

Department of Children's Services

November 2003

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John G. Morgan
Comptroller

November 10, 2003

The Honorable John S. Wilder
Speaker of the Senate
The Honorable Jimmy Naifeh
Speaker of the House of Representatives
The Honorable Thelma M. Harper, Chair
Senate Committee on Government Operations
The Honorable Mike Kernell, Chair
House Committee on Government Operations
and
Members of the General Assembly
State Capitol
Nashville, Tennessee 37243

Ladies and Gentlemen:

Transmitted herewith is the performance audit of the Department of Children's Services. This audit was conducted pursuant to the requirements of Section 4-29-111, *Tennessee Code Annotated*, the Tennessee Governmental Entity Review Law.

This report is intended to aid the Joint Government Operations Committee in its review to determine whether the department should be continued, restructured, or terminated.

Sincerely,

John G. Morgan
Comptroller of the Treasury

JGM/dww
02-084

State of Tennessee

Audit Highlights

Comptroller of the Treasury

Division of State Audit

Performance Audit

Department of Children's Services

November 2003

AUDIT OBJECTIVES

The objectives of the audit were to determine the authority and responsibility mandated to the department by the General Assembly; to determine the extent to which the department has met its legislative mandate; to evaluate the efficiency and effectiveness of the department's activities and programs; and to recommend possible alternatives for legislative or administrative action that may result in more efficient and effective operation of the department.

FINDINGS

Management must address problems in the foster care program

The department has had problems meeting the requirements of court settlements. These requirements relate to such areas as foster child visitation, appropriateness and tracking of children's placements, and permanency planning. Management established policies to meet the court settlement requirements, but has not adequately monitored field staff to see that these policies were followed and that requirements were accomplished (page 9).

Foster Care case managers do not always adhere to visitation requirements *

Case managers do not appear to consistently follow visitation standards. The department does not have effective methods in place to adequately assess the timeliness of visitation. Failure to adhere to visitation standards diminishes the department's ability to ensure each child's adjustment to the placement and to determine whether each child's needs are being met, including access to appropriate treatment and services (page 11).

The department does not adequately track foster care placements or ensure case workers follow related policy *

The department does not adequately track the placements of children or ensure that policies regarding the placement of children within the foster care system are routinely followed, impeding the department's ability to ascertain a child's location and the appropriateness of a placement (page 14).

Foster Care staff adherence to permanency plan and quarterly progress report policies needs improvement

Department staff are not routinely following policies and procedures regarding permanency planning and quarterly progress reports for children in foster care. Failure to ensure routine application of policies and procedures as well as the timely performance of quarterly progress reports diminishes the department's ability to reach its goal to make foster care as temporary an arrangement as possible, providing each child a permanent home as quickly as possible (page 19).

The service delivery system for foster children and their families needs improvement

The department does not appear to consistently provide children and families with adequate and effective services or efficiently use the available resources in the service system to ensure the best possible outcomes for its clients. As a result, the department is less able to prevent cases from being open for years with little progress, children having multiple placements, children aging out of the system alone and unprepared for independence, siblings drifting apart, and cases where it is unclear who is responsible for critical decisions (page 22).

Not all required physical examinations of foster care children are being performed

Foster children do not appear to be receiving required health screenings in a routine and timely manner. Failure to ensure the timely provision of these services diminishes the department's ability to better match and increase needed services to support each child (page 25).

Case managers may not receive accurate notifications of children's health evaluations

The department's information system has not always effectively calculated the due date for children's next medical or dental evaluations. As a result, case managers were not able to rely on the data to plan children's health evaluations (page 27).

Qualified foster care children do not appear to be receiving all necessary independent living services

Foster children who qualify for independent living services do not appear to routinely receive these services. Failure to adequately provide these services hinders the department's ability to assist youth in their preparation for adulthood (page 30).

There is no system to document foster home complaints

Abuse and neglect allegations in foster homes, whether founded or unfounded, are not monitored or tracked by the department's central office. As a result, it is unclear whether department staff, in the central office or in the

regions, are implementing department policy regarding investigations of allegations of abuse or neglect in department-approved foster homes and whether staff are taking any necessary corrective actions (page 32).

Foster home recruitment is inadequate

The department does not appear to have an effective, uniform program for recruiting foster and adoptive homes that complies with legal requirements, including ensuring that the pool of foster and adoptive families reflects the ethnic and racial diversity of the children and families for whom the department provides placement and services. The lack of an adequate recruiting program hinders the department's ability to effectively recruit foster and adoptive homes to meet the needs of children in state custody (page 33).

Information in foster home registers is incomplete

Registers of foster home information maintained by the department's regional offices do not contain all of the information required by department policy or maintain information on all foster homes in that respective region. Failure to maintain information on all foster homes in each region hinders the department's ability to ensure compliance with the department requirements, including ensuring that the pool of foster and adoptive families reflects the ethnic and racial diversity of the children and families for whom the department provides placement and services (page 35).

The department appears not to always obtain required psychotropic medication consent forms

Department staff does not appear to consistently obtain appropriate consent forms prior to the administration of psychotropic medications to children in department custody. Failure to document appropriate consent hinders the department's ability to ensure that these medications are dispensed appropriately in accordance with department policy (page 38).

Child Protective Services investigators do not always follow investigation policies or file investigation information in a consistent manner

Child Protective Services cases were not always prioritized according to the severity of the case or completed by time deadlines. Information in paper files was sometimes inconsistent with the case information in the department's computerized system or no case information was in the computerized information system. The department has no viable basis for assessing compliance with department policies if case information is not complete, accurate and consistent (page 40).

The department does not monitor Family Support Services provided by community services agencies

Community services agencies provide Family Support Services (FFS) to help families solve problems that place children at risk of being placed in state custody. By not monitoring the children while these services are being provided, the ability of Child Protective Services staff to prevent children from entering state custody is impeded. Staff workload also increases since this staff has to respond to failed FFS interventions (page 44).

The department does not document reasons for exemptions to the federal law requiring a 15-month limit from the date a child enters custody to the date a petition is filed to terminate a parent's rights

The department should take steps to determine the reasons for delays in terminations of parental rights in cases where it was determined to be in the best interest of the child and take corrective action. The department should document this determination in the child's file. Timely termination of parental rights helps increase the chances of children finding permanent homes (page 45).

Adoption Services does not provide adequate post-adoption services to prevent disruption of adoptions, nor does it track disruptions by region

Post-adoption services are needed to prevent disruptions and to address children's problems, especially when problems do not become apparent until the adoption is finalized. In addition, tracking disruptions (when the child does not stay with the adoptive family) can provide information the department can use to prevent future disruptions (page 47).

The department does not monitor recidivism at its juvenile justice facilities

Recidivism measures the number of youth from the department's juvenile justice facilities who reenter state custody and the number of youth who enter the adult correctional system. The lack of information on recidivism hinders the department's ability to evaluate the effectiveness of its juvenile justice programs (page 50).

The department's background check process for new employees needs improvement

The department does not have policies or procedures specifically outlining the background check procedures for new employees. The average time for receiving the background check results took longer than the 8-week pre-service training; therefore, an employee could have contact with a child before the department received the background check results (page 51).

A majority of employees interviewed feel pre-service training is inadequate

Employees interviewed indicated that more specific training was needed, including training in the areas of permanency planning, paperwork, and entering data into computers (page 54).

The DCS central office does not maintain a comprehensive training database and is therefore unable to monitor each employee's training

Without a centralized training database with consistent and detailed employee histories, the department cannot verify compliance with training requirements. Nor can it ensure that employees receive high-quality, job-relevant training (page 55).

The department does not collect all performance data required by its strategic plan

The department does not obtain and track its performance measurements consistently and uniformly. Failure to routinely track the measurements within the Strategic Plan hinders the department's ability to ascertain progress on achieving its goals and may result in management making decisions based on incomplete and inaccurate information regarding department accomplishments (page 57).

There is no policy that delineates the Title VI complaint handling process

The lack of a policy could hinder the department's ability to ensure all complaints are dealt with and could inhibit complaints because those wanting to complain may not know how to submit a complaint. Title VI of the 1964 Civil Rights Act requires all state agencies receiving federal money to implement plans to ensure that no person is discriminated against based on race, color, or national origin (page 58).

*** Related issues were also discussed in the 1998 performance audit of the department.**

OBSERVATIONS AND COMMENTS

The audit also discusses the following issues: the Brian A. Settlement Agreement (page 7) and case manager job specifications (page 7).

"Audit Highlights" is a summary of the audit report. To obtain the complete audit report, which contains all findings, recommendations, and management comments, please contact

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**Performance Audit
Department of Children’s Services**

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**Performance Audit
Department of Children's Services**

INTRODUCTION

PURPOSE AND AUTHORITY FOR THE AUDIT

This performance audit of the Department of Children's Services was conducted pursuant to the Tennessee Governmental Entity Review Law, *Tennessee Code Annotated*, Title 4, Chapter 29. Under Section 4-29-224, the department was scheduled to terminate June 30, 2003. As provided for in Section 4-29-115, however, the department will continue through June 30, 2004, for review by the designated legislative committee. The Comptroller of the Treasury is authorized under Section 4-29-111 to conduct a limited program review audit of the department and to report to the Joint Government Operations Committee of the General Assembly. This performance audit is intended to aid the committee in determining whether the department should be continued, restructured, or terminated.

OBJECTIVES OF THE AUDIT

The objectives of the audit were

1. to determine the authority and responsibility mandated to the department by the General Assembly;
2. to determine the extent to which the department has met its legislative mandate;
3. to evaluate the efficiency and effectiveness of the department's activities and programs; and
4. to recommend possible alternatives for legislative or administrative action that may result in more efficient and effective operation of the department.

SCOPE AND METHODOLOGY OF THE AUDIT

We reviewed the department's activities and procedures, focusing on procedures in effect during fiscal years 2002 and 2003. The audit was conducted in accordance with the standards applicable to performance audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States and included

1. review of applicable legislation, executive orders, and department policies and procedures;
2. attendance at relevant legislative meetings;
3. examination of the department's records, reports, and information summaries;

4. review of general and application controls for the Tennessee Kids Information Data System;
5. review of audit reports from other states and reports by the Commission on Children and Youth and the Brian A. Settlement Agreement Technical Assistance Committee; and
6. interviews with department staff and staff of other state and non-state agencies that interact with the Department of Children's Services.

HISTORY AND STATUTORY DUTIES

The Department of Children's Services (DCS) was created in July 1996 as the culmination of planning efforts begun in the early 1990s through an initiative, known as the Children's Plan, to improve coordination and delivery of services to children committed to state custody and to those at risk of entering state custody. The department was formed from parts of six state agencies: the Department of Human Services (child welfare programs), the Department of Youth Development (juvenile justice programs), the Department of Health, the Department of Mental Health and Mental Retardation, the Department of Education, and the Department of Finance and Administration.

The Department of Children's Services, as authorized by Section 37-5-102, *Tennessee Code Annotated*, serves as the state's primary system for providing services to at-risk children. The department has the responsibility for protecting children from abuse and neglect, providing temporary care for children who cannot safely remain in their own homes, providing permanent homes for those children who are legally free for adoption, and rehabilitating delinquent youth through residential treatment and community-based programs. The department also provides supportive services to help strengthen families so that they are able to safely care for their children at home, prevention services for unruly youth and their families, and probation and aftercare services for juvenile offenders.

RECENT DEVELOPMENTS

In early 1999, the department contracted with the Child Welfare League of America (CWLA) to conduct a comprehensive, statewide assessment of its foster care and adoption programs. Following the initial assessment, CWLA entered into a collaborative partnership with the department to identify strategies for change and to assist in implementing, monitoring, and evaluating specific actions to strengthen the service delivery system.

In May 2000, Children's Rights, Inc., filed a class action lawsuit (*Brian A. et al. v. Don Sundquist et al.*) on behalf of children in foster care and adoption services in Tennessee. From January to May 2001, state attorneys, DCS attorneys and staff, and the plaintiffs' attorneys participated in a mediation process, facilitated by a mediator appointed by the court. A settlement agreement was signed in July 2001, providing a guide to the department through a four-and-a-half-year reform plan. The settlement agreement stipulates outcomes and

benchmarks as well as performance indicators that must be met for successful resolution of the lawsuit.

The settlement agreement appointed an independent monitor to assess the department's compliance with required actions and meeting of performance levels. In addition, a five-member Technical Assistance Committee, funded by the Annie E. Casey Foundation, was created to advise the department on child welfare policy, management, and practice issues in the settlement agreement. (See Appendix 1 for Principles of the Brian A. Settlement Agreement.) Failure to successfully resolve the lawsuit may result in the department being held in contempt, which would result in the department being assessed fines until compliance was achieved, an order outlining immediate corrective action to be taken immediately to avoid further action, or the department being placed in receivership with the appointment of a Special Master to oversee the management and activities of the department.

ORGANIZATION

The Department of Children's Services employed, as of May 30, 2003, 3,966 staff statewide and is headed by a commissioner who reports directly to the Governor. The Commissioner is aided by seven assistant commissioners. Also reporting to the Commissioner are the areas of Internal Audit, Internal Affairs, Special Operations, and Communications. (See organization chart on the following page.)

In addition to assisting management in evaluating and strengthening internal controls, Internal Audit is responsible for ensuring departmental fiscal compliance in accordance with applicable statutes and regulations of law, auditing program services, facilities, assets and liabilities, and other areas within the department. The Internal Affairs Division conducts background checks of all prospective employees and adoptive/foster parent candidates and investigates allegations of misconduct by employees and criminal violations committed by juvenile offenders while in state custody. Special Operations is responsible for addressing legislative and executive inquiries; conducting investigative research; serving as an internal/external liaison and agency representative; and receiving, processing, and tracking the resolution of all complaints and inquiries from both private and public sources. Communications coordinates and disseminates information and establishes positive relations with the public and the media.

The department has six major divisions:

- The Division of Fiscal and Administrative Services is responsible for administrative services, budget, fiscal services, contract administration, personnel, records management, eligibility, and capital projects.
- The Resources and Information Management Division is responsible for information resources and the coordination of policy development, strategic planning, and research and evaluation activities for the department.

- The Legal Services Division provides legal advice and counsel to the Commissioner and department employees regarding the ongoing operation of the department, including employment, policy, program, legislative, fiscal, and children's educational issues.
- The Compliance and Training Division is responsible for overseeing the department's compliance with the principles and terms of the Brian A. Settlement Agreement, providing technical support on the implementation of the Brian A. Settlement Agreement, and functioning as a liaison with the federal monitor, the Technical Assistance Committee, and the Attorney General's office on implementation of the Brian A. Settlement Agreement. The division also oversees the efforts to prepare and deliver training to all employees of the department.
- The Division of Residential Treatment Facilities serves children in a variety of areas such as delinquent offenses and dependent/neglect commitments. The Department operates 4 youth development centers and 12 Community Residential Program homes. This division is responsible for overseeing the day-to-day operations of the facilities while providing treatment and rehabilitation to children committed to state custody by the juvenile court.
- The Division of Program Operations is responsible for regional services (i.e., child and family teams, family crisis intervention teams, residential case management, placement, transportation services, and community services agencies) and child protective and adoption services. The Tennessee Preparatory School, a residential school for children in state custody no longer serves children (the last child left on June 30, 2003). The school housed and educated children who were dependent, neglected, or in danger of becoming delinquent. The students were referred by the juvenile court judge in their home counties. The school was operating at its maximum capacity of about 250 children in fiscal year 2001, with a budget of \$11 million. The department is currently converting the school's facilities for other purposes (e.g., housing the central intake unit for Child Protective Services.)

DCS services are provided across 12 regions. A regional administrator manages administrative duties and staff oversight in each of the regional offices and in any satellite office the region may have. Additionally, the department contracts with 12 Community Services Agencies (CSAs) that act in a quasi-governmental capacity. Each CSA is administered by an executive director who is appointed by the Commissioner and approved by the regional board of directors. The DCS regional offices work hand-in-hand with the corresponding CSA to provide direct services to children, youth, and their families. The DCS regional offices are responsible for child protective services and all services to children in state custody. The CSAs provide family preservation and prevention services to non-custodial children and their families. Administrative oversight and support of the department is provided by the central office in Nashville.

TENNESSEE KIDS INFORMATION DATA SYSTEM

The Tennessee Kids Information Data System (TNKIDS) is a federally required child welfare information system. Project development began in 1996 during the formation of the Department of Children's Services. In December 1999, TNKIDS replaced three tracking systems from the integrated departments. TNKIDS is used to track information about the children and their progress. Data in TNKIDS includes demographic information, custody dates, placement dates, permanency plan goals, etc. Department staff are required to enter much data into TNKIDS, but documents such as court orders, permanency plans, psychological examinations, and medical records are kept in paper files.

REVENUES AND EXPENDITURES

The Department of Children's Services had a budget of over \$544 million for fiscal year 2003. During fiscal year 2002, the department had revenues and expenditures of \$491,612,200. (The increase from 2002 to 2003 is primarily due to increased expenditures necessary to meet the Brian A. settlement requirements such as hiring more attorneys and case managers.) The department revenues were derived from state appropriations (50.2 percent), federal funding (16.3 percent), and other sources (33.5 percent). The major categories of expenditures were as follows:

Category of Expenditure	Percent of Total Department Expenditures
Administration	8.6%
Family Support Services	8.7%
Custody Services	39.8%
Adoption Services	4.8%
Child and Family Management	26.7%
Youth Development Centers	7.3%
Community Treatment Facilities	2.0%
Tennessee Preparatory School	2.1%

OBSERVATIONS AND COMMENTS

The topics discussed below did not warrant a finding but are included in this report because of their effect on the operations of the Department of Children's Services and on the citizens of Tennessee.

BRIAN A. SETTLEMENT AGREEMENT

The Brian A. class action lawsuit was filed in May 2000 and the settlement agreement was signed in July 2001. The agreement requires the department to meet certain performance criteria but the department has not always met these criteria. In negotiating settlements, the department has to weigh many different factors and predict future events, including funding and personnel requirements and availability as well as other demands for service. Before the department enters into future settlement agreements, the commissioner should carefully review the department's history of compliance with prior agreements and seek realistic terms. Obviously such an agreement is the result of the department failing to meet the expectations of the parties who initiated the litigation. So some increased performance on the part of the department will be expected. However, in the long term agreeing to standards of performance that cannot be achieved except under unrealistically favorable circumstances does not serve any of the parties seeking better services for the children served by the department. If the demands of the agreement require additional funding, the department should ensure that such requirements are adequately and timely communicated to the administration and the General Assembly.

