

Children’s Services Inventory Contents

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(I) indicates intervention

Child Programs: Permanency Services



Outcomes

Program/Intervention Name	Description/Additional Information
Child Programs: Permanency Services <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Child Programs: Permanency Services supports the timely achievement of permanency for children in foster care by safely returning children to their families or building other permanent relationships. This program is dependent upon ensuring an adequate pool of well-supported and well-trained, quality foster homes and an adequate pool of quality residential treatment centers sufficient to meet the needs of children in state custody.
Delivery Setting	Target Population
Correctional Facility, Court, Home, Hospital/Treatment Center, Inpatient, Outpatient, Mobile, Residential Facility, School, Other Community Setting	Infancy/Early Childhood, Children, Adults, Families

Logic Model	Outputs	Outcome(s)
If children visit frequently with their families and receive timely, informed planning decisions, then they will achieve permanency and successfully exit state custody in a timelier manner.	1.The monthly average of children and youth in foster care who visit their parents two times monthly	1. Percentage of children exiting custody who achieve permanency
	2. The monthly average of permanency plans that are current at any given time	
	3. The monthly average of children and youth in foster care who are visited by Department of Children’s Services once a month	

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(I) TN Key

 Evidence

Program/Intervention Name	Description/Additional Information
TN Key <input type="checkbox"/> Program <input checked="" type="checkbox"/> Intervention within Program: Child Programs—Permanency Services	For prospective foster and adoptive parents, TN Key training provides effective tools and parenting methods to work with foster children and youth to address and mitigate trauma-related behaviors and provide information about current DCS policies on caring for children in custody. Participants gain an understanding of the different challenges faced by children who come into state custody.
Delivery Setting	Target Population
Home, Other Community Setting	Adults

Logic Model	Outputs	Outcome(s)
If TN Key training is provided to foster and adoptive parents, which includes effective tools and parenting methods to work with foster children and youth to address and mitigate trauma-related behaviors, DCS policy on caring for children in custody and the challenges faced by children in custody, then parents will have the knowledge and skills needed to effectively manage the behavioral challenges exhibited by children who experience trauma, resulting in placement stability and increased resilience for children and youth.	1. Number of trainers trained to deliver the curriculum	
	2. Number of foster parents trained, completing at least one training module	
	3. Number of parents who completed TN Key	
	4. Average participant survey score: how well the training prepared participants	

Evidence		Causal Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
Title IV-E Clearinghouse	TBRI 101	Promising, one study

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(I) Core for Teens



Outputs

Program/Intervention Name	Description/Additional Information
Core for Teens <input type="checkbox"/> Program <input checked="" type="checkbox"/> Intervention within Program: Child Programs—Permanency Services	Core for Teens is a curriculum developed by Spaulding for Children for prospective and current parents who are or will be raising older children from foster care who have moderate to severe trauma-related emotional and behavioral challenges. The curriculum will better prepare parents to conduct self-assessments to determine their ability to parent these youth. Parents will learn specific techniques to address trauma-related behaviors in teens.
Delivery Setting	Target Population
Home, Other Community Setting	Adults

Logic Model	Outputs	Outcome(s)
If CORE for Teens training is provided to foster and adoptive parents, then parents will learn techniques to address trauma-related behavior in teens and self-assess their parenting skills, providing the knowledge and skills needed to effectively manage the behavioral challenges older youth exhibit, increasing the number of homes for teens and improved placement stability and permanence.	1. Number of trainers trained to deliver the curriculum	
	2. Number of support video views	
	3. Average participant survey score: how well the training prepared participants	
	4. Average participant survey score: would recommend to other parents of teens	
	5. Average participant survey score: quality of trainer facilitation	

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Child Programs: Independent Living



Outputs

Program/Intervention Name	Description/Additional Information
Child Programs: Independent Living <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Child Programs: Independent Living implements the John H. Chafee Foster Care Program for Successful Transition to Adulthood to include Extension of Foster Care Services for youth aged 14 and older transitioning out of foster care at age 18. Motivational interviewing (MI) is an evidence-based intervention used in this program.
Delivery Setting	Target Population
Home, Other Community Setting	Adolescents/Young Adults

