

***Tennessee Citizen Review Panels
Annual Report***

June 2009

PREPARED FOR

The Tennessee Department of Children's Services



**THE UNIVERSITY OF TENNESSEE
COLLEGE OF SOCIAL WORK
OFFICE OF RESEARCH AND PUBLIC SERVICE**

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BY

TONI LAWAL, M S

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**THE UNIVERSITY OF TENNESSEE
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**The University of Tennessee
College of Social Work
Office of Research and Public Service**

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Project #

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**Changes That Need to Occur to Improve Services for Children
and Families: Workers generally agreed that the rural counties
are limited when it comes to a variety of services and more
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highest quality of services including flexible schedules from
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Introduction

The Child Abuse Prevention and Treatment Act (CAPTA) require that states receiving funding through this legislation to comply with specific requirements related to developing and maintaining a system to respond to child maltreatment. This Act mandates the establishment of Citizen Review Panels (CRPs). The purpose of the Panels is to provide opportunities for citizens to assist States with meeting their goals of protecting children from abuse and neglect. The Act also requires that Panel members represent the community and that members be volunteers.

The role of the Panels is to examine child protective services' policies and procedures to ensure that States CPS programs are in compliance with the State Plan. Panels review cases, data, and other aspects of the CPS program they consider important toward keeping children safe.

This fiscal year has been especially challenging for Citizen Review Panels with the economic downturn affecting Panels membership. Several Panel members experienced job loss resulting in members having to relocate to other states and counties for employment. In addition, there were administrative changes among CPS leadership positions at the Department of Children's Services. In spite of these challenges, Panel members continue to stay focus on the goal of protecting children and have greatly contributed to improving the child protection system. During the Statewide Annual Retreat, the Panels reaffirmed their commitment to engage DCS as partners on behalf of Tennessee's children, which are addressed in the 2009 recommendations.

For more information on Citizen Review Panels, please refer to the "*Frequently Asked Questions About Citizen Review Panels and the Child Abuse Prevention Treatment Act*" located in Appendix B of this report.

Tennessee's Citizen Review Panels

Location

Tennessee has three CRP's located in Montgomery County (Clarksville), Memphis, and the Northwest Region of Tennessee (including nine rural counties). The University of Tennessee, College of Social Work Office of Research and Public Service (SWORPS) contracts with the Tennessee Department of Children's Services (TDCS) to coordinate, facilitate, and provide technical assistance to the CRP's in order to meet the federal requirements.

The Montgomery County CRP is located in Clarksville, Tennessee, a city that has a large military base within the city limits and borders the state of Kentucky. It supports the 3rd largest military population in the Army with over 30,000 military personnel and this post also provides support to National Guard, Reserve Units, and retirees. The unique population of military personnel, both active and retired, and the ethnic diversity and transient patterns in the population represent unique challenges in child protection. The TDCS in Clarksville investigates a large number of military personnel who are living great distances from extended family and support systems. Many of the soldiers and their families are quite young and are struggling with new relationships and stresses associated with deployment. CPS staff members face the challenge of conducting CPS investigations within the context of the military base and its imposing structure.

The CRP in Memphis, Tennessee, the largest urban area in Tennessee with more than 900,000 residents, was chosen to reflect issues specific to urban and inner-city areas. A report released in 2008 by The Urban Child Institute on children's well-being showed that one-third (29%) of the children in Shelby County is in poverty and another quarter (24%) is low income. TDCS offices in this area of the state suffer from frequent staff turnover, higher than average caseloads, and over the past

few years, the county has received much media attention as a result of the soaring child fatalities rates. In fact, a report released in 2008 by ABC News found Memphis as having the highest rate of infant fatality out of any other major city in the nation. Last year, fourteen (14) children died as a result of child abuse and neglect in Shelby County.

The Northwest Region of Tennessee was chosen to have a CRP because it serves a rural population in a relatively large geographical area. While the TDCS staff in this region is stable and turnover is minimal, there are very limited resources to offer to families or to assist TDCS in its efforts to reduce risk and provide safety to children and families. Providing CPS in this sparsely populated area poses special challenges in reaching isolated families who cannot easily access resources.

Member Selection

Each CRP has a Tennessee Department of Children's Services liaison that serves as an advisor to the Panel on various policies and procedures of the department. CRP members were selected for the Panel by the local region. Membership was based on the specific guidelines included in the *Citizen Review Panels for the Child Protective Services System Guidelines and Protocols*. UTK Project Coordinator and DCS staff will begin training new members in June 2009 on roles/responsibilities of CRPs as well as the child protective system to better familiarize members with program areas (e.g. CPS, foster care, independent living, and juvenile justice).

CRP Activities for 2008–2009

This report details CRP's activities for the past fiscal year and their efforts in fulfilling the purpose for which they were developed. In addition, Citizen Review Panel members held their statewide conference on April 14, 2009, in Jackson, Tennessee. It was an opportunity for Panel members to continually increase their knowledge of current CPS issues in order to enhance their ability to make informed recommendations and to develop new goals. These recommendations have been forwarded to TDCS Commissioner Viola Miller. Some of the CRP's activities are highlighted in this report.

Meeting with Commissioner Miller

CRP Chairs met with Commissioner Miller in December 2008 to share current work focus and challenges/concerns of their work. For instance, one of the Panels Chairs' reported that accessing quality resources and transportation continues to be a barrier for those children and their families in the NW region that come to the attention of TDCS. The Commissioner acknowledged that this region poses special challenges and noted that the Community Advisory Boards, which serves as a resource linkage for children and families has made a positive difference in the region. Another concern was education and advocacy. The Commissioner encouraged the Panels to consider partnering with TDCS to promote education and advocacy of child abuse and neglect particularly to those mandated reporters in secondary school systems.

Montgomery County Activities

This Panel met a total of five (5) times on the following dates:

June 23, 2008 -- Panel members met at a local restaurant in Montgomery County to discuss various issues – highlights of the National CRP Conference held in Minnesota, strategies/action steps for work products (e.g. review of a high profile case, assessing gains from case reviews conducted in the previous year and current year, exploring other states CPS specialty training curriculum, and training Montgomery County School counselors, teachers, and principals on child abuse reporting).

September 15, 2008 – Panel Members met at Montgomery County DCS Office to discuss the roll out of Multiple Response System (MRS) in the county and to review a high profile case. Panel members were invited to attend the MRS training for DCS staff and other stakeholders scheduled in November. With regards to the case review, the Panel reviewed a high profile case with allegations of sexual abuse, which had multiple victims. Panel members provided feedback – sharing case strengths and areas of concerns as well as suggested ways to improve case management.