CASE MANAGER JOB SPECIFICATIONS

Current case manager job specifications (i.e., for Case Managers 1, 2, 3, and 4) only require "Graduation from an accredited college or university with a bachelor's degree." The Brian A. Settlement Agreement requires that preference be given to applicants for case manager who have a degree in social work or a related behavioral science. According to the settlement,

- A Case Manager 1 shall have a bachelor's degree, with employment preference given to applicants holding a bachelor's degree in social work or a related behavioral science.
- A Case Manager 2 must have either been promoted from Case Manager 1, or have at least a bachelor's degree, with employment preference given to applicants holding a bachelor's degree in social work or a related behavioral science and one year experience in providing child welfare services.
- A Case Manager 3 must have either been promoted from Case Manager 2; or have at least a bachelor's degree, with employment preference given to

applicants holding a bachelor's degree in social work or a related behavioral science, and two years experience in providing child welfare services.

- A master's degree in social work or a related behavioral science may substitute for one year experience in providing child welfare services.

When applications are rated by the Department of Personnel, degrees in social work and other highly specific degrees such as child development and clinical psychology are given more points. Thus, preference is given for social work degrees, but applicants are not aware of this. The preferred applicants may be discouraged from applying. The department should consider adding that social work and related degrees are preferred to the job specifications.

Some case workers interviewed, including a team coordinator (team coordinators supervise case managers), indicated that many case managers were hired without social work degrees and could not always understand the requirements of their jobs (for example, dealing with the problems of children and their families). The team coordinator indicated that there is a steep learning curve for new case managers and the lack of social work training hinders the transition from pre-service training to actual work.

The *Interim Progress Report on Brian A. v. Sundquist* compiled by the federal court monitor, released February 2003, indicated that many case managers did not have a degree in social work or a related field. Of the 15 personnel files of Case Manager 1s selected for review, 8 (53%) provided documentation of a bachelor's degree in social work or a related behavioral science. Of the personnel files of all 63 Case Manager 2s, 34 (54%) provided documentation of a bachelor's degree in social work or a related behavioral science.

The settlement agreement also requires that "In consultation with the technical assistance committee, the state shall develop and implement stipends and other incentives to support graduate work that will provide reasonable steps to enable the state to hire and retain case managers with undergraduate and graduate degrees in social work and relevant and related fields." The technical assistance committee is an advisory group to the department established under the settlement agreement. A December 13, 2002, department memorandum notified employees of a stipend of up to \$249 per credit hour for graduate work in social work or relevant fields (i.e., psychology, sociology, child development, or juvenile justice) available contingent on eligibility and availability of funds. For fiscal year 2003, \$200,000 had been allocated for this purpose.

The department, in consultation with the technical assistance committee, should develop case manager job specifications that give preference to qualified candidates with degrees in social work or related fields. The department should then apply to the Department of Personnel to get these job specifications approved. The department should also continue efforts to ensure that all qualified staff are given an opportunity to get a graduate degree in social work or a related degree.

FINDINGS AND RECOMMENDATIONS

Foster Care

1. Management must address problems in the foster care program

Finding

The audit identified at least eight requirements of the Brian A. Settlement Agreement (signed in July 2001) that the department has not always met. (See page 7 for a discussion of the agreement and Appendix 1 for the Principles of the settlement agreement.) These requirements relate to foster child visitation, appropriateness and tracking of children's placements, permanency planning and case tracking, independent living services, foster home recruiting, staff job specifications, and tracking staff training. The problem of staff visiting foster children as often as required was also noted in the 1998 performance audit. The department has not always met the requirements of the John B. consent decree related to health screenings. In addition, there are other areas in foster care where policies are not always being followed, including dealing with foster home complaints and administering psychotropic medications.

The department is subject to monitoring by a federal court monitor who reports her findings to the court and to the department. The monitor's February 2003 progress report disclosed numerous shortcomings in the efforts of department staff to comply with the provisions of the agreement. In addition, the monitor noted that information provided by department staff about child abuse registry screenings was found not to be complete despite representations from the staff that the screenings were complete.

These findings address serious, fundamental issues that go to the core of the department's charge to care for foster children. The department has not been proactive in ensuring that requirements are met. Management established policies to meet the court settlement requirements, but has not adequately monitored field staff to see that these policies were followed and that requirements were accomplished. The department appears to rely on the court monitor to ensure that children are being taken care of, instead of establishing its own monitoring program for the long term, and then the department does not appropriately react to problems cited by the monitor.

Recommendation

The commissioner must determine why the department has been unable to meet these requirements and policies and take corrective action. He must set deadlines for meeting corrective action targets and effectively communicate to field staff why these deadlines should be met. He should ensure that field staff are monitored and that the department's monitoring system is designed to be effective now and after the lawsuit is dismissed.

Although the monitoring reports do not contain express recommendations, the commissioner should carefully review the reports. The department should take all appropriate steps to address the problems noted in the monitoring reports, rather than waiting until these issues are reiterated in audit reports. The commissioner should be concerned about misinformation provided to the monitor by department staff, determine the exact circumstances relating to those misstatements, and take appropriate action. It is critical that the information being provided to the court by the department be complete and accurate.

Management's Comments

We concur in part. While management agrees that the state of DCS' practice is continuing to evolve, the department has made great strides toward meaningful program improvements in compliance with the Brian A. Settlement Agreement that will result in improved outcomes for children. Most notably the Department has taken the following steps in the rehabilitation process:

With the cooperation of the Legislative and Executive branches, DCS has hired a significant number of staff persons to enable reduced caseloads, increased supervision and improved services to children by increasing the time available to assess and meet the needs of an individual child.

DCS has developed and begun implementation of bold new strategies for engaging families, identifying needs, and reforming practice. Staff and management has developed and adopted a new model of casework practice entitled "Engaging Families." This model is represented in current policy and is supported by training that was developed in Fall 2002 with delivery beginning in April 2003. This labor intensive, skills-based training was delivered to a core of trainers or "local experts" in all regions by July 2003. These core trainers will deliver the training in all regions for all custodial staff by July 2004. The skills and knowledge required to implement this model are complex and the changes we anticipate will not be instantaneous. Nonetheless, the critical groundwork for these concepts has been completed and support for this model is being provided through every available avenue of training and support to the field.

We have refined and will continue to refine our use of TNKIDS data to generate reports that allow us to review documentation on individual cases, thus allowing us a tool for managing the casework effort and effective data clean-up. An example of these reports includes data on the most recent case recording on each case.

With regard to child abuse registry screenings, the department was clearly in compliance with this provision of the settlement agreement as of March 2003. Prior to that date the TNKIDS data system did not have the capacity to screen for information by the name of the alleged perpetrator. That capacity now exists and is being used.

Management and staff have embarked on a process to change the entire culture of the department by identifying the underlying deficiencies and issues that have lead to the myriad problems with the department's child welfare practices. Issues include inadequate staff, absence

of a clear sense of mission and philosophical base, absence of policies that support sound practice, absence of training to build required skills and knowledge, and absence of adequate data to review performance of staff. Management is systematically evaluating procedures, practice, and policy in all areas of the department.

2. Foster Care case managers do not always adhere to visitation requirements

Finding

Department of Children's Services (DCS) case managers do not appear to consistently follow visitation standards established by department policy and the Brian A. Settlement Agreement for children in foster care. Further, the department does not have effective methods in place to adequately assess the timeliness of case manager visitation and thus determine compliance with these standards. The 1998 performance audit also found that foster care staff were not meeting the visitation requirements.

Failure to adhere to visitation standards diminishes the department's ability to ensure each child's adjustment to the current placement and to determine whether each child's needs are being met, including access to appropriate treatment and services. The lack of an effective method to assess compliance with these standards impedes the department's ability to effectively determine and demonstrate it is meeting standards and performance goals mandated by the Brian A. Settlement Agreement.

DCS Policy 16.38, *Supervision of Dependent and Neglected and Unruly Children in Custody/Guardianship*, effective February 1, 2001, and the Brian A. Settlement Agreement require case manager visitation based on the placement of each child (e.g., a foster home or other residential facility directly managed by the department or by a private contractor) and length of time in custody. DCS case managers are required to have face-to-face visits with children placed in DCS family foster homes or other DCS residential facilities, or placed at home in the legal custody of the department but not receiving counseling or other support from a continuum provider

- no fewer than six times during the first 8 weeks the child is in care,
- no less frequently than once every 2 weeks the second 8 weeks a child is in care, and
- no fewer than twice each month following the initial 16 weeks of care.

DCS case managers are required to have face-to-face visits with children placed in a family foster home or facility operated by an agency other than DCS no less than once each month. All face-to-face visits with children shall be made through a mix of home, school, community, and office visits consistent with the child's safety needs. Prior to the adoption of Policy 16.38 on February 1, 2001, standards regarding case manager visitation with each child were determined through the use of assignment of supervision levels. Supervision levels were based on a scale of four levels of supervision, which were, in decreasing level of supervision,

maximum, medium, minimum, and inactive. DCS case managers were required to see children placed at the higher levels of the supervision scale more frequently than children placed at the lower end. Supervision levels were changed based on the child's needs.

A review of 75 case files of children in custody for the period January 2002 to June 2002 was performed with 25 case files drawn from each of the following three regions: Davidson, Shelby, and Northeast. Compliance with initial placement visitation requirements for children placed in a DCS family foster home, DCS residential facility, or at home in the legal custody of the department was determined through the testing of child case files with a custody date of February 1, 2001, or later (when Policy 16.38 became effective).

Compliance with visitation requirements after 16 weeks of custody was tested for the time period October 1, 2001, to October 31, 2002, for placements in a DCS family foster home, DCS residential facility, or at home but in the legal custody of the department. Adherence to visitation requirements for placements in non-departmental homes and facilities was tested for the time period October 1, 2001, to October 31, 2002. In addition to paper files, timeliness of contacts was determined through the use of the case recordings staff have been instructed to key directly into TNKIDS. (Case recordings are the official written record of efforts made to serve the children and their families.)

Case managers did not meet visitation standards for children placed in a DCS family foster home, DCS residential facility, or at home while in the legal custody of the department. DCS case managers maintained contact with the child as required in only half (9 of 18) of the applicable cases for the first eight weeks of custody. During the second eight weeks of custody, case managers visited the child once every two weeks in only one third (5 of 15) of the applicable cases. After 16 weeks in custody, children were visited twice a month, as required, in only 4% (1 of 26) of the applicable files reviewed.

**Results of Testwork on Required Number of Visits for
Placement in DCS Family Foster Home or DCS Residential Facility or Child Placed
at Home in Legal Custody of the Department and Not Receiving Support From
Continuum Provider**

October 2001 through October 2002

Required Number of Visits	Files Documenting Required Number of Visits	Files Not Documenting Required Number of Visits	Total Number of Applicable Child Case Files
First 8 Weeks: 6 Visits	9 (50%)	9 (50%)	18
Second 8 Weeks: Visits Once Every 2 Weeks	5 (33%)	10 (67%)	15
After 16 Weeks: Visits Twice a Month	1 (4%)	25 (96%)	26

Case manager visitation of children placed in a non-departmental family foster home or facility also did not meet standards. In only 51% of applicable cases (21 of 41) did case managers perform at least one face-to-face visit per month. The *Interim Progress Report on Brian A. v. Sundquist* compiled by the federal court monitor, released February 2003, also found that the department was not in compliance with visitation standards required by the Brian A. Settlement Agreement.

**Results of Testwork on Required Number of Visits for
Placement in Family Foster Home or Facility Operated by Contract Agency or Child
Placed at Home in Legal Custody of Department and Receiving Support From Continuum
Provider**

October 2001 through October 2002

Required Number of Visits	Files Documenting Required Number of Visits	Files Not Documenting Required Number of Visits	Total Number of Applicable Child Case Files
Once a Month	21 (51%)	20 (49%)	41

The department monitors cases, including the adequacy of case manager visitation, in two ways. Team leaders in each regional office are required to review a sample of cases each month using a standardized form in which the following information is tracked: child visits, home visits, parent interviews, and foster home visits. However, information derived from these reviews remains in the region, and the information is not compiled on a statewide basis at the central office. Auditors have been unable to obtain documentation regarding these reviews.

The second method used to monitor cases and case manager visitation is through an annual comprehensive case file review performed by department staff in conjunction with the Brian A. court monitor. The first such review began in July 2001. Preliminary observations from the statewide case file review show that, based upon case recordings, (1) DCS case managers are not having face-to-face contacts with children in accordance with department policy and the Brian A. Settlement Agreement, (2) DCS case managers are not having face-to-face monthly contacts with private agency workers when a youth is placed in a contract or continuum program, and (3) case recordings are sometimes not comprehensive enough to determine visits as they relate to face-to-face contacts. The court monitor released the final results of the review in February 2003.

Recommendation

Department management should determine why case managers are not always making the required number of visits (required by department policy and the Brian A. Settlement Agreement) and how compliance can be improved. Central office management should regularly compile and review the results of the regional case reviews and implement corrective action, if needed. In addition to the regional case reviews, the department could use TNKIDS, the

department's electronic information system, to determine whether case managers are visiting foster children as required.

Management's Comments

We concur. Management is developing and implementing strategies to increase compliance with visitation and to educate staff on the requirements and necessity of quality contacts with children and families. The department has completed case recording training in all regions with emphasis on increasing the quality and completeness of case recordings to accurately reflect child and family contacts. This training will also be available as a component of in-service training.

3. The department does not adequately track foster care placements or ensure case workers follow related policy

Finding

The department does not adequately track the placements of children or ensure that policies regarding the placement of children within the foster care system are routinely followed, impeding the department's ability to ascertain a child's location as well as ensure the appropriateness of a placement. According to department policy, "appropriate placement" includes children placed in accordance with their individual needs, placement as close to the child's home and community as possible, siblings placed together, and placement "in the least restrictive, most home-like setting possible."

Failure to adequately determine a child's whereabouts inhibits the department's ability to ensure that all foster children in state care are properly accounted for and physically safe. According to the *DCS Case Management Guide*, case worker efforts towards the "best interest" of children in their care "includes . . . certainly providing for safety." Inability to adequately track or ensure the appropriateness of all placements for each child in the foster care system also diminishes the department's ability to meet standards and performance goals mandated by the Brian A. Settlement Agreement. Although the department's electronic information system, TNKIDS (which was brought on line in 1999), makes the accurate and timely tracking of children within the foster care system possible, the department does not fully utilize the tracking capabilities provided by TNKIDS.

Auditors reviewed 75 case files of children in custody for the period of January through June 2002 with twenty-five case files drawn from each of the following regions: Shelby, Davidson, and Northeast. Auditors reviewed both the physical case file and the electronic case file maintained in TNKIDS.

Documentation in the physical case files was often inserted in a haphazard manner. Specifically, information was often confusing and disorganized, making it difficult for auditors to clearly track the current placement and placement history of each child, and determine the routine application of department policies regarding the placements and assessments of children in the foster care system in conjunction with the Brian A. Settlement Agreement.

Tracking of Placements

Documentation of a child's current placement and placement history in the case's TNKIDS placement tab did not always accurately reflect all placements or changes in placement. The following chart describes discrepancies in the 75 files reviewed.

Discrepancies in Placement Information on File

Discrepancy	Number of Files	Percent of Files
Gap in Placement Information on the TNKIDS Placement Tab	24	32%
Information in TNKIDS Placement Tab Different from Information in Physical Case File and Electronic Case Notes in TNKIDS	34	45%
Changes in Placement Not Recorded on TNKIDS Placement Tab (most discrepancies occurred in files of children placed in contract agencies)	14	19%
Placement in More Than One Placement on TNKIDS Placement Tab	7	9%

A March 2003 department review of current placements for all children in custody, requested by the Brian A. Settlement court monitor, indicated errors in TNKIDS placement information for 12.74% of children in custody (1,242 out of a total of 9,747). (The department compared the actual physical location of each child to the location listed in TNKIDS.) Also, an auditor review of placements recorded in the TNKIDS system between September 1, 2001, and November 7, 2002, revealed that 9.3% of all placements resulted in either a gap (a period of more than one day where no placements were recorded for the child) or an overlap (a period of time in which two placements were recorded for the same child). Specifically, there were 20,060 placements for 12,951 children, of which 1,333 placements (6.6%) represented gaps and 534 placements (2.7%) represented overlaps. The department should consider modifying TNKIDS so that it can produce a report on placement discrepancies. Then the department could investigate the discrepancies and determine the actual location of the child.

Application of Policy and Brian A. Settlement Requirements

The Brian A. Settlement Agreement stipulates, for the period September 1, 2001, through February 28, 2003, that "at least 60% of children in care at anytime during the reporting period shall have had two or fewer placements not including temporary breaks in placement for children who run away or require emergency hospitalization not exceeding 10 days." The department has set a goal of no more than two placements per child.

The review of the 75 files disclosed that each child had an average of 1.95 placements for that time period. Twenty children (26.7%) in the 75 case files reviewed had more than two placements. The most placements experienced by a child, as of the date of the review, was nine.

In a review of all placements in the TNKIDS system from September 1, 2001, through November 7, 2002, auditors determined that the maximum number of placements, excluding trial home visits and time spent on runaway, for one child was 22, though the average was 2.27 placements per child. The review also determined that 29.6% of children had more than two placements.

The Brian A. Settlement Agreement established several standards regarding the placement and assessment of children, reflected in Policy 16.46-BA, *Assessment and Placement of Children in Foster Care*, which became effective September 15, 2001. The following chart describes compliance with these standards determined by the auditor file review. Auditors relied on the paper file to obtain assessment information as case managers, at the time of the auditor review, did not enter assessment information in TNKIDS.

