

**ANNUAL OUTCOME GOAL PLAN
FY 2016
PERFORMANCE GOALS AND ACTUALS**

State or County: **TENNESSEE**

FY 2015 GOAL FY 2015 ACTUAL FY 2016 GOAL

1. Caseload

TANF Recipients	110		83		90	
RCA Recipients	800		850		875	
No Federal Cash Assistance	675		178		175	
Total	1,585		1,111		1,140	

2. Entered Employment

Full Time	934	92%	833	93%	850	91%
Part Time	81	8%	65	7%	82	9%
Total	1,015	64%	898	81%	932	82%

2a. TANF Recipients Entered Employment

Full Time	58	92%	61	91%	60	95%
Part Time	5	8%	6	9%	3	5%
Total	63	6%	67	7%	63	7%

2b. RCA Recipients Entered Employment

Full Time	678	91%	634	93%	676	93%
Part Time	68	9%	48	7%	47	7%
Total	746	73%	682	76%	723	78%

2c. No Federal Cash Assistance Entered Employment

Full Time	198	96%	138	93%	114	78%
Part Time	8	4%	11	7%	32	22%
Total	206	20%	149	17%	146	16%

Cash Assistance Recipients Placed In Employment

809	749	786
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3. Federal Cash Assistance Terminations

TANF Recipients	18	5%	16	5%	15	4%
RCA Recipients	354	95%	328	95%	342	96%
Total	372	46%	344	46%	357	45%

4. Federal Cash Assistance Reductions

TANF Recipients	20	8%	19	8%	22	9%
RCA Recipients	225	92%	220	92%	221	91%
Total	245	30%	239	32%	243	31%

5. Entered Full Time Employment Offering Health Benefits

TANF Recipients	47	7%	46	8%	47	8%
RCA Recipients	455	68%	421	74%	442	75%
No Federal Cash Assistance	172	26%	105	18%	100	17%
Total	674	72%	572	69%	589	69%

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GOAL

FY 2015
ACTUAL

FY 2016
GOAL

6. Average Hourly Wage of Refugees Entering Full Time Employment

\$ 9.07

\$ 9.38

\$ 9.39

7. 90-Day Retention Rate

Percentage 68%

62%

63%

7a. 90-Day Retention Rate Calculator

Unduplicated #
of Retentions

Unduplicated #
of Entered
Employments

Total 561

909

The previous actual Retention Rate is calculated by dividing the total unduplicated number of retentions by the total unduplicated number of entered employments from July of the previous CY through June of the current CY.

8. Office of Refugee Resettlement Funding

	FY 2015 Actual	FY 2016 Proposed
Social Services Formula Funding	\$ <u>1,058,812</u>	\$ <u>1,048,780</u>
Targeted Assistance Formula Funding	\$ <u>409,790</u>	\$ <u>399,330</u>
Discretionary Grant Funding	\$ <u>-</u>	\$ <u>-</u>
Total Liquidated Funding	\$ <u>1,468,602</u>	\$ <u>1,448,110</u>
Cost per Entered Employment	\$ <u>1,635.41</u>	\$ <u>1,553.77</u>

Agency Point of Contact

Please provide the name, title and contact information for the agency staff person best equipped to respond to questions regarding your Annual Outcome Goal Plan submission.

First and Last Name	<u>Holly Johnson</u>	Title	<u>State Refugee Coordinator</u>
Telephone Number	<u>(615) 354.5700</u>	Email	<u>hjohnson@cctenn.org</u>

Deadline for submission

The completed FY 2016 Annual Outcome Goal Plan: Performance Goals and Actuals and Performance Narrative should be submitted via email to GPRA@ACF.hhs.gov by **November 14, 2015**.

For Office of Refugee Resettlement use only:

Date submitted: _____

Submission type: Initial Revision

Status: Approved In process - clarification needed