January 21, 2009 – A meeting was held at Montgomery County Public Library and the following topics were discussed: recruiting new Panel members; providing training for Montgomery County School counselors, teacher, and principals; and assessing other states CPS specialty training curriculum. Several persons were identified as potential members – a victim advocate, former foster care person, and university faculty/staff person. With regards to training Montgomery County Schools personnel (e.g. teachers, counselors, principals), the school system suggested the training be held in August. In addition, Panel members were initially interested in reviewing other states CPS specialty training curriculum; however, after further discussion on the matter and discovering that the three (3) states being considered for the review were in the process of revising their curriculum, the Panel determined it was best to suspend this activity.

April 14, 2009 – CRP members from throughout the state met to have an annual retreat in Jackson, Tennessee. Montgomery County formed the following goals for the upcoming year:

- ❖ Continue to review CPS cases with close attention to repeat maltreatment cases
- ❖ Train Montgomery County School counselor, teachers, and principals on reporting child abuse (e.g. federal legislation, state law, and DCS policies and procedures) and recognizing child abuse and neglect (e.g. signs and symptoms and talking with the child)

Shelby County Activities

The Shelby County CRP met a total of six (6) times.

July 22, 2008– At this meeting, Panel members received an overview of the National CRP Conference held in Minnesota from the Chair. There was discussion about the letter received from the Commissioner of DCS addressing the state CRPs recommendations. For instance, one of the concerns in the recommendations focused on screened out referrals. Several Panel members commented they were unaware that DCS send out letters to referents concerning screened out referrals. In addition, the Panel discussed the quickly approaching Child Family Service Review (CFSR) scheduled for Shelby County in a few weeks. Much of this discussion focused on what the CFSR process entails and what the Panel can do to assist DCS. Also the Panel followed up on concerns that came out of the last case review (May 2008) regarding training for the local DCS staff. The local office CPS liaison expressed that case managers are in need of training on working with autistic children and managing plans to serve those children. Before moving forward with this activity, the DCS CPS liaison thought it was best for the agency to first internally assess staff training wants and needs. Upon DCS completion of this task, the Panel would then assist DCS with this work project.

September 29, 2008 – Members gathered at the Lebonheur Center for Children and Parents to discuss the CFSR Exit Preliminary Report. The local office CPS liaison shared that the CFSR feedback was very helpful and that they were quickly moving forward to address the concerns that came out of the exit interview. Of concern as it relate to safety was response times to Priority 2 and 3 reports. Other concerns were casework practice in MRS and focusing on the safety and risk of all children in the home rather than just the identified victim. In DCS efforts to respond to the CFSR findings, the Panel was asked to assist with developing a CPS qualitative assessment tool to address those safety concerns. The Panel suggested reviewing the cases the CFSR team members reviewed and assessing current assessment tools including the Quality Service Review (QSR) process before moving forward with developing a new tool.

November 18, 2008 – At this meeting, the Panel met to brainstorm ways to support DCS with developing a CPS qualitative assessment tool. The following questions were posed to the Panel to address this issue:

- ❖ How can the Panel assist DCS supervisors with issues around quality with workers – developing an internal process that evaluates staff responsiveness to children and their families and meet outcomes?
- ❖ How feasible would it be for the Panel to shadow QSR workers as they interview victims, family members, service providers, etc?

After much discussion, it was requested that DCS provide specific CPS documents and assessment tools to the Panel to review at the next meeting.

December 8, 2008 – At this meeting, the Panel reviewed the various instruments/tools DCS use in CPS investigations and assessments and provided feedback on how to improve existing instruments/tools.

April 14, 2009 – Members came together in Jackson, Tennessee during an annual retreat. Shelby County formed the following goals for the upcoming fiscal year:

- ❖ Shelby County CRP will focus on reviewing repeat maltreatment cases and to assess/identify contributing factors observed to the second reports.

May 12, 2009 – Panel Members held a case review selecting three cases to review involving a repeat maltreatment allegation whereby the first report was screened out and the second report was screened in. Following the review, the group held a debriefing to discuss case strengths, concerns, and recommendations.

Northwest Region Activities

This Panel met five (5) times on the following dates:

August 14, 2008 — Northwest Panel members met at the University of Tennessee, Martin campus to discuss findings from the survey data collected last May and June from frontline workers concerning services for children and their families (see Appendix D). Panel members commented that the findings showed the importance of collaboration as being a key to strengthening families. The Panel discussed future activities such as brainstorming with city/county entities, state agencies, community and faith-based organizations to address the key findings of the evaluation.

October 29, 2008 – This meeting was held at the Weldon Library in Martin, Tennessee. Representatives from the Department of Human Services and NW region Community Advisory Boards attended the meeting to address the problem of transportation. Panel members and invited guests addressed the problem, offered options and possible solutions to the problem. The following options were provided:

- ❖ Contact the state department of transportation for support (e.g. what resources, grants, etc. are available)
- ❖ Collaborate with Chamber of Commerce in an effort to leverage resources
- ❖ Do fundraising activities to raise money to repair vehicles and/or cover liability insurance for those faith-based organizations willing to offer van services
- ❖ Encourage service providers to bring services to the community in an effort to help families access needed services
- ❖ Contact NW Transit Human Resource Agency about the availability of local public transportation services for the 9 counties within the NW region

After much discussion about this concern, the Panel agreed that the first step should be to ensure that the Panel had accurate information about public transportation – whether it exist or not exist.

February 17, 2009 – Co- Chair Dana Cobb and UT representative, Toni Lawal met with John Bucy, Executive Director and Tommy Bradberry, Transportation Manager of the NW Transit Human Resource Agency (NWTTHRA) at their office in Martin. At the meeting, Mr. Bucy and Bradberry provided us with an overview of the agency services – funding sources, hours of operation, common route services, and rates. There was also discussion about what other states with similar problems were doing to improve transportation in rural communities - citing some best practices approaches occurring in the state of Florida. The information was very helpful. Both Mr. Bucy and Bradberry shared their agency purpose, which including the following objectives:

- ❖ Improving the cost-effectiveness and efficiency of transportation for the local Northwest communities.
- ❖ Coordinating efforts that could possibly resolve some of the transportation problems. For example, how to best to use underutilized vehicles (e.g. public school vans/buses, faith-based vehicles) to improve transportation services.
- ❖ Providing the community with reliable information about the availability of public transportation services for the general population and stakeholders such as the departments of children’s services, human services, health, labor and workforce development, and mental health customers.
- ❖ Coordinating services to enhance mobility within and between counties.
- ❖ Obtaining additional and/or leveraging resources – resulting in less unemployment and savings on travel cost.

April 14, 2009 – Members met in Jackson, Tennessee with other CRP members from across the state. The Northwest group proposed the following goals for the upcoming fiscal year:

- ❖ Invite representatives of NWTTHRA to speak at the fall 2009 Community Forum event sponsored by Tennessee Commission on Children & Youth.
- ❖ Review CPS cases

May 28, 2009 - A conference call was held to discuss strategies and action steps for the upcoming case review and TCCY Fall 2009 Community Forum event. The Panel set July 28 as the date to review cases.