Department Compliance With Placement and Assessment Standards

Policy Requirement: Children Shall Not Remain in Emergency or Other Temporary Facilities for More Than 30 Days		
Number of Cases: 75	Number of Cases Not Complying: 1	Percent of Cases Not Complying: 1%
Policy Requirement: All Children Shall Be Placed Within Their Own Regions or Within 75 Miles of the Home Through Which the Child Entered Custody Unless Excepted		
Number of Cases: 75	Number of Cases Not Complying: 1	Percent of Cases Not Complying: 1%
Policy Requirement: Siblings Who Enter Custody at or Near the Same Time Shall Be Placed Together, Unless Excepted, and Immediate Efforts Must Be Made to Reunite Them		
Number of Cases: 18	Number of Cases Not Complying: 14	Percent of Cases Not Complying: 78%
Policy Requirement: No Child Under the Age of Six Shall Be Placed in Group Care or a Non-Foster Care Family Home Setting Unless Excepted		
Number of Cases: 75	Number of Cases Not Complying: 0	Percent of Cases Not Complying: 0%
Policy Requirement: No Child in Foster Care Shall Be Placed by the Department or With the Knowledge of the Department in Jail, Correctional, or Detention Facility Unless Charged With a Delinquent Offense or Placed There by the Court		
Number of Cases: 75	Number of Cases Not Complying: 1	Percent of Cases Not Complying: 1%
Policy Requirement: No Child Determined By DCS Assessment to Be High Risk for Perpetrating Violence or Sexual Assault Shall Be Placed in Any Foster Care Placement With Other Foster Children Who Would Be at Risk by Placement of the Child		
Number of Cases: 75	Number of Cases Not Complying: 0	Percent of Cases Not Complying: 0%
Policy Requirement: All Children Entering Foster Care Shall Receive a Complete Social History Assessment		
Number of Cases: 35	Number of Cases Not Complying: 3	Percent of Cases Not Complying: 9%
Policy Requirement: All Children Entering Foster Care Shall Receive a Child Safety and Risk Assessment		
Number of Cases: 35	Number of Cases Not Complying: 13	Percent of Cases Not Complying: 37%

Policy Requirement: All Children Entering Foster Care Shall Receive an Assessment of Family Functioning		
Number of Cases: 35	Number of Cases Not Complying: 4	Percent of Cases Not Complying: 11%
Policy Requirement: All Children Entering Foster Care Shall Receive an Assessment of Child's Clinical Well Being		
Number of Cases: 35	Number of Cases Not Complying: 5	Percent of Cases Not Complying: 14%

The Interim Progress Report on *Brian A. v. Sundquist*, compiled by the federal court monitor and released February 2003, determined the department was not in compliance with the standards concerning the 30-day limit on temporary placement, allowing children to remain in their own region, limitations on correctional placements, and placing siblings together or reuniting them.

Recommendation

The department should ensure the timely and accurate tracking of all placements for each child within the foster care system, by fully using TNKIDS to track this information. The department should consider modifying TNKIDS so that it can produce a report on placement discrepancies. It should work to reduce inconsistencies between TNKIDS and paper files and ensure case file information is organized. The commissioner should determine why staff are not complying with certain department policies and standards regarding the appropriate placement of children and take steps to address those reasons.

Management's Comments

We concur in part. Although management acknowledges that the federal court monitor's report pursuant to the Brian A. vs. Sundquist settlement agreement indicated that the department had failed to comply with the criteria regarding number of placements for a child, management also did not concur in full with the monitor's findings. For the period under audit, the department did experience challenges with data integrity in TNKIDS; however, data verification processes and data cleaning projects regarding placement data have been implemented and are functioning as anticipated. Beginning in April 2003, random samples of all regional placement data have been selected from TNKIDS and verified for accuracy. The TNKIDS system has proven accurate in no fewer than 90% of the cases and placement data accuracy has been up to 97%. The data collected pursuant to these reviews has been used to aid management in identifying areas of non-compliance to enable appropriate corrective actions. The finding cites that only 22% of the 18 cases reviewed indicated that siblings had been placed together. The federal court monitor's report for the first 18 months of the settlement period states that 78.3% of the 554 cases reviewed substantiated that siblings had been appropriately placed together. This placement percentage exceeds the Brian A. settlement requirement of 70% for the period reviewed.

With regard to propriety of placement, the Tennessee Commission on Youth Children's Program Outcome Review (CPORT) data for calendar year 2001 indicates that of a statewide

statistically significant sample, 83% to 89% of the children in four of 12 regions were in the most appropriate, least restrictive environment. CPORT also indicated that 93% to 98% of the children in the remaining 8 regions were in the most appropriate, least restrictive environment. In calendar year 2002, marked improvement was also noted in CPORT indicating that in 10 of 12 regions, 90% to 98% of children were appropriately placed. In the remaining 2 regions, 87% to 89% of children were appropriately placed.

Gaps in placement data and inconsistencies in placement information between TNKIDS and the physical case file were also noted in this finding. When the department was created, there were multiple proprietary computerized systems that were not integrated prior to the consolidation of child welfare activities from five different departments into the Department of Children's Services. In 1999 when the department converted data to TNKIDS, management concluded that the effort required to re-create placement data from the prior systems would not result in reliable placement information and was cost prohibitive. As noted above, management has subsequently instituted effective procedures to verify the reliability and propriety of placements for children in custody.

The finding states correctly that that the goal of the department is no more than two placements for a child during a given custody episode. The finding also states that the average number of placements for children in the sample tested was 1.95. The finding also noted that placements in TNKIDS were reviewed only for the period of September 1, 2001 through November 7, 2002, even though the audit scope is defined as July 1, 2001, through June 30, 2003, and only for 75 case files.

As noted in the finding, the department has adopted Policy 16.46, Assessment and Placement of Children in Foster Care and auditors measured compliance with this policy; however, there was apparently no consideration given by the auditors to DCS Policy 11.1, Assessment Training for DCS Program Operations Employees. Policy 11.1 states, in part, "there are seven components of the comprehensive assessment that MAY be used as appropriate case types warrant." It is not the position of the management of DCS that every case demands the completion of each component of the assessment protocol. As an example, a child's clinical (mental health) well-being would not be necessary for an infant nor would a child safety and risk assessment necessarily be required for an adolescent delinquent offender.

As part of management's corrective action plan, a request will be made to the auditors for the child-specific information on cases of multiple placements to enable identification of any extenuating circumstances that necessitated more than two placements for a given child in order to develop the appropriate remedial actions to facilitate future compliance.

4. Foster Care staff adherence to permanency plan and quarterly progress report policies needs improvement

Finding

Department staff are not routinely following policies and procedures regarding permanency planning and quarterly progress reports for children in foster care. Failure to ensure the routine application of policies and procedures as well as the timely performance of quarterly progress reports diminishes the department's ability to reach its goal to make foster care as temporary an arrangement as possible, providing each child a permanent home as quickly as possible. Appropriate permanency goals determined by the staff's well-developed permanency plans and the monitoring of children's progress in reaching these goals are key to successful permanency. The staff develop a permanency plan for each child that indicates a permanency goal(s) (e.g., reunification with biological parents, exit custody to live with a relative, planned permanent living arrangement, or adoption) and efforts, including the provision of services, to reach this goal(s).

Auditors reviewed 75 case files of children in custody for the period January through June 2002 with 25 case files drawn from each of the following regions: Davidson, Northeast, and Shelby. For each case, auditors reviewed both the physical file and the electronic file maintained in the department's electronic information system, TNKIDS.

Documentation in the physical case files was often inserted in a haphazard manner. Specifically, information was often confusing and disorganized, making it difficult for auditors to ascertain whether case workers were consistently following department policies and procedures for permanency plans and quarterly reports. In addition, many physical files did not reflect all of the annual permanency plans and quarterly progress reports that were listed in TNKIDS.

A review of both the physical and the TNKIDS files disclosed inconsistent application of department policies and procedures by case workers. Department of Children's Services Policy 16.31-BA, *Permanency Planning for Children/Youth in Department of Children's Services Foster Care*, requires that a permanency plan staffing must be held within 15 working days of a child/youth's placement in custody. (A staffing is a meeting between interested parties, including the parents, child, if age appropriate, and department staff to develop a permanency plan.) For children who entered custody after April 1, 2001, (the effective date of the policy) whose files were reviewed in the auditor case file review, 61.5% did not have documentation of a staffing within 15 working days of placement in custody.

Policy 16.31-BA also requires that a permanency plan must be completed within 30 days of the date the child entered department custody. Of files reviewed of children who entered custody after April 1, 2001, 13.6% did not have a permanency plan completed within 30 days of the date the child entered department custody. Permanency plans must be updated no less often than annually. From the effective date of Policy 16.31-BA, all of the children reviewed had annually updated permanency plans.

Auditors were unable to determine, in a review of the most recent permanency plan for each child, whether a copy of the permanency plan was provided to the child (if age appropriate), parents, or other former legal guardians, and the primary caretakers (i.e., the foster parents) at the conclusion of the permanency plan staffing, as required by the policy. Excluding the small number of case files (5 of 75 files) which either did not have a permanency plan or did not have a written copy of the most recent permanency plan, 77.1% of the case files reviewed did not have the necessary signatures of the parents, case manager, and team leader on the most recent permanency plan, as required.

The local juvenile court of venue must review and approve all permanency plans for children in a Department of Children's Services foster care placement. Auditors were unable to determine, through the use of the physical file review and the TNKIDS system, whether 49.3% of the most recent permanency plans were ratified by the court of venue. Although TNKIDS has a section in which information regarding the ratification date of a permanency plan by the court of venue may be entered, this function does not appear to be routinely utilized by departmental staff.

Policy 16.31-BA requires children and youth 12 years of age or older to be present at each permanency plan staffing. However, the department guide for the completion of the permanency plan informs department staff that only children and youth over the age of 13 must be present at the permanency plan staffing. Auditors determined that for the most recent permanency plan for children twelve years of age or older in the case file review, 15.8% (6 of 38) of the permanency plan staffings did not document the presence of the child.

Quarterly progress reports are required 90 days after a child is placed in foster care and every three months thereafter by department Policy 16.32, *Foster Care Review and Quarterly Progress Reports*. Quarterly progress reports should address the current status and safety of the child, the continuing necessity for out-of-home placement, appropriateness of the child's placement, compliance with activities described in the permanency plan, progress made toward alleviating or mitigating the causes necessitating the child's placement in foster care, and the projected date for the plan's goal to be achieved.

At the time of foster care review board reviews, which are required within 90 days of foster care placement and no less often than every six months thereafter, department staff are required to provide the review board with a copy of all quarterly reports completed since the last review. Foster care review boards act as local advisory boards to the department and the local juvenile courts on the status of children in custody. Auditors determined, excluding the case files of children that entered custody before the effective date of Policy 16.32 (May 1, 2001), 20.0% (7 of 35) of the case files did not have the first quarterly progress report completed within ninety days. Furthermore, 72.1% (44 of 61) of the case files did not have quarterly progress reports completed every three months after the completion of the first quarterly progress report.

Recommendation

The commissioner should determine the reasons that staff are not consistently following policies and procedures for permanency planning and completing quarterly progress reports in a timely manner and implement corrective action. Specifically, the department should ensure that (1) permanency plan staffings are held within 15 working days and document the presence of the child if 12 or older, (2) the permanency plan is signed by the parents, case manager, team leader, and other interested parties present and ratified by the court of venue, and (3) adequate and complete quarterly reports are completed every 3 months. The department should also ensure that case file documentation is kept in an orderly manner. The department should monitor compliance by using TNKIDS and effective supervisory review.

Management's Comments

We concur. Timely completion and review of permanency plans has a direct impact on the progress of a child and family's case. Currently, TNKIDS has been revised to include improved tracking of reviews and the ability to provide alerts to staff reminding them of required reviews.

Management has developed a two-day training on permanency plan development and will begin delivery of this training to regional trainers in December 2003. Regional trainers will then facilitate this training in their home regions. This training packages integrates the concepts of "Engaging Families" and "Child and Family Team Meetings" into the Permanency plan development process.

Policy 31.9, Child and Family Team Meetings at Critical Decision Points and Review of Progress of the Permanency Plan, became effective May 1, 2003, and changes the frequency in which reviews are held. There are no longer quarterly reviews and the Brian A time-line requirements are substituted. Policy 31.9 lists those time-lines. Policy 16.32 Foster Care Review and Quarterly Progress Reports will be modified or deleted to resolve conflict between the two policies. These changes should minimize confusion for the case managers and improve adherence to the required meetings and progress reports.

An important adjunct to this policy is the development of the "Single Purpose Form" on TNKIDS to allow staff to document all of the required meetings in one central form that can actually aid in tracking meetings and family progress. This form is developed and will be incorporated in the next TNKIDS enhancement.

These training efforts, policy changes, and the noted and planned additions to TNKIDS are significant mechanisms to correct the deficiencies noted in this finding. This effort will increase the likelihood that all necessary parties are involved.

5. The service delivery system for foster children and their families needs improvement

Finding

The department does not appear to consistently provide children and families with adequate and effective services or efficiently use the available resources in the service system to ensure the best possible outcomes for its clients. As a result, the department is less able to prevent cases being open for years with little progress, children having multiple placements, children aging out of the system alone and unprepared for independence, siblings drifting apart, and cases where it is unclear who is responsible for critical decisions.

The department performs a needs assessment annually on a regional basis to determine service needs for the upcoming fiscal year. A snapshot day is chosen with each child in custody evaluated with regards to services being received as well as services needed. Based on this information, as well as information from the Fiscal Office and the Policy, Planning, and Research Division, regarding trends (such as the number of youth in care in a region, and the number entering and leaving custody each month) and the budget, regional office staff determine service needs for the upcoming fiscal year. The regions then make contract requests which are coordinated by the Provider Services Division in the DCS Central Office. Regions amend requests quarterly as needs change.

Auditors performed a file review of 75 case files of children active within the foster care system from January through June 2002 with 25 case files drawn from each of the following regions: Davidson, Shelby, and Northeast. Auditors reviewed both the physical file and the electronic file in the department's information system, TNKIDS and found very little documentation in the case files regarding services provided to address identified needs.

Interviews with departmental staff disclosed that staff did not feel as if the procurement of services was typically a problem. However, the staff did not consistently appear to be in possession of a formal list(s) of available services and relied on suggestions from more experienced senior staff.

The statewide case file review performed by the Quality Assurance Division, in collaboration with the Brian A. Settlement Agreement court monitor from July 1, 2002, to October 31, 2002, provided preliminary observations indicating deficiencies with service provision. Specifically, the file review indicated that biological parents need more assistance in obtaining psychological assessments and more diligent efforts need to be made to provide biological parents with employment and housing assistance when these services are needed. In addition, there was no documentation of support services, such as respite care, offered to foster parents.

A needs assessment was conducted in the first quarter of 2002 by independent experts chosen by the Technical Assistance Committee, an advisory group to DCS established under the Brian A. Settlement Agreement. The needs assessment was intended to address unmet service needs as well as the ability of the department to efficiently use new or pre-existing placements

and services. The needs assessment concluded that the current system for the provision of services was not operating efficiently.

The needs assessment reported that during “the course of the needs assessment, it became apparent that no one was confident that existing resources were producing the best possible results.” Obstacles to the successful and efficient utilization of resources and reasons for the lack of confidence were “the way DCS is organized, lack of communication and coordination between various parties involved with a case, the lack of a fully functional management information system, statewide contracts that limit funding available for flexible responses to the needs of children and families, and, frequently, the lack of a clear vision of how the ‘system’ is supposed to work.”

According to the assessment, as a result of resources not being used efficiently or successfully, children have been placed far from their families, cases are open for years with limited progress, parents have seen their children drift apart when siblings are separated, children have large numbers of unsuccessful placements, young people age out of the system alone and ill-prepared for independence, and there are cases where no one could say for sure who was responsible for critical decisions.

Further, the needs assessment concluded that the fundamental obstacle to improvement was the absence of a clear and universally recognized “practice model” that informs and guides department staff, families, and providers concerning the way the department works—from its structural foundations to the way the department relates to stakeholders and partners, to its relationship with individual children and families. The needs assessment defined a practice model as “a blueprint of how families, state agencies, providers, and other stakeholders will work together using specific practice skills to reach goals that are supported and understood by everyone involved in each case.” Buying more placements and services without reforming the service system will not significantly advance the principles of the Brian A. Settlement Agreement.

The needs assessment also identified the lack of locally available services along with a lack of flexible funds with which to purchase services as a major obstacle to successfully helping clients. Other obstacles identified included the lack of services for clients 18 and older who are aging out of the system ill-prepared for the challenges of independent living (see Finding 8) and the need for more local mental health services, the lack of which could help explain the tendency toward changing placements rather than increasing the intensity of services to improve the treatment of problems.

As a result of the needs assessment, the department developed “Standards of Professional Practice for Serving Children and Families,” issued December 21, 2002. The purpose of the report, which is a working draft and will remain so until the full implementation of the practice model, is to provide agency personnel and community stakeholders with a document that captures the organizational values, structures, policies, and skills representing the best practices for serving children and families in Tennessee.

The practice model described in the report was developed around a family conferencing model with the emphasis on the participation of key decision-makers in each child's life when the child comes into custody. The guiding principles and practice standards representing the preferred way to apply the guiding principles in daily operations are enumerated in the practice model with commentary, implementation strategies, and/or case examples illustrating the practice standards.

The department released the flexible funds (\$4 million a year for five years) in January 2003 for distribution among the regions to address identified needs. (The funds were not released until then because of the department's late start on the needs assessment and practice model.) According to department staff, funds are to be spent on targeted individual services, not on recurring needs. Flexible funding for children in custody has been made available to make the purchase of individualized services easier. Some regions have allocated either most or all of their needs assessment dollars to flexible funding. The department's Compliance Division will track the manner in which funds are spent on a quarterly basis.

Recommendation

The department should develop a plan to address the problems and obstacles identified in the needs assessment, including the implementation of a practice model to help guide case workers in the provision of services. The plan should set time goals and expected outcomes. The department should also document available services and inform case workers of these services. Funds dispersed to address identified needs on a regional basis should be closely monitored by the department. Services offered or provided to individual clients should be clearly documented in case files.

Management's Comments

We concur in part. DCS agrees that the various needs identified in the Brian A. needs assessment must be addressed and has begun the process. The audit recommends that the Practice Model be adopted to assist in guiding staff. DCS has adopted the health-related chapter of the Standards for Professional Practice for Serving Children and Families and is currently meeting to consider the content of the remaining chapters in order to approve a final version. DCS is developing a management plan that will set out time goals and expected outcomes.

The Department conducts an annual review of the services and placements required to provide adequate services to foster children and their families. The results of that review allow regions to tailor placements and services to address regional needs. This process allows for new and expanded services as identified by the needs of the children in care.

The permanency support units in each region have developed an extensive computer accessible list of community providers and services available. This computerized and frequently updated list has been very helpful to educate case managers on the service delivery system in their region.

6. Not all required physical examinations of foster care children are being performed

Finding

Although Department of Children's Services policy and the John B. Consent Decree (as result of the *John B. et al. v. Menke et al.* lawsuit, described below) require the provision of early and periodic screening, diagnosis, and treatment (EPSDT) services, children within the department's foster care system do not appear to be receiving these services in a routine and timely manner. EPSDT screenings are designed to help determine the potential health, developmental, and behavioral problems so children may receive early treatment to limit the effects of identified problems. Failure to ensure the timely provision of these services as required diminishes the department's ability to better match and increase needed services to support each child, possibly resulting in an increased stay in foster care with difficulty achieving a permanent home as quickly as possible.

