A. Case File Review*, October 1, 2005 – March 31, 2006
 n includes all children placed in a private provider placement for at least one month during the review period and excludes cases in which parental rights have been terminated, the family of origin is unwilling to have contact with the case manager, or their whereabouts were unknown, as well as one reviewer omission

F. Case Manager-Foster Parent/Facility Staff Visits

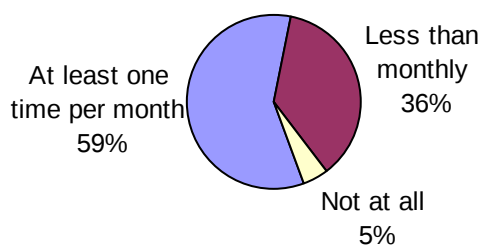
Although the Settlement Agreement does not specifically address visits between the DCS case manager and foster parent or facility staff, DCS Policy states that face-to-face visits must take place no less than once each month.⁹¹

Of the 265 cases assessed for face-to-face contact between the foster parent or facility staff and the DCS case manager, 59% (156) documented visits occurring at least once per month.⁹² Thirty-six percent (95) documented visits occurring less than monthly and 14 cases (5%) did not document any visits during the review period. (See Figure 31).

⁹¹ DCS Policy 16.38 BA

⁹² In the 2005 Case File Review, face-to-face contact between the DCS case manager and the foster parent or facility staff at least one time per month was documented in 51% of the 264 cases reviewed for that issue.

**Figure 31: Frequency of DCS Case Manager Visits with Foster Parents or Facility Staff
(n=265)**

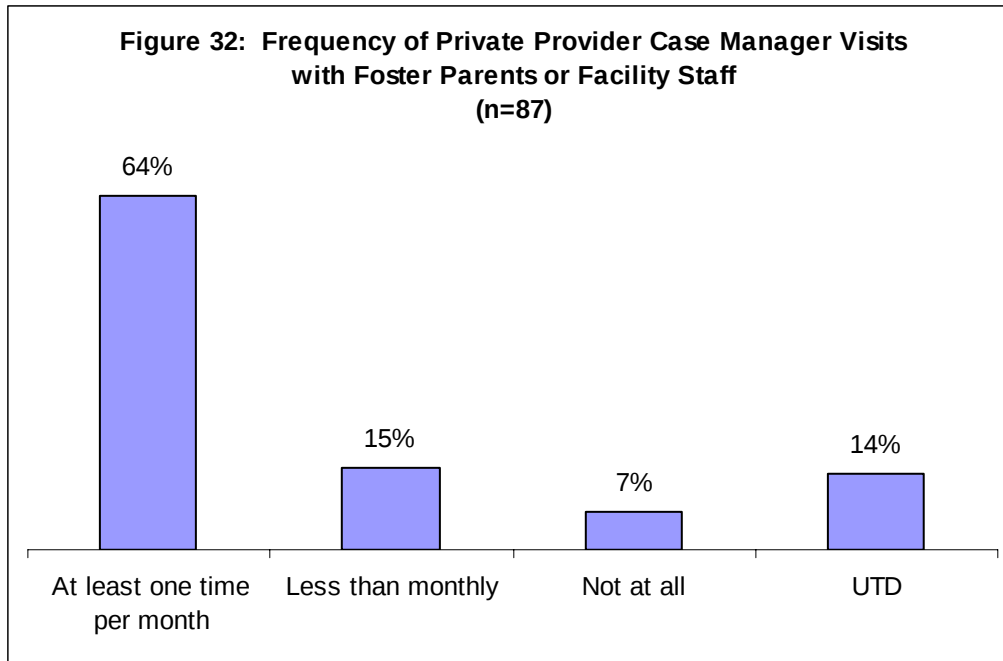


Source: *Brian A. Case File Review*, October 1, 2005 – March 31, 2006
n excludes cases in which the child is placed with the family of origin

The Settlement Agreement does not contain requirements for private provider case manager visits with foster parent or facility staff. Nevertheless, private provider case managers are required by the Department to provide no less than one face-to-face contact per month with the foster parent.⁹³ Reviewers therefore collected information about private provider case manager contacts with foster parents or facility staff. There were 87 cases of children who were placed in a private provider placement for at least one month during the review period in which visits with the foster parent or facility staff would be expected (see source description under Figure 32). Of these 87 cases assessed for visits, 64% (56) documented visits occurring at least one time per month. (See Figure 32).⁹⁴

⁹³ Private Provider Manual Chapter 1, Section III.G.8.f

⁹⁴ The UTDs in Figure 32 represent 11 children for which incomplete documentation of foster parent contact by provider agencies was documented and/or provided and one child for which follow-up was not requested.



Source: *Brian A.* Case File Review, October 1, 2005 – March 31, 2006
n includes all children placed in a private provider placement for at least one month during the review period, excluding nine cases in which documentation illustrated that at a residential facility, the private provider case manager was the facility staff and therefore visits would not be assessed

III. Child and Family Team Meetings

The Child and Family Team process is the core of the Department's *Practice Model*. The Child and Family Team Meeting is the forum for key case decision-making and problem solving, including making decisions about placement, service provision, and permanency goals, developing the permanency plan, and addressing problems or concerns that arise during the life of the case.

Consistent with the terms of the Settlement Agreement, Child and Family Team Meetings are to be scheduled at certain intervals during a child's time in state custody.

Reviewers collected information regarding meetings that took place during the review period for those children for whom a CFTM would have been expected. Because the review was limited to an examination of the first three to six months in care, reviewers focused on the two meetings that every child in the sample should have experienced: the *Initial Child and Family Team Meeting* which should occur either immediately prior to or no later than seven working days after entry into custody, and the *Initial Permanency Plan Child and Family Team Meeting* that is to occur within 15 working days of custody to establish permanency goals and develop the permanency plan.⁹⁵

In addition to determining whether meetings were held, reviewers gathered information on whether children who were 12 years old or older attended the CFTMs in their cases and gathered information on whether the permanency plan developed at the CFTM was signed by the parent, and, in the case of older children, by the child.

A. *Initial Child and Family Team Meeting (7-Day Meeting)*

The Settlement Agreement requires that a meeting to initiate the planning process take place with the parents or caregivers of children entering custody and the assigned DCS case manager "as soon as possible...and within seven working days of the child entering state custody."⁹⁶

Of the 268 children expected to have an Initial Child and Family Team Meeting between October 1, 2005 and March 31, 2006, over three-quarters (78% or 208) had a meeting

⁹⁵ Although for the purposes of this review these meetings are referred to as "Child and Family Team Meetings" (CFTMs), the questions regarding content of the meetings were based on the requirements of the Settlement Agreement for "7-Day" and "15-Day" meetings. It is not possible from a case file review to determine whether the meetings actually reflect the key quality characteristics of a Child and Family Team Meeting as it is envisioned by the DCS *Practice Model* and by DCS policy.

⁹⁶ Brian A. Settlement Agreement VII.B, VII.B.1.

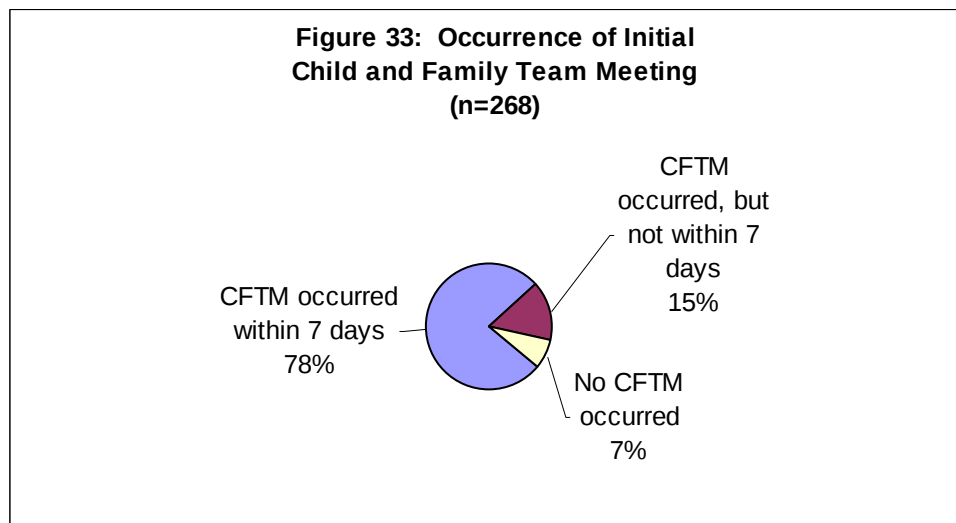
within seven working days of their entry into custody.⁹⁷ An additional 15% (41) of children had the required meeting, but the meeting occurred later than seven working days after entry into custody. In 19 cases (7%), there was no documentation that the required meeting occurred. This is comparable to last year's Case File Review findings.⁹⁸ (See Figure 33).

Of the 19 cases for which no seven-day meeting was held in the judgment of the reviewers, the Department concurred with the reviewers' judgment in seven cases. For two of those seven cases, the Department offered explanations of why the meeting did not occur. In one case, the child was on runaway and the parents refused to participate. In the other case, the Department asserted that the parents refused to participate, but offered no explanation as to why a meeting was not held with the teenage child.

Of the remaining 12 cases, reviewers determined that the meeting did not qualify as a CFTM. In five of those cases, neither the parent, child, other family members nor a representative of the parent or child was in attendance at the meeting. The meeting consisted only of DCS staff. In five other cases, meetings were "convened" on the spot at court, either in the minutes immediately before or following the hearing without prior notification or preparation. In one case, the meeting was "convened" when the mother was present for a drug test, was not prepared to meet, and no other family supports were present. In one case, a new case manager indicated that he had located a staffing summary that had not been entered in TNKids; however, the information was not sufficient to allow the reviewer to consider this to be a Child and Family Team Meeting.

⁹⁷ The Department was asked to provide responses regarding the occurrence of a 7-day meeting for 34 children whose case file did not document whether or not a meeting occurred. The purpose of this follow-up was to determine whether a 7-day meeting occurred, within what timeframe, and if the meeting was considered to be a CFTM. Reviewers only counted a CFTM when documentation clearly illustrated interaction between the DCS staff and member(s) of the Child and Family Team. Reviewers determined that a 7-day meeting did occur within the applicable timeframe in 13 cases, a meeting occurred in two additional cases outside of the 7-day timeframe; and in 19 cases, either no 7-day meeting occurred or a meeting occurred that was not considered by the reviewers to qualify as a CFTM.

⁹⁸ The 2005 Case File Review reported CFTMs occurred within seven working days for 75% of the children in the sample, CFTMs occurred outside of seven working days for 16% of children, and no 7-day CFTM occurred for 9% of children.



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006* and follow-up information provided by DCS

B. Permanency Planning Child and Family Team Meeting (15-Day Meeting)

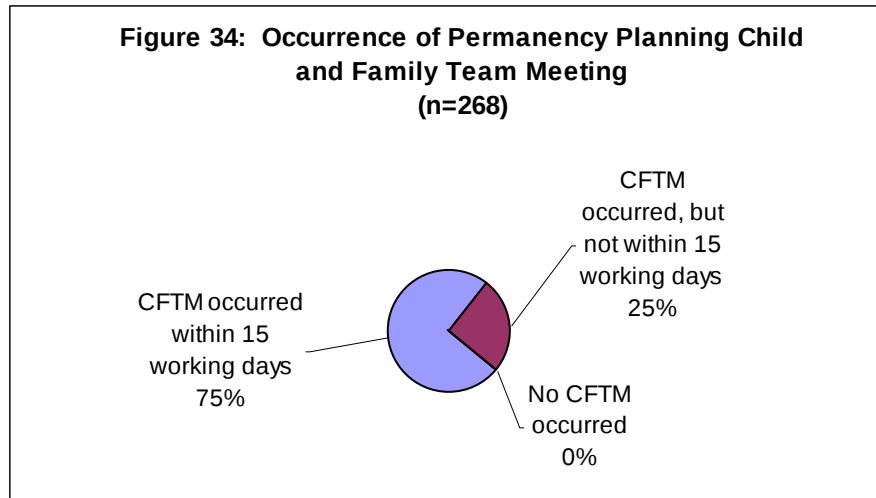
The Settlement Agreement stipulates that a meeting to discuss and begin development of a permanency plan for a child must occur within 15 working days of the child's entry into custody.⁹⁹ At the time of the Permanency Planning Child and Family Team Meeting, the Child and Family Team should be established and the family, child, and key people involved in the care, treatment, or support of the child and/or family (extended family and kin; teachers or school personnel; and other individuals determined by the child or family as significant participants) should be present. Team decision-making is crucial to effective permanency planning. Older children should be present and actively participate in their own planning whenever possible.

A meeting occurred within 15 working days of the child's entry into custody in 75% (201) of the 268 cases reviewed for a Permanency Planning Child and Family Team Meeting. In an additional 25% (66) of the cases, the meeting occurred, but not within 15 working days of custody.¹⁰⁰

Follow-up information was requested from the Department for one case in which reviewers found no evidence that a meeting occurred. The parents of that child refused to attend the Child and Family Team Meeting and neither the child, GAL, nor any persons other than DCS staff were present. Because only DCS staff attended, reviewers did not consider this meeting to qualify as a CFTM. (See Figure 34).

⁹⁹ *Brian A. Settlement Agreement VII.C.*

¹⁰⁰ In the 2005 Case File Review, 67% of the children in the sample had a permanency planning meeting within 15 working days, 32% of children had a meeting occur outside of 15 working days, and one percent of children did not have a meeting.



Source: *Brian A.* Case File Review, October 1, 2005 – March 31, 2006 and follow-up information provided by DCS

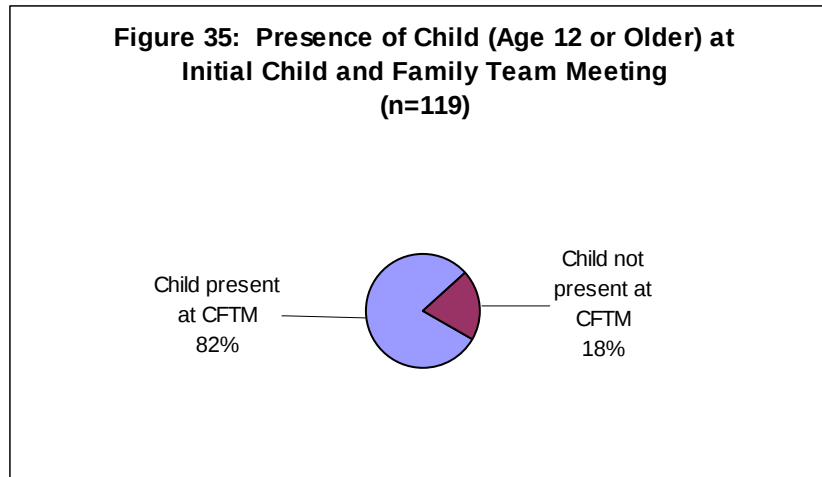
C. Presence of Children Twelve Years and Older at Their CFTMs

DCS has recognized the critical importance of older children and youth being actively engaged in the planning process. Their feelings, perspectives, and preferences, while not necessarily controlling, should inform the decision-making and case planning and generally be respected and honored when they can be safely accommodated. Older youth should be encouraged and empowered to assume more responsibility for and control over the direction of their lives. The Settlement Agreement therefore requires that children 12 years or older participate in their Child and Family Team Meeting unless it is contrary to the child's best interest and is documented as such in the child's file.¹⁰¹

There were 129 children in the sample who were age 12 and older when they entered custody. An initial CFTM was held for 119 of those children and 82% (97) of those children attended the meeting. This is a significant improvement over last year's findings.¹⁰² (See Figure 35).

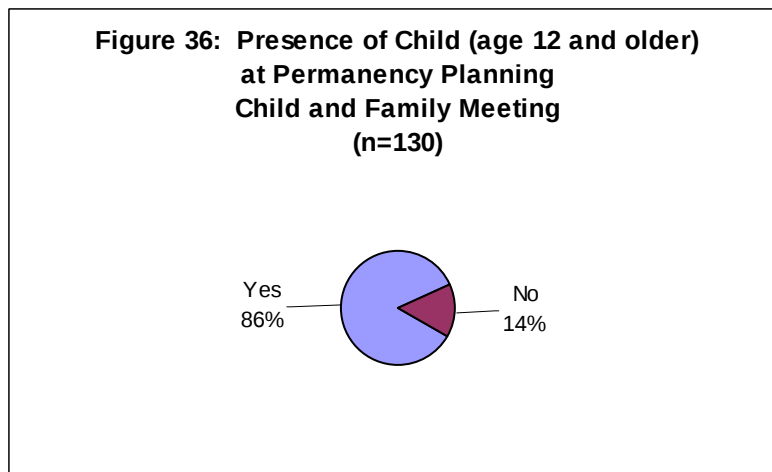
¹⁰¹ *Brian A.* Settlement Agreement VII.C.

¹⁰² The 2005 Case File Review reported that of the 100 children age 12 or older who had an Initial Child and Family Team Meeting, 65% attended the meeting.



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006* and follow-up information provided by DCS
 n equals all cases of children age 12 or older who had an Initial Child and Family Team Meeting

All 130 children in the sample who were age 12 and older at the time of the 15-day meeting had a permanency planning meeting. Of the 130 children age 12 or older who had a Permanency Planning Child and Family Team Meeting, 86% (112) attended these meetings.¹⁰³ (See Figure 36).



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006* and follow-up information provided by DCS
 n equals all cases of children age 12 or older who had a Permanency Plan Child and Family Team Meeting

For the 28 children who did not attend either or both of the Child and Family Team Meetings, additional information was requested from the Department to help the

¹⁰³ This includes follow-up gathered for 22 children whose case files did not document child's attendance at the Permanency Planning meeting. Based on supplemental documentation, reviewers determined that four of those 22 children actually attended their permanency planning meeting. The 2005 Case File Review reported 84% of 111 children attended the permanency planning meeting and 17% of the children did not attend.

reviewers determine the reason for non-attendance. Among the reasons given by the Department for non-attendance by the child at either or both of the CFTMs:

- Five children had severe mental health issues that the Department felt prevented them from meaningfully participating in the CFTM.
- Three children were the subjects of no-contact orders.
- Three did not want to attend the CFTM because their parents would be present (one child was uncomfortable attending the CFTM and was later briefed on the happenings of the meeting; one child was angry with his mother and did not want to see her; and one child did not want to see her father who was involved in sexual abuse).
- In five cases the child did not attend because the meeting was scheduled during the school day and the child “could not miss school.”
- One child was visiting relatives out of the state.
- One child did not attend as a result of a mistaken belief by DCS staff that a 13-year-old child is too young to attend.
- In two cases, there was poor documentation and DCS staff could not recall the reason for the child not participating in the CFTM.
- In one case, the Department reported that case manager negligence was the reason for non-participation.
- One child was placed in detention and not able to participate in the CFTM.
- In another case, DCS staff was not able to arrange for the child to participate at the same time as her mother due to scheduling conflicts.
- One child’s grandmother was expected to bring a child to the CFTM but failed to do so.
- The remaining four children did not attend and no reason was given for non-attendance.

