



DCS Pathway to Permanency

Julie Rotella, LCSW
Assistant Commissioner of Administration
Department of Children's Services



Mandated Reporter

Who must report child abuse?

Everyone in Tennessee is a mandated reporter under state law. Any person with reasonable cause to believe a child is being abused or neglected must, under the law, immediately report to the Tennessee Department of Children's Services (DCS) or to local law enforcement. The reporter can remain anonymous.

Training link:

<https://www.tn.gov/content/tn/dcs/program-areas/training/cw-resources/mandated-reporter-training.html>

Can also request training to be provided in person.

What is Child Abuse and Neglect?

Physical Abuse - Non-accidental physical trauma or injury inflicted by a parent or caretaker on a child. It also includes a parent's or a caretaker's failure to protect a child from another person who perpetrated physical abuse on a child. In its most severe form, physical abuse is likely to cause great bodily harm or death.

Neglect - Failure to provide for a child's physical survival needs to the extent that there is harm or risk of harm to the child's health or safety. This may include, but is not limited to abandonment, lack of supervision, lack of adequate nutrition that places the child below the normal growth curve, lack of shelter, lack of medical or dental that results in health-threatening conditions, and the inability to meet basic clothing needs of a child. In its most severe form, physical neglect may result in great bodily harm or death.

What is Child Abuse and Neglect? (cont.)

Sexual Abuse - Includes penetration or external touching of a child's intimate parts, oral sex with a child, indecent exposure or any other sexual act performed in a child's presence for sexual gratification, sexual use of a child for prostitution, and the manufacturing of child pornography. Child sexual abuse is also the willful failure of the parent or the child's caretaker to make a reasonable effort to stop child sexual abuse by another person.

Psychological Harm - A repeated pattern of caregiver behavior or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs and may include both abusive acts against a child and failure to act, or neglectful behavior when age-appropriate action is required for a child's health development. It can occur as part of a one-time incident but is usually chronic.

- Reports are received 24/7.
- Child Abuse Hotline staff have access to a supervisor at all times.
- Reports are received by email, mail, web, telephone, and in person.

[Report Abuse or Track a Report](#)

Report Child Abuse: 877-237-0004



In Case of Emergency and Life-Threatening Situation Call 9-1-1

Call the Child Abuse Hotline to report child abuse or neglect in the State of Tennessee.

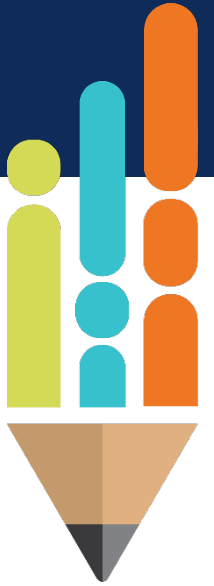
877-237-0004

Reports also can be made online on our secure site.

Direct link: <https://apps.tn.gov/carat/>

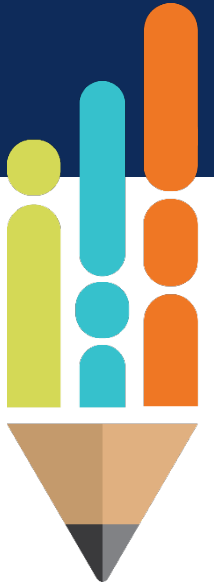
What information is important to provide?

- Child(ren) names, ages, address, phone numbers, race, and school/daycare information
- Parent(s), Legal Guardian(s), or caretaker(s) information
- Other household members information
- Nature of the harm or specific incident(s) that precipitated the report
- Specific allegation(s), date(s) and descriptions(s) of the injuries or dangers
- Identities of alleged perpetrator(s) and their relationship(s) to the victim
- Witnesses to the incident(s) and how to reach those witnesses
- Details of any physical evidence available