Annual Statewide Citizen Review Panel Retreat

During the Citizen Review Panels Statewide 2009 Annual Retreat, Judith Baker, Public Health Program Director with the Department of Health was the keynote speaker. Ms. Baker provided a power point presentation on *Child Fatalities in Tennessee: Trends in the CRP Regions*, which included the following information:

Fatality Statistics in Tennessee

- ❖ In 2006 there were 1096 child fatalities and of that number 1088 were reviewed involving 709 infant deaths, 484 premature infant deaths, and 126 died in a motor vehicle accident.
- ❖ Of the three (3) CRP regions, Shelby and Montgomery Counties had high rates of child fatalities with 15 or more in 2006.
- ❖ Natural causes at 645 was identified as the highest number of death followed by accident at 204; then there is suicide at 16 and homicide at 31
- ❖ Memphis has the highest infant mortality rate nationally.
- ❖ Half of all sudden and unexpected infant deaths occur in the US when the infant is sharing a sleep surface with someone else.
- ❖ African American mothers, teenage mothers, and economically disadvantaged populations are more prone to bed sharing hazards.
- ❖ Infant death rates were notably higher during winter months.

- ❖ The top 5 counties in TN with the highest infant death rates for 2006 were Shelby (199), Davidson (91), Hamilton (47), Knox (34), and Montgomery (28).

According to the National Center on Child Abuse Prevention Research or **NCANDS**, factors that contribute to fatalities are those that are typically associated with child maltreatment include:

- ❖ a crisis in the home,
- ❖ economic stress due to unemployment,
- ❖ unrealistic expectations of the child,
- ❖ social isolation,
- ❖ history of substance abuse, or
- ❖ history of the parents having been abused as children.

In Tennessee, the reports of child abuse and neglect related fatalities have been very disturbing. The Memphis Child Advocacy Center confirmed 14 child fatalities in Shelby County last year due to child abuse and neglect – up from the previous two (2) years (5 child fatalities for both 2007 and 2006). Communities are outraged and shocked by the recent media reports and the fact that it is happening in their neighborhoods. There was a 2 year old who died last year in Middle Tennessee of massive head injuries resulting from severe physical abuse injuries all over his body allegedly at the hand of his mother's boyfriend. Equally disturbing was the horrific story of two children, four adults, and three children injured in a massacre scene last year in West Tennessee.

As noted earlier, a 2006 report by Tennessee Department of Health showed that Memphis had the highest infant fatality nationally. Special reports on infant mortality in Tennessee have been featured nationally on ABC news and in two of the state's largest newspapers – The Tennessean and Commercial Appeal. Black infant mortality rate in Shelby County is almost triple the rate among white infants. Infants who die within the first month of life are usually those who are born very prematurely and those infant deaths that occur after one month and before 12 months are most frequently a result of Sudden Infant Death Syndrome (SIDS). Any unexplained infant death was identified as SIDS. Ms. Baker also commented on Sleep Environment Deaths among infants noting that these deaths are typically blamed on factors that are avoidable such as the following:

- ❖ The parent or caregiver rolls over on the infant.
- ❖ The infant is smothered by pillows, blankets, and/or stuffed animals.
- ❖ The infant gets wedged between the mattress and a wall.

In order to prevent these tragic deaths, Baker stated avoid sleeping with your baby if you are a very heavy sleeper or if you have been drinking or take medication that makes you sleeping.

Resources

Breaking the cycle begins with education. Please find below some resources to assist your efforts toward making positive changes for children in Tennessee.

Death Scene Investigation (DSI) Training – <http://health.tn.gov/MCH/SIDS/DSI.htm>

Exchange Club Family Center of Tennessee – www.familycentertn.org

Help Us Grow Successfully (HUGS) – health.tn.gov/MCH/index.html

LeBonheur Children's Medical Hospital, Center for Children & Parents - www.lebonheur.org

Prevent Child Abuse Tennessee - www.pcat.org

Women Infants Children (WIC) Clinics – <http://health.tn.gov/wic/clinics/htm>

Chairs and Member Attend National CRP Conference in Jackson Hole, Wyoming

In addition to the preceding activities, CRP Chairpersons Sandra Allen (Shelby County), Dana Cobb (Northwest), and Mayme Stephenson (Montgomery County) attended the National Citizen Review Panel Conference in Jackson Hole, WY (May 19 -23, 2008). UT staff member and CRP Coordinator, Toni Lawal, also attended the conference. Workshop topics included, but were not limited to, “Collaboration Between Advocacy Groups and How to Effectively Influence the Legislative Process,” “Trends in National Child Welfare Data: Lessons for CRPs,” and “Empowering the Grassroots through Vision Driven Strategic Change.” Conference attendees also heard personal testimonies from a political journalist, family court judge, and Panel member about their experiences with the child welfare system. These individuals were not afraid to share uncomfortable truths as victims of child abuse and neglect. Their stories touched the heart of the audience with tears running down many faces.

Recommendations from Citizen Review Panels

Per the Child Abuse Prevention Treatment Act (CAPTA), as amended in 2003, the Tennessee Citizen Review Panels submitted the following recommendations to improve the child welfare system at the state and local levels to the Tennessee Department of Children's Services:

- I. The Montgomery County Citizen Review Panel would highly encourage CPS staff to carefully assess procedures and practices involving repeat maltreatment cases. The Panel also encourages CPS workers to seek out independent case reviews quickly when Child Abuse Review Team (CART) resources are unavailable.*

- II. The Northwest County Citizen Review Panel encourages DCS to explore collaboration with non-profit agencies (e.g. Northwest Transit Human Resource Agency, Head Start, Human Services, etc.) and/or coordinate strategies with similar agencies toward improving transportation and access to services for children and their families. The Panel also recommends DCS consider partnering with health departments and children's advocacy groups to explore mobile counseling services.*

- III. The Shelby County Citizen Review Panel strongly urges DCS to collaborate with the local school systems and law enforcement agencies in Shelby County to develop some procedures/guidelines for children who are afraid to go home. The Panel also encourages regular meetings among these agencies in an effort to better safeguard and promote the welfare of children.*

TDCS Federal and State Programs' Updates

Council on Accreditation

The Tennessee Department of Children's Services (TDCS) continues to make strides in its quest for COA Accreditation. The COA peers have reviewed five of the twelve regions including the state's central office: Northeast, Northwest, Southwest, Upper Cumberland, and Southeast. The feedback has been positive thus far. TDCS reports as a result of this process, training for staff and resource parents has increased and controls and monitoring for private providers have improved.