Logic Model	Outputs	Outcome(s)
If we provide proper supports, such as financial education, access to scholarships, employment opportunities, housing, health insurance, and connections to supportive adults for the transition from foster care, then youth will achieve greater housing stability and educational/vocational achievements.	1. Number of youth enrolled in Extension of Foster Care (EFC) program	
	2. Number of additional housing supports for youth aging out of foster care	
	3. Number of Scholarships awarded to youth who participated in the Extension of Foster Care (EFC) Program	

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Child Programs: Non-Custodial Services



Outcomes

Program/Intervention Name	Description/Additional Information
Child Programs: Non-Custodial Services <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Non-Custodial Services supports the provision of services, resources, and support to non-custodial families to help promote a positive and stable home, free of safety risks and concerns that may threaten a child’s continued stay in their home. Non-custodial services utilizes case management and evidence-based strategies, such as Relative Caregiver Programs, Intercept, Multisystemic Therapy (MST), Parent Child Interaction Therapy (PCIT), Nurturing Parenting Program, and Parents as Teachers (PAT).
Delivery Setting	Target Population
Court, Home, School, Other Community Setting	Infancy/Early Childhood, Children, Adults, Families

Logic Model	Outputs	Outcome(s)
If resources, case management, and evidence-based services, such as Homebuilders, Relative Caregiver Programs, Intercept, Multisystemic Therapy (MST), Parent Child Interaction Therapy (PCIT), Brief Strategic Family Therapy, and Parents as Teachers (PAT), are appropriately matched to each child and family need, and are delivered timely and effectively, then families will successfully gain self-sufficiency and decrease the likelihood of continued DCS involvement or a custody episode.	1. Number of functioning Community Advisory Boards	1. Percent of Family Support Services (FSS) cases closed in 90 days or fewer
	2. Number of non-custody families/cases receiving support, services, or resources through FSS/FCIP.	2. Percent of Non-Custody families who received an initial FAST in compliance with guided timeframes
	3. Number of non-custody children receiving support, services, or resources through FSS/FCIP	

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Safe Baby Court



Evidence

Program/Intervention Name	Description/Additional Information
Safe Baby Court <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Tennessee Safe Baby Courts use a collaborative, multi-disciplinary approach to dependency and neglect cases with the needs of the youngest children (ages 0-3 and their siblings) as the touchstones for decisions in a case. Anchored by the Juvenile Court judge or magistrate, each court team works together to address barriers to permanency and to meet any other needs a child and/or a caregiver might have. Special focus is placed on the infant mental health aspect of a young child who has either been placed (or is at risk of being placed) in DCS custody.
Delivery Setting	Target Population
Court	Infancy/Early Childhood, Families

Logic Model	Outputs	Outcome(s)
If we wrap multi-disciplinary services around children aged zero through three and their families to address incidents of adverse childhood experiences, substance use issues and other areas of trauma, then we will achieve quicker and more lasting permanency for families and reduce incidents of child maltreatment.	1. Average amount of visitation and family time	1. Percent decrease in time to permanency for custodial SBC cases versus traditional dependency and neglect cases
	2. Average number of service interventions provided per family	2. Reduce repeat incidents of maltreatment compared to traditional D&N cases
	3. Number of children served statewide through SBC	3. Average time to permanency for non-custodial SBC cases

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
CEBC	The Safe Babies Court Team™	Promising, one study

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Child Health and Safety



Outcomes

Program/Intervention Name	Description/Additional Information
Child Health and Safety <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	The Child Health division of DCS works to ensure that the health care needs of the children served by DCS are met through a variety of efforts: 1) Child Health Nurse Consultants monitor and support custodial children, and connect families to health related resources; 2) Safety Nurses provide technical assistance to CPS investigators; 3) The Safety Team reviews child deaths or near-deaths, and, in collaboration with Safe Systems group at the University of Kentucky, advises DCS on system improvement; and 4) Health Advocacy ensures custodial children’s health needs are met via enrollment in TennCare, accessing additional health resources, and ensuring payment for health services. The majority of services focus on custodial children; some services help with non-custodial children.
Delivery Setting	Target Population
Home, Residential Facility, Other Community Setting	Infancy/Early Childhood, Children, Adolescents/Young Adults