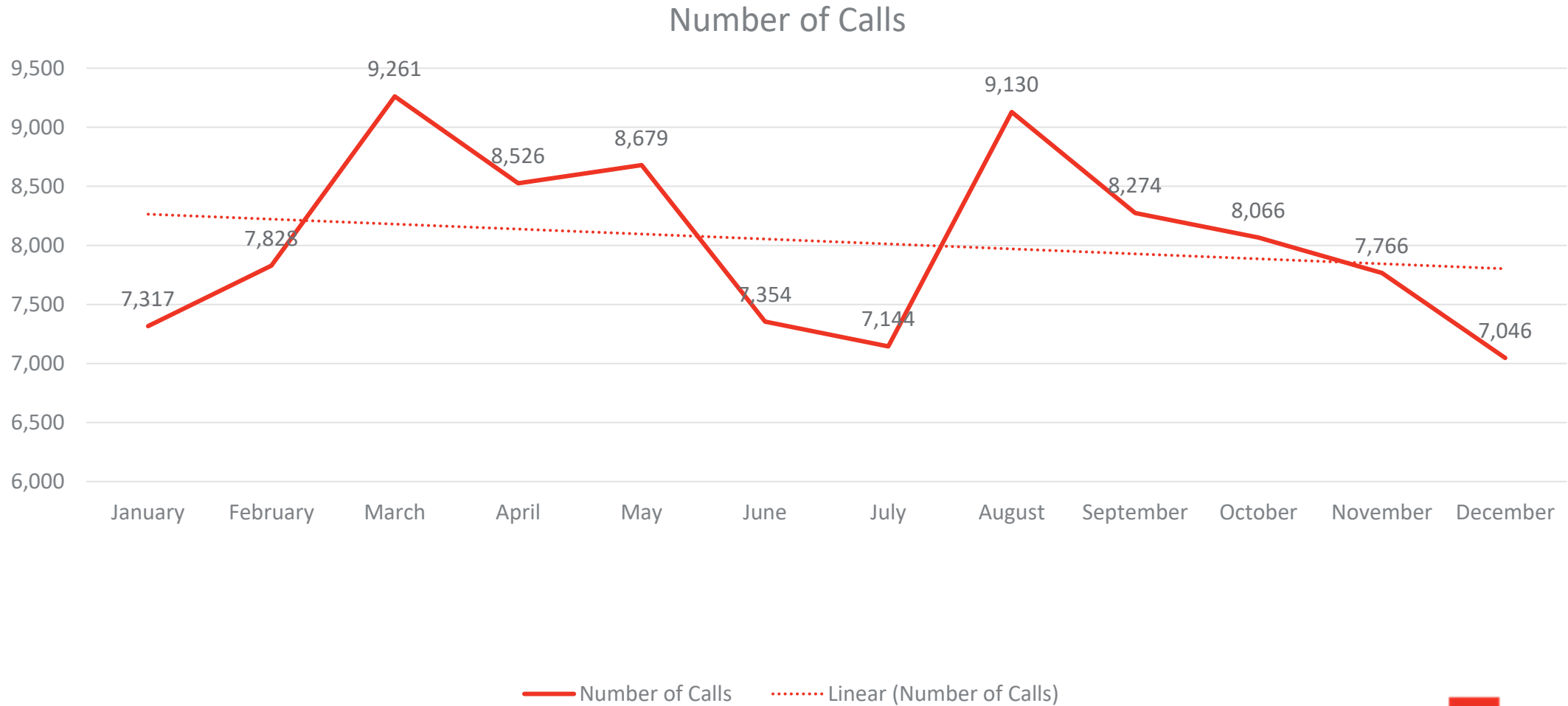


What information is important to provide? (cont.)

- Perpetrator's current access to the child
- Present condition of the child (alone, in need of medical attention, etc.)
- The location of the child and directions to that location
- Any statements from the child
- Parent's or perpetrator's explanation of the alleged child victim's condition or the incident
- Parent's current emotional, physical or mental state, especially feelings about the child and reactions to the report
- How the reporter came to know the information and the reporter's thoughts about the likelihood of further harm to the child



Hotline Referrals in 2022



What Happens Next?