Multiple Response System

As of March 1, 2009, Multiple Response System, the state's new approach to responding to allegations of child abuse and neglect has been fully implemented across the state, which is ahead of schedule for the 2010 deadline. The Resource Linkage Track of the MRS has proven to be an invaluable resource for children and their families who come to the attention of the state's child welfare department.

Brian A. Settlement

According to the monitoring report released in December 2008 by the Technical Advisory Committee (TAC), TDCS has made great strides in the improvement of the child welfare system resulting from the Brian A. lawsuit on behalf of children who suffered serious physical and psychological harm while in the custody of DCS. Listed below are a few of the department's accomplishments:

- ❖ In 2006, the department received national recognition from the U.S. Department of Health and Human Services for its impressive increases in the number of children for whom they found adoptive homes.

- ❖ Fewer children are in foster care than at any time since the entry of the Settlement Agreement, which was accomplished without an increase in the rate of reentry into foster care.
- ❖ The department's training curricula, which is supported a training consortium of 14 colleges and universities promotes a "practice model" – a set of underlying values and an approach to working with families and children that emphasizes engagement of the family, thorough assessment of families strengths and needs, and case planning that involves families and youth in the decision making process.
- ❖ There has been a substantial investment in recruitment, training, and retention of competent, caring, and committed staff including collaboration with Consortium colleges and universities to provide relevant training in child welfare. Through its BSW stipend program, which had its first graduation in May 2005, 156 students have graduated as of May 2008. Of that 156, 125 are currently employed by DCS. In addition, there are currently approximately 82 DCS employees are pursuing advanced degrees in social work for the academic year 2008-2009.
- ❖ The department has addressed a number of critical concerns identified in the lawsuit pertaining to policies and procedures governing the use of psychotropic drugs for children in DCS custody and about the improper use of restraints and seclusion. The department has implemented best practices policies and procedures governing the use of these concerns and established credible oversight mechanisms for ensuring compliance.
- ❖ The department has moved forward with its outcome-focused reform efforts pertaining to data. The federal Statewide Automated Child Welfare Information System (SACWIS) is replacing TN Kids (a statewide database application that captures information on children and families served by DCS). SACWIS allows for comprehensive automated case management to meet the needs of all child welfare staff and their supervisors, whether employed by the state, county, or contracted service providers to facilitate the delivery of child welfare support services, including family support and family preservation.

CONCLUSION

While the upcoming year continues to pose financial constraints for many of Tennessee's state agencies including its child welfare system, the Citizen Review Panels will continue to work with TDCS and its' leadership team to ensure that the child welfare system in Tennessee has adequate resources to meet the needs of children and families in our state. The pending decisions concerning the state budget is likely to be devastating on the child protection system and as citizen advocates, we see our role as instrumental in supporting and sustaining a system of continuity for children and families who comes in contact with the child welfare system. Given the changing economic climate, CRPs look forward to working with TDCS and all other stakeholders in Tennessee's child welfare system to support our children and bolster the mission of helping children thrive.

“Safe Children and Healthy Families Are a Shared Responsibility”

Appendix A
Citizen Review Panel Members

Citizen Review Panels Montgomery County: Member Directory

Name	Agency	Address	Email address	Phone and fax numbers
Stephenson, Mayme <i>Chair</i>	Austin Peay State University, (TCCW)	PO Box 4444 Clarksville, TN 37044	Stephensonm@apsu.edu	(931) 221-7550 (931) 221-7555 (fax)
Biggs, Marion	Tennessee Department of Children’s Services	350 Pageant Lane, Suite Clarksville, TN 37040	Marion.Biggs@tn.gov	(931) 503-3200 x3253 (931) 648-5586 (fax)
Bucy, Debra	Clarksville-Montgomery County Schools	2450 Old Russelville Pike Clarksville, TN 37040	Debra.Bucy@cmcss.net	(931) 648-5670 (931) 503-3408 (fax)
Jones, Susan	Clarksville Montgomery County Schools	621 Gracey Avenue Clarksville, TN 37040	Susan.Jones@cmcss.net	(931) 920-7831 (931) 920-9831 (fax)
Lloyd, Linda	TN Department of Human Services	350 Pageant Lane, Suite 301 Clarksville, TN 37040	Linda.Lloyd@tn.gov	(931) 648-5591 x116 (931) 572-1692 (fax)
Smith-Williams, Sandra	Montgomery County Juvenile Court	Millennium Plaza, Suite 203 Clarksville, TN 37040	Ssmith-williams@montgomerycountyttn.org	(931) 648-5766 (931) 648-5793 (fax)
Wallace, Amelia (Partial term)	TN Department of Children Services (Retired)	244 Audubon Woods Clarksville, TN 37043	Ameliawallace41@gmail.com	(931) 645-8328

Citizen Review Panels Shelby County: Member Directory

Name	Agency	Address	Email address	Phone and fax numbers
Allen, Sandra <i>Chair</i>	Lebonheur Center for Children and Parents	2400 Poplar, Suite 318 Memphis, TN	Allens@lebonheur.org	(901) 287-4700 (901) 287-4701 (fax)
Guinn, Shandrian	Tennessee Department of Children's Services	1925 South Third Street Memphis, TN 38109	Shandrian.Guinn@tn.gov	(901) 947-8823 (901) 774-7307 (fax)
Hargrave, Angela	Shelby County Schools	160 S. Hollywood St. Memphis, TN 38112	Ahargrave@scsk12.org	(901) 321-2664 (901) 321-2660 (fax)
Johnson, Angela	Tennessee Department of Children's Services	1925 South Third Street Memphis, TN 38109	Angela.L.Johnson@tn.gov	(901) 947-8824 (901) 774-7527 (fax)
Lundsford, Dee Dee	Shelby County Schools	130 Flicker Memphis, TN 38104	Dlundsford@scsk12.org	(901) 321-2585 (901) 321-2660 (fax)
Schnell, Randy	Memphis City Schools	2930 Airways Memphis, TN 38116	Schnellr@mcsk12.net	(901) 416-1386 (901) 416-7634(fax)
Steppe, Susan	Lebonheur Children's Hospital	50 North Dunlap Street Memphis, TN 38103	Steppes@lebonheur.org	(901) 287-4428 (901)
Toaramina, Patricia	Memphis City Schools	2930 Airways Memphis, TN 38116	Toarminap@mcsk12.net	(901) 416-5826 (901) 416-7634 (fax)
Williams, Nancy	Memphis Child Advocacy Center	1085 Poplar Memphis, TN 38105	Nwilliams@MemphisCAC.org	(901) 525-2377 (901) 888-4391 (fax)