Logic Model	Outputs	Outcome(s)
If we work with CPS on specific cases such as young children with injuries or allegations of failure to thrive, review child deaths and near-deaths, and monitor the health care of custodial youth, then we will have fewer children experiencing further episodes of physical abuse and neglect including deaths and near-deaths, and our custodial youth will have their health care needs met in a timely and appropriate manner.	1. Percent of eligible custodial youth who are enrolled in TennCare in a timely manner	1. Number of youth who suffer additional physical abuse after the first reported case
	2. Percent of youth receiving appropriate medical services in a timely manner	

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Family First Prevention Services Act



Evidence

Program/Intervention Name	Description/Additional Information
Family First Prevention Services Act <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	The Family First Prevention Services Act (FFPSA) is aimed at transforming the child welfare system by making federal Title IV-E funding available for prevention services. These services must be well-supported, evidence-based services listed within the Children’s Bureau Clearinghouse. These services can be in home, such as Intercept, or therapy based, such as Parent-Child Interaction Therapy (PCIT).
Delivery Setting	Target Population
Home, Other Community Setting	Infancy/Early Childhood, Children, Adolescents/Young Adults, Families

Logic Model	Outputs	Outcome(s)
If quality, evidence-based, in-home services, like Intercept and Parent-Child Interaction therapy, are provided to children who are at imminent risk of entering custody and their families, then the number of children remaining with their families will increase, preventing removal into foster care.		

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
*Multiple Sources	There are sources of evidence for each type of program administered; those evidence sources are available upon request.	Promising

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(I) HomeBuilders

 **Strong Evidence**

Program/Intervention Name	Description/Additional Information
HomeBuilders <input type="checkbox"/> Program <input checked="" type="checkbox"/> Intervention within Program: Family First Prevention Services Act	HomeBuilders is an in-home parent skill-based program designed to assist families with children (birth to 18) at imminent risk of placement into foster care or needing intensive services to reunify from foster care, residential treatment, psychiatric hospitals, or juvenile justice facilities. HomeBuilders services generally last for three to five 2-hour sessions per week for an average of four to six weeks, with two aftercare ‘booster sessions’ totaling up to five hours in the six months following referral. The goal of HomeBuilders is to reduce child abuse and neglect, reduce family conflict, reduce child behavior problems, and teach families the skills they need to prevent placement or successfully reunify with their children.
Delivery Setting	Target Population
Home, Other Community Setting	Infancy/Early Childhood, Children, Adolescents/Young Adults, Adults, Families

Logic Model	Outputs	Outcome(s)
If we provide intensive, evidence-based, in-home case management and parent skill-based counseling and education to families of children who are at imminent risk of entering custody, then we expect to see reduced family conflict, child abuse, and child behavior problems, and more children remaining in the home or becoming reunified with their families.		

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
Title IV-E Clearinghouse	Homebuilders - Intensive Family Preservation and Reunification Services	Well supported; multiple studies

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(I) Intercept

 **Strong Evidence**

Program/Intervention Name	Description/Additional Information
Intercept <input type="checkbox"/> Program <input checked="" type="checkbox"/> Intervention within Program: Family First Prevention Services Act	Intercept is an integrated, intensive in-home parenting skills program used to safely prevent children from entering custody or to reunify them with family as quickly as possible if a period of out of home care is necessary. Intercept provides intensive in-home services to children and youth (ages 0-18) at risk of entry or re-entry into out-of-home placements or who are currently in out-of-home placements such as foster care, residential facilities, or group homes. The program is designed to reduce foster care utilization by providing prevention services to children and their families. Family Intervention Specialists use an integrated, trauma-informed approach to offer individualized services intended to meet the needs of children and their families. Specialists address needs identified in children's schools, peer groups, neighborhoods, and communities, and they support the family in school or legal meetings and are on call to provide crisis support 24/7. Services generally last six to nine months if the child has not entered foster care.
Delivery Setting	Target Population
Home, Other Community Setting	Children, Adolescents/Young Adults

Logic Model	Outputs	Outcome(s)
If we provide intensive in-home services to children at risk of entry or re-entry into out of home placements or who are currently in out-of-home placements, then we will reduce foster care utilization, where children remain in the home or are reunified with their families.	1. Rate of re-entry into Youth Villages services 12 months after discharge	
	2. Percent of families satisfied with Intercept services	
	3. Percent of children living at home or independently at discharge	
	4. Percent living with family or independently at 1 year post discharge	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
Title IV-E Clearinghouse	Intercept	Well-supported; multiple studies