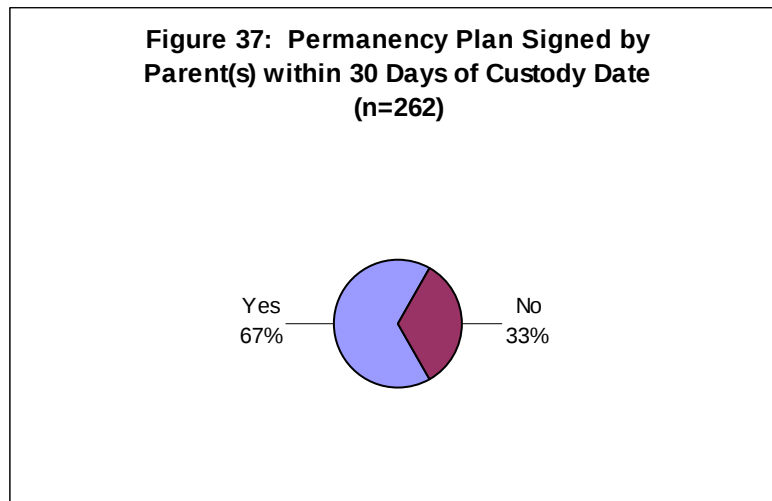
Reviewers were concerned that CFTMs involving older youth had been scheduled during the school day, thus forcing an older child to choose between school attendance and attending the CFTM. Reviewers also questioned whether there should be a process for ensuring participation of older children in their CFTM when no-contact orders or other circumstances make a single CFTM with both parents and the child present inappropriate. Finally, it was not clear whether an effort was made to allow the child who was placed out of state to participate by telephone. With respect to the four children whose mental

health issues were the reason for non-attendance, the reviewers made no independent determination of what accommodations might have been appropriate to allow their participation in their CFTMs.

D. Signing of Permanency Plan

The *Practice Model* describes a case planning process that engages family members so that their voices are heard and their contributions reflected in the decision-making. The Settlement Agreement provides that parents should be given the opportunity to discuss and sign the completed permanency plan within 30 calendar days of the date that their child entered custody.¹⁰⁴ The plan should be signed at the Permanency Planning Child and Family Team Meeting whenever possible. Older children are also expected to sign and receive copies of their permanency plans.

The child's permanency plan was signed by at least one parent within 30 days of entry into custody in 67% (176) of 262 cases.¹⁰⁵ (See Figure 37).

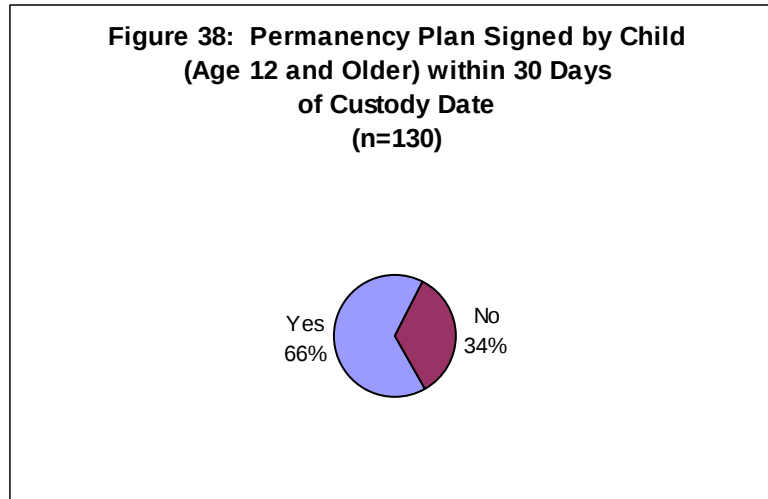


Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*
n excludes three cases in which the parent's rights were terminated or whereabouts were unknown

¹⁰⁴ *Brian A. Settlement Agreement VII.C.2.*

¹⁰⁵ The 2005 Case File Review reported 70% of 276 parents signed the permanency plan within 30 days of custody.

Of the 130 children age 12 years and older, 66% (86) signed their permanency plan within 30 days of the date they entered custody.¹⁰⁶ (See Figure 38).



Source: *Brian A.* Case File Review, October 1, 2005 – March 31, 2006
n equals all cases of children age 12 or older who had a Permanency Plan
Child and Family Team Meeting

¹⁰⁶ The 2005 Case File Review did not collect information about whether or not the child signed the permanency plan within 30 days.

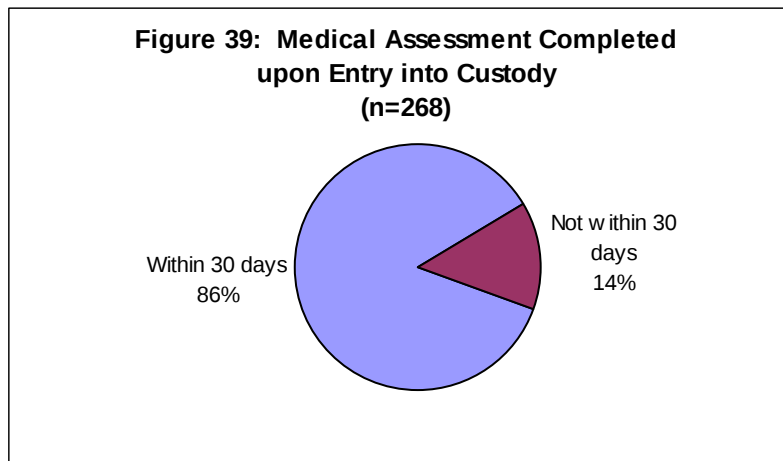
IV. Services and Well-Being

A. Health

The Settlement Agreement states that each child should have an assessment using a standardized protocol within 30 days of entering custody.¹⁰⁷ The assessments are expected to include a medical evaluation and, if it is indicated, a psychological evaluation.

Based on documentation in the file, reviewers found that 85% (228) of the 268 children in the review sample received a medical assessment within 30 days of entering custody, and an additional 12% (33) received a medical assessment, but not within 30 days of entering custody. Seven (3%) of the files did not contain documentation that any medical assessment occurred. This is a slight improvement over last year's Case File Review finding.¹⁰⁸

Reviewers requested additional information from the Department for the seven children whose case files did not document a medical assessment. Based on the supplemental documentation received from the Department, reviewers concluded that three of these children received medical assessments within 30 days of entering custody, two received medical assessments during the review period (but not within 30 days of entering custody), and two received medical assessments after the review period—several months after they entered custody. Based on the combination of case file and supplemental documentation, reviewers concluded that 86% (231) of the children in the review sample received an assessment within 30 days of entering custody. (See Figure 39).

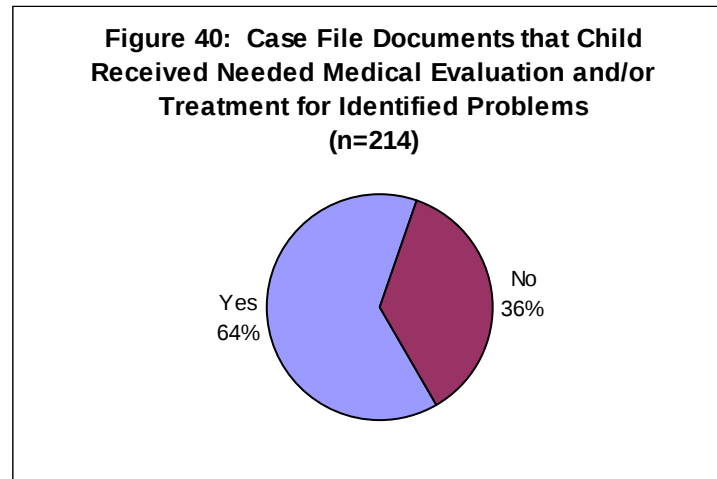


Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*

¹⁰⁷ *Brian A. Settlement Agreement VI.D.*

¹⁰⁸ The 2005 Case File Review found that children received a medical assessment within 30 days of entering custody in 81% of 273 cases, and the case file contained no documentation that the child received an assessment in 5% of cases.

In an effort to determine if children received further care for health care needs identified either in the medical assessment or in other documents or notes in the case file, reviewers looked for documentation that timely evaluation or treatment services were provided to meet those needs. Of the 214 case files indicating that health care services were needed, 64% (137) contained documentation that each of the identified health care needs of the child was appropriately addressed.¹⁰⁹ (See Figure 40).



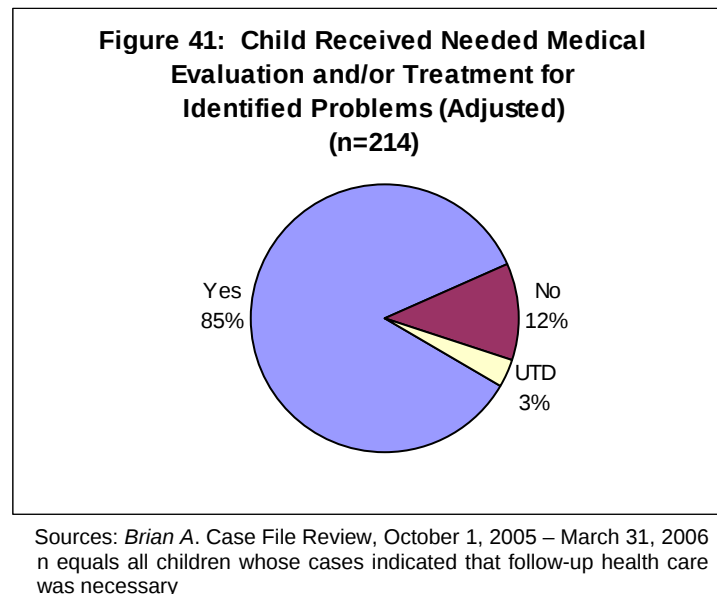
Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*
n equals all children whose cases indicated that follow-up health care was necessary

Follow-up information was requested from the Department for the 77 cases (36%) for which there were medical needs identified but for which documentation of provision of services to meet one or more of the identified needs was lacking in the case file. This follow-up had two purposes. The first was to distinguish those cases in which services were provided but not documented in the case file from those cases in which the lack of documentation reflected the failure to address a particular medical need. The second was to alert the Department to any cases in which children's health needs were not being met so that corrective action could be taken.

Based on the supplemental documentation provided by the Department, reviewers determined that the children's health needs were met in 45 of the 77 cases. In 43 of the 45 cases, the children's health needs had already been addressed but the documentation either had not been in the case file or reviewers had been unable to find it. (Services had been provided during the review period in 28 cases, and services were provided after the review period but prior to receipt of the follow-up request in 15 cases.) In two additional cases, the supplemental information indicated that services had been provided as a result of the concerns raised by reviewers in the follow-up request.

¹⁰⁹ With the exception of case recordings and certain tabs in TNKids, reviewers referred only to a child's hard case file for the review and did not access the Services and Appeals Tracking (SAT) web-based application to determine if the identified follow-up services had been entered into the application. This electronic documentation provides a tickler system for making sure appointments are arranged and services are accessed, thus completing the Screening-Diagnosis-Treatment loop.

As indicated in Figure 41 below, based on the combination of case file and supplemental documentation, reviewers concluded that the child received needed services for all identified health problems in 182 cases (85%), irrespective of whether the provision of those services was documented in the case file at the time of the review and irrespective of whether the services were provided during or after the review period. This represents a significant increase compared to the 2005 Case File Review results.¹¹⁰ Reviewers concluded that the child did not receive needed services for all identified health needs in 25 cases (12%). For seven cases (3%), reviewers were unable to determine whether the child needed and/or received services because the supplemental documentation was not clear or detailed enough to determine whether the reviewers' concerns were valid and/or to provide assurance that the identified concerns had been fully addressed.



In 13 of the 25 cases in which the child's identified needs were not met, supplemental documentation indicated that some, but not all, of the reviewer's concerns had been addressed. For example, the reviewer could not find documentation in one case that the child had received follow-up for the conditions referred at the initial EPSD&T: failed hearing test, problems with tubes in ears, speech problems, and asthma. The Department provided supplemental information indicating that all of these concerns had been addressed except for the child's asthma. For 12 of the 13 cases, these steps had been taken prior to this follow-up, and in the other case, the supplemental documentation indicated that the needed tests had been completed and a follow-up appointment had been made after receiving the reviewer's concerns.

¹¹⁰ The 2005 Case File Review found that the case file documented children's health care needs were appropriately addressed in 73% of the 200 cases in which follow-up health care was indicated. As noted in the discussion on pages 27-28, there was no supplemental information included in the 2005 Case File Review report. It may be that last year's findings would have been more positive had a similar follow-up procedure been followed in that review.

In nine of the 25 cases, although the Department has taken steps to address the identified health needs, some of those needs remain unmet as of the date of this report. Three of the nine children had already exited custody, and the Department has contacted (or attempted to contact) the children's guardians to make them aware of the health needs requiring further attention. In three other cases, services had not been provided either because of problems with the contract provider (two cases) or because of a communication breakdown after the case was transferred (one case), but the necessary appointments have been made since receiving the follow-up request. In another case, the Department appropriately indicated that the case manager would continue to monitor the situation of a 16-year-old child who is refusing a needed medical exam. In another case, the reviewer was concerned that there was no information about prenatal care in the file. The Department provided documentation about two prenatal visits (one in January and the other three weeks before the youth's baby was born in May), but this concern was not considered fully addressed because adequate prenatal care would require more than two visits. In the ninth case, the child's next dental appointment is not scheduled until December, even though the physician at her June EPSD&T noted that she needs to see a dentist as soon as possible.¹¹¹

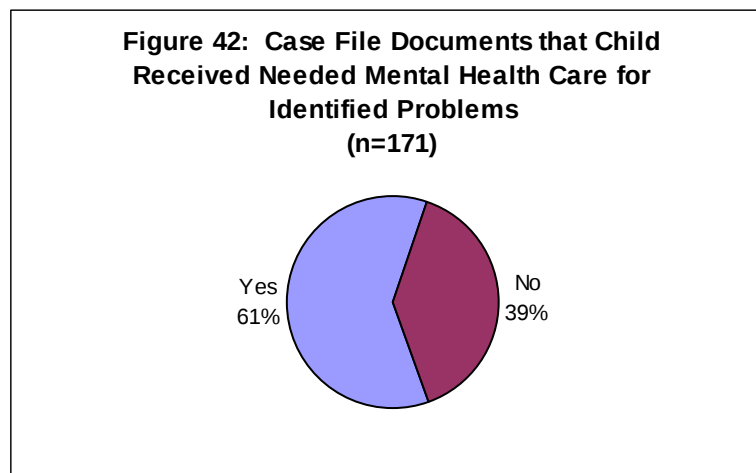
The Department has not taken steps to address the health needs of one child who did not receive needed services prior to running away in May 2006 and has not received the services since being apprehended in October 2006. Supplemental information provided by the Department did not address the concerns raised by the reviewer in two of the 25 cases. Based on the information provided through the follow-up, a list of children whose health needs remain unaddressed has been sent to the Department, and the Department has forwarded those cases for further follow-up through the CQI process in the regions.

¹¹¹ There was also a problem with the timeliness of service provision in some cases of children whose health needs had been met. Timeliness was a problem in the majority of the 17 cases of children who did not receive follow-up for concerns until after the review period. It was also a problem in some cases of children whose needs were met during the review period. In one particularly egregious instance, the initial EPSD&T in early November referred the child for follow-up of swollen tonsils and a sore throat, but the child did not see a doctor for these concerns until February, when she was diagnosed with an upper respiratory infection and was prescribed antibiotics.

B. Mental Health

It is not possible from a case file review to make sufficiently accurate judgments about whether, and what types of, psychological assessments and/or examinations are appropriate and necessary for children in custody.¹¹² The TAC therefore limited questions in this Case File Review to whether there was documentation in the file that a mental health need had been identified and, if it had been, whether there was documentation that the need had been/was being addressed.¹¹³

Of the 171 children reviewers identified as having mental health needs in the 2006 Case File Review, reviewers found documentation in 61% (104) of the cases that the children had received or were receiving treatment during the review period. (See Figure 42).



Source: Brian A. Case File Review, October 1, 2005-March 31, 2006
n equals all children whose cases indicated mental health needs

Reviewers requested follow-up information from the Department for the 67 cases (39%) in which mental health needs had been identified from the case file but for which there was no documentation in the file of provision of services to meet one or more of those identified needs. This follow-up had the same two purposes as the follow-up conducted

¹¹² In the past, reviewers have made assumptions that in the absence of an indication to the contrary, all except the youngest children in custody should have some form of psychological assessment if information in the case file indicated a need for such assessment. In addition, reviewers have equated psychological assessment with a formal psychological evaluation. The TAC felt that determining whether a child should have a psychological assessment, including a formal psychological evaluation, is something that requires a qualitative review. The Quality Service Review (QSR) process that DCS has begun to implement, as well as targeted case reviews that involve a combination of file review and interviews, are more suited to examining the extent to which DCS is providing timely psychological assessments for those children who need them.

¹¹³ There were 11 cases in which children were receiving mental health services for identified problems, but reviewers had significant questions about the appropriateness, quality, and effectiveness of the services being provided as well as the depth and accuracy of assessment information being used by the team. Department staff were informed of the reviewers' concerns; however, because reviewers did not have sufficient information on which to make judgments about the quality of services provided, these children were considered for purposes of this report as having received needed mental health care.

for medical concerns. The first was to distinguish those cases in which services were provided but not documented in the case file from those cases in which the lack of documentation reflected the failure to address a particular mental health need. The second was to alert the Department to any cases in which children's mental health needs were not being met so that corrective action could be taken.

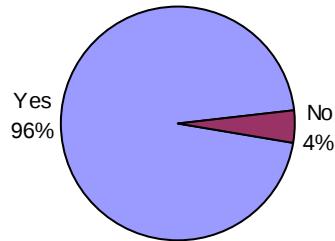
Based on the supplemental documentation provided by the Department, reviewers determined that the children's mental health needs were met in 60 of the 67 cases. In 59 of the 60 cases, the children's mental health needs had been addressed but the documentation was either not in the case files or reviewers had been unable to find it. (Services had been provided during the review period in 24 of those 59 cases, and in the remaining 35 cases, services were provided after the review period but prior to receipt of this follow-up.)¹¹⁴ In one additional case, supplemental documentation indicated that services had been provided as a result of the concerns raised by reviewers in the follow-up.

As indicated in Figure 43 below, based on the combination of case file and supplemental documentation, reviewers concluded that the child received needed services for all identified mental health problems in 164 cases (96%), irrespective of whether the provision of those services was documented in the case file at the time of the review and irrespective of whether the services were provided during or after the review period. This represents a significant increase compared to the 2005 Case File Review results.¹¹⁵

¹¹⁴ Timeliness of services is also a problem in the provision of mental health services, seemingly even more so than with health services. Many children did not begin receiving mental health services until after the review period, and the Department's responses in several cases indicated that there was difficulty in obtaining services in a timely manner.

¹¹⁵ The 2005 Case File Review found that children received needed mental health care in 67% of the 140 cases of children with identified mental health needs. As noted in the discussion on pages 27-28, there was no supplemental information included in the 2005 Case File Review report. It may be that last year's findings would have been more positive had a similar follow-up procedure been followed in that review, and that the degree of improvement from last year to this year would therefore have been less.