In 1989, the federal Health Care Financing Administration (now Centers for Medicare and Medicaid Services) set a goal for all states, that by 1995, 80% of children under 21 on Medicaid (TennCare) would have an annual EPSDT assessment. In July 1998, the state reported to the court that only 21.9% of children on TennCare had received such screenings. The state's failure to provide children on TennCare with EPSDT assessments resulted in a lawsuit. In February 1998, a class action complaint, *John B. et al. v. Menke et al.*, was filed in the U.S. District Court of the Middle District of Tennessee. It alleged that children on TennCare were deprived of "medically necessary care" and denied "essential diagnostic and treatment services" in violation of federal and state law.

The state and attorneys representing children on TennCare signed a *Consent Decree for Medicaid-Based Early and Periodic Screening, Diagnosis and Treatment Services* (i.e., the John B. Consent Decree) in March 1998, which required that TennCare, TennCare providers, and the Department of Children's Services make improvements on the provision of EPSDT screenings. The John B. Consent Decree requires the department to ensure that all children receive EPSDT screenings.

Auditors reviewed 75 case files of children active within the foster care system from January through June 2002 with 25 case files drawn from each of the following regions: Davidson, Shelby, and Northeast. Auditors reviewed both the physical file and the electronic file in the department's information system, TNKIDS.

Department of Children's Services Policy 20.7, *Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Standards*, (effective October 1, 1998) requires that EPSDT screenings consist of a comprehensive physical examination which includes a comprehensive health and development history, a comprehensive unclothed physical exam, age-appropriate immunizations, age-appropriate lab tests, health education, a vision screening, and a hearing screening. Auditors were unable to verify the specific screenings and tests performed because information on the results of the EPSDT screenings is not kept in the case files.

The department is required to adhere to several different requirements regarding EPSDT screenings. For example, the department is required to schedule EPSDT screenings within three days after a child has entered into state custody within the foster care system or as soon as a TennCare Primary Care Physician assignment has been made. Auditors were unable to verify, in the case file review performed, whether the department was adhering to this requirement because the information is not documented.

In addition, upon entrance to the foster care system, an initial EPSDT screening must be completed within 30 days of each child entering custody. Of the files reviewed of children who entered custody after the effective date of Policy 20.7 (October 1, 1998), 37.8% of the children did not have an EPSDT screening completed within 30 days of custody.

Policy 20.7 also requires the department to provide routine periodic physicals for children in custody according to the following schedule: at birth, 2 to 4 days, one month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, and yearly from ages 3 to 22. From the effective date of Policy 20.7, 23.3% of the children's files reviewed did not adhere to the periodic physical schedule.

EPSDT screenings for children in departmental custody are tracked, by the department, through the use of TNKIDS. However, specific details regarding each EPSDT screening are not routinely maintained in TNKIDS. In addition, documentation of provided EPSDT screenings was lacking in the physical files reviewed by auditors. Department practice, however, is to not maintain hard-copy documentation of this information within the physical files.

It is unclear whether hard-copy documentation is maintained by the department whatsoever, thus making it impossible for auditors or department staff to confirm the EPSDT screenings listed in the TNKIDS system. Auditors determined at least one instance in which TNKIDS listed an EPSDT screening as having taken place although the child was a runaway and thus not within the department's physical custody to receive the screening. Department management needs to know whether foster children are receiving their health screenings within the time required.

Recommendation

The department should determine why some children are not getting the required EPSDT screenings and take corrective action so that foster children receive proper well-child care and receive any additional treatment recommended as a result of the screenings. The department should also verify the reliability of methods in place for the tracking of the provision of EPSDT screenings to help the department determine compliance with this policy, including explaining inconsistencies such as a runaway shown as receiving a screening. The department should develop and implement a policy that requires the screening results to be kept in the child's case file.

Management's Comments

We concur in part. Prior to June of 2003, the department experienced difficulties in documenting the existence of an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screen and the completeness of the screen. Beginning in June 2003, DCS, in cooperation with the Department of Health, mandated that youth in custody receive their screenings from the local health department. This agreement enabled management to require appropriate documentation of the screening, which had been previously unenforceable with primary care physicians. The Department of Health forwards documentation of the screening to the child's case manager and whether all seven components of the screening were completed.

Statistically significant data provided through CPORT indicates that between 95% and 98% of children in custody are receiving their annual EPSDT screens. The finding also states that the department does not monitor EPSDT screenings; however, monthly reports are produced from TNKIDS documenting the percentage of youth receiving screenings. The data generated by these reports support the conclusions of CPORT and the federal Child and Family State Review (CSFR) which consists of statewide assessment and on-site reviews and indicate that meeting the medical health needs of youth in custody is a strength of the department. As noted previously, auditors reviewed only 75 case files from three of the 12 regions of the department and reviewed them only for the period of January through June of 2002. This review excluded results of departmental initiatives and activities that occurred subsequent to this period of time to achieve and document compliance with the John B. Consent Decree. Management will continue to use current means of evaluation and measurement to ascertain compliance with departmental policy and the John B. Consent Decree.

7. Case managers may not receive accurate notifications of children's health evaluations

Finding

The TNKIDS system has not always effectively calculated the due date for children's next medical or dental evaluations. Auditors examined data for the period January 1, 2002, through June 30, 2002, and identified errors in the calculation. For children over the age of two years, the rule used to calculate the date for his or her next health evaluation directed the system to refer to the evaluation date prior to the most recent evaluation date, instead of the most recent evaluation date. As a result, if the prior medical evaluation date was one year before the date of the most recent evaluation entered into the system, the system moved the due date of the next evaluation to 30 days after the date of entry. In other words, the child's next medical evaluation would be scheduled only 30 days from his or her last evaluation, instead of one year. For example,

Date of Current Health Evaluation	Date Current Health Evaluation Recorded in System	Calculated Next Evaluation Due
04/15/2002	04/16/2002	05/16/2002

In fact, the record should look as follows:

Date of Current Health Evaluation	Date Current Health Evaluation Recorded in System	Calculated Next Evaluation Due
04/15/2002	04/16/2002	04/15/2003

The field was intended to provide case managers with a target for ensuring the child's next health evaluation would be performed annually for children over two years of age. However, because the business rules had not been appropriately defined, case managers were not able to rely on the data to plan children's health evaluations. Although the calculation passed system testing, including User Acceptance Testing, the testing plan was not designed to identify this error.

Recommendation

The department should review the business rules related to the next health evaluation due and revise them to allow the calculation of the next health evaluation's date using the most recently completed health evaluation date. The system's calculation should be revised to reflect the change in the business rules. In addition, the department should strengthen its user acceptance testing process by educating the users who test system developments and changes and by ensuring that user acceptance testing includes tests of functionality as well as tests of compliance with established business rules.

Management's Comments

We concur. During the audit period, the department had not perfected the date calculation function in the TNKIDS system. This weakness has now been corrected and TNKIDS now calculates the "Date Next EPSD&T Due," as 365 days from the date of the current EPSDT.

This design of TNKIDS forces the proper date calculations whenever a case manager enters a new evaluation into the TNKIDS Medical Module.

Add New Evaluation

Evaluation Information
 Evaluation Type: EPSD&T Medical Screening Date: 04/15/2002
 Immunizations Record Current: No Target Population Group:
 Clinically Diagnosed With Disabilities: No
 Facility Name: Audit Testing
 Result of Visit: Audit Testing

Provider
 First Name: Audit Testing Middle: Last: Audit Testing Suffix:
 Professional Title: Pediatrician

Next Early and Periodic Screening, Diagnostic and Treatment Services
 Age at Next EPSD&T Screening: 18 Years Date Next EPSD&T Due: 04/15/2003

Seven Components of EPSD&T Medical Screening
 Comprehensive Health and Development History: Health Education:
 Comprehensive Unclothed Physical Exam: Vision Screening:
 Appropriate Immunizations Based on Age and Health History: Hearing Screening:
 Appropriate Lab Tests Based on Age and Health History:
 Explain if 'No':

OK Cancel Help

With regard to the established business rules in TNKIDS for EPSD&T Medical and EPSD&T Dental, the business rules documented below function as intended based on user needs and requirements.

BR – 01 When the user chooses ‘EPSD&T Medical Screening’ or ‘EPSD&T Dental Screening’ types as an evaluation, for client’s under the age of two, blank and grayed out the ‘Age at Next EPSD&T Screen’ and ‘Date Next EPSD&T Due’ fields.

BR – 02 User can record ‘EPSD&T Dental Screening’ types for all ages from birth to the age of twenty-two (22) years.

BR – 03 User selects one of the evaluation types “EPSD&T Medical Screening” *or* “EPSD&T Dental Screening” from the evaluation dropdown. System will calculate “Age at Next EPSD&T Screening” base on “Date Next EPSD&T Due” date and the client’s Date of Birth. The “Age at Next EPSD&T Screening” will be grayed out and users will not be able to update.

BR – 04 “Date Next EPSD&T Due” date will be a future or a later date and should conform to TNKIDS Date Standards MM/DD/YYCC. This will be a system generated date and will be equal to Current EPSD&T Medical or Dental Evaluation date plus 365 days.

BR – 05 Date Next EPD&T Due will be calculated adding 365 days to current EPD&T evaluation date. If the Date Next EPD&T Due falls on a weekend date then Date Next EPD&T Due will be calculated to the previous Friday date.

BR – 06 “EPD&T Dental Screening” can be recorded for all established clients regardless of their age.

BR – 07 The System allows the user to record evaluation information since the date of birth of the child. This is for all the Evaluations types.

BR – 08 “Age at Next EPD&T Screening” and “Date Next EPD&T Due” will be populated only for “EPD&T Medical Screening” and “EPD&T Dental Screening” Evaluations types and for all other evaluations types these two fields will be grayed out.

As indicated in the screen graphic and documented business rules listed above, the TNKIDS system now correctly calculates the “Date Next EPD&T Due.”

8. Qualified foster care children do not appear to be receiving all necessary independent living services

Finding

Although independent living services are required by the Brian A. Settlement Agreement and department policy, children in department custody within the foster care system who qualify for independent living services do not appear to routinely receive these services. Failure to adequately provide these services hinders the department’s ability to assist youth in their preparation for adulthood.

The department has the primary responsibility for the care and protection of children who enter the foster care system and must ensure all children in need of child welfare services receive full and equal access to the best available services, regardless of their race, religion, ethnicity, or disabilities. Independent living services include an independent living assessment (at least annually), educational assistance and tutoring, career exploration and employment services, mentors, financial and housing assistance, counseling, money management and other life skills, driver education, case management, and transportation assistance.

The Brian A. Settlement Agreement requires that the Department of Children’s Services “shall have a full range of independent living services and shall provide sufficient resources to provide independent living services to all children in the plaintiff class who qualify for them.” Department Policy 16.52, *Independent Living Services Available to Youth 14-20 Years Old*, (effective September 1, 2002) states that eligible youth must receive a full array of developmentally appropriate services to prepare them for independent living. These developmentally appropriate services are available for foster and former foster youth starting at age 14 and ending at age 21. Further, the delivery of these services will intensify as youth approach age 17 through age 18.

The Needs Assessment prepared in 2002 for the Technical Assistance Committee, established by the Brian A. Settlement Agreement, determined that “an alarming number of adolescents reviewed appeared to be leaving the system without independence or vocational readiness.” (See Finding 5 on the needs assessment.) Further, the needs assessment indicated that several regional managers expressed concern for the need for services available to clients age 18 and older who are aging out of the system ill-prepared for the challenges of independent living.

Auditors reviewed 75 case files of children who were in custody during the period January to June 2002 with 25 case files each being drawn from the following regions: Davidson, Shelby, and Northeast. Auditors reviewed both the physical file and the electronic file maintained in the department’s information system, TNKIDS. Auditors determined that only 37.5% (12 of 32) of the case files of those children who qualified for independent living services indicated the delivery of any kind of independent living services from the department. Documentation of the delivery of independent living services was only found sporadically in the case file case notes. Further, the department does not appear to collect information on or evaluate the outcomes of independent living services offered to foster children.

Recommendation

The department should determine why all youth who qualify for independent living services are not receiving them and implement corrective action. The department should require case managers to document the independent living services recommended and received in the case file. Policies should be established to provide for monitoring compliance with this policy by case managers. The department should also develop a method to evaluate the effectiveness of independent living services offered to qualifying children in the foster care system, including the outcomes of the children upon reaching adulthood.

Management’s Comments

We concur. Management recognizes that services of this type are essential to aiding a successful transition for youth out of custody and into adulthood. The department has improved its delivery of these services to youth, particularly in the areas of tuition assistance and purchase of computers for youth attending college. DCS will work to identify eligible youth and as a component of the permanency planning, will work to ensure that independent living services are available.

9. There is no system to document foster home complaints

Finding

Abuse and neglect allegations in foster homes, whether founded or unfounded, are not monitored or tracked by the department's central office. As a result, it is unclear whether department staff, in the central office or in the regions, are implementing department policy regarding investigations of allegations of abuse or neglect in department-approved foster homes and whether staff are taking any necessary corrective actions.

Department policy requires that any allegation of abuse or neglect in a department-approved foster home be investigated according to current Child Protective Services (CPS) policies. When a referral of possible abuse in a home is received, CPS staff must notify all case managers working with children in the home as well as Quality Assurance, Resource Management, and Foster Parent Support staff. In the event the referral is related to an agency foster home, the agency must be notified. Until the allegation is completely investigated, Resource Management staff are required to freeze placements in the home. Also, if determined necessary, the department may remove children from the home for safety reasons.

Quality Assurance staff reported that their unit is notified of investigations following their conclusion. However, the staff did not provide supporting documentation. In addition, it appears that frozen placements are not communicated from field staff to the department's central office. Although department policy refers to the Resource Management staff's involvement in dealing with foster parent complaints, only the regional resource management units are involved, with central office Resource Management staff receiving no notice of these allegations or frozen placements. It is unclear what method the department uses to notify the Foster Parent Support staff.

If the CPS investigation finds that the allegation involves an incident of inappropriate discipline or minor physical abuse, a corrective action plan may be developed by the case manager with the foster parents, leaving the child in the placement. Department policy does not allow the foster home any new placements until the corrective action plan is completed and the home is reevaluated. Department policy also requires the results of a CPS investigation of a foster home, any corrective action plans, and any subsequent reassessment of the home be documented in the foster home record.

Department management stated that corrective action plans are monitored through contact with the home by the affected child's case manager and a foster parent support case manager. However, the frequency or success of corrective action plans is unclear due to a lack of documentation or tracking by the department's central office. Further, auditors were unable to determine the method by which homes are reevaluated to determine if foster parents have complied with corrective action plans. Failure to adequately monitor the results of investigations of allegations of abuse and neglect, and related corrective actions, limits the department's ability to protect the welfare of children in custody.

Recommendation

To ensure the safety of foster children, the department should take action to make certain all divisions of the department are aware of and are fulfilling their responsibilities when there is an allegation of abuse or neglect by a foster parent. This includes ensuring that Child Protective Services staff notify Quality Assurance, Resource Management, and Foster Parent Support staff about any allegations of abuse or neglect in foster homes. Also, the department should ensure that all investigations and any subsequent corrective actions are performed in accordance with department policy.

Management's Comments

We concur in part. Management instituted efforts to gather data on abuse and neglect allegations in foster homes in July 2002. Initial strategies by program staff were ineffective due to the format of the information and the methodologies used to collect the information. Subsequently, the involvement of the Policy, Planning and Research Section was solicited to establish a standardized reporting format as a transitional tool and to improve the quality of the data depicted in the report. In October 2003, management approved an engineering change project to TNKIDS to generate reports that will reflect the data needed to adequately track this information without manual intervention. It is anticipated that these reports will be available by the end of calendar year 2003 and will be disseminated to management staff across the department.

Management has implemented a Special Investigations Unit that now conducts all Child Protective Services investigations that occur in foster homes and residential facilities. This newly formed group specializes in investigations involving parties outside of the department and is coordinated with the Child Protection Investigation Teams and law enforcement as necessary.

10. Foster home recruitment is inadequate

Finding

The department does not appear to have an effective, uniform program for recruiting foster and adoptive homes that complies with legal requirements, including ensuring that the pool of foster and adoptive families reflects the ethnic and racial diversity of the children and families for whom the department provides placement and services. In addition to hindering the department's ability to effectively recruit foster and adoptive homes to meet the needs of children in state custody, the lack of an adequate recruiting program diminishes the department's ability to comply with the stipulations of the Brian A. Settlement Agreement, departmental policy, and federal law.

The Brian A. Settlement Agreement (signed in July 2001) requires that "DCS shall establish and maintain a statewide, regional and local program of adoptive and foster parent recruitment." The department's most recent plan, *Statewide Foster Parent Recruitment and*

Retention Plan: FY 2001 – 2002 has recruitment goals. Prior to the completion of the plan, the department's recruitment of potential foster and adoptive homes was determined by a simple and informal regional needs assessment. The Director of Foster Care indicated that the development of the statewide plan was used as "an exercise" to assist department staff in "thinking" about recruitment. Because of lack of funding, implementation of the plan was moved from fiscal year 2002 to fiscal year 2003.

Specific goals set for recruitment statewide by the *Statewide Foster Parent Recruitment and Retention Plan: FY 2001–2002* include increasing by 25% the number of foster parents available, especially for medically fragile children, teenagers, children with more challenging mental health and behavioral issues, and children placed in state custody for delinquent behavior; retaining 75% of available foster homes annually (not including those that have completed an adoption); and decreasing the response time for responding to prospective foster parents to 72 hours from the point of initial inquiry.

It is unclear whether these goals are being met statewide or at the regional level as measurements are not being taken on these goals on a statewide level and regions may or may not be collecting data or assessing attainment of these goals. Further, the recruitment plan states that the "statewide planning group will develop a statewide Foster Parent Recruitment and Retention Plan annually. This statewide group will have local sub-groups to address regionally specific needs. . . . This group will analyze placement deficiencies from the preceding calendar year." As of August 2003, no statewide planning group was in existence.

The Director of Foster Care stated that staff in each region met in December 2002 or January 2003 to develop a coordinated recruitment plan between the department and the contract agencies operating in the region. The recruitment plans completed by each of the regions differ drastically in the issues and the extent to which issues are addressed. Ten of the twelve regional plans outline recruitment strategies and efforts to recruit prospective foster parents, eight identify specific needs for targeted recruitment, six of the plans set specific goals for recruitment, and only two of the plans outline efforts and strategies aimed at the retention of foster parents.