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(I) Multisystemic Therapy

 **Strong Evidence**

Program/Intervention Name	Description/Additional Information
Multisystemic Therapy <input type="checkbox"/> Program <input checked="" type="checkbox"/> Intervention within Program: Family First Prevention Services Act, Aftercare	Multisystemic Therapy (MST) is an intensive treatment for troubled youth delivered in multiple settings. This program aims to promote pro-social behavior and reduce criminal activity, mental health symptomology, out-of-home placements, and illicit substance use in 12- to 17-year-old youth. Specifically, the aim is to eliminate or significantly reduce the frequency and severity of the youth’s referral behavior(s); empower parents with the skills and resources needed to independently address the inevitable difficulties that arise in raising children/adolescents; empower youth to cope with family, peer, school, and neighborhood problems, and enable youth to develop pro-social behaviors. The MST program addresses the core causes of delinquent and antisocial conduct by identifying key drivers of the behaviors through an ecological assessment of the youth, his or her family, and school community. Intervention strategies are personalized to address the identified drivers. The program is delivered for an average of three to five months, and services are available 24/7, which enables timely crisis management and allows families to choose which times will work best for them.
Delivery Setting	Target Population
Home, Other Community Setting	Adolescents/Young Adults

Logic Model	Outputs	Outcome(s)
If we provide an intervention to address adolescent mental health and substance-related problematic behaviors, then we reduce delinquent activity, substance misuse, and out-of-home placements.	1. Rate of re-entry into Youth Villages services 12 months after discharge	
	2. Percent of families satisfied with MST services	
	3. Percent of children living at home or independently at discharge	
	4. Percent living with family or independently at 1 year post discharge	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
Title IV-E Clearinghouse	Multisystemic Therapy	Well-supported; multiple studies

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(I) Parent Child Interaction Therapy (PCIT)

 **Strong Evidence**

Program/Intervention Name	Description/Additional Information
Parent Child Interaction Therapy <input type="checkbox"/> Program <input checked="" type="checkbox"/> Intervention within Program: Family First Prevention Services Act	In Parent-Child Interaction Therapy (PCIT), parents are coached by a trained therapist in behavior-management and relationship skills. PCIT is a program for two- to seven-year-old children and their parents or caregivers that aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of the parent-child relationship. During weekly sessions, therapists coach caregivers in skills such as child-centered play, communication, increasing child compliance, and problem-solving. Therapists use “bug-in-the-ear” technology to provide live coaching to parents or caregivers from behind a one-way mirror (there are some modifications in which live same-room coaching is also used). Parents or caregivers progress through treatment as they master specific competencies, thus there is no fixed length of treatment. Most families are able to achieve mastery of the program content in 12 to 20 one-hour sessions.
Delivery Setting	Target Population
Organization/Business/Local Government	Children, Families

Logic Model	Outputs	Outcome(s)
If the Parent-Child Interaction Therapy is provided to families, then we expect to see a decrease in externalizing child behavior problems, increased positive parenting behaviors, and improved quality of parent-child relationships allowing for children to remain in the home or be reunified.		

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
Title IV-E Clearinghouse	Parent-Child Interaction Therapy	Well-supported; multiple studies

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(I) Brief Strategic Family Therapy



Strong Evidence

Program/Intervention Name	Description/Additional Information
Brief Strategic Family Therapy <input type="checkbox"/> Program <input checked="" type="checkbox"/> Intervention within Program: Family First Prevention Services Act	Brief Strategic Family Therapy (BSFT) uses a structured family systems approach to treat families with children or adolescents (6 to 17 years) who display or are at risk for developing problem behaviors including substance abuse, conduct problems, and delinquency. There are three intervention components. First, counselors establish relationships with family members to better understand and ‘join’ the family system. Second, counselors observe how family members behave with one another in order to identify interactional patterns that are associated with problematic youth behavior. Third, counselors work in the present, using reframes, assigning tasks and coaching family members to try new ways of relating to one another to promote more effective and adaptive family interactions. BSFT is typically delivered in 12 to 16 weekly sessions in community centers, clinics, health agencies, or homes.
Delivery Setting	Target Population
Home, Other Community Setting	Children, Families

Logic Model	Outputs	Outcome(s)
If the Brief Strategic Family Therapy is provided to families whose children display problematic behaviors like bullying, have associations with antisocial peers, or use drugs and are at imminent risk of out-of-home placement, or who are in placement and cannot be reunified without intensive in-home services, then we expect to see children remain in the home or be reunified.		