Figure 43: Child Received Needed Mental Health Care for Identified Problems (Adjusted) (n=171)



Sources: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*
n equals all children whose cases indicated that follow-up mental health care was necessary

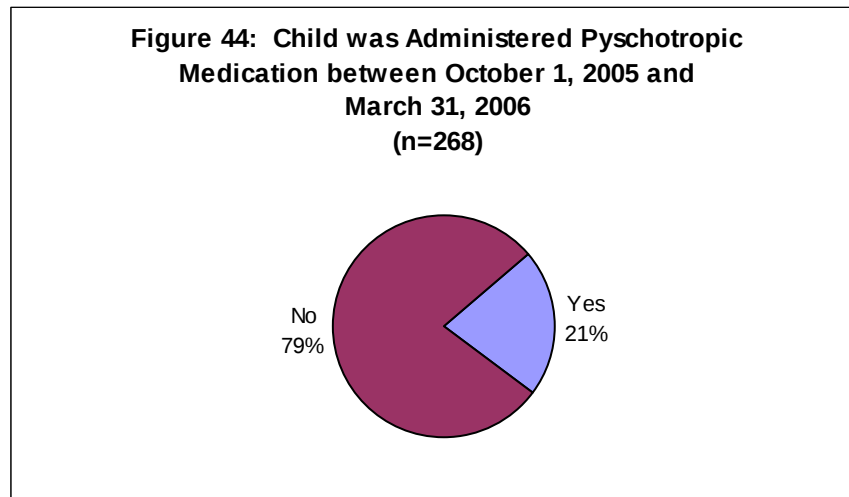
Reviewers concluded that the child did not receive needed services for all identified mental health needs in seven cases (4%). With respect to four of these cases, the Department agreed that needed mental health services had not been provided: in one case, the child was on the run frequently; in the second case, the child was released from custody before services were provided; in the third case, the child’s original referral for counseling was denied and no further effort was made to provide the service before the child left custody; and in the fourth case, there had been no contact with the child since June 2006 because of confusion around case assignment, and mental health services had therefore not been provided.

With respect to the three remaining cases for which reviewers found that the children’s mental health needs remain unmet as of the date of this report, the Department has taken steps to address those needs. In one case, the reviewer had been concerned that counseling had not yet been set up for the family and was uncertain whether the child was receiving the “intensive” counseling the judge recommended. Supplemental documentation indicated that family counseling is now in place, but it did not indicate whether the child’s counseling is considered to be “intensive.” In the two other cases, the Department described efforts to encourage the youths to receive mental health services, but the youths continue to refuse the services and based on their age, have the right to do so. Based on the information provided through the follow-up, a list of children whose mental health needs remain unaddressed has been sent to the Department, and the Department has forwarded those cases for further follow-up through the CQI process in the regions.

C. Psychotropic Medications

1. Documentation of Children Taking Psychotropic Medications

Reviewers found that 21% (57) of the 268 case files reviewed contained documentation that the child was receiving psychotropic medication at some point during the review period.¹¹⁶ (See Figure 44).

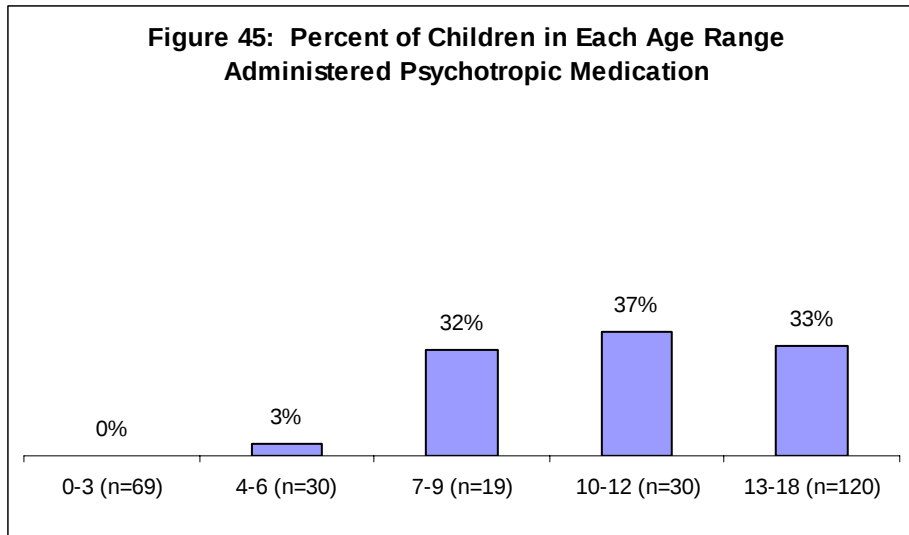


Sources: *Brian A. Case File Review, October 1, 2005 - March 31, 2006*

Figure 45 below divides by age group those children who received psychotropic medications during the review period and shows what percentage of that age group those children represent. None of the children age zero to three received psychotropic medications. With respect to the remaining age groups, three percent (1) of 30 children age four to six, 32% (6) of 19 children age seven to nine, 37% (11) of 30 children age 10 to 12, and 33% (34) of 120 children age 13 to 18 were administered psychotropic medication during the review period. Because of the relatively small numbers of children involved, comparison with the 2005 Case File Review age breakdown is of limited value.¹¹⁷

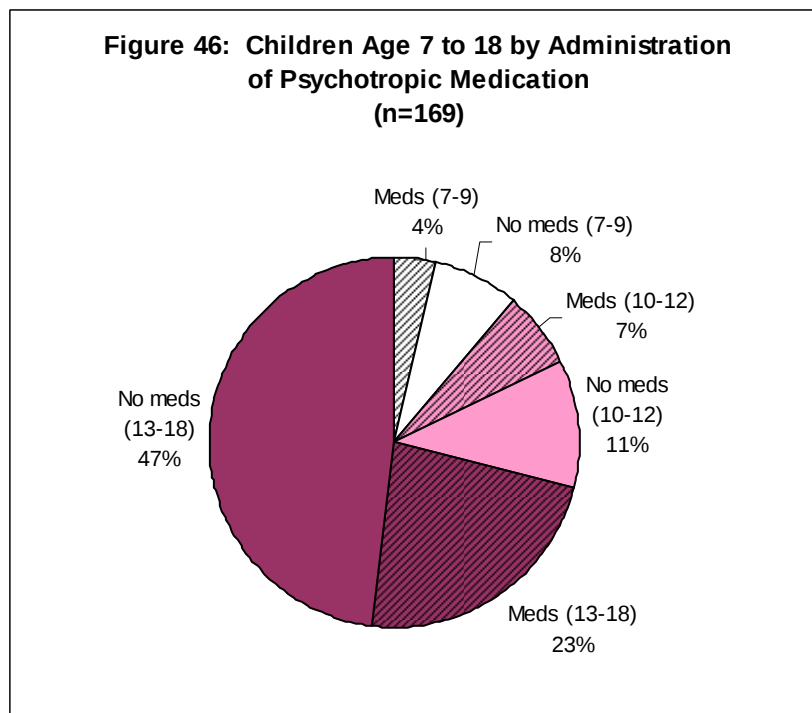
¹¹⁶ The 2005 Case File Review found that 17% of children were administered psychotropic medications during the review period in the 276 cases reviewed. A case file review is unable to provide information about the appropriateness of the administration of psychotropic medication. While reviewers can identify whether children are on psychotropic medications and whether consents were obtained, they cannot make qualitative judgments about the appropriateness of the administration of psychotropic medication in a particular case.

¹¹⁷ The 2005 Case File Review found that none of the children age zero to three, 9% (3) of 34 children age four to six, 3% (1) of 29 children age seven to nine, 24% (8) of 33 children age 10 to 12, and 34% (34) of 99 children age 13 to 17 were administered psychotropic medication during the review period.



Source: *Brian A. Case File Review, October 1, 2005-March 31, 2006*
n for each column equals all cases of children in each age group in the review sample

Figure 46 below compares the percentages of children in the age groups between seven and 18 who were administered psychotropic medication during the review period to the percentages of children in those age groups who were not administered psychotropic medication.¹¹⁸



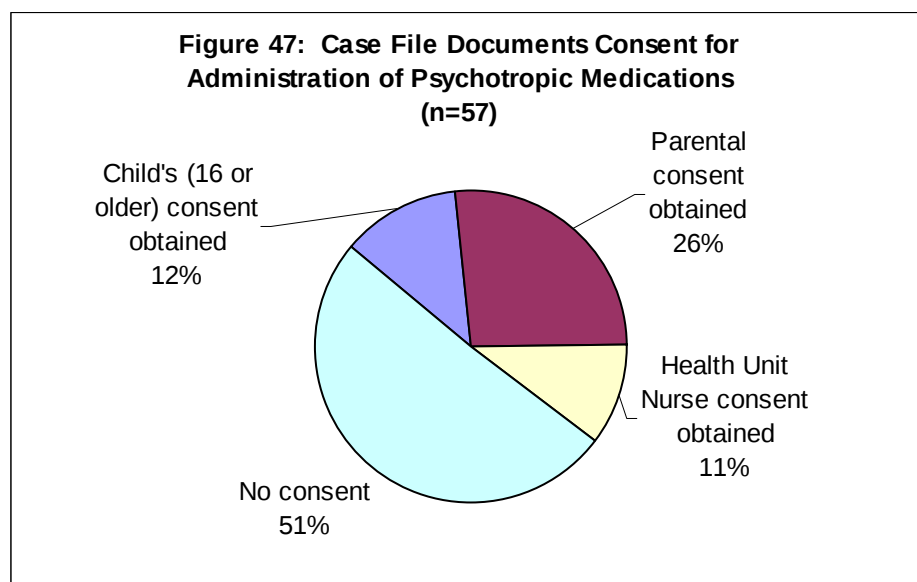
Source: *Brian A. Case File Review, October 1, 2005 - March 31, 2006*
n equals all children age seven to 18 in the review sample

¹¹⁸ Children under seven were excluded from this analysis because all children who were administered psychotropic medication during the review period were seven years or older except for one child who turned seven shortly after the review period.

2. Documentation of Informed Consent

The Settlement Agreement states that when possible, parental consent should be obtained for the use of medically necessary psychotropic medication for children in custody. This reflects the Department's recognition that parental involvement in decisions that affect the child while the child is in foster care helps maintain attachment and encourages responsible parenting. In the event that a parent is not available to provide consent, the regional health unit nurse is required to review and, if appropriate, consent to medically necessary medication.¹¹⁹ Children 16 and older are expected to consent to their own medication.¹²⁰

In the 2006 review, 49% (28) of the 57 case files of children taking psychotropic medications during the review period contained documentation of informed consent for each medication, representing a decrease from the 2005 finding.¹²¹ Figure 47 below displays the percentage of cases containing each type of consent. Many case files contained more than one type of consent for each medication. In those cases, the preferred consent type was counted for that child. For example, a 16-year-old child's consent would be counted over the parent's consent if both had consented to the medication. Similarly, the parent's consent would be counted over the nurse's consent if both consents were in the file.



Source: *Brian A. Case File Review*, October 1, 2005 - March 31, 2006
n equals all children documented as receiving psychotropic medication

In order to determine whether consents had been obtained that were not in the case files, the Department was asked to verify the Case File Review findings regarding informed

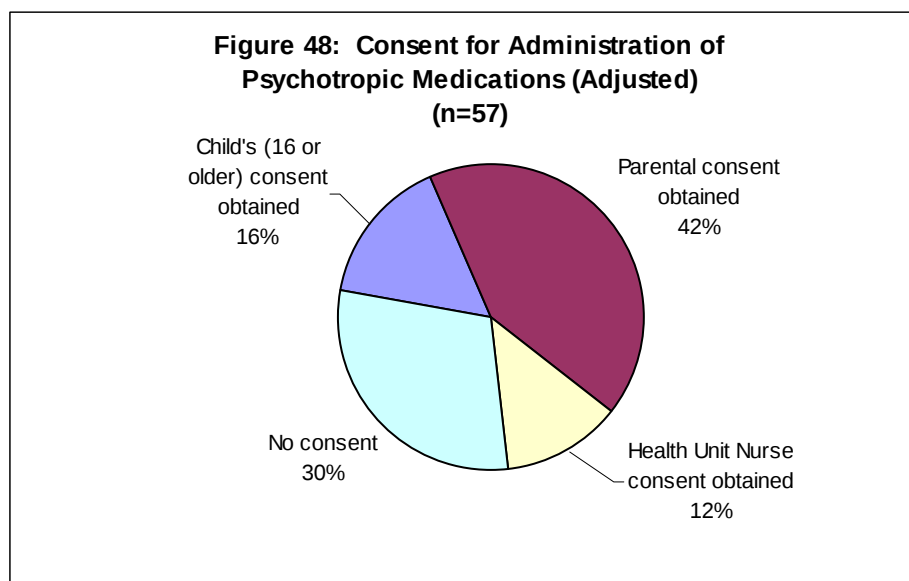
¹¹⁹ *Brian A. Settlement Agreement VI.F.*

¹²⁰ DCS Policy 20.18, DCS Policy 20.24, and Tennessee Code Annotated 33-8-202.

¹²¹ The 2005 Case File Review found that 60% of the 46 case files of children taking psychotropic medications during the review period contained documentation of informed consent for each medication the child was taking.

consent in these 57 cases. Reviewers also looked up each of these 57 children in the Psychotropic Medication Application Database (PMAD) for additional information and found that while the PMAD contained information about medications and consents for 36 of these children, there was no record in the PMAD at all for 21 of the children.¹²²

Based on the combination of the supplemental information provided by the Department and the information contained in the PMAD, reviewers concluded that informed consent was obtained for each medication taken during the review period in an additional 21% of cases, but the documentation either had not been in the case files or reviewers had been unable to find it. As a result of this follow-up, reviewers concluded that informed consent had been obtained and documented in 70% (40) of the 57 cases of children receiving psychotropic medications during the review period. (See Figure 48).



Sources: *Brian A. Case File Review*, October 1, 2005 - March 31, 2006

In several cases, the Department indicated that the parent gave verbal consent for the medication to either the prescribing psychiatrist or the DCS Health Unit Nurse but did not sign a consent form. Verbal consent, if properly obtained and documented by the treating

¹²² The Department's follow-up response indicated that the DCS Health Unit Nurses could find no record that four of these 21 children were taking psychotropic medications. It is possible that these four children were not taking psychotropic medications during the review period, but the Department's responses in those cases were not detailed enough to support this conclusion because they did not reconcile the nurses' statements with the documentation in the case files that led the reviewers to believe the children were taking psychotropic medications.

physician, may actually be a better indication that a parent has had a discussion about the benefits and risks of the medication than a printed form in a file with a signature on it.¹²³

Of the 40 cases in which consent was obtained for each medication taken during the review period, only three did not contain the preferred type of consent. Although the approval of the DCS Health Unit Nurse was obtained in those three cases, parental consent would have been preferred.

Of the 14 children age 16 or older who were administered psychotropic medication during the review period, nine (64%) consented to all of those medications. Consent was not obtained for each medication taken during the review period in the five remaining cases.

In several cases, supplemental documentation established that appropriate consents had been obtained for medications the children are currently prescribed, but did not establish consent for medication that the children were taking during the review period.

Reviewers noted specific concerns related to the use of psychotropic medications in ten cases, and these cases were also referred to DCS for follow-up. Examples of the issues identified by reviewers include: concerns that a child who had serious mental health needs and had been taking psychotropic medications appeared to no longer be taking the medications, and no explanation for this was provided in the case file; concerns that a child was taking psychotropic medications but was not receiving any other services (such as counseling) to address his mental health needs; and concerns that a child's medications were not being adequately monitored. Based on the supplemental documentation provided by the Department, reviewers concluded that in nine of the ten cases, the reviewers' concerns had been addressed and the children's needs related to psychotropic medication were being met.

There was only one case in which the reviewer's concerns did not appear to have been addressed. The case file contained a notation that the child "was on medication [Zoloft] but has not taken it consistently. Need to make sure that this is monitored." The reviewer was concerned because the case file did not document that the child's medication was being monitored regularly. According to supplemental information provided by the Department, the Health Unit Nurse had been unaware that the child was taking any psychotropic medication until she received the inquiry from the reviewer. The Department has forwarded this case for further follow-up through the CQI process in the

¹²³ There is a limit to the conclusions that can be drawn from a case file review about the significance of documentation of informed consent. A signed informed consent form is not necessarily indicative that best practice standards have been followed. Reviewers noticed that several files contained blank consent forms that had been signed by the parent. The DCS Director of Medical and Behavioral Services stated that she believes the form is sometimes being included in a packet of information that the parent must complete, but she does not know how prevalent this practice is. The Department believes that the various training and education initiatives conducted by the health unit nurses for DCS and private provider staff in addition to the Psychotropic Medication Policy Training currently being implemented should help address this issue. The Director of Medical and Behavioral Services has also asked the Regional Administrators to discuss this issue at their regional leadership team meetings.

regions, along with the cases in which appropriate consent was not obtained for each psychotropic medication taken during the review period.

D. Education

The Settlement Agreement requires that all children in DCS custody have access to a “reasonable and appropriate education, including special education services, the need for which shall be timely identified.”¹²⁴ For children in foster care, ensuring a reasonable and appropriate education is complicated by the placement changes many foster children experience that often necessitate a change in schools.¹²⁵ For this reason, there are heightened concerns about whether the educational needs of children in custody are being met.

1. School Attendance

Of the 188 case files of school-age children in this year’s review sample, 60% (112) of the case files contained documentation of regular school attendance. In the remaining 76 cases, reviewers found indicators in the case file that 36 children were not attending school regularly and found that case file documentation was inadequate to make any determination regarding school attendance for 40 children.¹²⁶ Reviewers requested that the Department provide additional information with respect to these cases.

Of the 40 cases in which reviewers had been unable to determine if the child was attending school regularly, supplemental documentation established that five children did attend school regularly and five children did not attend school regularly during the review period. The reviewers could not determine in the remaining 30 cases whether the children had excessive unexcused absences.¹²⁷ Based on both documentation in the case file and supplemental documentation, received from the Department, reviewers concluded that children regularly attended school in 62% (117) of the 188 cases of school-age children reviewed, representing a decrease from last year.¹²⁸

2. Report Cards

One source of information about a child’s academic and developmental well-being is the school report card. Reviewers looked for copies of a recent report card in the case file. A recent report card was defined as one from the grading period ending before the completion of the review period. Based on the timing of the Case File Review, this

¹²⁴ Brian A. Settlement Agreement VI.E.

¹²⁵ See discussion of Placement Changes in Subsection I.

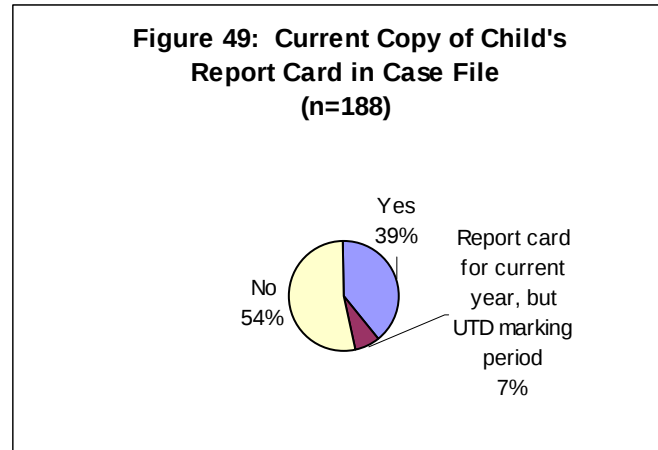
¹²⁶ Reviewers used the standard of no more than five days of unexcused absences during the review period as a guideline for determining regular school attendance and requested follow-up in cases in which it appeared to be more than five unexcused absences.