Citizen Review Panels Northwest Tennessee: Member Directory

Name	Agency	Address	Email address	Phone and fax numbers
Cobb, Dana <i>Co-Chair</i>	Tennessee Committee on Children and Youth	PO Box 586 Huntingdon, TN 38344	Dana.Cobb@tn.gov	(731) 986-4243 (731) 986-3200 (fax)
Goodman, Marilyn <i>Co-Chair</i>	Milan City Schools	PO Box 528 4040 Middle Road Milan, TN 38358	Goodmanm@milanssd.org	(731) 686-3026 (731) 723-8872 (fax)
Dixon, Chanesia	Northwest TN Headstart	1400 Hornbrook Street Dyersburg, TN 38024	Cdixon@nwttnhs.org	(731) 377-9862 (731) 285-3712 (fax)
Mitchell, Dennis	Milan Police Department Dare Officer Milan City Schools	7029 Telecom Drive Milan, TN 38358	Mitchelld@milanssd.org	(731) 686-3309 MPD (731) 686-7232 School (731) 723-8872 (fax)
Morris, Kim	Tennessee Center for Child Welfare	PO Box 143 Murfreesboro, TN 37132	Kimberly.s.morris@tn.gov	(615-) 691-1920
Webb, Phyllis	Tennessee Department of Children's Services	1979 St. John Avenue, Suite F Dyersburg, TN 38024	Phyllis.Webb@tn.gov	(731) 286-8304 (731) 286-8369 (fax)
Yarbro, Joetta	Dyer County Schools	605 Lewis Avenue Dyersburg, TN 38024	Jyarbro@k12tn.net	(731) 286-3608 (731) 285-3620 (fax)

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Tennessee Citizen Review Panel TDCS Central Office Liaison

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Appendix B

Frequently Asked Questions

1. What is the Child Abuse Prevention Treatment Act of 1996?

This Act provides federal funding to states to prevent, identify, and treat child abuse and neglect. It created the National Center on Child Abuse and Neglect, developed standards for receiving and responding to reports of child maltreatment, and established a clearinghouse on the prevention and treatment of abuse and neglect. Changes in 1996 reinforced the Acts' emphasis on child safety; thus resulting in the establishment of Citizen Review Panels.

2. Who may participate on Citizen Review Panels?

The federal legislation requires that the individual CRPs be "broadly representative of the communities in which such panel is established." Panel members should be familiar with the intricacies of CPS work. Representatives from DCS, law enforcement, school system, foster parent, colleges of social work and organizations such as state chapters of Child Advocacy Centers, Prevent Child Abuse, and CASA typically reflect panel members.

Upon being selected, members commit to a two (2) year term of services on their local CRP's and are given a brief overview regarding the role of the Panel and expectations of members.

3. How many CRPs are there in Tennessee?

Currently, there are three CRPs in the state - Memphis/Shelby County, Northwest Region, and Clarksville/Montgomery County.

Each CRP has a Tennessee Department of Children's Services liaison that serves as an advisor to the Panel on various policies and procedures of the department. CRP members are selected for the Panel by the local region. All three existing Panels have strong representation from local school systems, child advocacy centers, and local child advocates.

4. How often do Panel members meet?

Panels must meet at least quarterly, but the number of meetings held per year is flexible. Members are volunteers and the number of meetings per year is ultimately tied to their availability. Generally anywhere from 4 to 6 meetings are held per year and a number of methods may be used for these meetings including but not limited to; face to face meetings, conference calls, lunch or dinner meetings, teleconferencing, etc.

5. What is the role and responsibilities of Panel members?

Panel members are required to examine the policies and procedures to determine whether state and local agencies are effectively discharging their child protection responsibilities and are in compliance with the state Child Abuse Prevention Treatment Act (CAPTA). However, because the mandate is so broadly defined, it does not give a clear sense of direction. Ultimately, Panel members' role is to be a community partner of the local child welfare agency and to address issues concerning the child protection system in a manner that is supportive and unbiased.

6. Does the federal law allow one panel to review agency compliance with the CAPTA plan, another Panel to review agency performance in the area of coordinating with foster care and adoption services and a third to review only a local agency and its performance?

No, each Panel must perform each of the enumerated functions. However, one Panel, for instance might conduct in-depth reviews of a small number of child protective service cases, another examine broader number of case files, and yet another examine the information available through the statewide data system.

7. How do Panels go about deciding which policy or procedure to examine?

First, you should determine how your local Panel can be helpful to the CPS system and what particular areas of the system would most benefit from outside review. This can be done by looking at the agency's discharge of its duties and at the interactions, strengths, and weaknesses of the CPS system as a whole, including community-based services and other agencies such as the Tennessee Center for Child Welfare (TCCW)

8. How does Citizen Review Panels (CRPs) differ from Community Advisory Boards (CABs)?

Citizen Review Panels are established by federal statute and funded by CAPTA and explore issues to support child protection systems while the Community Advisory Boards are a state initiative designed to support the implementation of MRS. Also, CAB's focus primarily on the issue of service delivery unique to that local community.

9. What policies or procedures can or have Panels examined?

- Conduct focus groups to assess service delivery, job satisfaction, inter-departmental relationships, and culturally responsive practices
- Evaluate CPS pre-service specialty training, qualifications of trainers and CPS staff, job turnover, etc.
- Identified successful community-based child protection systems and approaches for replication elsewhere.
- Developed web-based Child Abuse Reporting guide

- Examine assessment tools and case finding
- Conduct case reviews

10. Are Panels required to produce a report to DCS?

Yes. UT staff prepares an annual report documenting the Panels' activities and recommendations to improve CPS at state and local level.

Please be aware that laws and regulations change and are subject to different interpretations. The *Frequently Asked Questions* is intended to provide the reader with helpful guidance, not legal advice. For more information about CRPs and CAPTA, please visit the National Resource Center for Child Protective Services website at www.nrccps.org.

Appendix C
Statewide CRP Conference Materials

Tennessee Citizen Review Panel Annual Retreat

Tuesday April 14, 2009

UT West Tennessee Research and Education Center

605 Airways Blvd. Jackson, TN 38301

9:00	Registration	
9:30	Welcome and Introductions	Toni, Rory, and CRP Chairs
	Icebreaker 1	Sandra Allen
10:00	Child Fatalities In Tennessee;	Judith Baker, TN Dept. of Health
		Trends in your region
10:45	Break	
11:00	Working Together to Enhance the CPS System	Carla Aaron TDCS
		Executive Director of Child Safety
11:45	Lunch	
12:30	Icebreaker 2	Sandra Allen
12:45	National CRP Survey Results	Toni Lawal
1:00	Break	
1:15	Local CRP Plan Development	Local CRP's
2:00	Report back	CRP Chairs
2:30	Thank you and goodbye	Toni Lawal

Persons Attending the Statewide Annual CRP Conference

Northwest CRP:

Dana Cobb, Co-Chair, NW Area Manager, TCCY

Marilyn Goodman, Co-Chair, Social Worker, Milan Special School District

Phyllis Webb, Northwest Region Tennessee Region Department of Children's Services