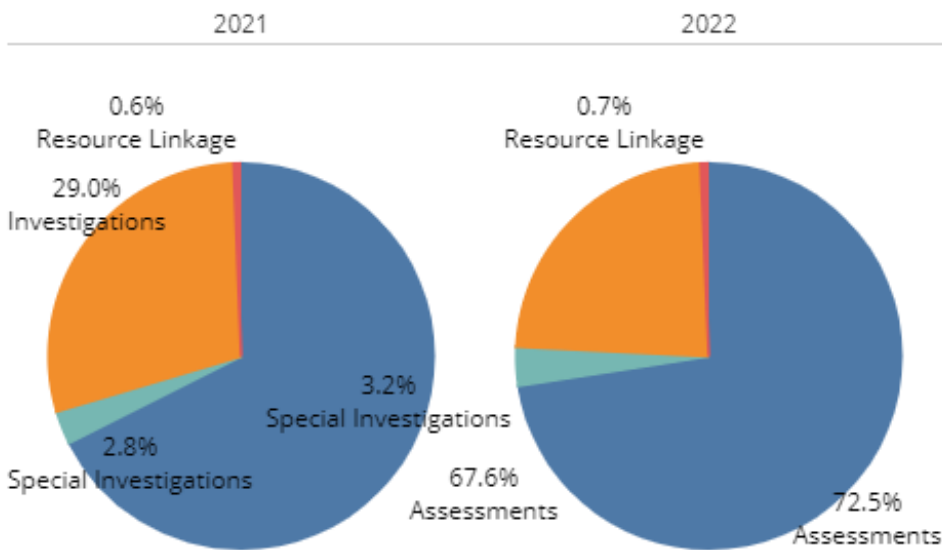
- Using a Structured Decision-Making Child Abuse/Neglect Intake Assessment Tool, the CAH Staff determines if the information meets the criteria for abuse and/or neglect.
- If cases do meet the criteria, it is assigned to one of three tracks, and priority response is determined.
 - P1 = F2F response initiated no later than 24 hours, immediately if the child is in imminent danger.
 - P2 = F2F response initiated within 2 business days.
 - P3 = F2F response initiated within 3 business days.

CPS Cases Assigned 2022

Intake Totals by Track by Year

Assignment Track	2022
Assessments	71,722
Investigations	23,268
Resource Linkage	662
Special Investigations	3,213
Grand Total	98,865

Yearly Intake Track Percent Breakdown



DCS Program Areas



Child Protective Services

Juvenile Justice

Family Crisis Intervention
Program

Foster Care

Family Support Services

Extended Foster Care

Support Teams at Central Office and Regional Level



- Education
- Mental Health
- Health
- IL Specialists
- Placement



- ICPC
- CQI
- Legal
- Fiscal
- Trainers
- PDCs



- Permanency Specialists
- Facilitators
- Court Liaisons
- Foster Parent Support

- The Family First Prevention Services Act was signed into law in 2018.
- Purpose was to place emphasis on maintaining children safely within their homes to avoid the trauma of out-of-home care.
- Working with community partners to increase access to mental health services, substance use treatment, parenting skills.
- Family Focused Services and Interventions



- Currently located in 14 Counties with the hope to expand to 7 more Counties.
- Target population ages birth to under 4 years.
- Non-custodial and Custodial Courts
- Collaborative team approach between the Department of Mental Health and Substance Abuse Services (DMHSAS), DCS, Administrative Office of the Courts (AOC), Community partners, and the Courts
- Helps parents to identify infant and early childhood needs, access needed resources, and achieve long term stability and healthy outcomes for their children
- Wrap a community of support around families to help them thrive
- Trainings, support, and assessment through Zero to Three and Vanderbilt Center of Excellence (COE)