The federal Multi-Ethnic Placement Act (MEPA) as amended by the Inter-Ethnic Adoption Provision of 1996 and Department of Children's Services Policy 16.2: Multi-Ethnic Placement Act require that the department "must provide diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of the children in the state for whom foster and adoptive homes are needed." The Brian A. Settlement Agreement also requires that "DCS shall develop and implement a statewide program to ensure that the pool of foster and adoptive families is proportionate to the race and ethnicity of children and families for whom DCS provides placement and services." Based on interviews with department staff in 3 of the 12 regions as well as department staff in the central office, it does not appear that the department has any method in place to ensure that the pool of available foster parents is representative of foster and adoptive populations.

Recommendation

Department management should determine why staff have failed to develop an adequate program for recruiting foster parents and take appropriate action. The department should establish and maintain a program on a statewide and regional level that ensures issues regarding the recruitment of foster and adoptive homes are addressed thoroughly, recruiting goals are set, and information is collected regarding the department's efforts to meet goals. The statewide planning group should be formed and be used to help the department complete a foster parent recruitment and retention plan. The department should develop a mechanism by which to communicate more effective recruitment strategies on a statewide basis and put them into practice as appropriate on a regional basis.

The department should also develop a process to ascertain, on both a statewide and regional level, whether the pool of foster and adoptive homes is representative of the race and ethnicity of the children and families to whom the department provides placements and services. Information garnered from this process should be used to target recruitment efforts on both a statewide and regional level.

Management's Comments

We concur. Although the department has increased the number of foster homes available during the audit period by over 300 homes, management realizes that more progress is needed. The department has developed an implementation plan addressing recruitment and retention. This includes regional DCS staff partnering with agencies to develop a pool of families capable of meeting the needs of its children and reflective of the children and families it serves. Each region will have plans complete by March 2004. Additionally, regional and state-wide recruitment and retention budgets have been approved and funds are currently available for expenditure. Written instructions have been provided to all regional and central office staff delineating appropriate procurement methods, available contracts, and approved items to ensure compliance with state and departmental purchasing and contracting guidelines. Each region is accountable for setting, monitoring, and meeting goals. The Director of Foster Care will support regional efforts with the assignment of two recruitment program coordinators. These staff will conduct quarterly assessments and reviews with the regions to assess progress on recruitment and retention. Additionally, a data management system will be in place by February 2004 to allow for more accurate tracking of foster parents from point of application, through training and approval, and through placements and closure. The reasons for closure will be documented for analysis by management.

11. Information in foster home registers is incomplete

Finding

Registers of foster home information maintained by Department of Children's Services' regional offices do not contain all of the information required by department policy or maintain

information on all the foster homes in that respective region. Failure to maintain information on all foster homes in each region hinders the department's ability to ensure compliance with the Brian A. Settlement Agreement and department policy and federal law, including ensuring that the pool of foster and adoptive families reflects the ethnic and racial diversity of the children and families for whom the department provides placement and services.

Department Policy 16.17: *Register of Foster Homes*, effective December 1, 2000, requires that each regional office maintain a register of all foster homes in that area. The register should indicate the home approval status as foster, adopt, foster or adopt, or legal risk and differentiate between approved homes in use and approved homes not in use. The register must provide the following information:

- name, address, telephone number, and emergency telephone numbers for the foster home;
- directions to the foster home;
- photographs of the foster parents and the residence;
- the name of the Residential Case Manager working with the foster home and the 24-hour telephone numbers, beeper numbers, etc., for the case manager;
- the number of children for whom the home is approved;
- a brief summary of the types of children the foster home accepts;
- training of foster parents listed by topic, hours, and years obtained.

The policy also requires that the foster home registers be entered into the TNKIDS information system.

All monitoring and documentation of foster homes is performed and maintained in the regional offices. However, the Foster Care Division in the central office has been collecting monthly foster home reports from each region since September 2002. Information on contract agency foster homes in each region is maintained by the Quality Assurance Division in the central office. (Since November 2002, this information has been forwarded on to the Foster Care Division.) Registers for department and contract agency foster homes follow approximately the same format. It does not appear, though, that information about contract agency foster homes is provided to the regional offices in which the contract agency foster homes operate.

Information in Foster Home Registers

Required Information per DCS Policy 16.17	Davidson Region	Northeast Region	Shelby Region	Contract Agency
Name	Yes	Yes	Yes	Yes
Address	Yes	Yes	Yes	Yes
Telephone Number	Yes	Yes	Yes	Yes
Directions to Foster Home	No	No	No	No
Photograph of Foster Parents	No	No	No	No
Photograph of Residence	No	No	No	No
Name of Residential Case Manager (RCM), Telephone Number, Beeper Number, Etc.	No longer have RCM. However, no information on any case manager.	No longer have RCM. However, no information on any case manager.	No longer have RCM. However, no information on any case manager.	No longer have RCM. However, no information on any case manager.
Number of Children for Whom the Home is Approved	No	No	No	No
Brief Summary of the Type of Children Foster Home Accepts	Information on Type Approved for – Foster, Adopt, Kin, Independent Living, Medically Fragile, Legal Risk, Therapeutic, Respite	Information on Type Approved for – Foster, Adopt, Kin, Independent Living, Medically Fragile, Legal Risk, Therapeutic, Respite	Information on Type Approved for – Foster, Adopt, Kin, Independent Living, Medically Fragile, Legal Risk, Therapeutic, Respite	Information on Type Approved for – Foster, Adopt, Kin, Independent Living, Medically Fragile, Legal Risk, Therapeutic, Respite
Information Regarding Foster Home Entered Into TNKIDS	No information provided	Yes	No	No information provided
Training Listed by Topic, Hours and Years Obtained	Date Parents As Tender Healers (PATH) completed			

The monthly registers do not contain information regarding directions to the foster home, a photograph of the foster parents or of the residence, the name of the residential case manager or of any case manager, and the number of children for whom the home is approved as required by DCS Policy 16.17. Other than the date that PATH training was completed, the registers do not provide information on the type of training foster parents have completed, the hours, and when completed. PATH, or Parents as Tender Healers, is the department’s pre-service training for foster parents.

However, although not required, each register maintains information, as pertinent, on the race of the foster parent, the date of application, the date of follow-up contact, the date the application was withdrawn, the date of approval, the date of reapproval, the date not approved, the date of initial placement, the date of home closure, who requested home closure, the date of exit conference, information on foster children in the home, foster children sibling information, and information on the birth or adopted children in the foster home.

Recommendation

The department should determine why the foster home registers do not have all information required by policy and take corrective action. Further, the department should ensure that foster home information on all foster homes in a region, including both department and contract agency foster homes, is maintained in each region as required by department policy.

Management's Comments

We concur in part. Management is addressing the weaknesses noted in this finding through the development of a data management system to allow for comprehensive tracking of all foster families from point of application. The system will include the elements required by DCS policy including the type of approval and the number of children the home is approved for. Currently photographs of the foster home and parents and direction to the residence are maintained in the family's home study documentation and as technology allows, will be considered for inclusion in the previously noted data management system.

12. The department appears not to always obtain required psychotropic medication consent forms

Finding

The department staff does not appear to consistently obtain the appropriate consent forms prior to the administration of psychotropic medications to children in department custody. Failure to document appropriate consent prior to the administration of psychotropic medication hinders the department's ability to ensure that these medications are dispensed appropriately in accordance with department policy.

Department Policy 20.18, *Administration of Psychotropic Medication*, effective October 1, 1998, requires that the informed consent of the youth, parents, or legal guardian be obtained prior to the prescription and administration of a psychotropic medication for the treatment of mental disorders. The necessity of the psychotropic medication must be documented in a written treatment plan, and the drug may not be used for program management control, as a means of chemical restraint, or for the purposes of experimentation and research.

Following the examination by a physician (e.g., a psychiatrist), the following must be explained to the youth: the nature of the medication, the expected benefits, the possible risks and side effects, the availability of alternatives, and the prognosis without the proposed intervention. A medication information fact sheet must be given to the youth, parent, and/or legal guardian which includes the name of the medication; the group of the medication (e.g., anti-psychotics); the dosages, ranges, and usual routes of administration; significant risks, consequences, and side effects; and the measures which might counter side effects.

The exam and explanation must be documented using DCS Form CS-0108, "Consent for Treatment–Psychotropic Medication." To give permission for the medication to be administered, the parent and/or legal guardian must sign the consent form. If a parent refuses consent and the youth is a minor, psychotropic drugs must not be administered. Children over the age of 18 may sign the form themselves. If a parent or guardian is not available or cannot be reached, the superintendent may sign the consent form; however, the department should continue to try to contact the parent or legal guardian.

Auditors reviewed 75 case files of children in custody for the period January through June 2002 with 25 case files drawn from each of the following regions: Davidson, Shelby, and Northeast. Auditors reviewed both the physical file and the electronic file maintained in TNKIDS. Nineteen of the files reviewed had indications in either the physical file or the electronic file of the administration of psychotropic medications. Of those 19, only 11 (57.9%) files contained a DCS Form CS-0108, "Consent for Treatment–Psychotropic Medication." Further, the Interim Progress Report on *Brian A. v. Sundquist*, compiled by the federal court monitor and released in February 2003, determined the documentation of consent forms in only 61.2% of cases reviewed.

Although department policy explicitly states if a parent refuses consent and the youth is a minor that psychotropic medications must not be administered unless the parent is unavailable or in the event of a psychiatric emergency, interviews with department regional staff indicate that the health nurse in each region may approve the administration of psychotropic medication.

Recommendation

The department should determine why staff are not always following department policy for psychotropic medications and take corrective action. Staff should ensure that the appropriate consent form is obtained and kept with the case files, with the appropriate party indicating consent in all instances prior to the administration of any psychotropic medications. The department should also ensure that department field staff are familiar with department policy regarding the administration of psychotropic medication, and take steps to clarify this policy as necessary.

Management's Comments

We concur in part. Although the department has not achieved complete compliance with documenting that informed consent was obtained prior to the administration of psychotropic medications, the following corrective actions have been taken. With regard to the finding's reference to Policy 20.18, *Administration of Psychotropic Medication*, management has reviewed and revised all policies regarding psychotropic medication and informed consent and the policies are currently being finalized. A new policy on *Psychotropic Medication* that applies to departmental facilities and contract provider agencies has been developed to clarify changes in practice brought about by the Brian A. Settlement Agreement. For example, if a parent is unable to be reached to give informed consent for psychotropic medication (or parental rights have been terminated), the regional health unit nurse will be contacted to sign consent. (Current policy

states the superintendent will sign in the absence of the parent, but this is only for those youths in the YDCs). The revision of policy 20.24, *Informed Consent*, clarifies for providers that a youth age 16 years and older has the same rights as an adult regarding decisions related to mental health, including psychotropic medication. Previous DCS policies, as referenced in the finding, state that a youth must be 18 years or older before having the ability to consent.

The department has identified providers who have administered psychotropic medication without prior consent and who are submitting requests for consent without appropriate information including risks, benefits and side effects, justification of medication use, and documented diagnosis. Management is requiring these providers to develop and submit corrective action plans and is monitoring agencies for compliance. Similarly, management is directing regional health unit nurses to keep logs of all the psychotropic medications consented for by the nurses and case managers are required to inform the health unit nurses of any consent for psychotropic medication that has been signed by a parent of a child in custody. Documentation in TNKIDS case recordings is required of case managers detailing their attempts to reach the parents for consent. Each nurse keeps a copy of the consent forms they sign and sends the original consent form to the case manager for inclusion in the child's case file. If the nurse has been contacted to give consent without any attempt to get the parent to provide consent, he/she will try to contact the parent when applicable and then send the parent a copy of the consent along with a medication fact sheet, as policy requires.

Training is planned for DCS case managers and provider agency staff regarding the changes in policy on psychotropic medication and informed consent. The regional health unit nurses will help provide the training and technical assistance needed in this area, with support from the central office nurse practitioner.

Child Protective Services

13. Child Protective Services investigators do not always follow investigation policies or file investigation information in a consistent manner

Finding

Child Protective Services (CPS) case managers are required by Section 37-1-406, *Tennessee Code Annotated*, to complete investigations of alleged child abuse or neglect within 60 days. Department policy also prioritizes cases of alleged abuse or neglect into three different categories, depending on the severity of the case: Priority 1, which requires the case manager to immediately start an investigation upon assignment; Priority 2, which requires an investigation within 24 hours of assignment; and Priority 3, which requires an investigation within 5 working days of assignment. The policy does not address the length of time from the date the department receives the allegation to the date it assigns the case to CPS staff.

We randomly selected 75 closed CPS case files, 25 each from the Davidson, Shelby, and Northeast regions. We reviewed files to determine if investigations were completed timely as

well as whether cases were initiated within required time frames. In addition to reviewing paper files, we also reviewed TNKIDS to determine if information in the computer system matched the paper files and vice versa.

Paper File Review

We determined through the paper file review that 58% of files met the priority assigned in the paper file while 3% did not. The remaining 39% of files had no priority assigned. We also found that 60% of cases were completed within 60 days of assignment while 37% were not. Three percent of the files had at least one case date missing, and auditors could not compute the 60-day time frame.

Were Case Priorities Met?

	Davidson	Northeast	Shelby	Totals	Percentages Met
Yes	16	12	11	39	58%
No	2	0	0	2	3%
Not Noted	2	10	14	26 *	39%
Totals	20	22	25	67	100%

* Of these, 27% were initiated the same day of the referral.

In several Priority 3 cases, case managers used a seven-working-day assignment deadline instead of the five-working-day deadline required by policy. In addition, we found content in the paper files was inconsistent with TNKIDS, and we had some difficulty in locating desired information. Department staff were not able to find the paper files of eight cases.

Did Cases Meet the 60-Day Time frame?

	Davidson	Northeast	Shelby	Totals	Percentages Met
Yes	13	16	11	40	60%
No	5	6	14	25	37%
Not Noted	2	0	0	2	3%
Totals	20	22	25	67	100%

TNKIDS Versus Paper Files

We attempted to match case information in TNKIDS with similar information in paper files. However, we were only able to review 81.3% of the cases because no TNKIDS case existed for 8.0% of the paper file cases reviewed, and we were missing eight of the paper files (10.7% of files). We found that, generally, information between TNKIDS and the paper files did not match. For example, in most cases, the case periods listed in the TNKIDS CPS investigation file did not match the dates we located in the paper files. In only 21.3% of cases beginning dates matched while only 5.3% of cases had matching ending dates. Both the paper file and TNKIDS recordings were absent in 18.7% of cases. The average difference in beginning dates between TNKIDS and the paper files was 24 days for the three regions, while the average difference in ending dates was 51 days.

Variations Between Dates in TNKIDS and the Paper Files (Days)				
	Davidson	Northeast	Shelby	Average for all three regions
Beginning Date	26	2	43	24
Ending Date	63	44	49	51

We found that 25% of all cases had matching priorities in both the paper file and TNKIDS, and 7% did not match. The remaining 68% of files either had priority information or files (paper or TNKIDS) missing.

Overall Results: Did the Priority Listed in the Paper File Match the Priority Listed in TNKIDS?					
	Northeast	Davidson	Shelby	Total	Percent of Reviewed Cases
Yes	7	6	6	19	25%
No	2	3	0	5	7%
One file did not have a priority listed	4	9	14	27	36%
Neither file had a priority listed	8	1	1	10	13%
Not Applicable (Missing one or both files)	4	6	4	14	19%
Total Files	25	25	25	75	100%

We also found 33 files on TNKIDS that had date information in case worker notes that differed from dates in the TNKIDS investigation files. Consequently, we determined that in five files (15.2%) a change in the case completion category (i.e., from less than 60 days to over and vice versa) would result if information in the case worker notes files was used. Approximately 6.1% and 9.1% of these cases would change to less than 60 days and more than 60 days, respectively. In the remaining cases, the 60-day deadline was either formally extended, or the actual number of days open would change, but this would not cause the cases to change categories.

Effect If Information in Case Notes Was Applied

Region	<60 days	>60 days	No Change
Davidson	2	1	6
Northeast	0	0	8
Shelby	0	2	14
Total	2	3	28
Percentage	6.1%	9.1%	84.8%

Without case managers collecting and filing complete, accurate, and consistent information in paper files and in TNKIDS according to department policy, the department has no viable basis for assessing compliance with these policies, state law, and the Brian A. Settlement Agreement. In addition, it is imperative that the department maintain such information in case of litigation and administrative hearings involving alleged perpetrators. Inaccurate or inconsistent information could contribute to overturned allegations, which could leave children at risk of being abused or neglected.

Recommendation

The department should determine why some investigations are not completed within 60 days and why the information in paper and computer files not is consistent and take corrective action. It should add a time deadline to its current policy for starting an investigation after the department receives the allegation. The department should require case managers to use a checklist verifying information accuracy and consistency, and improve supervisor review of case files.

Management's Comments

We concur. The Department has re-organized the central office structure to provide new leadership for child protective services, focusing specifically on the unique issues in the implementation and delivery of this program. The Department's Current efforts to improve this program include:

Developing Central Intake: a central intake system has been implemented for 5 regions, with plans to expand state-wide over the next two fiscal years. This system offers consistency in intake decision-making and the assignment of response times. This desirable consistency results in the receipt of more reports, more investigative referrals, and assignment of higher priority to the reports received resulting in significantly increased caseloads for case managers in those regions who are part of the central intake system.

Development of the Special Investigations Unit (SIU)–The SIU conducts all “third party” investigations that involve allegations where there is no familial or family related caregiver relationship between the alleged victim and the alleged perpetrator. The team has been fully operational since July 2003 and there are on-going efforts to improve the skills of members of this team and the coordination of the SIU with the regional staff.

Increased staff – The department requested an improvement to its budget for fiscal year 2005 to increase the number of staff for Central Intake and CPS investigations. The additional staff will be charged with attaining the following outcomes:

- ✓ improved response time on all cases, assuring that all children are seen face-to-face within the stated response priority on 90% of the cases. In no case shall we exceed the stated priority time frame by more than 3 days.

- ✓ assurance that in 90% of the cases all investigative activities are completed and documented in the TNKIDS system within the 60 day time frame. No case shall remain open longer than 75 days from the date of the report unless there is verification that law enforcement or some other professional partner has been unable to complete their portion of tasks by that time.
- ✓ marked improvement in the ability to make decisions that are consistent with management's philosophy to assure the safety of children in the most familiar environment or to best preserve significant relationships.

14. The department does not monitor Family Support Services provided by community services agencies

Finding

Community services agency staff provide Family Support Services (FSS), which help families solve problems that place children at risk of harm and thus state custody. In situations where Child Protective Services (CPS) staff determine emergency removal of children is not necessary but there is a substantial risk of future abuse or neglect, CPS case managers must refer the family for services in an attempt to reduce the level of risk while the family remains intact. As part of the referral process, CPS case managers determine what help is needed and develop a safety plan.