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
Title IV-E Clearinghouse	Brief Strategic Family Therapy	Well-supported; multiple studies

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(I) Nurse-Family Partnership

 **Strong Evidence**

Program/Intervention Name	Description/Additional Information
Nurse-Family Partnership <input type="checkbox"/> Program <input checked="" type="checkbox"/> Intervention within Program: Family First Prevention Services Act	Nurse Family Partnership (NFP) is a home-visiting program that is typically implemented by trained registered nurses. NFP serves young, first-time, low-income mothers beginning early in their pregnancy until the child turns two. The primary aims of NFP are to improve the health, relationships, and economic well-being of mothers and their children. Typically, nurses provide support related to individualized goal setting, preventative health practices, parenting skills, and educational and career planning. However, the content of the program can vary based on the needs and requests of the mother. NFP aims for 60 visits that last 60-75 minutes each in the home or a location of the mother's choosing. For the first month after enrollment, visits occur weekly. Then, they are held bi-weekly or on an as-needed basis.
Delivery Setting	Target Population
Home	Children, Families

Logic Model	Outputs	Outcome(s)
If the Nurse Family Partnership is provided to pregnant teens, which includes access to good preventative prenatal care, then we will see improved health and healthy baby development, improved child safety and relationships, and improved economic well-being of mothers and their children, resulting in children remaining in the home or being reunified.		

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
Title IV-E Clearinghouse	Nurse Family Partnership	Well-supported; multiple studies

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(I) Parents As Teachers (PAT)

 **Strong Evidence**

Program/Intervention Name	Description/Additional Information
Parents As Teachers (PAT) <input type="checkbox"/> Program <input checked="" type="checkbox"/> Intervention within Program: Family First Prevention Services Act	Parents as Teachers (PAT) is a home-visiting parent education program that teaches new and expectant parents skills intended to promote positive child development and prevent child maltreatment. PAT aims to increase parent knowledge of early childhood development, improve parenting practices, promote early detection of developmental delays and health issues, prevent child abuse and neglect, and increase school readiness and success. Families can begin the program prenatally and continue through when their child enters kindergarten (0-5). Services are offered on a biweekly or monthly basis, depending on family needs. Sessions are typically held for one hour in the family's home, but can also be delivered in schools, child care centers, or other community spaces.
Delivery Setting	Target Population
Home	Infancy/Early Childhood, Adults, Families

Logic Model	Outputs	Outcome(s)
If Parents As Teachers, a home-visiting parent education program for new and expectant parents, is provided to families, then we expect to see an increase in parent knowledge of early childhood development and improved parenting practices, resulting in improved parenting skills, reduced child abuse, increased school readiness, and children remaining in the home or being reunified.		

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
Title IV-E Clearinghouse	Parent As Teachers	Well-supported; multiple studies

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Child Advocacy Centers



Evidence

Program/Intervention Name	Description/Additional Information
Child Advocacy Centers <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Child Advocacy Centers provide a safe, child-friendly environment for child victims of severe abuse, in which law enforcement, child protective services, prosecution, medical and mental health professionals may share information and develop effective, coordinated strategies sensitive to the needs of each unique case and child.
Delivery Setting	Target Population
Other Community Setting	Children

Logic Model	Outputs	Outcome(s)
If child victims of severe abuse have a safe space in their community to receive services and support, then they will be better equipped able to recover from the trauma of their abuse.	1. Number of victims/clients referred to centers	
	2. Number of people who received victim advocacy services	
	3. Number of scheduled victims for advocacy services at the time of referral	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
CrimeSolutions	Children’s Advocacy Center Model	Effective; one study

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(I) Trauma Focused Cognitive Behavioral Therapy



Strong Evidence

Program/Intervention Name	Description/Additional Information
Trauma Focused Cognitive Behavioral Therapy <input type="checkbox"/> Program <input checked="" type="checkbox"/> Intervention within Program: Child Advocacy Centers	Trauma Focused Cognitive Behavioral Therapy is provided to children with a known trauma history who are experiencing significant posttraumatic stress disorder (PTSD) symptoms, whether or not they meet full diagnostic criteria. Children with depression, anxiety, and/or shame related to their traumatic exposure, and children experiencing childhood traumatic grief can also benefit from the treatment.
Delivery Setting	Target Population
Other Community Setting	Children