Shelby County CRP

Sandra Allen, Chair, LeBonheur Center for Children and Parents

Randy Schnell, Memphis City Schools

Dee Dee Lunsford, Shelby County Schools

Angela Hargrave, Shelby County Schools

Shandrian Guinn, Shelby County Tennessee Department of Children's Services

Angela Johnson, Shelby County Tennessee Department of Children's Services

Montgomery County CRP

Mayme Stephenson, Co-chair, TCCW, Austin-Peay State University

Shericka, Montgomery County Tennessee Department of Children's Services

Other Attendees

Judith Baker, Tennessee Department of Health

Christina Dotson, Tennessee Department of Children's Services

Toni Lawal and Rory Alley, UT SWORPS

Appendix D

Case Review Instrument

Northwest Region Evaluation Report

Tennessee Citizen Review Panels

Case Review Guide

Case Number: (Unique Identifier that TDCS assign)

Date Report Received to Central Intake:

Date Case Assigned to Worker:

Circle which Priority Response Assignment: P-1 P-2 P-3

Circle which Track Assignment: Investigation Assessment

Date of CPS Worker first/attempted contact:

Specific Allegations of Harm: Check all that apply.

Physical Abuse		Substantial Risk of Physical Abuse		Drug Exposed Infant	
Drug Exposed Child		Environmental Neglect		Nutritional Neglect	
Medical Neglect		Educational Neglect		Lack of Supervision	
Abandonment		Sexual Abuse		Substantial Risk Of Sexual Abuse	
Psychological Harm		Child Fatality			

- 1) Did the work respond in a timely manner consistent with Priority Response assignment? Yes No

- 2) Age, Race, and Gender of victim (s)
 - Victim 1
 - Victim 2

- 3) Ages of other children residing in the home with the victim

- 4) Were the other children residing in the home interviewed?

- 5) If case was assigned to the Investigative track or received an investigation prior to MRS implementation, did the case meet investigations 60-day deadline? If not, was there an explanation offered or provided in TN-Kids?

- 6) What is the classification of the case? (Might be more than one)

Allegation indicated, perpetrator indicated	
Allegation indicated, perpetrator unfounded	
Allegation indicated, perpetrator unknown	
Allegation Unfounded, perpetrator unfounded	
Allegation indicated, sexually reactive child	
Unable to Complete	

If case was referred to the CPS Assessment track, please specify classification.

No services needed, case closed	
Services recommended, family willing to accept services	
Services recommended, family unwilling to accept services	

7.) Was classification noted on CPS Investigation Summary and Classification Decision of Child Abuse/Neglect Referral (form 740)? Yes No

8.) If indicated, was the case presented to Child Abuse Review Team (CART) prior to end of 60-day investigative deadline? Yes No

9.) Please circle if you observe any of the following risk factors.

Substance Abuse	Domestic Violence
Mental Illness	Anger Management
Prior removals by DCS	Prior indicated abuse and neglect
Teen Parent	Children aged 4 or younger
Social Isolation	Other_____

10.) Did the Child Protective Services Strength and Risk Assessment form document the risk issues? Yes No
(If yes, describe briefly.)

11.) Did the CPS worker initiate the Family Functional Assessment form within 30 days of case assignment? Yes No

12.) Was the case referred for Family services or some other service? Yes No
If yes, what services was the family referred for?

13.) For Investigation, was Juvenile Court notified within 7 days of classification (documented in case notes or TN Kids)? Yes No

14.) Was the District Attorney General Office notified for indicated severe abuse cases within 7 days of the investigative classification (documented in case notes or TN Kids)? Yes No

15.) Were other pertinent documents (e.g. medical findings, psychological evaluation, service providers' reports, others) noted in the case file? Yes
No (if yes, please describe.)

16.) Does the case reflect compliance with policies and procedures? Yes No
(If no, please explain.)

17.) Were identified risks sufficiently resolved prior to case closure? Yes No
(If no, please explain.)

18.) Do you agree with the decision to close? Yes No (If not, please explain.)

19.) In your opinion, did the case focus have a holistic approach – focus was on the safety and risk of all children in the family? If yes, please provide example(s).

20.) Based upon this case review, does the Panel recommend any changes in policies and procedures? Yes No (Please explain.)

Northwest CRP Survey Findings

TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES

Evaluation Summary

July 2008

Evaluation of TDCS program services has been an ongoing activity since 2006. An initial report was submitted in 2006. This report summarizes the findings from evaluations conducted May and June 2008.

METHODOLOGY

31 frontline Child Protective Services workers were surveyed for this evaluation from the Northwest region representing 12 rural counties. Team leaders distributed the survey to CPS workers and since the survey was self explanatory, team leaders' involvement in the evaluation was minimal.

KEY FINDINGS

- Rural communities continue to experience problems accessing adequate resources. Workers report the lack of accessible services continues to have a huge impact on families who don't have reliable transportation and for those families who work full-time day jobs, the problem is greater. There are no services available during the evenings or weekends in this region.
- Rural families are more likely to report they are unable to follow through with recommended services due to lack of transportation.
- Rural families are more likely to have less available services to address children and families' special needs (e.g. Alcohol and Drug treatment, high rates of unemployment, crisis intervention).

Type of Services Typically Referred to Resource Linkage and Service Provider

The vast majority of workers shared that the Resource Linkage Program was not being utilized as the department had envisioned. Several workers attributed this to the position [Resource Linkage Coordinator] being vacant for several months. Some shared that they have not utilized Resource Linkage because they were unaware of the services they provided. Workers reported they typically refer clients to agencies they are familiar with such as those community and faith-based agencies that provide assistance to clients experiencing a crisis and need immediate assistance. Also, it was noted that workers with less than 2 years experience were not aware of the Resource Linkage Program services. The following information represents the type of services most given by workers for referrals to Resource Linkage and Service Providers:

Resource Linkage Referrals	Service Providers referral
Utilities	Professional Counseling
Rent	Parenting
Clothing	Anger Management
Counseling	A & D Assessments
Alcohol & Drug Assessment	A & D Treatment
Housing	Mental Health Counseling
Food/groceries	In-home services

The Implementation of Resource Linkage Impact on Services for Families

When asked if Resource Linkage had a positive impact on services for children and their families, workers generally viewed Resource Linkage as not having a positive impact. Of the 31 respondents completing the survey, 15 stated they were *unsure*, 9 stated *no*, 5 stated *yes*, and 2 did not respond. The table below represents some of the workers' comments:

Strengths

- *“The people in Lake County have access to the “OREO” store when they can receive clothing, food, etc... There is also helping hands, income based housing.”*
- *“I feel it’s provided more services and resources for the families to tap into on their own as well – some are good and some are not so good.”*
- *“Resource Linkage has made more information available to community.”*
- *“I utilized the Resource Linkage for a list of churches in Crockett County to assist a family with payment of rent.”*
- *“More knowledge regarding specific resources available in each county.”*