A safety plan is a short-term emergency strategy that reduces the risk of harm or commitment to state custody while the family engages in an effort to bring about more long-term changes. Safety plans may be voluntary or court ordered. Such plans may include establishing a behavioral contract with family members, providing temporary childcare, or having temporary caretakers available in the home to provide for the children.

Department policies do not require follow up with the child's family after a safety plan has been completed. A review of department policies and procedures and CPS personnel interviews indicated no monitoring tool CPS staff could use to evaluate FSS services provided by community services agencies. In addition, CPS and community services agency staff indicated a lack of communication regarding a family's response to services or progress after CPS makes a referral. As a result, the ability of CPS staff to prevent vulnerable children from entering state custody is impeded. CPS staff workload also increases since this staff has to respond to failed FSS interventions. Since community services agencies are acting on behalf of the department in providing FSS services, the department may be liable for actions or lack of actions by community services agencies relating to child abuse or neglect not being prevented.

Inconsistent use of safety plans among regions also limits the department's ability to ensure the effectiveness of community services agencies in providing FSS services. Some regions use safety plans to guide community services agencies throughout the provision of services for up to 60 days. Another region, however, considers safety plans temporary (never lasting more than a few days). When the CPS investigations are over and the cases are

transferred to the local community services agency, the safety plans are terminated. Instead of long-term safety plans, staff preferred non-contact orders or placing children in protective custody. In fact, the local community services agency resisted the use of such plans, assuming that the existence of such plans indicated that children were still in harm's way and that the department needed to take legal action to make custody outside the family permanent.

Recommendation

The department should develop and implement a written policy, including a monitoring tool, requiring community services agency staff to update CPS case managers, in a timely manner, on a family's progress in reducing the risk of the children being taken into state custody. These updates should include any needed recommendations on improving services, changing service providers, or obtaining new services to avoid the need for children to be referred back to CPS. They should occur during implementation of the plan and at its completion. Also, the policy should clarify the use of safety plans by CPS staff in monitoring community services agency staff, including the plans' use as a long-term monitoring tool.

Management's Comments

We concur. During the period under audit, the department did not adequately monitor the performance of the Family Support Services program. The Community Services agencies now provide their own quality assurance function to check on the compliance issues and this year, upon the request of DCS staff and management, the Program Accountability Review (PAR) Section of the Department of Finance and Administration has expanded its review scope to review contract compliance by the Community Services agencies.

Adoption Services

15. The department does not document reasons for exemptions to the federal law requiring a 15-month limit from the date a child enters custody to the date a petition is filed to terminate a parent's rights

Finding

According to Title 1, Section 103, of the federal Adoption and Safe Families Act of 1997 (ASFA), states are required to initiate or join proceedings to terminate parental rights for certain children in foster care. The statute requires that

in the case of a child who has been in foster care under the responsibility of the State for 15 of the most recent 22 months . . . the State shall file a petition to terminate the parental rights of the child's parents.

In such a case, ASFA requires adoption of the child to be the goal unless it is demonstrated not to be in the best interest of the child. Once the child's time in state custody has

reached the 15-month limit, it appears the department is not petitioning to terminate the rights of the parents in a timely fashion. The audit team randomly selected 25 adoption cases each from the Davidson, Northeast, and Shelby regions to review for adherence to the ASFA statute. Our review indicated that 52 of the 75 cases (69 percent) exceeded the 15-month threshold: 10 out of the 25 cases for Davidson; 22 out of 25 for Northeast; and 20 out of 25 for Shelby. In one case in Shelby, the department took almost ten years to petition to terminate the parent’s rights. None of the files of cases that exceeded the 15-month limit had documentation of a specific analysis by department staff of why an exemption to the AFSA requirements was appropriate. The following chart shows the number of all children in state custody between January 1, 2003, and June 30, 2003, that had been in custody for at 465 days (15 months) or more.

Children in Custody for 465 Days or More

	Number of Children	Percent of Total
Children in Care (as of 6/30/03)	3,534	46%
Children Released (between January 1, 2002, and June 30, 2002)	973	42%
Total	4,507	45%

The Quality Assurance Division performed a statewide file review from July 1, 2002, to October 31, 2002, which also revealed that the department was not filing petitions within policy guidelines. The DCS staff stated that reasons for delays include difficulties in locating one or both parents, continued involvement of biological parents in their children’s lives, extensive paperwork, and lack of legal support. The termination process is initiated by the case manager and completed by the regional legal staff. Timely termination of parental rights helps increase the chances of children finding permanent homes. In addition, the Brian A. Settlement Agreement requires the timely termination of such rights.

Recommendation

The department should take steps to determine the reasons for delays in terminations of parental rights in cases where it was determined to be in the best interest of the child and take corrective action. The department should document this determination in the child’s file. The Quality Assurance Division should continue its statewide file reviews on a regular basis, make recommendations, and follow-up on its recommendations.

Management’s Comments

We concur in part. The finding quotes from the Adoption and Safe Families Act (commonly referred to as ASFA). In accordance with 42 U.S.C. 475 (5) (E), federal law requires that the State file a petition to terminate parental rights if the child has been in foster care for 15 of the last 22 months OR document in the file the compelling reason that the petition will not be filed and consistent statutes are incorporated in Tennessee Code Annotated 37-2-401, et seq. Additionally, pursuant to 475 (E) of the Social Security Act; 45 CFR Part 1356.21 (i)(1)(i), the applicable ASFA section and implementing rules direct when termination petitions must be filed

and states that no automatic exceptions exist to the 15 of the last 22 month rule, BUT that the State must make decisions on a case by case basis, considering the best interests of the child and documenting the compelling reasons for not filing. The regulations make clear that the agency must file only if there are grounds on which to terminate, no compelling reason to continue to work with the parents past the 15 months or other reasons, and that the termination is in the best interests of the child. In addition, the calculation of the 15-month period cannot include time that the child is on a trial home visit or on runaway status and that time must be deducted in order to determine the 15-month trigger filing date.

It is important to state that the review of the child's file, goals for the child, and the child's history to determine if there were statutorily accepted reasons for not filing the petition to terminate are essential. The implementing regulations of ASFA provide accepted reasons for not filing the petition at the 15-month date. Those reasons include a child's desire not to be adopted, relationship of child with parent who is limited but can maintain appropriate contact with the child in the foster home, failure to meet the grounds for termination, or the parents are very close to meeting their obligations that allow reunification. This decision to terminate parental rights is a complex decision involving social work, legal principles and guides and there are legitimate, compelling reasons not to file for termination and the decision is in the child's best interest.

16. Adoption Services does not provide adequate post-adoption services to prevent disruption of adoptions, nor does it track disruptions by region

Post-Adoption Services

Adoption Services staff stated that the department does not provide adequate post-adoption services to adoptive families. Once adoptions are finalized, there are gaps in services, increasing the chances of children's behavioral issues not being addressed, of adoptions disrupting, or both. A great number of children adopted are traumatized in some form, according to the staff. This hardship to the child may lie dormant so that the child is not treated, or even if noted the child may not be adequately treated. Although families can receive Adoption Assistance subsidies to deal with these problems, the problems must be diagnosed before adoptions are finalized. Currently, referral services are available if the family knows these services exist and elects to call for help. However, families often do not call back and are unaware there are services available.

In addition, the federal court monitor's *Interim Progress Report: Brian A. v. Sundquist*, published in February 2003, noted department noncompliance with Brian A. Settlement Agreement requirements relating to the provision of services to prevent disruption of placements, including adoption placements where adoption contracts have been signed but not finalized. The following chart provides detailed information in this area for 193 adoption and foster care cases reviewed by the monitor.

**Provision of Services to Stabilize Placements in Review Period
September 2001 through May 2002**

Were services to stabilize placements provided to prevent disruptions?	Performance Rate		
	Total	Ratio	Percent
Yes, for all of the child's placements	83	83/193	43.0
Yes, for some of the child's placements	39	39/193	20.2
No, not for any of the child's placements	71	71/193	36.8
Total	193		100.0

Source: Federal Monitor.

The report also indicated that post-adoption services were explained and offered to only 52 of 128 applicable cases reviewed (40.6 percent). Adoptive parents in these cases indicated that

- the process for obtaining the Adoption Assistance subsidy (the only formal post-adoptive service provided by the department) is cumbersome, requiring documentation from doctors, psychologists, therapists, etc., proving the adoptive parents' need for financial support;
- because many children maintain a "honeymoon period" for the first several months of placement, parents are not aware of children's service needs until after adoptions are finalized, when getting services from the department is difficult;
- there is much regional variation in the level of assistance received from department staff in accessing post-adoption services; and
- post-adoptive services requested by parents included "additional training, up-front explanation of the child's eligibility for subsidy, counseling for the child and family, and a formal support system of other adoptive parents."

Tracking Disrupted Adoptions

For various reasons, some children do not stay with their adoptive family. This situation is referred to as a "disrupted adoption." The department does not formally track disrupted adoptions at the regional level either after children are placed in adoptive homes but before adoptions are finalized, or after adoptions are finalized, according to department regional staff. As a result, regional staff do not have available precise information on the extent of or causes of disruptions, impeding their efforts to prevent them. The central office has provided the court monitor with information on disruptions, but does not routinely track disruptions. The Brian A. Settlement Agreement requires that the department measure disruptions that occur between the signing of the adoption contract and finalization.

Recommendation

The department should develop and implement a formal system of post-adoption support, in addition to Adoption Assistance, to assist adoptive parents in stabilizing placements before and after adoptions are finalized. It should solicit input from Adoption Services staff in developing the system. Such a system should include case management where case managers refer parents and children to available services in an effective and timely manner. The support should be made known to and accessible to all qualified parents. The support should be made available to parents on a voluntary basis, respecting the privacy rights of these individuals.

The department should determine why staff are not tracking adoption disruptions, as required by the Brian A. Settlement Agreement, and take corrective action. It should develop a policy that requires Adoption Services staff to track disrupted adoptions before and after they are finalized, including the number and types of disruptions by region, and then provide this information to regional staff. Regional staff should use this information to develop and implement methods to reduce disruptions.

Management's Comments

We concur. In 2001 the Department began working with the Casey Center of Effective Child Welfare Practice, Casey Family Services, to develop a model in providing post adoption services to families created through adoption. Casey Family Services staff have provided two days of training in four locations across the state in each the two years of our partnership. These training conferences have focused on the family's need for services and the need for developing more adoption sensitive communities that can be responsive to families created through adoption. Workshops have included such topics as treatment issues, managing crisis effectively, educational issues, differentiating between issues of "normal" childhood/adolescent development, impact of trauma and adoption, and strategies for working with children with attachment, grief and loss issues. Participants in these training sessions included DCS adoption services, health unit, family support services staff, and educational specialist; special needs adoption contract provider staff; agency therapist, and community mental health providers.

In addition to this training, DCS provided two additional days of training to DCS staff and the contract provider adoption staff on post adoption issues related to adoption issues families encounter, the need for post adoption services, and responding to families in crisis. Using techniques from the Casey training, workshops were offered at the state foster/adoptive parent conference to parents, DCS and child placing agency staff on post adoption services.

The majority of the services provided to families after placement and finalization of the adoption are those provided through the adoption assistance program for those children who meet the special needs definition and are eligible for adoption assistance. Adoption assistance services include non-recurring services such as one-time cost for legal services to finalize the adoption, home study fees when appropriate, post placement supervision, medical services based on the child's documented need and prognosis for services at the time of adoptive placement, and a monthly maintenance payment based on the child's rate of board payment at the time of adoptive placement.

While we do not currently have a formal service delivery model of post adoption services, the Department has issued an announcement of funds for such proposals. The anticipated start date for the contract is January 2004. The announcement will be sent to all Tennessee licensed child-placing agencies and asking that interested agencies submit an application outlining their proposed model and delivery of post adoption services in Tennessee. The scope of services for this program includes a broad network of adoption competent services and supports ranging from prevention and early intervention to intensive in-home services. Services would include crisis intervention, family and individual counseling, support groups for parents and children, advocacy, educational forums for families and community partners, respite, case management services, and networking of families and community providers.

Juvenile Justice

17. The department does not monitor recidivism at its juvenile justice facilities

Finding

Recidivism measures the number of youth who reenter state custody as a juvenile or adult. The department has not developed or implemented methods to measure recidivism, including establishing an operational definition of recidivism at youth development centers, group homes, or relating to its probation program. The department also does not measure how many of its former children end up in the adult correctional system as young adults.

Youth development centers are state-operated, secure, residential facilities providing treatment programs to delinquent youth ages 12 to 19. The typical youth in a youth development center is someone who has committed a violent offense toward another person and may have a mental health problem or other specialized need. Group homes provide a minimum-security alternative to youth requiring community placement, as indicated by psychological evaluations. The homes provide counseling services, education, community services, and actual work experiences. The probation aftercare program is the last stage for a youth before total discharge from the juvenile justice system.

Both the department's 2001-2003 strategic plan and the juvenile justice program's 2000-2010 strategic plan require the measurement of recidivism. The department's strategic plan requires improvement in "the percentage of children and youth who leave state custody and do not return to state custody." The plan requires the department to measure both children reentering state custody and former children entering the Tennessee adult correctional system within five years of being discharged by a youth development center.

According to the juvenile justice program's strategic plan, "steps must be taken to improve the existing aftercare component" by reducing recidivism and increasing opportunities for youth to successfully reintegrate into their local communities. However, the department needs to have an operational definition of what recidivism is before taking steps to reduce recidivism. In addition, both strategic plans lack formal outcome measures indicating tolerable recidivism rates over specific periods of time.

The Director of Policy, Planning, and Research stated that he was already collecting recidivism data for the foster care program as part of the Brian A. Settlement Agreement and that software used for that database could be used to collect recidivism data for juvenile justice programs. The lack of information about recidivism hampers the department's ability to evaluate the effectiveness of youth rehabilitative and community reintegration efforts, putting the welfare of released youth and their local communities at risk.

Recommendation

The department should determine why staff have not developed methods to measure recidivism and take corrective action. The department should develop a formal definition of recidivism and develop and implement outcome measures to determine recidivism at juvenile justice facilities and relating to the probation program. The department should study the usefulness of recidivism data, measuring the effectiveness of individual treatment programs at individual facilities and across all facilities in reducing recidivism. The department should also take steps to measure the number and percentage of its former children entering Tennessee's adult correctional system.

Management's Comments

We concur. In March 2003, the department developed a system for tracking children formerly in state custody that subsequently entered the adult correctional system; however, information on students returning to juvenile justice facilities is not being consistently maintained by all of the department's facilities. Management has established a work group to develop a working definition of recidivism that will meet the reporting needs of stakeholders and anticipates that by June 2004, a state-wide tracking system will be in operation to track student recidivists in all youth development centers.

Department-wide Issues

18. The department's background check process for new employees needs improvement

Finding

Section 37-5-511, *Tennessee Code Annotated*, effective July 1, 2000, stipulates that criminal violation information is required of all persons having access to children. The Brian A. Settlement Agreement effective in July 2001, also requires that all persons applying for department or contract agency positions that involve contact with children must submit to a criminal records check and child abuse registry screening process before beginning training or employment. The department does not allow employees to have access to children until it has received the results of the fingerprint check. Department Policy 4.22 states that the Internal Affairs Division will coordinate the fingerprinting and background investigation process. However, the department does not have policies or procedures specifically outlining the background check process.

Currently, the department employs two methods of conducting background checks: physical fingerprint cards and electronic fingerprinting, which was initiated July 26, 2002. DCS submits all information to the Tennessee Bureau of Investigation (TBI) and the Federal Bureau of Investigation. For print cards, the department must await reports from both agencies and will cross-check them for information to complete the check. In contrast, electronic fingerprints are computer-processed, which results in only one report. If the fingerprint results of an applicant indicate a problem, the letter or information is sent to the Internal Affairs Division for further investigation. According to the Director of Internal Affairs, the department automatically denies applicants who have committed crimes related to children or abuse indicated in Section 37-5-511, *Tennessee Code Annotated*, (offenses involving the physical, sexual or emotional abuse, or gross neglect of a child). However, if applicants have committed other types of crimes, it is up to the Regional Administrator to determine whether those individuals are hired.

To determine compliance with fingerprint checks, the Division of State Audit reviewed random samples of all active case managers hired between July 1, 2002, and December 31, 2002. One sample consisted of 25 individuals who were on either the physical or electronic fingerprint logs. Another sample consisted of 25 individuals on neither list (i.e., with no indication of being fingerprinted). Several employees were listed multiple times in the electronic fingerprint log. According to department staff, this is a clerical problem stemming from the method regional offices use when submitting information.

The department took an average of 16 days from the hire date to fingerprint individuals in the first sample. In addition, the department received the results an average of 91 days from the hire date for the print cards and 78 days for the electronic print system. Of the unmatched individuals sampled, one person did not work for the department (despite being on the department's list of active case managers), and three individuals were not fingerprinted (12%). The remaining individuals transferred to the department from community service agencies (pursuant to Section 37-5-317, *Tennessee Code Annotated*, if these individuals transferred on or before July 1, 2002, they were exempt from the department fingerprinting requirements) or were employed by juvenile justice facilities, which do their own fingerprinting. Community services agency case managers are required to be fingerprinted.

According to department training staff, there are eight weeks of pre-service training, which begin at three-week intervals. Therefore, an employee could have contact with children (i.e., have an active caseload) 8 weeks to 11 weeks after being hired. Considering the average fingerprint processing times for the samples of cases tested, there is the chance a person convicted of a child-related abuse offense could have unsupervised contact with children between the ending of pre-service training and receipt of background check results. The Director of Personnel stated that as of January 2003 no employee had been terminated as the result of a background check in at least two years. However, the possibility that children could be endangered contradicts the department's mission to protect them. In addition, child safety is a sensitive area where even one incident could adversely affect the department's credibility with the public.

In February 2003, the federal court monitor released her *Interim Progress Report: Brian A. v. Sundquist*, which indicated that criminal history records and child abuse registry screenings

are not consistently located in personnel files despite the department's claims to the contrary. The monitor found that the department does not have a "child abuse registry" and concluded that "child abuse screenings" reported by the department as completed are incomplete.

Recommendation

To ensure compliance with state statutes and the Brian A. Settlement Agreement, the department should develop and implement policies and procedures detailing the background check process, ensuring fingerprint logs are accurate, and preventing employees from being overlooked for background checks. The department should also take steps to reduce the number of days required to obtain and process fingerprints for new hires so that background checks are completed by the time these individuals finish pre-service training. The department should not assign staff to duties in which they have contact with children until it has received and evaluated the fingerprint results. The department should also review personnel files to determine if employees were screened against the child abuse registry it must implement and recheck staff whose files are incomplete.