Logic Model	Outputs	Outcome(s)
If children with a known trauma history receive trauma-focused cognitive behavioral therapy, then they can better heal from the abuse that they have experienced.	1. Number of therapy sessions delivered	
	2. Number of children receiving services	
	3. Number of new clients receiving services	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
CEBC	Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)	Well-supported, multiple studies

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(I) Forensic Interviews

 Evidence

Program/Intervention Name	Description/Additional Information
Forensic Interviews <input type="checkbox"/> Program <input checked="" type="checkbox"/> Intervention within Program: Child Advocacy Centers	A forensic interview is a way for specially trained staff to gain details about possible abuse from a child in his or her own words. Sensitive to the child’s emotional and developmental needs, interviewers gather as many facts as possible about allegations in a comfortable and child-focused manner.
Delivery Setting	Target Population
Other Community Setting	Children

Logic Model	Outputs	Outcome(s)
If children with a possible history of abuse are interviewed by a trained specialist in a trauma informed way, then this increases the quality of the investigative process.	1. Number of interviews conducted by highly trained individuals	
	2. Number of child protective investigative team members attending the forensic interviews	
	3. Number of cases referred for a Forensic interview	

Evidence	Strong Evidence	
Clearinghouse	Entry Name & Link	Evidence Rating
CrimeSolutions	Investigative Interview Protocol	Promising, one study

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Training and Professional Development for Foster Families

 **Outputs**

Program/Intervention Name	Description/Additional Information
Training and Professional Development for Foster Families <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	The Office of Training and Professional Development for Foster Families offers learning opportunities that support adoptive, foster, and kinship parents in their efforts to provide a safe, nurturing, and loving environment for the children in their care. Examples of training include: TN Key, Preventing Suicide among Foster Care Youth, Creating Normalcy through Prudent Parenting, Child Exploitation and Human Trafficking, Medical Resources and Information, CPR/First Aid, Working with Birth Parents & Visitation, and Working with the Education System.
Delivery Setting	Target Population
Home, Other Community Setting	Adults

Logic Model	Outputs	Outcome(s)
If training, including TN Key, Preventing Suicide among Foster Care Youth, Creating Normalcy through Prudent Parenting, Child Exploitation and Human Trafficking, Medical Resources and Information, CPR/First Aid, Working with Birth Parents & Visitation, and Working with the Education System, is provided to foster parents, then they will be better able to provide a safe, nurturing, and loving environment for the children and youth in their care.	1. Number of Trainings for foster and adoptive parents in the Foster Parent Training Catalog	
	2. Percent of foster parents fully compliant with training requirements	

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Juvenile Justice: Non-Custodial

 **Strong Evidence**

Program/Intervention Name	Description/Additional Information
Juvenile Justice: Non-Custodial <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	The non-custodial juvenile justice program serves youth who are on probation, intensive probation, diversion or have been released from state custody and are on aftercare. These youth are at imminent risk of coming into or recommitting to state custody, due to delinquent behavior. One evidence-based intervention for these case types is Multisystemic Therapy (MST).
Delivery Setting	Target Population
Home, Other Community Setting	Children, Adolescents/Young Adults

Logic Model	Outputs	Outcome(s)
If juvenile probation officers (JPOs) provide case management, appropriate face to face contact, and referrals for community services such as multisystemic therapy (MST) to justice-involved youth, then we will reduce the likelihood of youth entering or reentering state custody.	1. Initial face to face visits within the first 30 days	1. Percentage of youth who are on probation 12 months or less
	2. Number of youth who enter custody within one year of exiting probation	2. Percentage of youth enter custody within one year of exiting probation
	3. Average successful discharges from aftercare	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
CrimeSolutions	Juvenile Diversion Programs	Promising; multiple studies

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(I) Juvenile Court Prevention Grants

 **Strong Evidence**

Program/Intervention Name	Description/Additional Information
Juvenile Court Prevention Grants <input type="checkbox"/> Program <input checked="" type="checkbox"/> Intervention within Program: Juvenile Justice—Non-Custodial	Juvenile Court Prevention Grants are allocated to 44 counties for custody prevention for youth in danger of coming into state custody due to delinquent behavior. Program areas include intensive probation, intensive aftercare, alternative school programs, and truancy prevention.
Delivery Setting	Target Population
Other Community Setting	Children, Adolescents/Young Adults