FAST

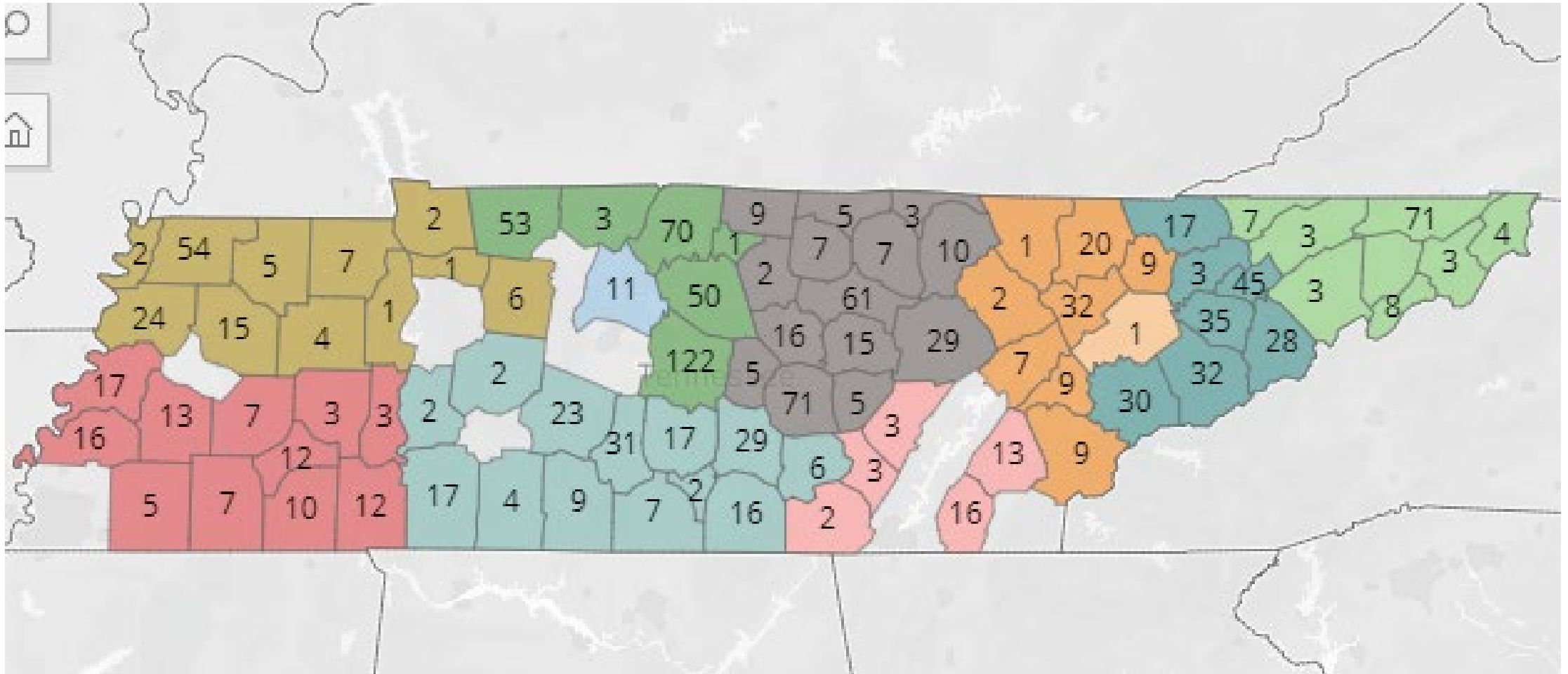
- Family Advocacy and Support Tool (FAST) drives assessment of the family
- Designed to identify safety and risk factors as well as maximize communication about the needs and strengths of families.
- Guides treatment and service planning
- Multiple indicators focus on trauma and adjustment to trauma

Basic Design for Ratings

Rating	Level of Needs	Appropriate Action
0	No evidence of need; this may also indicate a strength	No action needed; strength can be leveraged in service/treatment plan
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment; opportunity for strength building
2	Need interferes with functioning	Action/intervention required
3	Need is dangerous or disabling	Immediate action/Intensive action required