Concerns

- *“Program is not up and running and has not been a resource for the families.”*
- *“Never see the person in our county – she did send an email in the last few months about a food ministry but I’ve not been able to reach anyone at the number given.”*
- *“I personally have only used Resource Linkage one time. I did not refer the client to Resource Linkage. I contacted Resource Linkage myself and asked for suggestions as to community resources.”*
- *“Not yet because it is not up and running good right now.*
- *“My concern for these families is that there is a lack of services in this county for people to get the services. Normally, people have to come to Obion or Dyer County for assistance with things that are not covered by TNCARE.”*
- *“Resource Linkage??? We don’t seem to have this.”*
- *“Not enough resources in rural counties, such as Benton County where there are not enough resources. There is a Carey Counseling office there, but I haven’t has a lot of success working with this facility.”*
- *“I do not know of any other services available to the families than before Resource Linkage was started. 95% of the time when CPS receives a referral regarding environmental neglect issues, the family is in crisis and needs food immediately. There are no food banks or services that can provide immediate assistance to the families.”*
- *“I have never used Resource Linkage.”*
- *“I have only asked once for money to help finance a car ramp and never heard results from that and never got it funded.”*

Families Following Through With Recommended Services: While services for Resource Linkage differ from Service Provider in that Resource Linkage focus is to connect families to in-kind services/resources in their community and Service Providers is a paid contractual agreement that DCS has with an agency/organization to deliver a service, however, both resources address families’ needs. Since Resource Linkage is relatively new (approximately 2 years) in the NW area, frontline workers tend to connect children and families to services they are most

familiar with - those contractual agencies/organizations. According to workers, approximately 70% of families follow through with recommended services to Service Providers *most of the time* while only about 36% follow through with recommended services to Resource Linkage. Furthermore, several workers indicated that Resource Linkage is not yet available in their communities, which may contribute to why fewer families follow through with recommended services.

Table 2. Frequency of follow through with

Recommended Services

Frequency	Resource Linkage	Service Providers
Always	0	4
Most of the time	11	21
Sometimes	7	3
Rarely	4	3
Never	1	0
Not Applicable *	8	

* Those who wrote in "NA" stated Resource Linkage is not available in the area.

Workers were asked reasons for failure to show up for service appointment.

The most cited reason was *lack of transportation*. Approximately 95% of the workers stated the lack of transportation along with high gas prices as being the reason for many of their clients failure to show up for appointments. Second to lack of transportation was scheduling conflicts. Other reasons provided were as followed:

- "Can't get off work."
- "Child Care"
- "Don't feel service is necessary."
- "Just not motivated enough to change their behavioral patterns."
- "No phone to make appointment."
- "Had other things to do or just didn't go."
- "Services only available from 8:00 a.m. to 4:30 p.m."

Workers were also asked if they receive information about families' referrals/progress to Resource Linkage and/or Service Providers: Most workers reported they received this information from service providers and that it is comes in the form of email or telephone.

Table 3. Communication received concerning Families' referrals/progress

	Resource Linkage	Service Providers
Yes	6	31
No	13	0
Don't Know	6	0
Not Applicable	6	0

Benefits of Resource Linkage: For those workers who have Resource Linkage in their region, most found the services to be beneficial to both families and staff and an opportunity to access untapped/unfamiliar resources. The table below represents some of the worker's comments:

Table 4: Comments from CPS workers about the Benefits of Resource Linkage

- “It would reduce the number of referrals received as a result of failure to link with community resources.”
- “Access and knowledge on resources unknown before.”
- “Involvement of community and working with community agencies.”
- “Help with involvement and working with the community.”
- “The families can get the necessary services a lot faster sometimes compared to waiting on case manager to get the request for services in for the family.”
- “More individualized services.”
- “To be honest I haven't really seen a change or benefit of the Resource Linkage track. We don't have any lists of the services of the participants of the Linkage program.”
- “Due to not living in this area, it makes me more aware of resources that I did not know about.”
- “It is available to people when they need it if by chance the income is not there the following month.”
- “It should help referrals go down in regards to no electricity, etc.”
- “Makes everyone aware of all resources available to keep up with.”
- “It's made it possible to learn about other resources in the area that can be used.”
- “So far there have not been any benefits.”
- “I haven't used Resource Linkage.”

Changes That Need to Occur to Improve Services for Children and Families:

Workers generally agreed that the rural counties are limited when it comes to a variety of services and more needs to be done to provide children and families with the highest quality of services including flexible schedules from service providers to accommodate those families who work full-time day jobs. The table below represents workers' comments about what needs to change to improve services.

Table 5. Comments from CPS Workers on What Needs to Change to Improve Services

<ul style="list-style-type: none"> ▪ “It would be beneficial to have more hours and more in-home services.” ▪ “More money for services for A & D treatment.” ▪ “More services for those families with or without TN CARE that do not have much income.” ▪ “We need more transportation opportunities. We need to be aware of resources available to Crockett County families.” ▪ “More resource linkage training.” ▪ “I realize that money is really tight. I don’t think that we get the services that we pay for. There needs to be more monitoring and audits of our service providers.” ▪ “More play therapist in area.” ▪ “Need specific person to contact.” ▪ “Close drug treatment programs.” ▪ “More in-home services, more hours for services.” ▪ “Being able to have access to more providers that can cover a wide variety needs, and also competent providers with competent case managers.” ▪ “We should not be limited to one provider. It limits the services and affects the quality of services. Providers are in over their heads – not enough staff.” ▪ “An open line of communication with streamlined services. Collaboration of resources working together on specific problems.” ▪ “Frontline workers need to be involved in meetings with the community partners for resources and to discuss the difficulties we face in helping the families.”
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Table 6. Additional Comments from CPS Workers about Services in General