¹²⁷ The follow-up documentation did not allow reviewers to distinguish between excused and unexcused absences. In addition, documentation in some cases did not include information for every school the child attended during the review period.

¹²⁸ The 2005 Case File Review showed 80% regular attendance of 177 cases of school-age children.

allowed case managers at least six weeks to add an updated copy of the report card to the case file before the file was pulled for review.

In 39% (74) of the cases of 188 school-age children reviewed, there was a recent copy of the child's report card in the file. This was a decrease from the 51% of 177 cases with a recent report card in the case file in the 2005 Case File Review. In 7% (13) of the cases, there was a report card in the case file, but reviewers were unable to determine which grading period it represented. (See Figure 49).



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*
n equals all school-age children

3. Children Moving from One School to Another

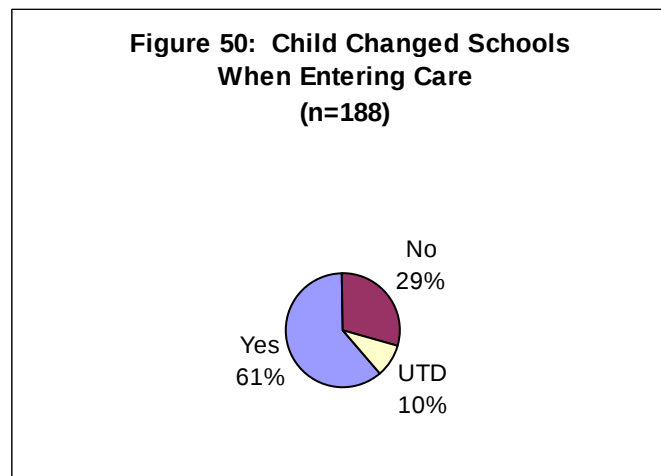
Children entering custody already experience a lack of stability, and a school change causes yet more instability. Although the Settlement Agreement does not address school changes, the reviewers sought to determine whether a child experienced a school change as a result of either entering custody or changing placements while in custody.

Sixty-one percent (115) of the 188 school-age children in the review sample changed schools upon entering custody, indicating that many children are being removed not only from their homes but from their communities when entering state custody. Reviewers were unable to determine whether the child changed schools upon entry into custody in 10% (18) of the 188 cases of school-age children.

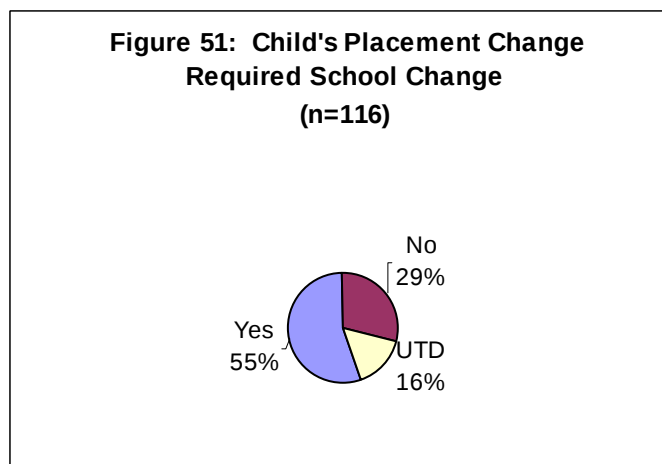
More than half (55%; 64 cases) of the 116 school-age children who experienced a placement change during the review period changed schools as a result of the placement change.¹²⁹ In 16% (18) of the 116 cases of school-age children who experienced a

¹²⁹ The 2005 Case File Review found that 60% of 177 school-age children changed schools upon entering custody and 64% of school-age children changed schools as a result of changing placements during the review period.

placement change while in care, reviewers were unable to determine whether the child changed schools as a result of the placement change.¹³⁰ (See Figures 50 and 51).



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*
n equals all school-age children



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*
n equals all school-age children who experienced a placement change

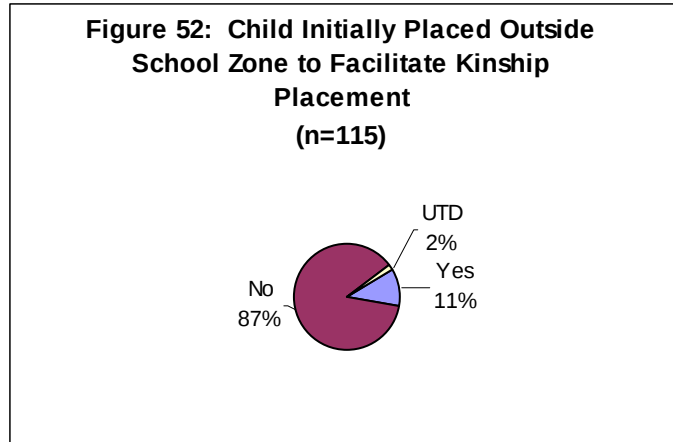
For children who changed schools when entering custody, the case review protocol collected information about whether the reason for that initial placement outside of the child's school zone was related to placing the child with kin (either blood or fictive).¹³¹ Because there is a preference for placing children with kin, if that placement necessitates a change in schools, that change may make the most sense for the child.

For 11% (13) of the 115 children who changed schools when entering custody, reviewers judged, based on case file documentation, that the change in school was related to placing

¹³⁰ Reviewers were sometimes unable to determine from case file documentation whether or not the child changed schools—a reflection of the sometimes extremely poor documentation of educational issues in the children's files.

¹³¹ Information about a child's school zone was rarely documented in the file. Reviewers assumed a change in school zone if the child changed schools when entering custody.

the child with kin. For 87% (100) of the children, it did not appear that the placement outside of the school zone was related to a kinship placement. Case file documentation about the initial placement decision and the school change was inadequate for reviewers to judge whether the placement was made for a kinship reason in 2% (2) of the cases. (See Figure 52).



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*
n equals all school-age children who changed schools when entering custody

4. Children Attending In-House Schools

In some instances, children in DCS custody who are in congregate care placements are schooled in “in-house” schools that operate on-site at their placement facility. However, there is a strong preference for educating children in the least restrictive educational setting, and it is the general expectation that even class members in congregate care facilities will be educated in normal school settings rather than in in-house schools.

Of the 25 children in the sample who were in congregate care placements at the end of the review period, 56% (14 children) were attending in-house schools. These 14 children being educated in in-house schools represented 7% of the 188 school-age children in the review sample. This is similar to the findings of last year’s review.¹³²

5. Special Education Services

In an effort to determine whether children needed special education services, reviewers used such indicators as whether the child was mentally retarded, developmentally delayed, learning disabled, seriously emotionally disturbed, or had an IEP in their case file. For this year’s Case File Review, the Department also provided reviewers with a list of indicators for the need for special education services: failing a grade or being socially promoted; disruptive behaviors; alternative school placement; hyperactivity or inattention; repeated suspensions; a stark difference in academic achievement between subjects; or a DSM-IV diagnosis.

¹³² The 2005 Case File Review found that 64% of the 22 children placed in non-family settings were attending in-house schools, representing 8% of the total population of 177 school-age children.

Reviewers found one or more of these indicators in 45% (85) of the 188 case files of school-age children in the sample. Follow-up information was requested from the Department for the cases in which the Case File Review indicated a possible need for special education services but for which no referral for or provision of services was documented in the case file. This follow-up had two purposes. The first was to determine the extent to which this finding represents cases of children whose educational needs were not met or merely cases in which documentation of service provision was missing. The second was to alert the Department to any cases in which children's educational needs were not being met so that corrective action could be taken.

Based on the supplemental documentation provided by the Department on the 85 children originally identified by reviewers as needing special education services, the reviewers concluded that 13 of those children had been previously evaluated for special education services and were not in actual need of those services during the review period. The Department confirmed that the remaining 72 children were in need of special education services. Based on the supplemental documentation provided for those 72 children, reviewers concluded that 50 (69%) were receiving necessary services and that all but one of those children had a current IEP.¹³³ With respect to the remaining 22 (31%) children who were not receiving necessary special education services, reviewers were satisfied, based upon additional documentation provided by the Department, that the Department had taken or is currently taking steps to address these issues for all 22 children for whom follow-up was requested.

¹³³ Copies of current IEPs were provided through follow-up. File documentation did not regularly include a copy of a current IEP. The one child identified as needing and receiving special education services who did not have a current IEP was a child whose IEP has been "applied for" on his Education Passport and the Education Specialist "is involved and is ensuring that the IEP process continues at his most recent school."

V. Case Transfer

The caseworker is a core member of the Child and Family Team. When a case is transferred to a new worker, it takes time for him or her to learn about and develop a relationship with the child and family. Sometimes vital information about the child and family may stay with the departing caseworker, thus delaying the success of the Child and Family Team process. In moving to a “one worker, one child” model of case management, DCS recognizes the importance of case manager continuity and seeks to eliminate unnecessary case handoffs from one worker to another.

While DCS can reform its structure to avoid handoffs, some handoffs will occur as part of worker turnover. The Settlement Agreement therefore contains a number of provisions intended to minimize the disruption that is inherent in the transfer of a case from one caseworker to another:

- When a case manager leaves the agency, his/her cases are to be reassigned within one business day. No cases are to be “uncovered” at any time.¹³⁴
- Other than cases in which the departing case manager leaves without prior notice or cases in which some other “documented emergency” exists, the departing case manager and the new case manager are to have a face-to-face meeting to discuss the case.¹³⁵
- The departing case manager is required to make every effort to introduce the receiving case manager, in person, to the child and the child’s parents.¹³⁶

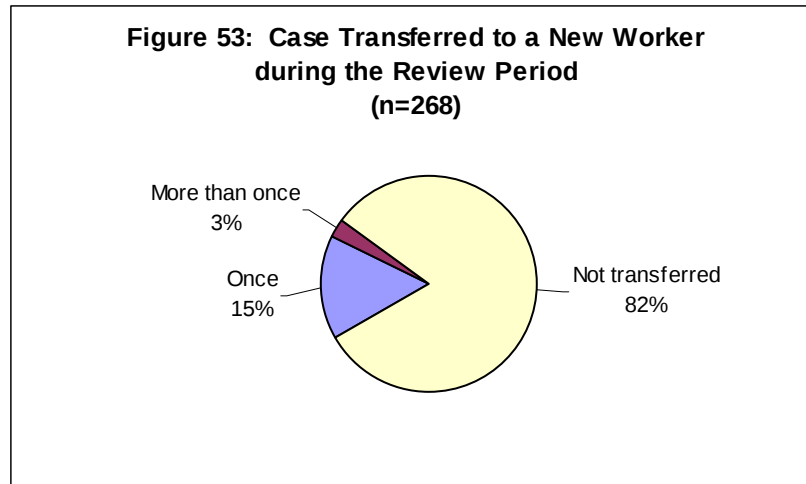
Although the Case File Review sample involves children who have been in custody for fewer than six months, 18% (49) of those children experienced at least one case manager change, a slight improvement over last year’s finding.¹³⁷ (See Figure 53). In many of the cases that were transferred, there was no formal declaration of case transfer; reviewers knew that the child received a new caseworker only because the worker’s name changed in the case recordings.

¹³⁴ Brian A. Settlement Agreement V.F.5

¹³⁵ Brian A. Settlement Agreement V.F.5

¹³⁶ Brian A. Settlement Agreement V.F.5

¹³⁷ The 2005 Case File Review found that 22% of the 276 children in the review sample experienced at least one case manager change during the six or fewer months they had been in custody.



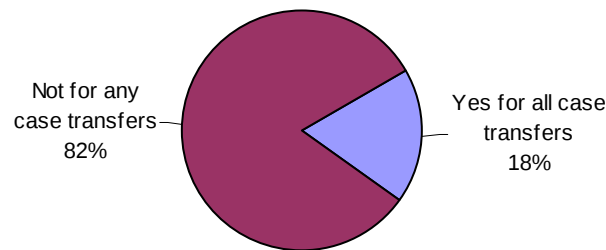
Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*

Of the 49 cases that were transferred, 18% (9) contained documentation that a case transfer meeting occurred between the departing and receiving case managers for all case transfers during the review period,¹³⁸ representing a significant decrease from the 2005 finding.¹³⁹ (See Figure 54). In one of these cases, the new case manager had been working the case with the previous case manager as part of training since the child entered custody, so no meeting between case managers or introduction to the family was needed when the case manager took over the case after completing the training.

¹³⁸ The percentage of cases not documenting a face-to-face meeting between case managers may include some cases in which a meeting would not be expected because the departing case manager left the Department without reasonable notice or because of some other emergent circumstance. However, the circumstances under which case managers leave their positions are rarely documented in the case records, and it is therefore often impossible to determine from a case file review whether or not such a meeting would be expected in the cases reviewed.

¹³⁹ The 2005 Case File Review found that of the 60 case files in which at least one transfer to a new worker occurred during the review period, 33% contained documentation that a case file transfer meeting occurred between the departing and receiving case managers for all case transfers during the review period.

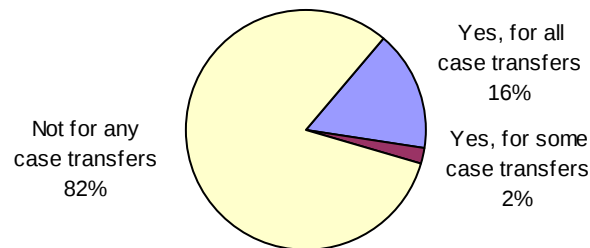
**Figure 54: Case Transfer Included a Face-to-Face Meeting between Case Managers
(n=49)**



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*
n equals all cases in which at least one transfer to a new worker occurred

There was documentation that the departing case manager introduced the receiving case manager to the child and parent(s) for all case transfers in 16% (8) of the 49 applicable cases, also representing a significant decrease from last year's finding.¹⁴⁰ (See Figure 55). One of these cases is the same case described above in which the new case manager had been working the case with the previous case manager as part of training since the child entered custody. In two of the cases included in the "not for any" category, the new case manager was introduced to the child or parent, but not both.

**Figure 55: Case File Documents Efforts to Introduce New Case Manager to Child and Child's Parents
(n=49)**



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*
n equals all cases in which at least one transfer to a new worker occurred

¹⁴⁰ The 2005 Case File Review found that of the 60 case files in which at least one transfer to a new worker occurred during the review period, 31% documented that the departing case manager introduced the receiving case manager to the child and parent(s) in all case transfers.

VI. Maltreatment While in DCS Custody

A. Child Protective Services

The Settlement Agreement provides that “all matters of abuse or neglect of foster children in DCS custody shall be investigated by the Child Protective Services unit in the manner and within the timeframe provided by law.” Department Policy (Chapter 14) addresses the nature, timeframes, and requirements for fulfilling a CPS investigation. In addition, the Settlement Agreement and DCS policy require that matters of abuse or neglect occurring within DCS foster homes, provider agency foster homes, congregate care facilities, and institutional settings be investigated by Child Protective Services and referred to and reviewed by Quality Assurance and the Licensing Division, when appropriate.¹⁴¹

Based on documentation in the case files, reviewers identified 24 (9%) of the 268 children in the review sample who were the subject of a CPS investigation during the review period. These cases were forwarded to the Department for follow-up to determine whether an investigation occurred and, if so, to ensure that the Department had responded appropriately and that the children were safe from harm. Based on follow-up received from the regions and the Directors of Special Investigations Unit and Child Protective Services, reviewers concluded that 14 of those 24 children (5% of 268 children in the review sample) were the subject of a CPS investigation during the review period for an allegation that they had been abused or neglected during the review period.¹⁴² (See Figure 56). This finding is similar to the finding from last year’s review.¹⁴³

¹⁴¹ Brian A. Settlement Agreement III.B; *Incident Reporting Manual for Contract Agencies, DCS Foster Care and Child Protective Services*.

¹⁴² Of the ten other cases originally identified, eight involved investigations of the abuse or neglect allegations that had resulted in the child entering custody; one case involved a child who was a witness to, but not the victim of, alleged sexual abuse of another child in the foster home; one case was of a child who was reported to be the perpetrator of abuse.

¹⁴³ The 2005 Case File Review indicated that 3% of the 276 children reviewed had been the subject of a CPS investigation while in DCS custody.

Figure 56: Child Was Subject of CPS Investigation during Custody Episode (n=268)



Source: Brian A. Case File Review, October 1, 2005 – March 31, 2006

Reviewers also identified an additional case in which a CPS referral was mentioned in the case file, but for which the child was not the subject of an investigation during the review period. In this case, the child was moved from a DCS foster home after the foster father made suggestive comments which made her uncomfortable.¹⁴⁴ Foster Parent Support discussed the inappropriate behavior with the foster parents and provided counseling to address the issue. The home has not had any children placed in it for over a year; however, the region expressed confidence in the quality of this home and plans to utilize this home for future placements.

The 14 children identified by reviewers as being the subject of a CPS investigation were the subject of 19 CPS investigations during the review period. Five children were each the subject of two CPS investigations. Nine of these cases were indicated.¹⁴⁵ Of these nine indicated cases, the Department reported the following:

- In one case, it was alleged that the child was sexually abused by her foster mother's male relative in the kinship home placement. This case was indicated against the relative and unfounded for the foster parent. This child was moved to another foster home and the home was closed.
- For another child who was the subject of two investigations, visits were suspended for incidents occurring in the birth home during overnight visits.
- In another case, the foster parents were indicated for medical maltreatment against the child; the home was closed and the child reunified with his birth parents.
- For another child, the case was indicated for drug exposure against the grandmother who was the child's kinship caregiver. A Child and Family Team Meeting was held and a safety agreement was reached that allowed the child to remain in the home with another kinship caregiver, while the grandmother left the home for alcohol and drug treatment.

¹⁴⁴ According to the case file, the case manager, foster father, and child were shopping for the child's clothing allotment, when the foster father suggested that the child purchase a bikini to wear in the hot tub. The child expressed that she was uncomfortable and was moved from the home.

¹⁴⁵ The reviewers did not conduct any independent investigations of these cases.

- For two cases in which siblings were the subject of an investigation of environmental neglect and lack of supervision, the mother was indicated and visits were suspended until her parenting and supervision skills improved.
- Another case was indicated against a kinship caregiver for putting the child at substantial risk of physical injury. The home was closed and the child was placed in a DCS foster home.
- In the final case, the child was the victim of sexual abuse by her grandmother's brother, while placed in the grandmother's home as a kinship foster home. The child was moved from this home the day of the referral and the home was closed.

The Department reported that four of the nine indicated cases occurred in the resource home, necessitating a closure of the home and a removal of the child. The reviewers examined the Closed Resource Homes Report in TNKids and found two of the four homes that were reported to be closed. The remaining two homes were not found in either the Closed or Open Resource Homes Reports.

One of these homes is still not closed from a November 2005 SIU indicated investigation. This home was expedited for a relative placement but remained in the system as "pending approval"; the region stated that it did not receive the results of the case from SIU. The Department is now aware of this and is requesting that this home be closed immediately. With respect to the second home, the Department stated that the home should have been closed as of March 2006 and has now taken action to correct this in TNKids.