Probation & Diversion Counts by County

Total Youth: 1,365



Children & Youth in State Custody

Total Foster Care Children in Custody

Updated as of 04/03/2023 00:00:45

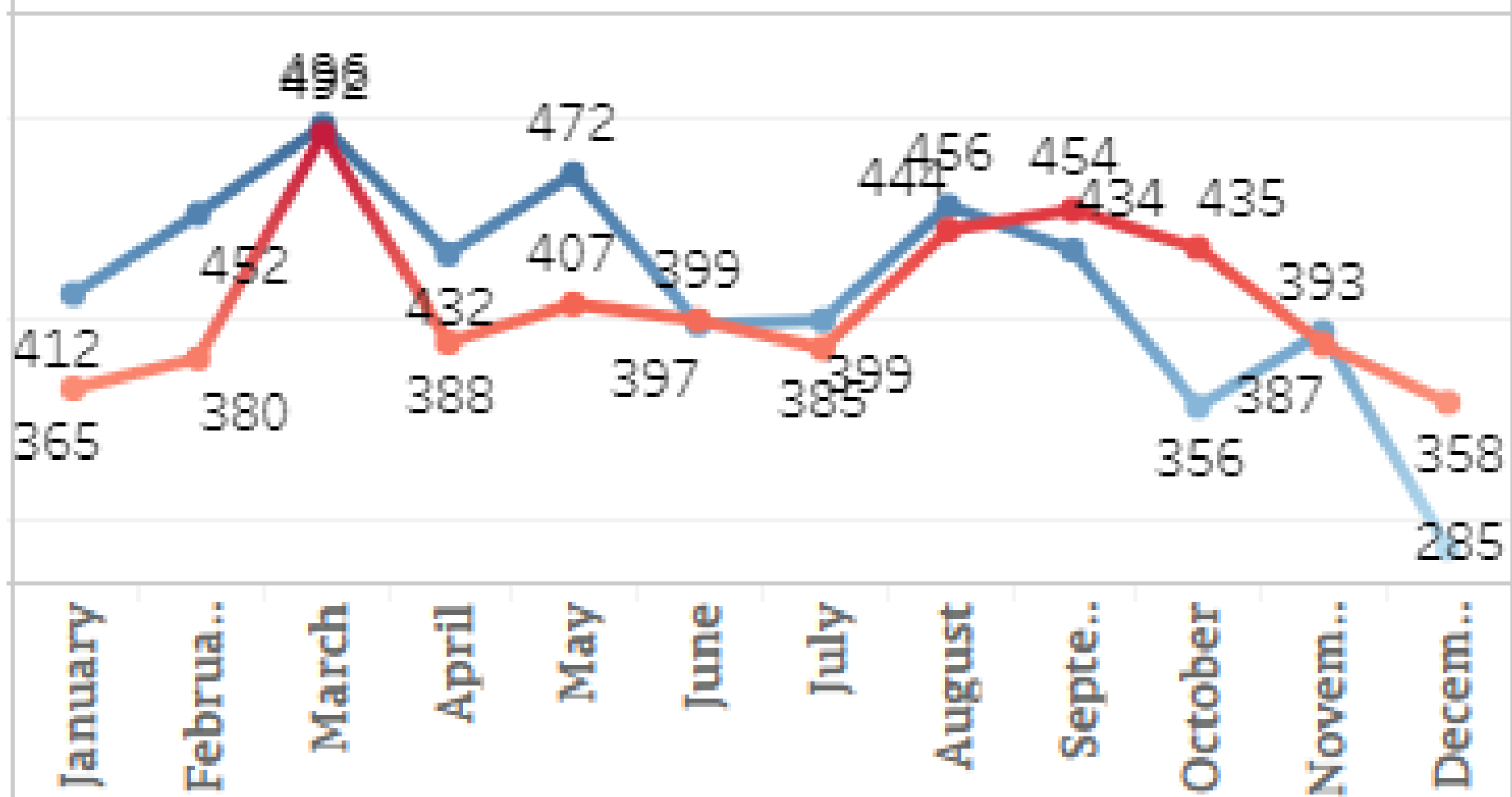
8,385

Total Juvenile Justice Children in Custody

Updated as of 04/03/2023 00:00:45

614

2022



Total entered 

Total exited 

Least Restrictive Environment

Remain in the home or placed non-custodially with relatives

Kinship Care or Foster Care home

Congregate Care

Communitetric Assessment Strategy

- Engages child, family, and team
- Identifies strengths and needs
- Identifies trauma and impact
- Impacts service planning and goal setting
- Measures outcomes and tracks progress
- Celebrates successes



- Utilizes formal and informal assessments
- Identifies diagnosis with input from subject matter experts within the region to include education and mental health professionals
- Education Professional utilizes EZ IEP to determine if there is an Intellectual Disability Diagnosis to inform appropriateness of placement
- MH Professional reviews MH records
- If no diagnostic information is available, a rapid diagnostic assessment will be completed
- Information is then discussed within team to identify the best placement to meet the child/youth's needs