Management's Comments

We concur in part. Management is currently revising policy and developing and documenting procedures to clearly delineate the process for obtaining, reviewing, reporting, and maintaining the results of background checks for new employees.

With regard to the findings of the federal monitor relative to Brian A vs. Sundquist, management is implementing appropriate steps as noted above to maintain results of background checks in an employee's personnel file while not compromising the confidentiality of the information contained within the background check results.

Management does not concur with the findings of either the federal monitor or the auditors with regard to the existence and use of a "child abuse registry." A central child abuse registry was maintained in the Department of Human Services in 1992 which was transferred to the Tennessee Bureau of Investigation, and in 2000, was repealed by the state legislature. Currently, the department does not possess the statutory authority or budgetary funding to develop and maintain a formal registry of this magnitude and necessary confidentiality; however, an informal in-house registry was maintained by the Child Protective Services Section in the Central Office. This registry lists all known indicated perpetrators and is consulted when new employees are hired. As of March 2003, modifications were made to TNKIDS enabling the entry and collection of this information. The department is clearly in compliance with this provision of the settlement agreement. Prior to that date the TNKIDS data system did not have the capacity to screen for information by the name of the alleged perpetrator. That capacity now exists and is being used.

19. A majority of employees interviewed feel pre-service training is inadequate

Finding

Department Policy 5.2 states that, at a minimum, all employees shall receive orientation, pre-service, and in-service training in accordance with the policies of DCS and, when applicable, the American Correctional Association. The Brian A. Settlement Agreement states that no case manager shall assume any responsibility for a case, except as part of a training caseload, until after completing specified training and after passing a skills-based competency test. The settlement agreement requires that department staff working with children will have sufficient training to permit them to comply with the relevant mandates of the settlement agreement, department policy, and reasonable professional standards. In addition, the agreement requires that all case managers complete a minimum of 160 hours of pre-service training, including instructional training and supervised field training. The department's preservice training program is eight weeks, exceeding the requirement of the Brian A. Settlement Agreement.

According to the Director for Training and Development, all newly hired case management staff are required to complete pre-service training before accepting case assignments. She stated that pre-service training consists of one week of regional orientation, four weeks in the classroom alternated with three weeks of on-the-job curriculum, followed by one to three days of training on the TNKIDS system. New training sessions begin every three weeks to incorporate new employees into the system.

Based on interviews with 36 DCS personnel, 64% feel pre-service training requires modifying or is completely inadequate, 31% stated training was adequate and 5% either did not take the current pre-service training or had no comments.

Summary of Interviews With DCS Employees on the Adequacy of Pre-service Training

Response	Adoption	CPS	Foster Care	Total	Percentage
Adequate	4	5	2	11	31%
Inadequate and/or requires changing	7	6	10	23	64%
Not applicable or no comment	1	1	0	2	5%
Totals	12	12	12	36	100%

Several personnel stated pre-service training did not prepare them for the actual work and that more on-the-job training would be more effective. In addition, many case workers stated that training material was too broad and needed to be more specific to the tasks they performed when working actual cases. Areas where training was needed included developing permanency plans, dealing with paperwork, and entering data into computers.

Based on discussions with some personnel, evaluations of training were either not conducted or were conducted immediately following training. It appears, based on negative comments during the interviews, that evaluations are conducted too early. Case managers do not have adequate time to employ what was learned so that they can provide a more objective

opinion of training quality and content. Many employees also stated they had no voice concerning their annual training needs.

Recommendation

The department should develop and implement a policy to require the Training Director to obtain ideas from employees regarding pre-service training and subsequent annual training, and use these suggestions to reevaluate and make necessary changes to the department's current training program. The department should review the possibility of computerizing some training to lessen time spent in the classroom and allow more time for on-the-job training. The department should also postpone employee evaluations of pre-service training to allow employees time to determine how useful the skills taught in the training are in performing their day-to-day tasks.

Management's Comments

We concur. During fiscal year 2002-2003, 646 individuals completed pre-service training in the department and management is currently re-engineering the entire Training Division with emphasis on quality curriculum content, effective delivery, and meaningful measures of trainee attainment of delivered competencies. To achieve that end, the department has contractually engaged the University of Tennessee to assist in a redesign of the pre-service program. As noted above, the pre-service program will be competency based, and will encompass more on-the-job mentoring and coaching at a regional level.

20. The DCS central office does not maintain a comprehensive training database and is therefore unable to monitor each employee's training

Finding

Both department policy and the Brian A. Settlement Agreement require minimum levels of training for all employees. These minimum levels are required to ensure all persons responsible for children will have sufficient training to comply with relevant mandates, policies, and professional standards. For example, case managers are required to have a minimum of 160 hours of pre-service training and a minimum of 40 hours of annual ongoing training. In addition, department Policy 5.1 (revised May 1, 2002) stipulates that the Director of Staff Development or a designee shall coordinate the development and implementation of a comprehensive training database containing relevant information on the frequency and quality of training, and employee training histories.

According to DCS staff, regional and facility training coordinators track all training hours for compliance. However, training coordinators do not submit information to the central office detailing each employee's training progress. Central office personnel stated that they collect only general training information and training comments from focus groups. Approximately half of the coordinators interviewed stated that they submit a quarterly training summary report that does not list detailed individual employee training histories. Some training coordinators stated

that they submit information other than the quarterly summary. Two training coordinators indicated that they submit all class rosters to the central office while another coordinator stated that she takes samples of employee training information and verifies whether the employees met training requirements for the Brian A. Settlement Agreement.

Without a centralized training database with consistent and detailed employee histories, the department cannot verify compliance with the training requirements of department policy and the Brian A. Settlement Agreement. Nor can it ensure that employees receive high-quality, job-relevant training.

Recommendation

The department should develop the comprehensive training database required by department policy. The department should also develop and implement policies and procedures requiring regional and facility training coordinators to submit each employee's training information for inclusion in the database.

Management's Comments

We concur. At the time of the audit there was no comprehensive training database; however, in August 2003 the Department initiated the first phase of the Department of Children's Services Training Administration System (TAS). TAS is a software tool designed to provide a comprehensive array of electronic functions useful in the management of training activities in a large organization. TAS allows for the management of training activities through either an internet or intranet platform.

TAS supports both large-scale corporate training plans and individualized staff development needs and includes, but is not limited to, the following functionalities:

- Provide a repository for DCS training information
- Track and manage training enrollments
- Manage training resources and budgets
- Track staff compliance with training requirements
- Track staff training achievements
- Associate learning objectives with staff on the job performance
- Associate targeted training programs with organizational performance measures
- Assess the job performance effectiveness of training initiatives
- Assist in measuring the return on investment for training projects
- Allow for targeting of training programs to staff that demonstrate a need for further training
- Enable management to quickly alter training and performance targets

All training, internal or external (Department of Personnel, TN Corrections Academy) for which DCS staff may receive credit will be included in the system. Staff completion of formal educational programs and certification programs that are relevant to job duties will also be included in the TAS.

21. The department does not collect all performance data required by its strategic plan

Finding

The Department of Children’s Services 2001–2003 Strategic Plan is designed to support the department’s vision of Tennessee being a place where all children and families can grow in nurturing communities, in safety, in good health, and with hope for the future. To facilitate this vision, the four goals of the department’s 2001–2003 Strategic Plan are (1) to provide appropriate care for children and youth in state custody close to home and return them to their families or provide for permanency of care in a timely manner; (2) to work with communities to provide prevention and intervention services to protect children, strengthen families, and supervise youthful offenders; (3) to increase community involvement, local decision making, and accountability for funding and services; and (4) create an effective management and delivery system to ensure services are provided in a timely and cost effective manner.

The four goals focused on by the department are measured by 22 objectives with a total of 60 quantifiable measurements designed to determine progress on the achievement of objectives. The auditors reviewed 11 of these objectives to determine the completion of 43 quantifiable measurements that apply to the Adoption, Child Protective Services, Foster Care, and Juvenile Justice programs.

The department does not obtain data and track the quantifiable measurements consistently and uniformly. Of 43 quantifiable measurements, auditors were only able to obtain documentation that 15 (34.9%) of the quantifiable measurements were routinely being tracked. For example, under the objective “Increase the capacity to receive and respond to allegations of child abuse and neglect and to provide services to prevent the recurrence of child abuse and neglect,” the department compiles data for its measure: “The percentage of child abuse or neglect investigations initiated and completed on time.” However, it does not compile data for another measure under this objective: “Measure the percentage of children who were victims of abuse and neglect who had another indicated report within a six month period.” Failure to routinely track the quantifiable measurements contained within the Strategic Plan hinders the department’s ability to ascertain progress on achieving its goals and may result in management making decisions based on incomplete and inaccurate information regarding departmental accomplishments.

Recommendation

The department should implement policies that require the tracking of all quantifiable measurements contained in the 2001–2003 Strategic Plan. Information acquired from the tracking of all quantifiable measurements should be regularly and routinely collected by a central location to determine the department’s progress in achieving strategic plan goals as well as to provide management with an accurate summary of overall performance.

Management's Comments

We concur. In accordance with guidance provided by the Department of Finance and Administration in fiscal year 2003, management revised the department's strategic plan for fiscal year 2004 to contain 17 measurable outcomes consistent with the measures defined and required by the Brian A. Settlement Agreement and the department's Child and Family Services Review Program Improvement Plan. Management has assigned staff in the Policy, Planning, and Research Section to ensure that all required reporting regarding DCS' progress toward strategic plan measures is completed and is disseminated on a quarterly basis to management and the Department of Finance and Administration.

22. There is no policy that delineates the Title VI complaint-handling process

Finding

Title VI of the 1964 Civil Rights Act requires all state agencies receiving federal money to implement plans to ensure that no person is discriminated against based on race, color, or national origin. State law requires state agencies to prepare an annual Title VI compliance report and implementation plan. We reviewed departmental policy, the DCS *Title VI Compliance Procedures Manual*, and the DCS Title VI Implementation Plan 2001-02 and were unable to determine the department's procedures for handling Title VI complaints. We interviewed personnel and received an explanation of the process. We concluded, however, that not having written policies and procedures for this complaint process could mean the department is unable to ensure all complaints receive due process, which could hinder equal opportunity. In addition, employees and others, such as children and families receiving services, may not report acts of discrimination simply because there are no written protocols to aid them in submitting their complaint. Therefore, the lack of written protocols may impede departmental efforts regarding Title VI compliance.

Recommendation

The department should develop and implement policies and procedures that delineate the complaint-handling process that enables employees and others to submit Title VI complaints and help ensure all complaints receive the same due process.

Management's Comments

We concur. During the audit period, DCS did not have formal, written procedures documenting the complaint filing and resolution procedures. Procedures have now been documented and will be added to the department's internet site along with its Title VI Implementation Plan.

RECOMMENDATIONS

ADMINISTRATIVE

The following areas should be addressed to improve the efficiency and effectiveness of the Department of Children's Services operations.

1. The commissioner must determine why the department has been unable to meet the requirements (of the Brian A. Settlement Agreement) and take corrective action. He must set deadlines for meeting corrective action targets and effectively communicate to field staff why these deadlines should be met. He should ensure that field staff are monitored and that the department's monitoring system is designed to be effective now and after the lawsuit is dismissed.
2. The commissioner should carefully review the court monitoring reports. The department should take all appropriate steps to address the problems noted in the monitoring reports, rather than waiting until these issues are reiterated in audit reports. The commissioner should be concerned about misinformation provided to the monitor by department staff, determine the exact circumstances relating to those misstatements and take appropriate action. It is critical that the information being provided to the court by the department be complete and accurate.
3. Department management should determine why case managers are not always making the required number of visits (required by department policy and the Brian A. Settlement Agreement) and how compliance can be improved. Central office management should regularly compile and review the results of the regional case reviews and implement corrective action, if needed. In addition to the regional case reviews, the department could use TNKIDS, the department's electronic information system, to determine whether case managers are visiting foster children as required.
4. The department should ensure the timely and accurate tracking of all placements for each child within the foster care system, by fully using TNKIDS to track this information. The department should consider modifying TNKIDS so that it can produce a report on placement discrepancies. It should work to reduce inconsistencies between TNKIDS and paper files and ensure case file information is organized. The commissioner should determine why staff are not complying with certain department policies and standards regarding the appropriate placement of children and take steps to address those reasons.
5. The commissioner should determine the reasons that staff are not consistently following policies and procedures for permanency planning and completing quarterly progress reports in a timely manner and implement corrective action. Specifically, the department should ensure that (1) permanency plan staffings are held within 15 working days and document the presence of the child if 12 or older, (2) the permanency plan is signed by

the parents, case manager, team leader, and other interested parties present and ratified by the court of venue, and (3) adequate and complete quarterly reports are completed every 3 months. The department should also ensure that case file documentation is kept in an orderly manner. The department should monitor compliance by using TNKIDS and effective supervisory review.

6. The department should develop a plan to address the problems and obstacles identified in the needs assessment, including the implementation of a practice model to help guide case workers in the provision of services. The plan should set time goals and expected outcomes. The department should also document available services and inform case workers of these services. Funds dispersed to address identified needs on a regional basis should be closely monitored by the department. Services offered or provided to individual clients should be clearly documented in case files.
7. The department should determine why some children are not getting the required EPSDT screenings and take corrective action so that foster children receive proper well-child care and receive any additional treatment recommended as a result of the screenings. The department should also verify the reliability of methods in place for the tracking of the provision of EPSDT screenings to help the department determine compliance with this policy, including explaining inconsistencies such as a runaway shown as receiving a screening. The department should develop and implement a policy that requires the screening results to be kept in the child's case file.
8. The department should review the business rules related to the next health evaluation due and revise them to allow the calculation of the next health evaluation's date using the most recently completed health evaluation date. The system's calculation should be revised to reflect the change in the business rules. In addition, the department should strengthen its user acceptance testing process by educating the users who test system developments and changes and by ensuring that user acceptance testing includes tests of functionality as well as tests of compliance with established business rules.
9. The department should determine why all youth who qualify for independent living services are not receiving them and implement corrective action. The department should require case managers to document the independent living services recommended and received in the case file. Policies should be established to provide for monitoring compliance with this policy by case managers. The department should also develop a method to evaluate the effectiveness of independent living services offered to qualifying children in the foster care system, including the outcomes of the children upon reaching adulthood.
10. To ensure the safety of foster children, the department should take action to make certain all divisions of the department are aware of and are fulfilling their responsibilities when there is an allegation of abuse or neglect by a foster parent. This includes ensuring that Child Protective Services staff notify Quality Assurance, Resource Management, and Foster Parent Support staff about any allegations of abuse or neglect in foster homes.

Also, the department should ensure that all investigations and any subsequent corrective actions are performed in accordance with department policy.

11. Department management should determine why staff have failed to develop an adequate program for recruiting foster parents and take appropriate action. The department should establish and maintain a program on a statewide and regional level that ensures issues regarding the recruitment of foster and adoptive homes are addressed thoroughly, recruiting goals are set, and information is collected regarding the department's efforts to meet goals. The statewide planning group should be formed and be used to help the department complete a foster parent recruitment and retention plan. The department should develop a mechanism by which to communicate more effective recruitment strategies on a statewide basis and put them into practice as appropriate on a regional basis.
12. The department should also develop a process to ascertain, on both a statewide and regional level, whether the pool of foster and adoptive homes is representative of the race and ethnicity of the children and families to whom the department provides placements and services. Information garnered from this process should be used to target recruitment efforts on both a statewide and regional level.
13. The department should determine why the foster home registers do not have all information required by policy and take corrective action. Further, the department should ensure that foster home information on all foster homes in a region, including both department and contract agency foster homes, is maintained in each region as required by department policy.
14. The department should determine why staff are not always following department policy for psychotropic medications and take corrective action. Staff should ensure that the appropriate consent form is obtained and kept with the case files, with the appropriate party indicating consent in all instances prior to the administration of any psychotropic medications. The department should also ensure that department field staff are familiar with department policy regarding the administration of psychotropic medication, and take steps to clarify this policy as necessary.
15. The department should determine why some investigations are not completed within 60 days and why the information in paper and computer files is not consistent and take corrective action. It should add a time deadline to its current policy for starting an investigation after the department receives the allegation. The department should require case managers to use a checklist verifying information accuracy and consistency, and improve supervisor review of case files.
16. The department should develop and implement a written policy, including a monitoring tool, requiring community services agency staff to update CPS case managers, in a timely manner, on a family's progress in reducing the risk of the children being taken into state custody. These updates should include any needed recommendations on improving services, changing service providers, or obtaining new services to avoid the need for

children to be referred back to CPS. They should occur during implementation of the plan and at its completion. Also, the policy should clarify the use of safety plans by CPS staff in monitoring community services agency staff, including the plans' use as a long-term monitoring tool.

17. The department should take steps to determine the reasons for delays in terminations of parental rights in cases where it was determined to be in the best interest of the child and take corrective action. The department should document this determination in the child's file. The Quality Assurance Division should continue its statewide file reviews on a regular basis, make recommendations, and follow-up on its recommendations.
18. The department should develop and implement a formal system of post-adoption support, in addition to Adoption Assistance, to assist adoptive parents in stabilizing placements before and after adoptions are finalized. It should solicit input from Adoption Services staff in developing the system. Such a system should include case management where case managers refer parents and children to available services in an effective and timely manner. The support should be made known to and accessible to all qualified parents. The support should be made available to parents on a voluntary basis, respecting the privacy rights of these individuals.
19. The department should determine why staff are not tracking adoption disruptions, as required by the Brian A. Settlement Agreement, and take corrective action. It should develop a policy that requires Adoption Services staff to track disrupted adoptions before and after they are finalized, including the number and types of disruptions, by region, and then provide this information to regional staff. Regional staff should use this information to develop and implement methods to reduce disruptions.
20. The department should determine why staff have not developed methods to measure recidivism and take corrective action. The department should develop a formal definition of recidivism and develop and implement outcome measures to determine recidivism at juvenile justice facilities and relating to the probation program. The department should study the usefulness of recidivism data, measuring the effectiveness of individual treatment programs at individual facilities and across all facilities in reducing recidivism. The department should also take steps to measure the number and percentage of its former children entering Tennessee's adult correctional system.
21. To ensure compliance with state statutes and the Brian A. Settlement Agreement, the department should develop and implement policies and procedures detailing the background check process, ensuring fingerprint logs are accurate, and preventing employees from being overlooked for background checks. The department should also take steps to reduce the number of days required to obtain and process fingerprints for new hires so that background checks are completed by the time these individuals finish pre-service training. The department should not assign staff to duties in which they have contact with children until it has received and evaluated the fingerprint results. The department should also review personnel files to determine if employees were screened against the child abuse registry it must implement and recheck staff whose files are incomplete.