Of the nine indicated cases, six were CPS cases and three were SIU cases. The Department reported that all six CPS investigations were completed within the 60-day timeframe. The three SIU investigations were closed within 61, 63, and 88 days respectively.¹⁴⁶

B. Serious Incident Reporting and Tracking

Serious Incident Reports (SIR) are the primary means by which Central Office staff is notified about incidents occurring in facilities and contract agency foster homes. Serious Incident Reports include such things as reports of injury, medication errors, restraints, and runaways. Matters appropriate for CPS referral are also included in the Serious Incident Reports per DCS policy, and reporting abuse or neglect to Central Office via a Serious Incident Report does not preclude reporting the incident to Centralized Intake of CPS.¹⁴⁷ Although DCS policy requires that Serious Incident Reports be completed for incidents involving children in DCS foster homes as well, it does not appear that case practice currently reflects this policy. Reviewers did not find in the Serious Incident Report any of the 19 CPS cases identified through the Case File Review.

¹⁴⁶ The 61 and 63-day investigations were completed within the 60-day timeframe but had not been closed in TNKids. The 88-day investigation remained open at the request of the Child Protective Investigative Team because the detective had difficulty locating the alleged perpetrator.

¹⁴⁷ *Incident Reporting Manual for Contract Agencies, DCS Foster Care and Child Protective Services and Incident Reporting Manual for YDC and DCS Group Homes.*

Based on the follow-up, it did not appear to the reviewers that DCS staff is clear about how SIU and SIR reporting should be integrated and coordinated.¹⁴⁸ In response to concerns raised by the reviewers, the Department explained that in order to better track Serious Incident Reports and Special Investigations Unit (SIU), the Department is developing a new system to streamline and integrate the SIR/SIU process. The current system relies on case managers or provider staff to report abuse SIRs to Central Office and Central Intake. The new system is designed to create a closer interface with Central Intake and SIU, relying on an automated system that sends email alerts to all members of the Central Intake Responder Group and requires that SIRs either be screened out or assigned to SIU for further investigation. This new system is scheduled to be piloted by two providers starting January 2007. The Department plans to roll out this new system to both DCS and provider staff by February 2007. The TAC will report on the implementation of this new system in the next monitoring report.

C. Physical Restraints and Safety Concerns¹⁴⁹

Reviewers noted concerns about a child's safety in two cases and concerns about the use of physical restraints in four cases. Reviewers requested regional follow-up on these cases.

Based on the follow-up, reviewers were satisfied that the Department has taken or is currently taking steps to address these physical restraint and safety issues. With respect to the cases of physical restraint, in one of the cases, the regional psychologist is following-up with the provider where the restraints occurred; the provider agency reported being receptive to learning ways to improve its reporting system. In one case, the Director of Medical and Behavioral Services reviewed the case and will add the provider to the Provider Quality Watch Group that meets monthly to review agencies and concerns. In another case of physical restraint, the Department conducted a review similar to a Quality Service Review, interviewing the child, his counselor, teachers, and facility staff. The child's behavior has improved, especially since changing house parents and slightly increasing his psychotropic medication, and the Department reports that good efforts are being made on his behalf at the facility. In another case in which reviewers had concerns about a physical restraint, the Director of Medical and Behavioral Sciences reviewed the case and reported that the use of physical intervention was warranted in this incident, that the restraint lasted a short time and was conducted properly, and that the restraint was reported to all the appropriate people in a timely manner.

With respect to the cases in which there were safety concerns, in one case, reviewers were concerned that the child was being bullied at school. This was addressed through team meetings and with the Team Coordinator and Regional Administrator. The school

¹⁴⁸ It was not clear to all DCS staff that every SIU referral should have a parallel SIR report associated with it. For example, in one case, a child was allegedly hit in the face by a coach at a public high school. This was an SIU Investigation, but Central Office staff was not aware if an SIR should have been reported since the incident did not occur at a facility or resource home. It was explained to reviewers that although all incidents should be reported through an SIR regardless of location, case managers may not be aware of this.

¹⁴⁹ There were no reports of chemical restraint/sedation or seclusion/isolation in this year's review sample.

began the process of requesting a safety transfer for the child. The child left custody in February 2006, and his case was transferred to the Prevention Unit. The Prevention worker met with the new high school guidance counselor to discuss the child's needs, and home counseling was provided with a successful outcome. In the other case, reviewers were concerned that a child may have been sexually abused during a kinship placement; upon close review with Central Office, the reviewers were satisfied that the child was safe and that the Department had responded appropriately.

In addition to forwarding the physical restraint and safety issues to the Department for follow-up, reviewers searched Serious Incident Reports generated by the Department to verify that these incidents were accurately reported. The search indicated that one child who experienced physical restraints had only two of his multiple physical restraints reported in a Serious Incident Report. Two children had all of their physical restraints appropriately reported in an SIR; another child did not have an SIR documented for a physical restraint. For the two cases in which reviewers had a safety concern, the search indicated that there were no SIRs reported for these incidents.

VII. Case File Contents

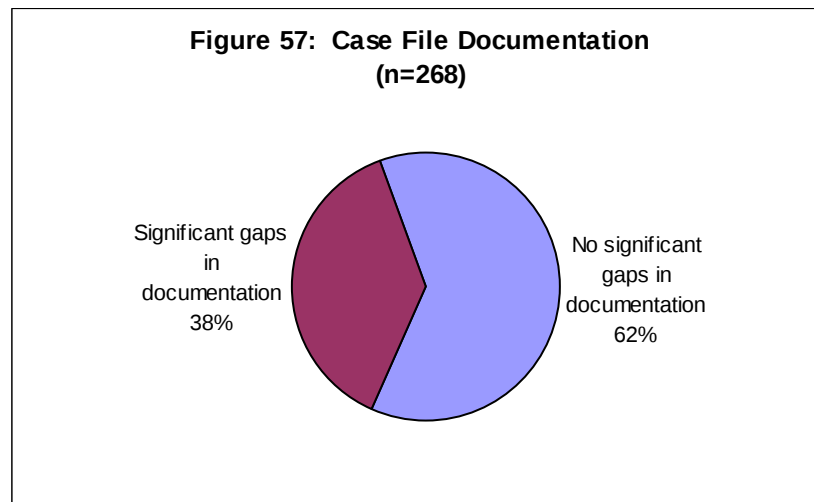
1. Completeness of Case Files and Timeliness of Case Recordings

One of the basic requirements for a well-functioning child welfare system is that case files be kept up to date, and that there are no significant gaps in documentation. The Settlement Agreement therefore provides that case files be updated within 30 days of case activity.¹⁵⁰

In the 2005 Case File Review, reviewers determined whether a case file was up to date by looking at both the case recordings (to make sure that they were entered within thirty days of case activity) and at the other documents in the file. If either the case file recordings were not entered within thirty days or other documents reflecting important activities were not in the file, the file was not considered up to date.

This year, reviewers addressed timeliness of case recordings separately from the question of the presence or absence of other documentation.

Reviewers found that case files contained significant gaps in documentation in over one-third (38%) of the 268 cases reviewed.¹⁵¹ (See Figure 57). In the majority of these cases, the lack of documentation prevented the reviewer from being able to understand a child's needs in a critical area (or areas); these were most often the areas of education, health, and mental health.¹⁵² In a few cases, there was so much information missing from the file that it was difficult for the reviewer to understand what was happening in the case.



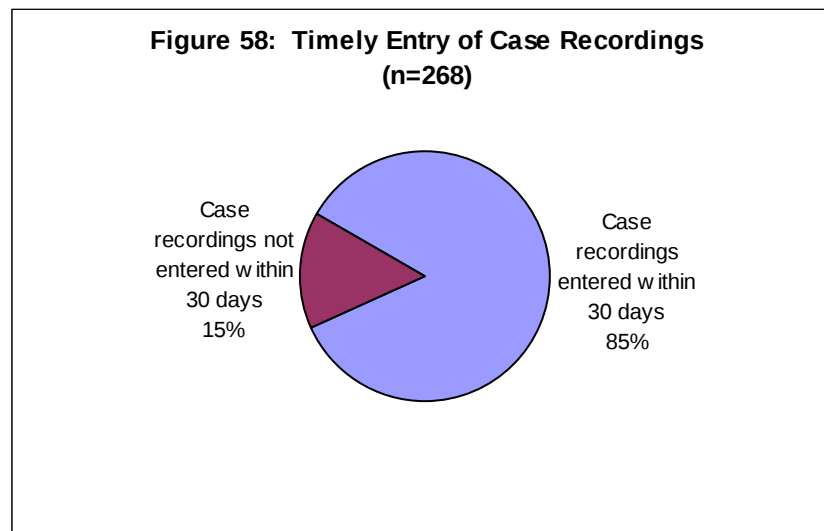
Source: Brian A. Case File Review, October 1, 2005 – March 31, 2006

¹⁵⁰ Brian A. Settlement Agreement V.G. and DCS Policy 31.14.

¹⁵¹ The 2005 Case File Review did not collect this information.

¹⁵² The discussion in sub-section IV (Services and Well-Being) of this report exemplifies the problems created when file documentation is incomplete.

Reviewers found that case recordings were entered within 30 days of case activity in 85% of the cases reviewed.¹⁵³ (See Figure 58).



Source: *Brian A. Case File Review, October 1, 2005 – March 31, 2006*

2. Accuracy of Placement Information in TNKids

In the early years of the reform effort, there were significant problems with the accuracy of the placement data in TNKids. The Department has therefore focused considerable attention on strategies for improving the accuracy of its TNKids data in general and of placement data in particular, including some technological cross checks that flag potential placement information errors.

In the 2005 Case File Review, reviewers identified a significant number of cases in which the placement information in the hard file and case recordings were not in agreement with the placement information in the TNKids placement screen. Reviewers determined that the placement screen was the inaccurate source in about half of the cases in which there was disagreement between the hard file and the placement screen.¹⁵⁴

In reporting the results of the 2005 Case File Review, the TAC discussed several strategies that were being planned or implemented at that time to improve the accuracy of placement data.¹⁵⁵ As a long term strategy, the new SACWIS system that the Department is developing will be designed to facilitate accurate data entry and to utilize technological prompts and checks to improve accuracy and flag errors. In the interim, the Department

¹⁵³ The 2005 Case File Review found that case files were updated within 30 days of case activity in only 35% of cases.

¹⁵⁴ The 2005 Case File Review found that the type of placement agreed in 89% of 275 cases, the placement location (e.g. name of foster home or placement facility) agreed in 84% of 275 cases, and placement entry/exit dates agreed in 79% of 274 cases.

¹⁵⁵ For a more detailed discussion of these strategies as well as the accuracy of TNKids placement information at the time of last year's review, see the TAC Monitoring Report, January 19, 2006, pp.91-92.

planned to implement a new TNKids build that would: 1) consolidate all approval information for foster homes and facilities (whether DCS or private provider) into TNKids, 2) consolidate contract provider placement authorizations into TNKids, and 3) improve the mechanism for verifying TNKids placement information before payments could be made.¹⁵⁶ Finally, the Department expected that a number of its practice reforms, including implementation of the unified placement process and requiring Child and Family Team Meetings prior to any placement change, would result in improved communication and coordination among staff in the different DCS units with responsibility for updating placement information in TNKids. As the field started to experience the benefits of the resource home reporting of the new TNKids build, they would have a direct stake in the accuracy of the data and in ensuring that it be updated conscientiously.

Because the 2006 Case File Review was conducted prior to the completion of the TNKids build, it did not make sense to repeat the placement screen/hard file comparison that had been included in the 2005 Review.

Nevertheless, in the course of the review, the reviewers noted a number of placement related inaccuracies and followed up with Department staff to better understand the reason for the inaccuracies and determine whether the TNKids system as it currently operates under the new build would prevent or flag similar placement errors.

In the course of the follow-up conversations, the reviewers learned that the Department had to cut some of the planned improvements from the June 2006 build. The planned consolidations of foster home approval information and contract provider placement authorizations into TNKids were accomplished, but the planned improvement of the mechanism for verifying placement information in TNKids was not.

As TNKids currently functions under the new build, there is a different process for payment to private providers than for payment to DCS-operated foster homes and facilities. In order for a private provider to receive payment for a placement, the provider must submit an invoice for payment that specifies the dates the child was placed with the provider during the billing cycle. The dates for which the provider requests payment in the invoice are then matched with authorization information in TNKids to ensure that the child was authorized for placement with the provider on those dates. Then, for foster home placements, approval information in TNKids must verify that the private provider foster home was an approved placement during the time period for which payment is requested, and placement information in TNKids must indicate that the child was placed

¹⁵⁶ Prior to the 2006 TNKids build, information related to contract provider placement authorizations was contained in TNKids Financials, a separate application external from TNKids. Information about approval of DCS and private provider foster homes was contained in another separate application called the FHACP. Maintaining these separate applications created duplication of work because some of the information contained in these applications had to be entered into TNKids as well. Prior to the 2006 build, there was a mechanism for verifying that a child's TNKids record reflected placement with a particular private provider before that provider could be paid, but there was no parallel mechanism for verifying placement within DCS-operated foster homes.

with that particular provider during that same time period. Finally, the DCS Supervisor for the case must approve the provider's invoice.

This five-step process ensures that a private provider only receives payment for the dates during which a particular child was authorized for placement with that provider. The process also ensures that the placement information in TNKids accurately reflects the dates of placement with a particular provider since this information must be accurate before payment can be made. This process does not, however, ensure that the placement information in TNKids accurately reflects the *location* of a child's placements within a particular provider's continuum. Although DCS policy states that providers with continuum contracts must inform the DCS case manager within 24 hours of moving a child within their continuum, current practice among continuum providers does not always adhere to this policy.¹⁵⁷ Because the payment process verifies that a child was placed with a particular provider but does not verify that a child was placed in a particular home or facility within a provider's continuum, it is possible for the TNKids placement screen to accurately reflect that a child was placed with a particular provider but to provide inaccurate information about the child's actual placement *location* within that provider's continuum.

Unlike the process through which private providers receive payment for placements, the process through which DCS foster homes and facilities receive payment does not require verification of the placement information in TNKids, although the processes are otherwise similar. The foster parent must request payment for the dates that a child was placed in the foster home during the billing cycle. The ChipFins system then references DCS foster home approval information in TNKids to verify that the foster home was an approved home during the time period for which payment is requested, and the DCS case manager must verify that the child was placed in that foster home during that same time period. Since verification of TNKids placement information is not included in this process, a case manager may verify that a child is in a particular foster home and the foster parent may receive payment even if the TNKids placement screen has not been updated to reflect that the child was placed in that foster home. The Department plans to develop a reconciliation system through which DCS foster home service dates that are recorded and paid in the ChipFins system would be compared with the placement information in TNKids so that any inaccuracies in either the ChipFins service/payment dates or the TNKids placement information could be identified and corrected, but there is currently no timeframe for development and implementation of this system.

Although this year's Case File Review did not collect information about the accuracy of the placement information in TNKids, monitoring staff identified at least 14 children through the Case File Review and other projects whose TNKids placement screens

¹⁵⁷ Private Provider Manual, Chapter 7, Section I.B.2. The Department is currently implementing a system for assessing penalties from providers who do not notify DCS immediately when a child is moved. The Department has also revised this policy to require that continuum providers request permission from the DCS case manager prior to moving a child within the continuum, and that all decisions to move a child must be made within the Child and Family Team process. The Department has not yet implemented this revised policy.

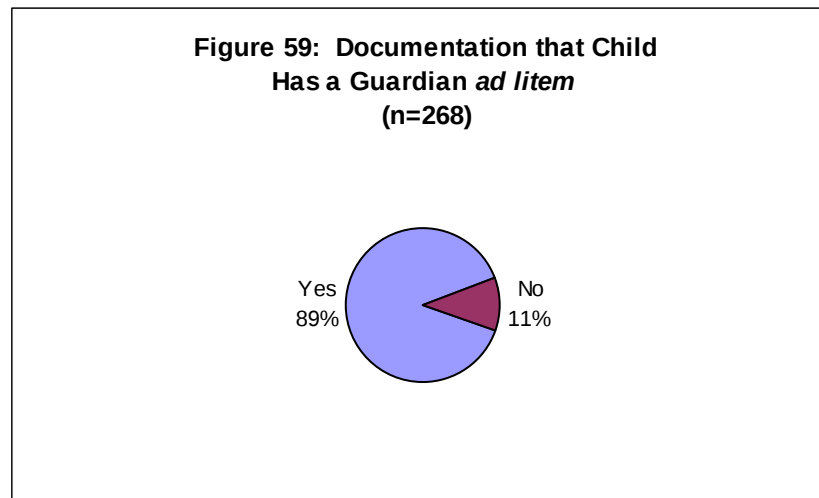
contained inaccurate information. The Department was asked to update the TNKids placement information for those children, and as of this report, the TNKids placement information has been updated for 11 of those children.

VIII. Legal Advocacy

While this year's Case File Review protocol did not focus on issues of the interface of the Department and the Juvenile Court process, data was collected on whether children had individual legal representation.

Under Tennessee law, every neglected or abused child should be receiving active legal advocacy from a lawyer guardian *ad litem* (GAL) appointed by the juvenile court. Under Tennessee Supreme Court Rule 40 setting forth the responsibilities of the guardian *ad litem*, the GAL should not only be representing the child in court proceedings, but should be participating in Child and Family Team Meetings, monitoring the child's progress throughout the child's time in custody, and ensuring that the child is receiving the care and attention that the child needs.

In 89% of the cases reviewed, the file stated that the child was represented by a guardian *ad litem* and included the name of the guardian *ad litem* in the appropriate field or in case notes, an improvement over last year's findings of children being represented by a guardian *ad litem*.¹⁵⁸ (See Figure 59).



Source: Brian A. Case File Review, October 1, 2005 – March 31, 2006
and follow-up information provided by DCS

Reviewers requested from the Department follow-up on 30 children for whom there was no indication in their file that they were represented by guardians *ad litem*. The Department provided supplemental documentation that one of these 30 children had been

¹⁵⁸ The 2005 Case File Review reported 81% of 271 children appointed a guardian *ad litem*.

appointed a GAL and confirmed that 23 of the children should have been appointed GALs but were not.¹⁵⁹

The six remaining cases involved children who were charged as unruly children. One of those children had been appointed a lawyer rather than a guardian *ad litem*; the other five children charged as unruly had no legal representation. The Department staff explained that it was their understanding that children facing commitment to state custody in an unruly child proceeding are not entitled to legal advocacy. In response to further inquiry, the Department clarified that its position is that children committed to DCS custody on their first or second unruly proceeding in juvenile court are not entitled to representation by either a guardian *ad litem* or an attorney, but that they would be entitled to be represented by a lawyer before they could be committed following a third or subsequent unruly child proceeding.¹⁶⁰

Notwithstanding the improvement in the percentage of children represented by GALs in this year's review compared with last year, the fact that more than ten percent of the children in the sample did not have a legal advocate continues to be a significant concern.¹⁶¹

As discussed in the previous TAC report, the provision of legal representation for children who are subject to commitment to state custody is clearly the responsibility of the judiciary and the violation by a juvenile court of the right of abused and neglected children and unruly children to legal representation is something that should be addressed by the judiciary—if not administratively by the Administrative Office of the Courts, then through the process of appellate review.¹⁶²

¹⁵⁹ Four of these 23 children are no longer in custody. For seven of the 23 children, the case manager indicated that, in response to the inquiry made by reviewers, a request for appointment of a GAL was being made; however, no information has been received about whether a GAL has been appointed for any of these seven children. For 12 children no request for the appointment of a GAL has been made as far as reviewers are aware.