Logic Model	Outputs	Outcome(s)
If local jurisdictions provide to youth at imminent risk of entering state custody due to delinquent behavior non-custodial services like intensive probation, intensive aftercare, and alternative school programs in the community, then youth will gain skills to prevent out of home placement.	1. Number of dollars granted for evidenced based services through juvenile court or community providers	1. Percentage of youth who enter DCS custody after receiving prevention services
	2. Number of unduplicated youth served by juvenile prevention services	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
CrimeSolutions	Juvenile Diversion Programs	Promising; multiple studies

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(I) Absconder Program

 **Outcomes**

Program/Intervention Name	Description/Additional Information
Absconder Program <input type="checkbox"/> Program <input checked="" type="checkbox"/> Intervention within Program: Juvenile Justice—Non-Custodial	The Absconder Unit is designed with a team of nine investigators and a supervisor who work with local and state law enforcement agencies to locate missing children/youth who have absconded from DCS custody or supervision. Time is spent in community looking for youth and searching using online data bases.
Delivery Setting	Target Population
Other Community Setting	Children, Adolescents/Young Adults

Logic Model	Outputs	Outcome(s)
If there is a team of specialized personnel to find youth who have absconded from state custody or supervision, then we can locate and return youth to custody safely and reduce the risk of harm.	1. Number of absconded youths apprehended	1. Percentage of youth apprehended by the Absconder Unit (excludes youth who aged out/exited custody while on the run)
	2. Total number of youth per length of runaway episode	2. Percentage of runaway episodes under 30 days
	3. Number of new runners	3. Percentage of repeated runners
	4. Number of repeat runners	
	5. Number of runners identified or suspected of Human Trafficking	

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Juvenile Justice: Custodial

 **Strong Evidence**

Program/Intervention Name	Description/Additional Information
Juvenile Justice: Custodial <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Justice-involved youth can be placed into state's custody for an indeterminate and determinate amount of time to receive rehabilitative services. This includes case management, medical, dental, mental health and educational services. Placement is located based upon treatment needs and level of risk youth pose to the community.
Delivery Setting	Target Population
Residential Facility	Children, Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If justice-involved youth receive daily supervision, programming, mental health, education, and health services, then they will successfully re-enter the community with skills and direction to deter from further involvement with the court system.	1. Complete monthly face to face visit with youth	1. Percent of justice-involved youth for whom custodial length of stay is 15 months or less
	2. Complete initial EPSDT Medical completed within 30 days	2. Percent of trial home visit success to achieve permanency
	3. Complete initial EPSDT Dental completed within 30 days or within last 6 months of custody	
	4. Timely entry of permanency plans	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
CEBC	Solution-based Casework (SBC)	Promising, multiple studies

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Wilder Youth Development Center



Evidence

Program/Intervention Name	Description/Additional Information
Wilder Youth Development Center <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Wilder Youth Development Center in Somerville, TN, is a secure, residential 24-hour facility for male youth who have been adjudicated delinquent for serious felony offenses, with the goal to improve behavior and independence for a successful return to the community. Comprehensive services are provided via case management in the following areas: education, recreation, medical health, and mental health & well-being (including group and individual counseling).
Delivery Setting	Target Population
Correctional Facility, Residential Facility	Adolescents/Young Adults, Gender-Specific, Justice-Involved

Logic Model	Outputs	Outcome(s)
If male youth who have been adjudicated delinquent for serious felony offenses receive daily supervision, mental health, education, and health services, then they will gain critical skills to re-enter the community and become a productive citizen.	1. Completed monthly RCM face to face visits	1. Percent of youth who discharged from Wilder on an indeterminate sentence
	2. Timely completion of EPSDT medical screenings	2. Percentage of youth who discharged from Wilder on a determinate sentence
	3. Timely completion of EPSDT dental screenings	3. Percentage of youth who re-enter custody within one year after discharging from Wilder
	4. Number of youth served at Wilder YDC	YDC

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
CrimeSolutions	Treatment in Secure Corrections for Serious Juvenile Offenders	Effective, one study

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