BID Meeting

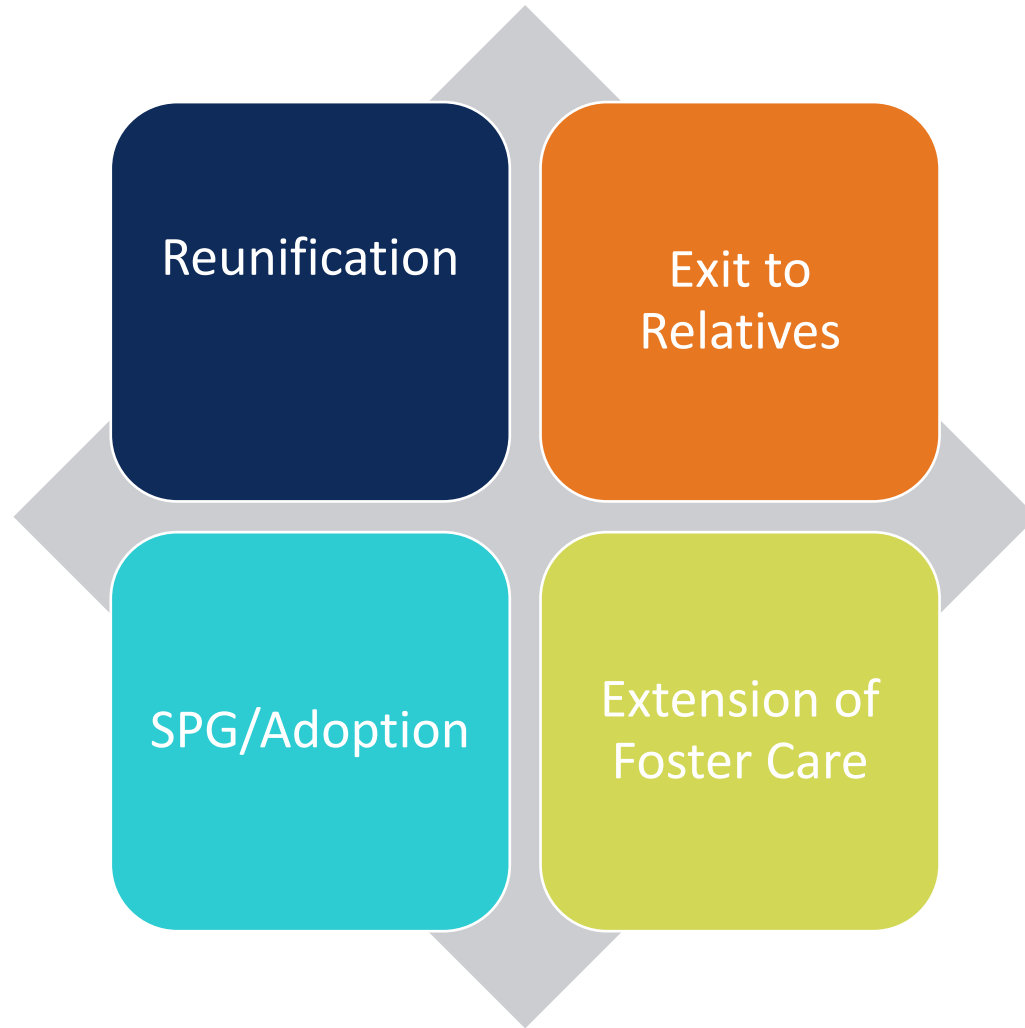


Quality Residential Treatment Program (QRTP)

What is QRTP?

- Established through the 2018 Family First Prevention Services Act
- Must use Trauma-Informed Practice Model
- Licensed staff able to provide care consistent with model
- Nationally Accredited Facility
- Variety of Counseling, Education, and Therapy Services
- Placement is reviewed by Judge at 60 days to determine appropriateness
- Continuous assessment for least restrictive placement/environment

Pathway to Permanency





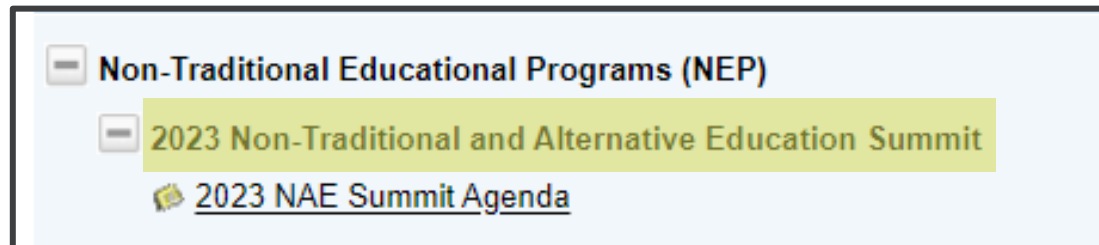
Thank You!

Julie Rotella, LCSW
TN DCS Assistant Commissioner
of Administration
Julie.Rotella@tn.gov



Permission is granted to use and copy these materials for non-commercial educational purposes with attribution credit to the "Tennessee Department of Education". If you wish to use these materials for reasons other than non-commercial educational purposes, please contact Joanna Collins (Joanna.Collins@tn.gov).

- All breakout session presentations may be accessed by going to ePlan.tn.gov and clicking on “TDOE Resources” along the left menu options. On the TDOE Resources page, scroll down to Non-Traditional Educational Programs (NEP), click on the + icon, and then select 2023 Non-Traditional and Alternative Education Summit to find all presentations by session title.
- ***Note: A login is not required on ePlan to access TDOE Resources.***



Please Share your Feedback:

<https://tinyurl.com/naesummit>