¹⁶⁰ The Department's position is based on its reading of the current Juvenile Court Act. The Juvenile Court Act previously prohibited the commitment of an unruly child to state custody unless the child had two prior unruly child convictions. See *State ex rel. Hockett v. Hatler*, 567 SW2d 472 (Tenn.Ct.App. 1977). In light of the risk of commitment associated with the third unruly child proceeding, the Act extended the right to counsel to unruly children who had two prior convictions. The Juvenile Court Act was subsequently amended so that there is presently no prohibition against commitment of a child on his first or second unruly child conviction. However, the section of the act regarding appointment of counsel continues to refer to the previous section and to statutory language that was deleted. See T.C.A. 37-1-126(a)(1).

¹⁶¹ The reviewers included the five unrepresented unruly children in this calculation, even though reviewers did not determine whether each of the five were the subject of three or more unruly child proceedings. In the absence of follow up information to the contrary, the reviewers assumed that each child either (a) was the subject of three or more unruly proceedings and therefore, under the Department's interpretation of the law, should have been appointed counsel; and/or (b) was entitled to appointment of a guardian *ad litem* pursuant to TCA 37-1-149, which requires appointment of a GAL for children in any proceeding when there is a conflict of interest between the child's parent and the child. (By definition, such a conflict would be present in almost every, if not every, unruly child proceeding.)

¹⁶² Monitoring Report of the Technical Assistance Committee in the case of *Brian A. v Bredesen*, January 19, 2006, page 93.

Nevertheless, the Department of Children's Services has both the opportunity and obligation to take actions within its power to address the situation in those counties in which judges are not complying with the GAL appointment requirements. Standard 9-204 of the DCS *Practice Model* states that, "whenever a child or parent appears without legal representation, DCS legal staff will make a motion requesting the court to inquire about the child or parent's knowledge of their right to representation and to appoint counsel and/or a guardian *ad litem* as is required by law." By filing these motions and seeking appellate review if the court, notwithstanding the motion, still refuses to provide representation for the child, the Department makes it possible for this important issue to be addressed.

The Department has reaffirmed its attorneys' commitment to ensuring that all parties, children and parents, receive adequate representation and are afforded due process at all stages of the proceedings in court. The Department is also working with the Tennessee Supreme Court, Court Improvement Program's Court Improvement Workgroup to amend the Juvenile Court Act to clearly provide for representation of children in any unruly child proceeding.

However, based on the response of staff regarding those children in the case file review sample who were unrepresented, it does not appear that case managers have a clear understanding of what they are expected to do when a class member on his or her caseload is unrepresented, and it appears that there is confusion about when, or under what circumstances, an unruly child is entitled to a lawyer or a GAL. In addition, while the Department maintains that DCS attorneys always make a motion and ensure that each child has a guardian *ad litem* in cases "*in which there are allegations of abuse*" (emphasis added), it is not clear, in cases in which there are allegations of neglect or unruly child behavior, but not allegations of abuse, that DCS attorneys always file motions to appoint a GAL or lawyer when a child is unrepresented.

APPENDIX A

ENTRY AND EXIT DISPARITIES IN THE TENNESSEE FOSTER CARE SYSTEM

APPENDIX B

DIVERSITY GAP ANALYSIS

DAVIDSON REGION

TN TOTAL POPULATION			DAVIDSON TOTAL	
	#	%	#	%
TOTAL POPULATION	5,689,283	100.0%	569,891	10.0%
WHITE	4,563,310	80.2%	381,783	67.0%
BLACK	932,809	16.4%	147,696	25.9%
ALL OTHER	130,055	2.3%	29,173	5.1%
MIXED	63,109	1.1%	11,239	2.0%
OTHER	193,164	3.4%	40,412	7.1%
HISPANIC/LATINO	123,838	2.2%	26,091	4.6%
TN CIVILIAN WORKFORCE			DAVIDSON TOTAL	
	#	%	#	%
TOTAL POPULATION	2,907,800	51.1%	306,420	10.5%
WHITE	2,389,700	82.2%	217,330	70.9%
BLACK	422,380	14.5%	68,440	22.3%
OTHER	95,720	3.3%	20,650	6.7%
HISPANIC/LATINO	62,060	2.1%	13,910	4.5%
TN YOUTH POPULATION			DAVIDSON TOTAL	
	#	%	#	%
TOTAL POPULATION	1,398,521	24.6%	126,447	9.0%
WHITE	1,038,813	74.3%	69,811	55.2%
BLACK	296,509	21.2%	44,366	35.1%
ALL OTHER	36,375	2.6%	7,747	6.1%
MIXED	26,824	1.9%	4,523	3.6%
OTHER	63,199	4.5%	12,270	9.7%
HISPANIC/LATINO	38,899	2.8%	7,409	5.9%
DCS POPULATION			DAVIDSON TOTAL	
	#	%	#	%
TOTAL POPULATION	10,654	0.8%	1,148	10.8%
WHITE	6,688	62.8%	332	28.9%
BLACK	3,449	32.4%	770	67.1%
ALL OTHER	31	0.3%	9	0.8%
MIXED	250	2.3%	37	3.2%
OTHER	517	2.6%	46	4.0%
HISPANIC/LATINO				

	DCS EMPLOYEE POPULATION: DAVIDSON										TOTAL*
	WHITE		BLACK		HISPANIC		OTHER		VACANT		
	#	%	#	%	#	%	#	%	#		
13701: CS REG AD	1	0.4%	0	0.0%	0	0.0%	0	0.0%	0		
23701: CS CAS MGR1	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	
23702: CS CAS MGR2	33	14.5%	98	43.0%	0	0.0%	4	1.8%	20	135	
23703: CS CAS MGR3	6	2.6%	12	5.3%	0	0.0%	1	0.4%	0	19	
23704: CS CAS MGR4	14	6.1%	13	5.7%	0	0.0%	5	2.2%	0	32	
23705: CS TEAM CRD	7	3.1%	3	1.3%	0	0.0%	0	0.0%	0	10	
23706: CS PROG POS	0	0.0%	1	0.4%	0	0.0%	0	0.0%	0	1	
13702: Officials/Administrators	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	
23707: Professional	2	0.9%	4	1.8%	0	0.0%	0	0.0%	0	6	
33701: Technicians	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	
43701: Protective Services/Sworn	0	0.0%	2	0.9%	0	0.0%	0	0.0%	0	2	
53701: Protective Services/Unsworn	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	
63701: Administrative	7	3.1%	15	6.6%	0	0.0%	0	0.0%	0	22	
73701: Skilled Craft	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	
83701: Services/Maintenance	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	
Regional Total	70	30.7%	148	64.9%	0	0.0%	10	4.4%	20	228	
* TOTAL EXCLUDING VACANT POSITIONS											

EAST REGION

TN TOTAL POPULATION			EAST TN TOTAL	
	#	%	#	%
TOTAL POPULATION	5,689,283	100.0%	663,334	11.7%
WHITE	4,563,310	80.2%	633,428	95.5%
BLACK	932,809	16.4%	13,959	2.1%
ALL OTHER	130,055	2.3%	9,501	1.4%
MIXED	63,109	1.1%	6,446	1.0%
OTHER	193,164	3.4%	15,947	2.4%
HISPANIC/LATINO	123,838	2.2%	10,036	1.5%
TN CIVILIAN WORKFORCE			EAST TN TOTAL	
	#	%	#	%
TOTAL POPULATION	2,907,800	51.1%	332,400	11.4%
WHITE	2,389,700	82.2%	318,150	95.7%
BLACK	422,380	14.5%	6,280	1.9%
OTHER	95,720	3.3%	7,970	2.4%
HISPANIC/LATINO	62,060	2.1%	3,950	1.2%
TN YOUTH POPULATION			EAST TN TOTAL	
	#	%	#	%
TOTAL POPULATION	1,398,521	24.6%	153,731	11.0%
WHITE	1,038,813	74.3%	144,597	94.1%
BLACK	296,509	21.2%	3,776	2.5%
ALL OTHER	36,375	2.6%	2,878	1.9%
MIXED	26,824	1.9%	2,480	1.6%
OTHER	63,199	4.5%	5,358	3.5%
HISPANIC/LATINO	38,899	2.8%	3,348	2.2%
DCS POPULATION			EAST TN TOTAL	
	#	%	#	%
TOTAL POPULATION	10,654	0.8%	1,439	13.5%
WHITE	6,688	62.8%	1,296	90.1%
BLACK	3,449	32.4%	66	4.6%
OTHER	517	4.9%	77	5.4%
HISPANIC/LATINO				

[illegible]

HAMILTON REGION

TN TOTAL POPULATION			HAMILTON TOTAL	
	#	%	#	%
TOTAL POPULATION	5,689,283	100.0%	307,896	5.4%
WHITE	4,563,310	80.2%	235,000	76.3%
BLACK	932,809	16.4%	62,005	20.1%
ALL OTHER	130,055	2.3%	7,376	2.4%
MIXED	63,109	1.1%	3,515	1.1%
OTHER	193,164	3.4%	10,891	3.5%
HISPANIC/LATINO	123,838	2.2%	5,481	1.8%
TN CIVILIAN WORKFORCE			HAMILTON TOTAL	
	#	%	#	%
TOTAL POPULATION	2,907,800	51.1%	158,760	5.5%
WHITE	2,389,700	82.2%	125,490	79.0%
BLACK	422,380	14.5%	27,740	17.5%
OTHER	95,720	3.3%	5,530	3.5%
HISPANIC/LATINO	62,060	2.1%	2,820	1.8%
TN YOUTH POPULATION			HAMILTON TOTAL	
	#	%	#	%
TOTAL POPULATION	1,398,521	24.6%	71,444	5.1%
WHITE	1,038,813	74.3%	48,988	68.6%
BLACK	296,509	21.2%	19,022	26.6%
ALL OTHER	36,375	2.6%	1,966	2.8%
MIXED	26,824	1.9%	1,468	2.1%
OTHER	63,199	4.5%	3,434	4.8%
HISPANIC/LATINO	38,899	2.8%	1,577	2.2%
DCS POPULATION			HAMILTON TOTAL	
	#	%	#	%
TOTAL POPULATION	10,654	0.8%	618	5.8%
WHITE	6,688	62.8%	244	39.5%
BLACK	3,449	32.4%	342	55.3%
OTHER	517	4.9%	32	5.2%
HISPANIC/LATINO				

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KNOX REGION

TN TOTAL POPULATION			KNOX TOTAL	
	#	%	#	%
TOTAL POPULATION	5,689,283	100.0%	382,032	6.7%
WHITE	4,563,310	80.2%	336,571	88.1%
BLACK	932,809	16.4%	32,987	8.6%
ALL OTHER	130,055	2.3%	7,957	2.1%
MIXED	63,109	1.1%	4,517	1.2%
OTHER	193,164	3.4%	12,474	3.3%
HISPANIC/LATINO	123,838	2.2%	4,803	1.3%
TN CIVILIAN WORKFORCE			KNOX TOTAL	
	#	%	#	%
TOTAL POPULATION	2,907,800	51.1%	212,450	7.3%
WHITE	2,389,700	82.2%	190,690	89.8%
BLACK	422,380	14.5%	15,420	7.3%
OTHER	95,720	3.3%	6,340	3.0%
HISPANIC/LATINO	62,060	2.1%	2,290	1.1%
TN YOUTH POPULATION			KNOX TOTAL	
	#	%	#	%
TOTAL POPULATION	1,398,521	24.6%	85,093	6.1%
WHITE	1,038,813	74.3%	71,422	83.9%
BLACK	296,509	21.2%	9,750	11.5%
ALL OTHER	36,375	2.6%	2,047	2.4%
MIXED	26,824	1.9%	1,874	2.2%
OTHER	63,199	4.5%	3,921	4.6%
HISPANIC/LATINO	38,899	2.8%	1,494	1.8%
DCS POPULATION			KNOX TOTAL	
	#	%	#	%
TOTAL POPULATION	10,654	0.8%	659	6.2%
WHITE	6,688	62.8%	380	57.7%
BLACK	3,449	32.4%	231	35.1%
OTHER	517	4.9%	48	7.3%
HISPANIC/LATINO				

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MID-CUMBERLAND REGION

TN TOTAL POPULATION			MC TOTAL	
	#	%	#	%
TOTAL POPULATION	5,689,283	100.0%	841,834	14.8%
WHITE	4,563,310	80.2%	737,595	87.6%
BLACK	932,809	16.4%	71,806	8.5%
ALL OTHER	130,055	2.3%	21,665	2.6%
MIXED	63,109	1.1%	10,768	1.3%
OTHER	193,164	3.4%	32,433	3.9%
HISPANIC/LATINO	123,838	2.2%	21,491	2.6%
TN CIVILIAN WORKFORCE			MC TOTAL	
	#	%	#	%
TOTAL POPULATION	2,907,800	51.1%	471,850	16.2%
WHITE	2,389,700	82.2%	420,160	89.0%
BLACK	422,380	14.5%	35,760	7.6%
OTHER	95,720	3.3%	15,930	3.4%
HISPANIC/LATINO	62,060	2.1%	10,300	2.2%
TN YOUTH POPULATION			MC TOTAL	
	#	%	#	%
TOTAL POPULATION	1,398,521	24.6%	228,399	16.3%
WHITE	1,038,813	74.3%	194,269	85.1%
BLACK	296,509	21.2%	22,451	9.8%
ALL OTHER	36,375	2.6%	6,270	2.7%
MIXED	26,824	1.9%	5,409	2.4%
OTHER	63,199	4.5%	11,679	5.1%
HISPANIC/LATINO	38,899	2.8%	7,321	3.2%
DCS POPULATION			MC TOTAL	
	#	%	#	%
TOTAL POPULATION	10,654	0.8%	1,376	12.9%
WHITE	6,688	62.8%	998	72.5%
BLACK	3,449	32.4%	289	21.0%
OTHER	517	4.9%	89	6.5%
HISPANIC/LATINO				

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NORTHEAST REGION

TN TOTAL POPULATION			N EAST	
	#	%	#	%
TOTAL POPULATION	5,689,283	100.0%	475,412	8.4%
WHITE	4,563,310	80.2%	457,118	96.2%
BLACK	932,809	16.4%	10,173	2.1%
ALL OTHER	130,055	2.3%	4,656	1.0%
MIXED	63,109	1.1%	3,465	0.7%
OTHER	193,164	3.4%	8,121	1.7%
HISPANIC/LATINO	123,838	2.2%	4,651	1.0%
TN CIVILIAN WORKFORCE			N EAST	
	#	%	#	%
TOTAL POPULATION	2,907,800	51.1%	236,530	8.1%
WHITE	2,389,700	82.2%	228,360	96.5%
BLACK	422,380	14.5%	4,400	1.9%
OTHER	95,720	3.3%	3,770	1.6%
HISPANIC/LATINO	62,060	2.1%	2,040	0.9%
TN YOUTH POPULATION			N EAST	
	#	%	#	%
TOTAL POPULATION	1,398,521	24.6%	103,481	7.4%
WHITE	1,038,813	74.3%	98,156	94.9%
BLACK	296,509	21.2%	2,609	2.5%
ALL OTHER	36,375	2.6%	1,349	1.3%
MIXED	26,824	1.9%	1,367	1.3%
OTHER	63,199	4.5%	2,716	2.6%
HISPANIC/LATINO	38,899	2.8%	1,514	1.5%
DCS POPULATION			N EAST	
	#	%	#	%
TOTAL POPULATION	10,654	0.8%	958	9.0%
WHITE	6,688	62.8%	855	89.2%
BLACK	3,449	32.4%	66	6.9%
OTHER	517	4.9%	37	3.9%
HISPANIC/LATINO				

	DCS EMPLOYEE POPULATION: N EAST									
	WHITE		BLACK		HISPANIC		OTHER		VACANT	TOTAL*
	#	%	#	%	#	%	#	%	#	
11101: CS REG AD	1	0.5%	0	0.0%	0	0.0%	0	0.0%	0	1
21101: CS CAS MGR1	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0
21102: CS CAS MGR2	121	56.3%	12	5.6%	0	0.0%	1	0.5%	11	134
21103: CS CAS MGR3	15	7.0%	0	0.0%	0	0.0%	0	0.0%	1	15
21104: CS CAS MGR4	25	11.6%	0	0.0%	0	0.0%	0	0.0%	1	25
21105: CS TEAM CRD	6	2.8%	0	0.0%	0	0.0%	0	0.0%	0	6
21105: CS PROG POS	1	0.5%	0	0.0%	0	0.0%	0	0.0%	0	1
11102: Officials/Adminstrators	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0
21107: Professional	8	3.7%	0	0.0%	0	0.0%	0	0.0%	0	8
31101: Technicians	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0
41101: Protective Services/Sworn	1	0.5%	1	0.5%	0	0.0%	0	0.0%	0	2
51101: Protective Services/Unsworn	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0
61101: Administrative	23	10.7%	0	0.0%	0	0.0%	0	0.0%	1	23
71101: Skilled Craft	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0
81101: Services/Maintenance	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0
Regional Total	201	93.5%	13	6.0%	0	0.0%	1	0.5%	14	215
* TOTAL EXCLUDING VACANT POSITIONS										

NORTHWEST REGION

TN TOTAL POPULATION			N WEST	
	#	%	#	%
TOTAL POPULATION	5,689,283	100.0%	252,389	4.4%
WHITE	4,563,310	80.2%	216,579	85.8%
BLACK	932,809	16.4%	30,666	12.2%
ALL OTHER	130,055	2.3%	3,094	1.2%
MIXED	63,109	1.1%	2,050	0.8%
OTHER	193,164	3.4%	5,144	2.0%
HISPANIC/LATINO	123,838	2.2%	3,748	1.5%
TN CIVILIAN WORKFORCE			N WEST	
	#	%	#	%
TOTAL POPULATION	2,907,800	51.1%	118,080	4.1%
WHITE	2,389,700	82.2%	103,790	87.9%
BLACK	422,380	14.5%	12,220	10.3%
OTHER	95,720	3.3%	2,070	1.8%
HISPANIC/LATINO	62,060	2.1%	1,420	1.2%
TN YOUTH POPULATION			N WEST	
	#	%	#	%
TOTAL POPULATION	1,398,521	24.6%	58,751	4.2%
WHITE	1,038,813	74.3%	48,178	82.0%
BLACK	296,509	21.2%	8,798	15.0%
ALL OTHER	36,375	2.6%	871	1.5%
MIXED	26,824	1.9%	904	1.5%
OTHER	63,199	4.5%	1,775	3.0%
HISPANIC/LATINO	38,899	2.8%	1,290	2.2%
DCS POPULATION			N WEST	
	#	%	#	%
TOTAL POPULATION	10,654	0.8%	409	3.8%
WHITE	6,688	62.8%	291	71.1%
BLACK	3,449	32.4%	106	25.9%
OTHER	517	4.9%	12	2.9%
HISPANIC/LATINO				