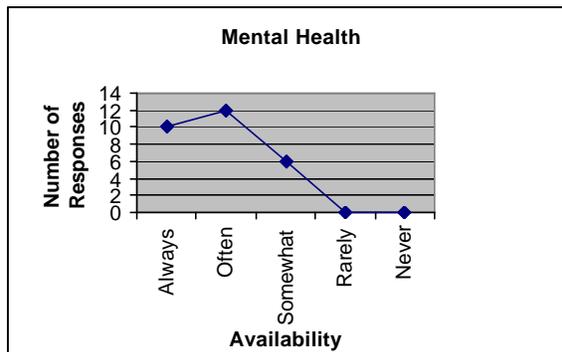
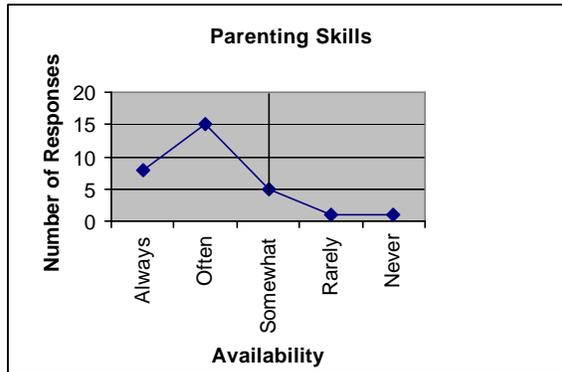
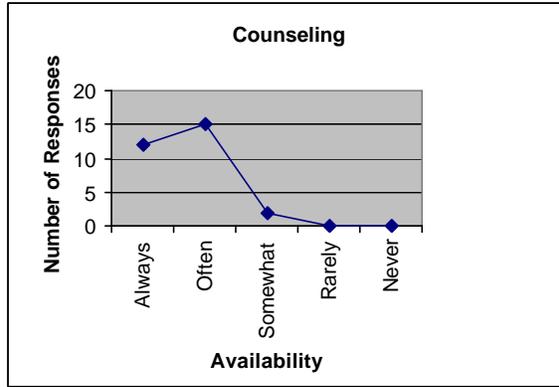
<ul style="list-style-type: none"> ▪ “Services have grown and improved and they have a better working relationship with DCS than before.” ▪ “Services are very limited in this area.” ▪ “Resources are limited in the rural areas making it somewhat difficult to meet the need.” ▪ “Our area is limited in community resources and we need more of them.” ▪ “One of the main problems that I have encountered is the lack of cooperation between DCS and DHS especially when trying to get information about whether or not the child may have TN CARE or Cover TN and what services may be provided to the family.” ▪ “I am glad that there are services for people with no transportation. Lake County is a poor community and there are a lot of people who don’t have a care to get them where they need to go. It is convenient for people to have workers come to them.” ▪ “The Family Support Services we use has been a great help.” ▪ “There are [is] a lack of services available in the area because of being in a smaller area. Families are not able to get quality services because of this.” ▪ “It helped to have access with getting funds through DCS to help with rent, utilities, and counseling. However, that was cut last month due to cuts from state government. Now, it’s back to little of no local resources.” ▪ “I am very pleased with most of our services.” ▪ Services that are available are overloaded because they are the only ones in the area providing that service.”

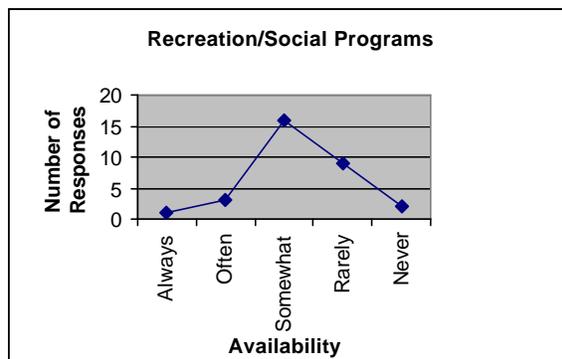
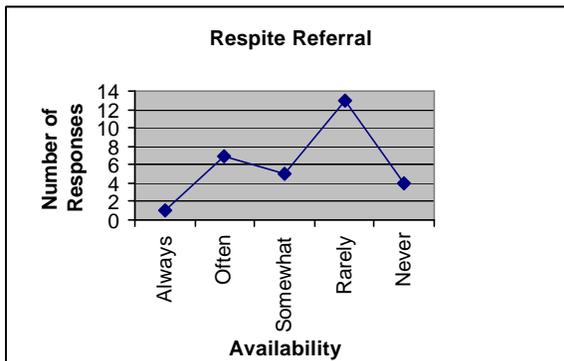
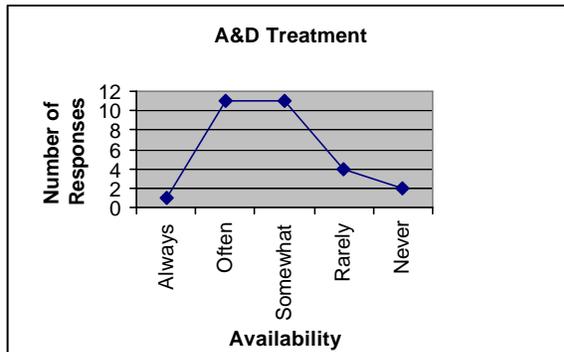
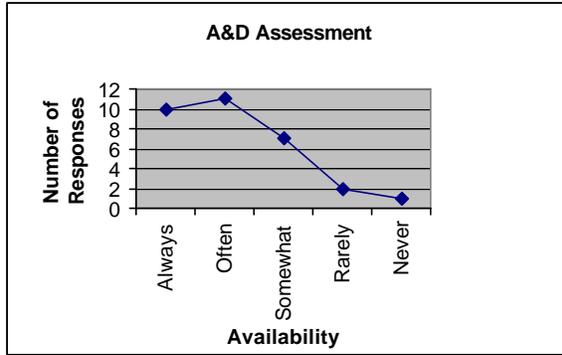
Future Evaluations to Consider:

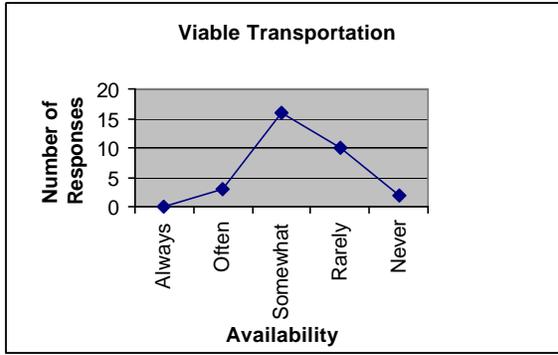
- What does services look like for children and families on the Investigative and Assessment track?
- How do service providers, community organizations (i.e. schools, law enforcement, etc.) and families perceive services?

Availability of Services In the Northwest Tennessee Region

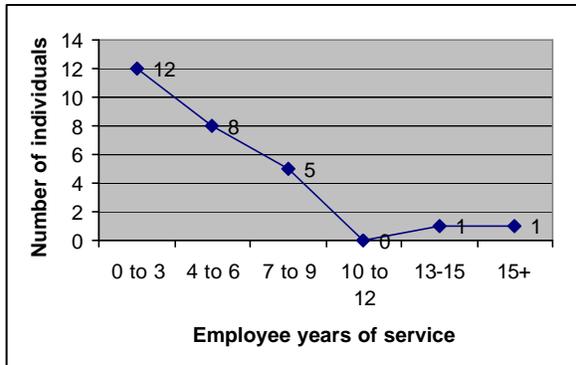
(Data extracted from Northwest TDCS staff survey)







NW TDCS Region Employee Years of Service



Acknowledgements

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