22. The department should develop and implement a policy to require the Training Director to obtain ideas from employees regarding pre-service training and subsequent annual training, and use these suggestions to reevaluate and make necessary changes to the department's current training program. The department should review the possibility of computerizing some training to lessen time spent in the classroom and allow more time for on-the-job training. The department should also postpone employee evaluations of pre-service training to allow employees time to determine how useful the skills taught in the training are in performing their day-to-day tasks.
23. The department should develop the comprehensive training database required by department policy. The department should also develop and implement policies and procedures requiring regional and facility training coordinators to submit each employee's training information for inclusion in the database.
24. The department should implement policies that require the tracking of all quantifiable measurements contained in the 2001–2003 Strategic Plan. Information acquired from the tracking of all quantifiable measurements should be regularly and routinely collected by a central location to determine the department's progress in achieving strategic plan goals as well as to provide management with an accurate summary of overall performance.
25. The department should develop and implement policies and procedures that delineate the complaint-handling process that enables employees and others to submit Title VI complaints and help ensure all complaints receive the same due process.

Appendix 1

Principles of the Brian A. Settlement Agreement

1. All children should have the best possible opportunity to grow up within a safe, nurturing family, either with their biological family or, if that is not possible, within an adoptive family.
2. The state should make reasonable efforts to avoid foster care placement by providing services to preserve the biological family whenever that is reasonably possible. However, child welfare decision-makers must have the professional capacity to make determinations as to when making efforts to preserve the biological family, or leaving the child with that family, is neither safe for the child nor likely to lead to an appropriate result for the child.
3. After children enter placement, all non-destructive family ties should be maintained and nurtured. Children should be placed with relatives who are able to provide a safe, nurturing home for them, and should be placed with siblings, and relationships with relatives and siblings should be facilitated and maintained by the child welfare agency.
4. Foster care should be as temporary an arrangement as possible, with its goal being to provide a permanent home for the child as quickly as possible. In making the determination about what plans and services will best meet this goal, the child's interests should be paramount.
5. The state has primary responsibility for the care and protection of children who enter the foster care system. Insofar as it relies on private contractors to assist in meeting this responsibility, it should only do so according to standards set by and rigorously monitored by the state.
6. All children in need of child welfare services should receive full and equal access to the best available services, regardless of race, religion, ethnicity, or disabilities.
7. Children in foster care placement should be in the least restrictive, most family-like setting possible, and the state should make all efforts to avoid the use of non-family settings for children, particularly young children.
8. Children in foster care placement should have stable placements that meet their needs and the services necessary to address both the trauma of foster care placement and the problems surrounding their removal from their family.
9. Children in out-of-home placements must have timely decision making about where and with whom they will spend their childhood, and timely implementation of whatever decisions have been made.
10. Families of children in foster care should be significant participants in the planning and decision making concerning their children.
11. The state should achieve these goals in a family environment whenever possible, separating the child from the child's parents only when necessary for the child's welfare or in the interest of the child's safety, keeping the child as close to home as possible.

12. All parties in judicial proceedings involving neglect, abuse, unruly behavior, and delinquency should be provided a fair hearing and their constitutional and other legal rights should be enforced and recognized.
13. Except where a particular provision of the Brian A. Settlement Agreement establishes a specific limit on the resources required to be allocated, defendants shall commit all necessary resources (administrative, personnel, financial and otherwise) to implement all provisions of the settlement agreement.
14. All actions required for plaintiff class members under the settlement agreement shall be documented within the individual case file of each member of the plaintiff class. DCS shall have the ability to produce aggregate data requested by the Monitor concerning compliance with the provisions of the settlement agreement.

Appendix 2

Title VI Information

All programs or activities receiving federal financial assistance are prohibited by Title VI of the Civil Rights Act of 1964 from discriminating against participants or clients on the basis of race, color, or national origin. In response to a request from members of the Government Operations Committee, we compiled information concerning federal financial assistance received by the Department of Children's Services (DCS), and the department's efforts to comply with Title VI requirements. The results of the information gathered are summarized below.

According to *The Budget: Fiscal Year 2003-04*, the DCS was the recipient of \$80,055,400 in federal financial assistance during fiscal year 2002. Assistance was primarily distributed among Child and Family Management, Custody Services, Family Support Services, and Adoption Services.

According to the DCS *Title VI Compliance Procedure Manual* and DCS policy, the Assistant Commissioner for Support Services (ACSS) oversees Title VI compliance efforts. The responsibility for coordinating Title VI within DCS is assigned to and divided among supervisory staff of DCS. The ACSS conducts an annual review of compliance efforts prepared by DCS staff to ensure that the following have occurred:

1. DCS staff have received appropriate and adequate training on Title VI to function fully in their responsibilities associated with Title VI compliance and implementation.
2. DCS staff have received all materials such as procedural manuals and posters required for administering and complying with the Title VI program.
3. The ACSS will maintain copies of compliance reports from regional offices, youth development facilities, contract agencies and community residential facilities. Compliance reports from CIS grant programs will be maintained by the director of CIS grant programs.

The department submitted the Title VI Compliance and Implementation Plan June 26, 2002, to the Comptroller of the Treasury, the Human Rights Commission, appropriate legislative committees, the Black Caucus, and members of the Title VI Committee. The 2003 plan was received by the Comptroller's Office on June 30, 2003. According to the 2002 plan, the department included Cultural Communication Title VI Training at the Tennessee Corrections Academy in both pre-service and in-service training. We determined, through a review of the plan and discussions with the Title VI Coordinator, that the department does not track minority vendors. The coordinator contacted Regional Administrators and determined there were seven minority vendors. However, since the department does not formally track these vendors, we were unable to verify that the listing is complete.

Self-Surveys

Per the DCS *Title VI Compliance Procedures Manual*, each regional office, community residential facility, youth development treatment facility, or grantee must complete the Title VI Self-survey annually (or as otherwise required to help ensure Title VI compliance) and submit the completed report to the DCS central office within 90 days of receiving the survey. The survey asks questions regarding Title VI training; program services; racial demographics of boards, beneficiaries, employees, etc. The appropriate director and ACSS review self-surveys. Sanctions will be levied against programs, facilities, or grantees that do not comply with established reporting deadlines and guidelines. Furthermore, any contracting agency or governmental unit found to be in noncompliance with Title VI is given a written notice. Failure to eliminate further discrimination within 90 days of receipt of notice is considered a violation of the terms of the contract and a basis for contract suspension, termination, or rejection. We reviewed all surveys submitted for the 2002 fiscal year and found many lacking information, and we concluded that the department should provide more guidance on completing the surveys.

During fiscal year 2002, the DCS Youth Development Centers (YDCs) and DCS group homes, were reviewed and program accountability mock audits were conducted by department staff for internal review and in preparation of national American Corrections Association standards. A component of the program audit is a standard requirement regarding equal access to programs and services. All YDCs and group homes were found by the staff to be in compliance with this component.

Complaint Process

We reviewed department policy, the *Title VI Compliance Procedures Manual*, and the department's Title VI Implementation Plan 2001-02 and were unable to determine the department's procedures for handling Title VI complaints. (See finding 22.) However, we interviewed personnel and received an explanation of the process flow. When the department receives a complaint, it is immediately forwarded to the Title VI Coordinator who determines whether it is an actual Title VI complaint. According to the Title VI coordinator, some complaints filed are in fact Equal Employment Opportunity Commission complaints rather than Title VI complaints. The department is developing a new training program to educate staff on the differences between Title VI and EEOC complaints and the complaint process. If a Title VI complaint is not satisfactorily resolved, the coordinator forwards the complaint to the Title VI Compliance Commission. The coordinator also stated that the department has received two Title VI complaints during her time as coordinator, but these complaints were resolved before any in-depth action was taken.

**Staff of the Department of Children's Services by Title, Gender, and Ethnicity
As of January 2003**

Title	<i>Gender</i>		<i>Ethnicity</i>				
	<i>Male</i>	<i>Female</i>	<i>Asian</i>	<i>Black</i>	<i>Hispanic</i>	<i>White</i>	<i>Other</i>
Account Clerk	3	24	2	5	0	20	0
Accounting Manager	1	3	0	2	0	2	0
Accounting Technician 1	7	25	1	8	0	23	0
Accounting Technician 2	0	9	1	1	0	7	0
Accountant 2	4	6	0	2	0	8	0
Accountant 3	7	3	1	2	0	7	0
Assistant Commissioner 2	3	4	0	2	0	4	1
Administrative Analyst 2	1	0	0	0	0	1	0
Administrative Analyst 3	1	0	0	0	0	1	0
Administrative Assistant 1	0	9	0	1	0	8	0
Administrative Services Assistant 2	4	8	0	1	0	11	0
Administrative Services Assistant 3	5	14	0	5	0	13	1
Administrative Services Assistant 4	1	1	0	0	0	2	0
Administrative Services Assistant 5	1	3	0	0	0	4	0
Administrative Services Manager	0	1	0	0	0	1	0
Administrative Secretary	1	72	0	15	0	58	0
Attorney 2	0	1	0	0	0	1	0
Attorney 3	15	43	1	7	0	50	0
Attorney 4	3	9	0	0	0	12	0
Audit Director 1	0	1	0	0	0	1	0
Auditor 2	2	0	1	0	0	0	1
Auditor 3	1	1	0	0	0	2	0
Budget Analysis Director 1	1	0	0	0	0	1	0
Budget Analysis Director 2	1	0	0	0	0	1	0
Building Maintenance Worker 2	18	0	0	0	0	18	0
Building Maintenance Worker 3	6	0	0	1	0	5	0
Boiler Operator 1	3	0	0	0	0	3	0
Boiler Operator Supervisor	1	0	0	0	0	1	0
Budget Analyst 2	1	0	0	0	0	1	0
Capital Projects Director	1	0	0	0	0	1	0
Chaplain 2 Psychiatric	1	0	0	0	0	1	0
Clerk 2	1	12	0	8	0	5	0
Clerk 3	0	11	0	2	0	9	0
Clerk 3-Executive Service	0	1	0	1	0	0	0
Commissioner 1	1	0	0	0	0	1	0
Cook 1	0	4	0	0	0	4	0

Title	Gender		Ethnicity				
	Male	Female	Asian	Black	Hispanic	White	Other
Correctional Classification							
Coordinator-Youth Services	2	0	0	0	0	2	0
Correctional Counselor 3	10	2	0	0	0	12	0
Correctional Program Director 2	1	0	0	0	0	1	0
Correctional Program Manager 1	2	0	0	0	0	2	0
Correctional Program Manager 2	1	0	0	0	0	1	0
Correctional Principal	3	1	0	2	0	2	0
Correctional Teacher	23	41	0	19	0	45	0
Correctional Teacher Supervisor	1	2	0	1	0	2	0
Community Services Assistant	6	53	0	21	0	38	0
Children's Services Case Manager 2	398	1,252	9	571	14	1,044	12
Children's Services Case Manager 3	30	110	0	44	0	95	1
Children's Services Case Manager 4	69	238	0	77	1	227	2
Children's Services Corporal	61	25	1	43	0	42	0
Children's Services Cottage House Parent	9	18	0	11	0	16	0
Children's Services Director of Investigation	1	0	0	0	0	1	0
Children's Services Institution Superintendent	3	1	0	1	0	3	0
Children's Services Lieutenant	18	3	0	9	0	11	1
Children's Services Manager-Administrative Services	3	1	0	0	0	4	0
Children's Services Manager-Security	5	0	0	2	0	3	0
Children's Services Manager-Treatment	2	2	0	1	0	3	0
Children's Services Officer	239	157	2	147	2	244	1
Children's Services Program Coordinator	10	28	0	12	1	25	0
Children's Services Program Director 1	6	14	0	9	0	11	0
Children's Services Program Director 2	2	2	0	2	0	2	0
Children's Services Program Director 3	0	4	0	1	0	3	0
Children's Services Program Manager	2	6	0	0	0	7	1
Children's Services Program Specialist	7	21	0	11	0	17	0

Title	Gender		Ethnicity				
	Male	Female	Asian	Black	Hispanic	White	Other
Children's Services Regional Administrator	3	9	0	3	0	9	0
Children's Services Sergeant	18	6	0	13	0	11	0
Children's Services Special Investigator	2	0	0	0	0	2	0
Children's Services Team Coordinator	23	58	0	15	0	66	0
Custodial Worker 1	2	2	0	3	0	1	0
Data Entry Operator	0	2	0	0	0	2	0
Database Administrator 3	1	0	0	0	0	1	0
Data Processing Operator 1	0	1	0	0	0	1	0
Data Processing Operator 2	0	2	0	0	0	2	0
Distributed Program/Analyst Supervisor	0	1	0	0	0	1	0
Education Consultant 1	1	1	0	1	0	1	0
Education Consultant 2	3	3	0	1	0	5	0
Education Consultant 4	0	1	0	0	0	1	0
Eligibility Counselor 2	7	37	0	15	0	29	0
Executive Administrative Assistant 1	0	2	0	0	0	2	0
Executive Administrative Assistant 2	2	3	0	2	0	3	0
Executive Administrative Assistant 3	0	2	0	0	0	2	0
Executive Secretary 1	0	4	0	1	0	3	0
Facilities Manager 1	4	0	0	0	0	4	0
Facilities Manager 2	2	0	0	1	0	1	0
Facilities Safety Officer 2	3	1	0	1	0	3	0
Facilities Safety Officer 3	1	0	0	0	0	1	0
Food Service Assistant Manager 1	1	0	0	0	0	1	0
Food Service Director 3	0	1	0	0	0	1	0
Food Service Manager 1	5	0	0	1	0	4	0
Food Service Steward 1	6	15	0	9	0	12	0
Food Service Steward 2	9	17	0	7	0	19	0
Food Service Supervisor 2	0	1	0	1	0	0	0
Field Supervisor 1	0	3	0	2	0	1	0
Fiscal Director 1	1	3	0	1	0	3	0
Fiscal Director 2	2	0	0	0	0	2	0
Fiscal Director 3	0	1	0	1	0	0	0
General Counsel 4	0	1	0	0	0	1	0
Grounds Worker 2	1	0	0	0	0	1	0
Human Services District Director	0	1	0	0	0	1	0

Title	Gender		Ethnicity				
	Male	Female	Asian	Black	Hispanic	White	Other
Information Resource Support Specialist 2	0	3	0	1	0	2	0
Information Resource Support Specialist 3	1	4	0	1	0	4	0
Information Resource Support Specialist 4	4	0	0	1	0	3	0
Information Resource Support Specialist 5	5	0	0	0	0	5	0
Information Officer	0	1	0	0	0	1	0
Information Systems Analyst 2	0	1	0	0	0	1	0
Information Systems Analyst 3	0	2	1	1	0	0	0
Information Systems Analyst 4	0	1	0	1	0	0	0
Information Systems Consultant	1	4	0	0	0	5	0
Information Systems Director 1	1	0	0	0	0	1	0
Information Systems Director 2	1	0	0	0	0	1	0
Information Systems Director 3	1	0	0	0	0	1	0
Information Systems Manager 1	2	2	0	0	0	4	0
Information Systems Manager 2	1	0	0	0	0	1	0
Information Systems Manager 3	3	0	0	0	0	3	0
Legal Assistant	1	13	0	3	0	11	0
Licensed Practical Nurse 2	0	16	0	5	0	11	0
Mental Health Program Specialist 3	1	0	0	1	0	0	0
Mental Health/Mental Retardation Standards Coordinator	0	1	0	1	0	0	0
Maintenance Mechanic 2	3	0	0	1	0	2	0
Nurse Practitioner	0	1	0	0	0	1	0
Office Automation Specialist	0	1	0	1	0	0	0
Office Supervisor 1	0	1	0	1	0	0	0
Personnel Analyst 2	2	7	0	2	0	7	0
Personnel Analyst 3	0	2	0	1	0	1	0
Personnel Director 3	1	0	0	0	0	1	0
Personnel Manager 2	0	1	0	0	0	1	0
Personnel Technician 2	0	14	0	2	0	12	0
Personnel Technician 3	1	13	0	3	0	11	0
Programmer Analyst Supervisor	0	1	0	0	0	1	0
Probation/Parole Officer 3	5	5	0	3	0	7	0
Procurement Officer 1	1	1	0	0	0	2	0
Procurement Officer 2	2	4	0	0	0	6	0
Psychiatric Social Worker 1	0	1	0	0	0	1	0
Psychologist	0	2	0	1	0	1	0

Title	Gender		Ethnicity				
	Male	Female	Asian	Black	Hispanic	White	Other
Psychological Examiner 1	0	1	0	0	0	1	0
Psychological Examiner 2	0	1	0	0	0	1	0
Recreation Assistant	3	1	0	1	0	3	0
Recreation Specialist 1	2	1	0	0	0	3	0
Recreation Specialist 2	5	0	0	1	1	3	0
Registered Nurse 2	0	3	0	0	0	3	0
Registered Nurse 3	0	2	0	0	0	2	0
Registered Nurse 4	0	4	0	1	0	3	0
Secretary	4	198	3	53	0	145	1
Security Guard 1	1	0	0	1	0	0	0
Special School Superintendent	1	0	0	0	0	1	0
Special School Teacher	4	1	0	0	0	5	0
Statistical Analyst 2	0	1	1	0	0	0	0
Statistical Analyst 4	1	0	0	0	1	0	0
Statistical Analyst Supervisor	1	0	0	0	0	1	0
Statistics Assistant Director	1	0	0	0	0	1	0
Storekeeper 1	2	0	0	0	0	2	0
Storekeeper 2	4	2	0	2	0	4	0
Stores Clerk	1	2	0	0	0	3	0
Stores Manager	1	1	0	0	0	2	0
Teachers Assistant-Correction	1	12	1	6	0	6	0
Telephone Operator 1	0	1	0	0	0	1	0
Training Officer 2	0	1	0	0	0	1	0
Training Specialist 2	1	5	0	2	0	4	0
Treatment Plant Operator	4	0	0	0	0	4	0
Vehicle Operator	0	1	0	1	0	0	0
Vocational Instructor Specialist	18	5	0	2	0	21	0
Volunteer Services Coordinator 2	1	1	0	0	0	2	0
Youth Services Worker 1	8	5	0	11	0	2	0
Youth Services Worker 2	1	2	0	3	0	0	0
Youth Services Worker Supervisor 1	0	3	0	3	0	0	0
	1,208	2,780	25	1,242	20	2,679	22