	DCS EMPLOYEE POPULATION: N WEST											TOTAL*
	WHITE		BLACK		HISPANIC		OTHER		VACANT			
	#	%	#	%	#	%	#	%	#	#		
14101: CS REG AD	1	0.8%	0	0.0%	0	0.0%	0	0.0%	0	0	1	
24101: CS CAS MGR1	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	0	
24102: CS CAS MGR2	63	52.5%	8	6.7%	0	0.0%	0	0.0%	0	0	71	
24103: CS CAS MGR3	6	5.0%	1	0.8%	0	0.0%	0	0.0%	0	0	7	
24104: CS CAS MGR4	14	11.7%	0	0.0%	0	0.0%	0	0.0%	0	0	14	
24105: TEAM CRD	3	2.5%	0	0.0%	0	0.0%	0	0.0%	0	0	3	
24106: CS PROG POS	1	0.8%	0	0.0%	0	0.0%	0	0.0%	0	0	1	
14102: Officials/Adminstrators	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	0	
24107: Professional	5	4.2%	0	0.0%	0	0.0%	0	0.0%	0	0	5	
34101: Technicians	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	0	
44101: Protective Services/Sworn	1	0.8%	0	0.0%	0	0.0%	0	0.0%	0	0	1	
54101: Protective Services/Unsworn	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	0	
64101: Administrative	17	14.2%	0	0.0%	0	0.0%	0	0.0%	0	0	17	
74101: Skilled Craft	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	0	
84101: Services/Maintenance	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	0	
Regional Total	111	92.5%	9	7.5%	0	0.0%	0	0.0%	0	0	120	
* TOTAL EXCLUDING VACANT POSITIONS												

SHELBY REGION

TN TOTAL POPULATION			SHELBY	
	#	%	#	%
TOTAL POPULATION	5,689,283	100.0%	897,472	15.8%
WHITE	4,563,310	80.2%	424,834	47.3%
BLACK	932,809	16.4%	435,824	48.6%
ALL OTHER	130,055	2.3%	27,619	3.1%
MIXED	63,109	1.1%	9,195	1.0%
OTHER	193,164	3.4%	36,814	4.1%
HISPANIC/LATINO	123,838	2.2%	23,364	2.6%
TN CIVILIAN WORKFORCE			SHELBY	
	#	%	#	%
TOTAL POPULATION	2,907,800	51.1%	434,530	14.9%
WHITE	2,389,700	82.2%	229,240	52.8%
BLACK	422,380	14.5%	186,520	42.9%
OTHER	95,720	3.3%	18,770	4.3%
HISPANIC/LATINO	62,060	2.1%	11,250	2.6%
TN YOUTH POPULATION			SHELBY	
	#	%	#	%
TOTAL POPULATION	1,398,521	24.6%	253,270	18.1%
WHITE	1,038,813	74.3%	94,396	37.3%
BLACK	296,509	21.2%	147,260	58.1%
ALL OTHER	36,375	2.6%	17,707	7.0%
MIXED	26,824	1.9%	3,907	1.5%
OTHER	63,199	4.5%	11,614	8.5%
HISPANIC/LATINO	38,899	2.8%	7,072	2.8%
DCS POPULATION			SHELBY	
	#	%	#	%
TOTAL POPULATION	10,654	0.8%	1,268	11.9%
WHITE	6,688	62.8%	150	11.8%
BLACK	3,449	32.4%	1,080	85.2%
OTHER	517	4.9%	38	3.0%
HISPANIC/LATINO				

	DCS EMPLOYEE POPULATION: SHELBY										TOTAL*
	WHITE		BLACK		HISPANIC		OTHER		VACANT		
	#	%	#	%	#	%	#	%	#		
14701: CS REG AD	0	0.0%	1	0.3%	0	0.0%	0	0.0%	0	1	
24701: CS CAS MGR1	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	
24702: CS CAS MGR2	19	5.7%	189	56.3%	0	0.0%	0	0.0%	13	208	
24703: CS CAS MGR3	3	0.9%	14	4.2%	0	0.0%	0	0.0%	0	17	
24704: CS CAS MGR4	8	2.4%	35	10.4%	0	0.0%	0	0.0%	1	43	
24705: TEAM CRD	2	0.6%	10	3.0%	0	0.0%	0	0.0%	0	12	
24706: CS PROG POS	0	0.0%	1	0.3%	0	0.0%	0	0.0%	0	1	
14702: Officials/Adminstrators	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	
24707: Professional	1	0.3%	10	3.0%	0	0.0%	0	0.0%	1	11	
34701: Technicians	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	
44701: Protective Services/Sworn	0	0.0%	2	0.6%	0	0.0%	0	0.0%	0	2	
54701: Protective Services/Unsworn	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	
64701: Administrative	2	0.6%	39	11.6%	0	0.0%	0	0.0%	1	41	
74701: Skilled Craft	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	
84701: Services/Maintenance	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	
Regional Total	35	10.4%	301	89.6%	0	0.0%	0	0.0%	16	336	
* TOTAL EXCLUDING VACANT POSITIONS											

SOUTH CENTRAL REGION

TN TOTAL POPULATION			S CENTRAL	
	#	%	#	%
TOTAL POPULATION	5,689,283	100.0%	346,453	6.1%
WHITE	4,563,310	80.2%	311,376	89.9%
BLACK	932,809	16.4%	25,870	7.5%
ALL OTHER	130,055	2.3%	5,794	1.7%
MIXED	63,109	1.1%	3,413	1.0%
OTHER	193,164	3.4%	9,207	2.7%
HISPANIC/LATINO	123,838	2.2%	8,485	2.4%
TN CIVILIAN WORKFORCE			S CENTRAL	
	#	%	#	%
TOTAL POPULATION	2,907,800	51.1%	172,170	5.9%
WHITE	2,389,700	82.2%	156,450	90.9%
BLACK	422,380	14.5%	11,040	6.4%
OTHER	95,720	3.3%	4,680	2.7%
HISPANIC/LATINO	62,060	2.1%	3,990	2.3%
TN YOUTH POPULATION			S CENTRAL	
	#	%	#	%
TOTAL POPULATION	1,398,521	24.6%	87,204	6.2%
WHITE	1,038,813	74.3%	76,741	88.0%
BLACK	296,509	21.2%	7,112	8.2%
ALL OTHER	36,375	2.6%	1,822	2.1%
MIXED	26,824	1.9%	1,529	1.8%
OTHER	63,199	4.5%	3,351	3.8%
HISPANIC/LATINO	38,899	2.8%	2,775	3.2%
DCS POPULATION			S CENTRAL	
	#	%	#	%
TOTAL POPULATION	10,654	0.8%	731	6.9%
WHITE	6,688	62.8%	561	76.7%
BLACK	3,449	32.4%	118	16.1%
OTHER	517	4.9%	52	7.1%
HISPANIC/LATINO				

DCS EMPLOYEE POPULATION: S CENTRAL											
	WHITE		BLACK		HISPANIC		OTHER		VACANT	TOTAL	
	#	%	#	%	#	%	#	%	#	#	
13401: CS REG AD	1	0.6%	0	0.0%	0	0.0%	0	0.0%	0	1	
23401: CS CAS MGR1	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	
23402: CS CAS MGR2	93	52.8%	20	11.4%	0	0.0%	1	0.6%	9	114	
23403: CS CAS MGR3	9	5.1%	1	0.6%	0	0.0%	0	0.0%	0	10	
23404: CS CAS MGR4	15	8.5%	4	2.3%	0	0.0%	0	0.0%	3	19	
23405: TEAM CRD	6	3.4%	0	0.0%	0	0.0%	0	0.0%	1	6	
23406: CS PROG POS	1	0.6%	0	0.0%	0	0.0%	0	0.0%	0	1	
13402: Officials/Administrators	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	
23407: Professional	4	2.3%	0	0.0%	0	0.0%	0	0.0%	0	4	
33401: Technicians	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	
43401: Protective Services/Sworn	2	1.1%	0	0.0%	0	0.0%	0	0.0%	0	2	
53401: Protective Services/Unsworn	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	
63401: Administrative	18	10.2%	1	0.6%	0	0.0%	0	0.0%	0	19	
73401: Skilled Craft	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	
83401: Services/Maintenance	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	
Regional Total	149	84.7%	26	14.8%	0	0.0%	1	0.6%	13	176	
* TOTAL EXCLUDING VACANT POSITIONS											

SOUTHEAST REGION

TN TOTAL POPULATION			S EAST	
	#	%	#	%
TOTAL POPULATION	5,689,283	100.0%	297,631	5.2%
WHITE	4,563,310	80.2%	280,343	94.2%
BLACK	932,809	16.4%	10,252	3.4%
ALL OTHER	130,055	2.3%	3,936	1.3%
MIXED	63,109	1.1%	3,100	1.0%
OTHER	193,164	3.4%	7,036	2.4%
HISPANIC/LATINO	123,838	2.2%	4,554	1.5%
TN CIVILIAN WORKFORCE			S EAST	
	#	%	#	%
TOTAL POPULATION	2,907,800	51.1%	145,380	5.0%
WHITE	2,389,700	82.2%	137,870	94.8%
BLACK	422,380	14.5%	4,220	2.9%
OTHER	95,720	3.3%	3,290	2.3%
HISPANIC/LATINO	62,060	2.1%	1,940	1.3%
TN YOUTH POPULATION			S EAST	
	#	%	#	%
TOTAL POPULATION	1,398,521	24.6%	70,596	5.0%
WHITE	1,038,813	74.3%	65,391	92.6%
BLACK	296,509	21.2%	2,898	4.1%
ALL OTHER	36,375	2.6%	1,078	1.5%
MIXED	26,824	1.9%	1,229	1.7%
OTHER	63,199	4.5%	2,307	3.3%
HISPANIC/LATINO	38,899	2.8%	1,548	2.2%
DCS POPULATION			S EAST	
	#	%	#	%
TOTAL POPULATION	10,654	0.8%	589	5.5%
WHITE	6,688	62.8%	523	88.8%
BLACK	3,449	32.4%	45	7.6%
OTHER	517	4.9%	21	3.6%
HISPANIC/LATINO				

[illegible]

SOUTHWEST REGION

TN TOTAL POPULATION			S WEST	
	#	%	#	%
TOTAL POPULATION	5,689,283	100.0%	349,941	6.2%
WHITE	4,563,310	80.2%	255,290	73.0%
BLACK	932,809	16.4%	87,713	25.1%
ALL OTHER	130,055	2.3%	3,924	1.1%
MIXED	63,109	1.1%	3,014	0.9%
OTHER	193,164	3.4%	6,938	2.0%
HISPANIC/LATINO	123,838	2.2%	4,718	1.3%
TN CIVILIAN WORKFORCE			S WEST	
	#	%	#	%
TOTAL POPULATION	2,907,800	51.1%	167,610	5.8%
WHITE	2,389,700	82.2%	128,480	76.7%
BLACK	422,380	14.5%	36,040	21.5%
OTHER	95,720	3.3%	3,090	1.8%
HISPANIC/LATINO	62,060	2.1%	1,690	1.0%
TN YOUTH POPULATION			S WEST	
	#	%	#	%
TOTAL POPULATION	1,398,521	24.6%	89,217	6.4%
WHITE	1,038,813	74.3%	59,296	66.5%
BLACK	296,509	21.2%	27,503	30.8%
ALL OTHER	36,375	2.6%	1,142	1.3%
MIXED	26,824	1.9%	1,276	1.4%
OTHER	63,199	4.5%	2,418	2.7%
HISPANIC/LATINO	38,899	2.8%	1,500	1.7%

[illegible]

UPPER CUMBERLAND REGION

TN TOTAL POPULATION			UC	
	#	%	#	%
TOTAL POPULATION	5,689,283	100.0%	304,998	5.4%
WHITE	4,563,310	80.2%	293,393	96.2%
BLACK	932,809	16.4%	3,858	1.3%
OTHER	193,164	3.4%	7,747	2.5%
ALL OTHER	130,055	2.3%	5,360	1.8%
MIXED	63,109	1.1%	2,387	0.8%
HISPANIC/LATINO	123,838	2.2%	6,416	2.1%
TN CIVILIAN WORKFORCE			UC	
	#	%	#	%
TOTAL POPULATION	2,907,800	51.1%	151,730	5.2%
WHITE	2,389,700	82.2%	145,990	96.2%
BLACK	422,380	14.5%	1,650	1.1%
OTHER	95,720	3.3%	4,090	2.7%
HISPANIC/LATINO	62,060	2.1%	2,950	1.9%
TN YOUTH POPULATION			UC	
	#	%	#	%
TOTAL POPULATION	1,398,521	24.6%	70,890	5.1%
WHITE	1,038,813	74.3%	67,568	95.3%
BLACK	296,509	21.2%	964	1.4%
ALL OTHER	36,375	2.6%	1,500	2.1%
MIXED	26,824	1.9%	858	1.2%
OTHER	63,199	4.5%	2,358	3.3%
HISPANIC/LATINO	38,899	2.8%	2,051	2.9%

	DCS EMPLOYEE POPULATION: UPPER-CUMBERLAND										TOTAL*
	WHITE		BLACK		HISPANIC		OTHER		VACANT		
	#	%	#	%	#	%	#	%	#		
12401: CS REG AD	1	0.6%	0	0.0%	0	0.0%	0	0.0%	0	1	
22401: CS CAS MGR1	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	
22402: CS CAS MGR2	102	60.0%	0	0.0%	0	0.0%	1	0.6%	5	103	
22403: CS CAS MGR3	12	7.1%	0	0.0%	0	0.0%	0	0.0%	3	12	
22404: CS CAS MGR4	21	12.4%	0	0.0%	0	0.0%	0	0.0%	2	21	
22405: TEAM CRD	5	2.9%	0	0.0%	0	0.0%	0	0.0%	0	5	
22406: CS PROG POS	1	0.6%	0	0.0%	0	0.0%	0	0.0%	0	1	
12402: Officials/Adminstrators	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	
22407: Professional	5	2.9%	0	0.0%	0	0.0%	0	0.0%	0	5	
32401: Technicians	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	
42401: Protective Services/Sworn	1	0.6%	0	0.0%	0	0.0%	0	0.0%	0	1	
52401: Protective Services/Unsworn	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	
62401: Administrative	20	11.8%	1	0.6%	0	0.0%	0	0.0%	0	21	
72401: Skilled Craft	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	
82401: Services/Maintenance	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0	
Regional Total	168	98.8%	1	0.6%	0	0.0%	1	0.6%	10	170	
* TOTAL EXCLUDING VACANT POSITIONS											

APPENDIX C

CASE FILE REVIEW METHODOLOGY

The Review Sample

The 2006 Case File Review focused on children recently entering custody: children who had entered custody between October 1, 2005 and December 31, 2005 and who were in custody between three and six months by the end of the review period. By focusing on these children, the Case File Review findings more closely reflect the impact of current practice and improvement efforts.

In order to pull a sample of children within the parameters of the focus for this review, it was necessary to first create the population of children who fit those parameters. Using the *Brian A. Class Lists*, the TAC monitoring staff pulled each child who entered custody between October 1 and December 31, 2005 and who had been in custody at least three months.¹⁶³ The total population falling within these parameters was 860 children.

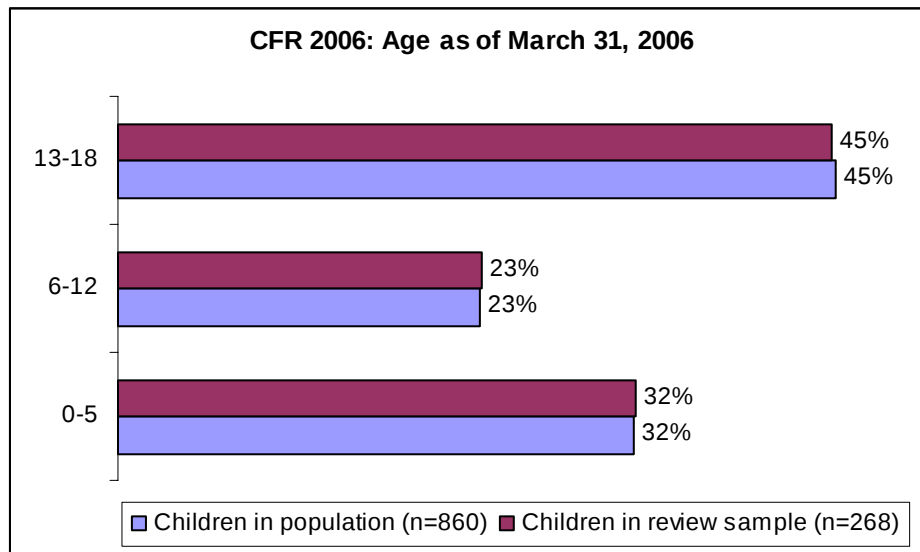
The TAC decided on a sample size for the review that was statistically significant statewide and stratified by region. The sample was drawn to provide statistical validity at 95% confidence with a margin of error of $\pm 5\%$ for a total sample size of 268 children.¹⁶⁴ TAC monitoring staff pulled the random sample for each region from the population of children created from the *Brian A. Class Lists*.

For each region, monitoring staff compared the demographics of the sample (age, race/ethnicity, and gender) with the demographics of the total population to ensure that the regional samples were representative. Figures C-1 through C-3 below show how the sample represents the population for this demographic information.

¹⁶³ In order to get as close as possible to the true number of children entering custody between October 1 and December 31, 2005 from the point-in-time Class Lists, the population was pulled from four different Class Lists. Any child entering custody between October 1 and October 31, 2005 was pulled from the January 31, 2006 Class List because that child would have been in custody at least three months by the time the Class List was produced. Likewise, any child entering custody between November 1 and November 20, 2005 was pulled from the February 28, 2006 Class List, and any child entering custody between December 1 and December 31, 2005 was pulled from the March 31, 2006 Class List.

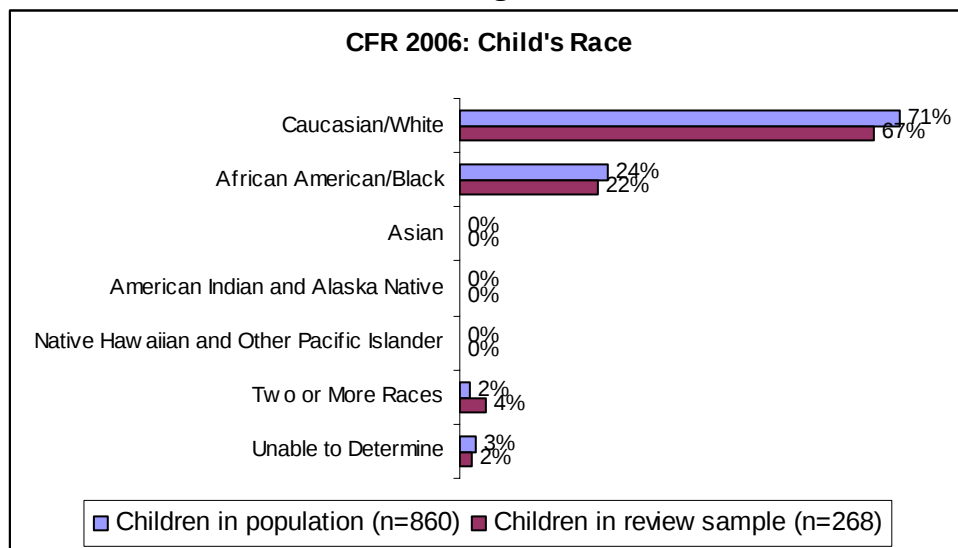
¹⁶⁴ Statistical validity at 95% confidence with a margin of error of $\pm 5\%$ for 860 children requires a sample size of 266 children; due to a calculation error, two extra cases were pulled for review, resulting in a total review sample of 268.

Figure C-1



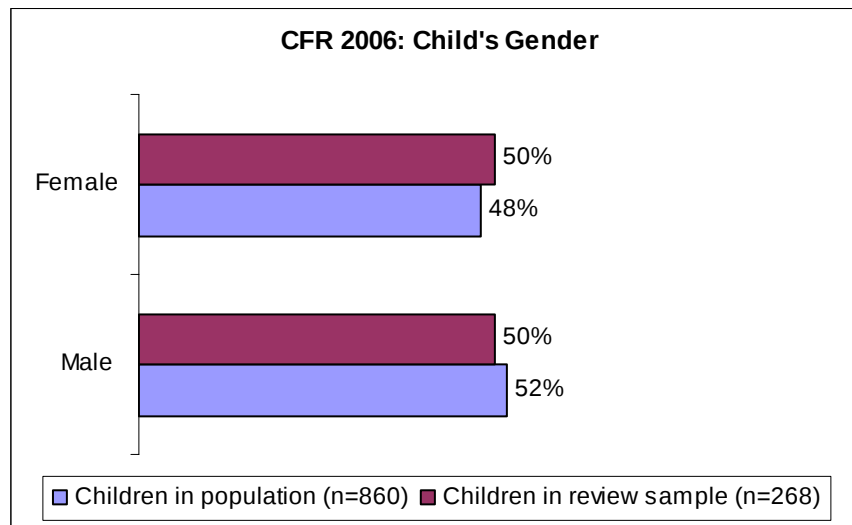
Source: *Brian A. Class Lists* January 15, 2005—April 15, 2005.

Figure C-2



Source: *Brian A. Class Lists* January 15, 2005—April 15, 2005.

Figure C-3



Source: *Brian A. Class Lists* January 15, 2005—April 15, 2005.

Nine percent of the children in the sample had been in custody at some point within the 12 months immediately preceding this new custody episode. Forty-one percent of children and their families received interventions to prevent custody. Seven percent of the children were on runaway at some point during the review period, and nine percent of the children were on a trial home visit at the end of the review period.

Of the original 268 cases in the sample, six could not be reviewed for one of the following reasons: the child was on runaway for more than half of the review period (two cases), the child was in a placement through ICPC (Interstate Compact on the Placement of Children) for the majority of the review period (one case), the child was in the physical custody of her father who was stationed in Korea for most of the review period (one case), the child's adoption was finalized and the case file was unavailable for review (one case), or the child entered custody prior to October 1, 2005 (one case).

The Case Review Protocol

A revised version of the standardized protocol from the Case File Review conducted in 2005 was utilized for the review. The protocol was revised to clarify some questions and to expand other questions in order to gather more detailed information. The protocol assesses case management activities required by the *Brian A. Settlement Agreement* and related DCS policy. The information presented in this report reflects documentation found in the case files; thus, only activities documented in the case files or TNKids case recordings could be considered as indicators of case practice and compliance.

Protocol for Requesting Additional Documentation

There were a number of areas in which the reviewers sought and received additional documentation from the DCS and/or private provider staff regarding specific individual

children. The follow-up conducted by the reviewers in these cases had two primary purposes:

- to distinguish cases in which relevant work was actually being done, but case file documentation of that work was missing or incomplete, from cases in which the lack of documentation accurately reflected the lack of work;
- in those cases in which important work was absent or incomplete or in which a significant concern was raised by the information present in or absent from the file, to ensure that the Department had addressed or was addressing the aspect of concern regarding the case.

A list of all cases requiring supplemental information was sent to the following Departmental staff according to subject area:

- Executive Directors of Regional Services for the East and West Regions were sent inquiries regarding placement, child visits with family members, DCS case manager visits, planning, case transfer, legal advocacy, and maltreatment.
- Director of Medical and Behavioral Services was sent inquiries regarding medical, mental health, psychotropic medications, and maltreatment.
- Director of Educational Services was sent inquiries regarding education.
- Director of Special Investigations Unit and Director of Child Protective Services were sent inquiries regarding maltreatment.

Monitoring staff reviewed each response received in conjunction with the information provided by the reviewers in the protocol as well as information available in TNKids to verify that the Department's response fully addressed the concerns and contained no inconsistencies. Monitoring staff also checked the Psychotropic Medication Application Database (PMAD) for additional information about psychotropic medication administration and consent.

For each child in the review sample in which the case file documented that the child was served by a private provider agency, a point person at that agency was contacted and asked to provide any additional information or documentation maintained by that agency which documented for the review period: private agency case manager contacts with the child, private agency case manager contacts with the family of origin of that child, private agency case manager contacts with the foster parent or facility staff of that child, and visits of the child with their family of origin and/or siblings. Monitoring staff then reviewed the documentation and recorded answers in the case review protocol.

Data Entry and Analysis

Data entry was completed at the same time as the review to allow reference to case files and decrease error (see Quality Control discussion below). Monitoring staff completed the cleaning and analysis of the data after the reviews in all regions were completed. When follow-up information was received from the Department, monitoring staff also coded this information and incorporated it into the data analysis.

Quality Control

Quality control procedures were designed to minimize error during the process of review and data entry. One member of the TAC monitoring staff read the completed protocols to check for inconsistencies within the reviewers' responses. When inconsistencies were found, reviewers referred back to the file to make corrections as needed. In addition, discussions were held after each region's review to make certain that reviewers were interpreting questions and scoring cases with unusual circumstances in the same way. These steps were taken to ensure the accuracy of the data collected by reviewers.

APPENDIX D

Comparison of Data between the 2005 and 2006 Case File Reviews

The following charts compare the data from the 2005 Case File Review with the data from the 2006 Case File Review. As noted in the Introduction to Section Two of the Monitoring Report, in this year's Case File Review, reviewers conducted more extensive follow-up on cases in which documentation in the file was absent, incomplete, ambiguous, or unclear.

At least some of the improvements in some areas in this year's Case File Review may be in part the result of the ability of the reviewers this year to request, receive and consider additional documentation. It may be that the 2005 Case File Review findings would have been more positive had similar follow-up procedures been followed in that review, and that the degree of improvement from last year to this year would therefore have been less.

In order to assist the reader in determining whether this might be the case with a particular comparison in the charts below, an asterisk has been placed next to any number or percentage that is based in part on supplemental information obtained as a result of the more extensive follow-up procedures used for this year's review.

Child's Initial Placement	2005 performance n=276	2006 performance n=265	% point change, 2006
Family setting	90%	84%	-6
Congregate Care	10%	16%	+6
Unable to determine	NA	NA	

Child's Initial Placement by Family or Congregate Care Type	2005 performance n=276	2006 performance n=265	% point change, 2006 minus 2005
In-home	2%	1%	
DCS Licensed Foster Home	53%	51%	-1
Kinship Foster Home	21%	16%	-5
Private Provider Foster Home	14%	16%	+2
Group Home	1%	3%	-2
Primary Treatment Center	2%	4%	+2
Residential Treatment Center	2%	2%	
Medical Facility/Hospital	1%	3%	+2
Emergency or Temporary Facility/Shelter	3%	4%	+1
Supervised Transitional/ IL (Union Mission)	NA	0% (1 case)	
UTD	NA	NA	

Child Placed in Kinship Home at Time of Entry	2005 performance n=276	2006 performance n=265	% point change, 2006 minus 2005
	21%	16%	-5

Child Experienced at Least One Placement Change During the Review Period	2005 performance n=276	2006 performance n=265	% point change, 2006 minus 2005
	45%	52%	+7

Number of Placements during the Review Period	2005 performance n=276	2006 performance n=265	% point change, 2006 minus 2005
One	55%	48%	-7
Two	26%	34%	+8
Three	10%	12%	+2
Four	3%	4%	+1
Five	3%	1%	-2
Six or More	1%	1%	
UTD	2%	NA	

Placement in Emergency or Temporary Facility during the Review Period	2005 performance n=276	2006 performance n=265	% point change, 2006 minus 2005
	7%	13%	+6
UTD	1%	NA	

Case File Documents Reason for Most Recent Placement Change	2005 performance n=124	2006 performance n=139	% point change, 2006 minus 2005
	80%	69%	-11

Reason for Most Recent Placement Change during the Review Period	2005 performance n=124	2006 performance n=139	% point change, 2006 minus 2005
Maintain/Create Family Connections	28%	22%	-6
Not Related to Family Connections	62%	78%	+16
UTD	10%	0	

Case File Documents Provision of Services to Stabilize Placement	2005 performance n=56	2006 performance n=56	% point change, 2006 minus 2005
	14%	7%	-7

Child has Sibling(s) in Custody of DCS	2005 finding n=276	2006 finding n=268	% point change, 2006 minus 2005
	59%	47%	-12

Child Placed with Siblings in Custody as of End of Review Period	2005 performance n=162	2006 performance n=122	% point change, 2006 minus 2005
Placed with all Siblings	62%	71%	+9
Placed with some but not all siblings	18%	14%	-4
Not Placed with any Siblings	15%	15%	
UTD	4%	NA	

Frequency of Child's Visits with Primary Caregiver	2005 performance n=240	2006 performance n=246	% point change, 2006 minus 2005
Generally Weekly	12%	18%	+6
Generally Bi-Weekly	15%	25%	+10
Generally Monthly	15%	19%	+4
Less than Monthly	43%	28%	-15
Not at all	15%	10%	-5

Frequency of Child's Visits with Primary Caregiver	2005 performance n=240	2006 performance (adjusted) n=222	% point change, 2006 minus 2005
Generally Weekly	12%	20%*	+8*
Generally Bi-Weekly	15%	27%*	+12*
Generally Monthly	15%	21%*	+6*
Less than Monthly	43%	26%*	-17*
Not at all	15%	6%*	-9*

Frequency of Child's Visits with Siblings	2005 performance n=47	2006 performance n=36	% point change, 2006 minus 2005
Generally Weekly	6%	6%	
Generally Bi-Weekly	15%	22%	+7
Generally Monthly	21%	44%	+23
Less than Monthly	45%	17%	-28
Not at all	13%	6%	-7
Different Frequencies for Different Siblings	NA	6%	

Case Manager Face-to-face Contacts during First Eight Weeks in New Placement during the Review Period	2005 performance n=242	2005 performance without UTDs for lack of private provider documentation n=196	2006 performance n=239	% point change, 2006 minus 2005
6 or more times	37%	45%	53%	+16
5 times	10%	12%	15%	+5
4 times	9%	11%	16%	+7
3 times	12%	15%	8%	-4
2 times	9%	11%	5%	-4
1 time	3%	4%	3%	
Not at all	0%	1%	NA	
UTD	NA	NA	0% (1 case)	
UTD for lack of private provider documentation	19%	NA	NA	

Location of Visits: Number of Documented at Placement Location during First Eight Weeks in New Placement	2005 performance n=242	2005 performance without UTDs for lack of private provider documentation n=196	2006 performance n=238	% point change, 2006 minus 2005
3 visits at placement	22%	28%	39%	+17
2 visits at placement	19%	23%	16%	-3
1 visit at placement	21%	27%	18%	-3
No visits at placement	17%	21%	24%	+7
UTD location of visits	1%	2%	4%	+3
UTD for lack of private provider documentation	19%	NA	NA	

Case Manager Face-to-face Contacts during Second Eight Weeks in Placement during Review Period	2005 performance n=183	2005 performance without UTDs for lack of private provider documentation n=137	2006 performance n=167	% point change, 2006 minus 2005
4 or more times	44%	59%	75%	+31
3 times	16%	21%	14%	-2
2 times	10%	13%	8%	-2
1 time	3%	4%	1%	-2
Not at all	2%	2%	1%	-1
UTD for lack of private provider documentation	25%	NA	NA	

Case Manager Face to Face Contacts Included Time with Child Outside the Presence of Caretaker	2005 performance n=208	2006 performance n=205	% point change, 2006 minus 2005
Yes, all the time	6%	9%	+3
Yes, some of the time	68%	78%	+10
No, none	18%	13%	-5
UTD	7%	0%	

Case Manager Had Face-to-face Contact with Child in Private Provider Placement at Least One Time Per Month	2005 performance n=79	2006 performance n=90	% point change, 2006 minus 2005
	67%	89%	+22

DCS and Private Provider Case Managers Visited Jointly with Child at Least Once Every Three Months	2005 performance n=68	2006 performance n=81	% point change, 2006 minus 2005
	29%	54%	+25
Frequency of DCS Case Manager Visits with Family of Origin	2005 performance n=242	2006 performance n=253	% point change, 2006 minus 2005
At least one time per month	53%	59%	+6
Less than monthly	45%	36%	-9
Not at all	2%	5%	+3

Frequency of DCS Case Manager Visits with Family of Origin	2005 performance n=242	2006 performance (adjusted) n=227	% point change, 2006 minus 2005
At least one time per month	53%	66%*	+13*
Less than monthly	45%	31%*	-14*
Not at all	2%	3%*	+1*

Frequency of DCS Case Manager Visits with Foster Parents or Facility Staff	2005 performance n=264	2006 performance n=265	% point change, 2006 minus 2005
At least one time per month	51%	59%	+8
Less than monthly	42%	36%	-6
Not at all	7%	5%	-2

Occurrence of Initial Child and Family Team Meeting	2005 performance n=276	2006 performance n=268	% point change, 2006 minus 2005
CFTM occurred within 7 days	75%	78%*	+3*
CFTM occurred, but not within 7 days	16%	15%*	-1*
CFTM occurred but UTD date	0%	NA	
No CFTM occurred	9%	7%*	-2*

Occurrence of Permanency Planning Child and Family Team Meeting	2005 performance n=273	2006 performance n=268	% point change, 2006 minus 2005
CFTM occurred within 15 working days	67%	75%*	+8*
CFTM occurred, but not within 15 working days	32%	25%*	-7*
No CFTM occurred	1%	NA	

Presence of Child (Age 12 or Older) at Initial Child and Family Meeting	2005 performance n=100	2006 performance n=119	% point change, 2006 minus 2005
Child present at CFTM	65%	82%*	+17*
Child not present, but absence documented to be in child's best interest	2%	NA	
Child not present at CFTM	33%	18%*	-15*

Presence of Child (Age 12 or Older) at Permanency Planning Child and Family Meeting	2005 performance n=111	2006 performance n=130	% point change, 2006 minus 2005
Child present at CFTM	84%	85%*	+1*
Child not present, but absence documented to be in child's best interest	2%	NA	
Child not present at CFTM	14%	15%*	+1*

Permanency Plan signed by Parent(s) within 30 days of Custody Date	2005 performance n=276	2006 performance n=262	% point change, 2006 minus 2005
	70%	67%	-3

Medical Assessment Completed Upon Entry into Custody	2005 performance n=273	2006 performance without follow-up information n=268	2006 performance with follow-up information n=268	% point change, 2006 minus 2005
Within 30 days	81%	85%	86%*	+5, +6*
Not within 30 days	14%	12%	14%*	-2, no change*
Not medically assessed	5%	3%	0%*	-2%, -5*

Child Received Needed Medical Evaluation and/or Treatment for Identified Problems	2005 performance n=200	2006 performance without follow-up information n=214	2006 performance with follow-up information n=214	% point change, 2006 minus 2005
	73%	64%	85%*	-9, +10*

Reviewers were likely more rigorous in the 2006 Review in deciding whether or not a child's health needs had been met because of the opportunity to conduct additional follow-up on children with any unaddressed health need, even if that need did not appear to be very significant.

Child Received Needed Mental Health Care for Identified Problems	2005 performance n=140	2006 performance without follow-up information n=171	2006 performance with follow-up information n=171	% point change, 2006 minus 2005
	67%	61%	96%*	-6, +28*

Reviewers were likely more rigorous in the 2006 Review in deciding whether or not a child's mental health needs had been met because of the opportunity to conduct additional follow-up on children with any unaddressed mental health need, even if that need did not appear to be very significant.

Case File Documents that Child was Administered Psychotropic Medication during the Review Period	2005 finding n=276	2006 finding n=268	% point change, 2006 minus 2005
	17%	21%	+4

Percent of Children in Each Age Range Administered Psychotropic Medication	2005 finding	2006 finding	% point change, 2006 minus 2005
0-3 years	0% (0 of 81)	0% (0 of 69)	no change
4-6 years	9% (3 of 34)	3% (1 of 30)	-6
7-9 years	3% (1 of 29)	32% (6 of 19)	+29
10-12 years	24% (8 of 33)	37% (11 of 30)	+13
13-17 years	34% (34 of 99)	33% (34 of 120)	-1

Consent for Administration of Psychotropic Medication Received	2005 performance n=46	2006 performance without follow-up information n=57	2006 performance with follow-up information n=57	% point change, 2006 minus 2005
Child's (16 and over) consent obtained	17%	12%	16%*	-5, -1*
Parental consent obtained	30%	26%	42%*	-4, +12*
Health Unit Nurse consent obtained	13%	11%	12%*	-2, -1*
No consent	40%	51%	30%*	+11, -10*

Child attended school regularly	2005 performance n=177	2006 performance without follow-up information n=188	2006 performance with follow-up information n=188	% point change, 2006 minus 2005
	80%	60%	62%*	-20, -18*

Reviewers were likely more rigorous in the 2006 Review in deciding whether or not a child attended school regularly, using the standard of no more than 5 unexcused absences during the review period as a guideline for determining regular attendance.

Recent copy of report card in file	2005 performance n=177	2006 performance n=188	% point change, 2006 minus 2005
	51%	39%	-12

Child changing schools upon entering custody	2005 performance n=176	2006 performance n=188	% point change, 2006 minus 2005
	60%	54%	-6

Child changing schools due to a placement change	2005 performance n=84	2006 performance n=116	% point change, 2006 minus 2005
	64%	55%	-9

Child educated in In-house Schools	2005 performance n=22	2006 performance n=26	% point change, 2006 minus 2005
	64%	54%	-10

Child receiving special education services	2005 performance n=63	2006 performance without follow-up information n=85	2006 performance with follow-up information n=72	% point change, 2006 minus 2005
	57%	49%	69%*	-10, +12*

Case Transferred to New Worker during Review Period	2005 performance n=276	2006 performance without follow-up information n=268	2006 performance with follow-up information n=268	% point change, 2006 minus 2005
More than once	4%	3%	3%	-1, -1
Once	18%	15%	15%	-3, -3
Not transferred	76%	78%	82%	+2, +6
Unable to determine	2%	4%	0%	+2, -2

Case Transfer Included a Face-to-Face Meeting between Case Managers	2005 performance n=60	2006 performance n=49	% point change, 2006 minus 2005
Yes for all	33%	18%	-15
Not for any	64%	82%	+18
Unable to determine	3%	0%	-3

Case File Documents Efforts to Introduce New Case Manager to Child and Child's Parents	2005 performance n=59	2006 performance n=49	% point change, 2006 minus 2005
Yes for all	31%	16%	-15
Yes for some	2%	2%	no change
Not for any	67%	82%	+15

Child was subject of CPS referral during review period	2005 performance n=276	2006 performance without follow-up information n=268	2006 performance with follow-up information n=268	% point change, 2006 minus 2005
	3%	9%	5%	+6, +2*

Documentation that Child has a Guardian <i>ad litem</i>	2005 performance n=271	2006 performance n=268	% point change, 2006 minus 2005
Yes for all	81%	89%*	+8*

* represents data that reflects significant supplemental information