Department of Children's Services

POLICY

14.12 Family Permanency Planning for Child Protective Services Non-Custodial Cases	
Application: To All Department of Children's Services CPS/Non-Custodial Case Managers and Supervisory Staff	
Authority: TCA: 37-5-105; 37-5-106; 37-2-403 and 404; 37-2-408; 36-1-113; 37-1-166; 37-1-174; 371-801; 37-4-201-207; P.L. 109-239 and section 471 (a) (15); Comprehensive Addiction and Recovery Act (CARA)	**Standards: COA:** PA-CFS 8.01-8.05;PS-CFS 14.01; PA-CFS 14.04
Commissioner:	**Date:**
Original Effective Date: 12/01/23 Current Effective Date: 12/01/23	Supersedes: DSC 14.2 03/08/21 Last Review Date: 12/01/23

Glossary:

- Child and Family Team Meeting (CFTM):
  - Child and Family Team Meeting (CFTM) is a philosophy that supports making the best possible decision in child-welfare cases. The quality of decision-making is improved because CFTM includes all of the parties involved in a child's case (child, if age-appropriate, birth parents and their support system, foster parents, DCS staff, community partners and other involved parties), respecting the expertise that each party brings to the table. CFTM's should be characterized by respect, honesty, inclusiveness and work towards building consensus in decision-making.
- Family Services Case Managers:
  - This is a DCS term used to identify the position previously known as the DCS child program Case Manager. This person is principally responsible for the case and has the primary responsibility of building, preparing, supporting and maintaining the Child and Family Team as the child and family move to permanence while the child remains in custody.
- Concurrent Planning:
  - A method of case planning in which two permanency plan goals are implemented simultaneously in order to ensure the most expeditious permanence for children. Successful concurrent planning requires a clear delineation of roles and responsibilities through the planning process, full-disclosure and support to the Child and Family Team members and is often utilized in cases where the outcome of a sole permanency goal is uncertain.
- Family Permanency Planning:
  - Family Centered Permanency Planning is the process by which families, in conjunction with DCS, community partners, informal supports, specific interventions and services reinforce family strengths and meet the needs of the children/youth and their families involved with the Department of Children's Services. Family Permanency Plans are working documents that address the entire family in addition to addressing the specific needs or behaviors of one or more individuals within the family case. Individuals within the Family Permanency Plan may have different service goals and action steps based on their specific needs. A family permanency plan can include both custodial and noncustodial clients. Family Permanency Plans are developed and monitored through the Child and Family Team process.
- Plan of Safe Care:
  - A Plan of Safe Care is a FPPNC that involves an infant born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal exposure from the use of illegal drugs or the misuse of legal drugs or chemical substances, diagnosed with Neonatal Abstinence Syndrome (NAS) or Fetal Alcohol Spectrum Disorder when this information is reported or confirmed

by or on behalf of a medical provider and must provide for services that ensures the safety and well-being of the infant.

Policy Statement:
DCS partners with families, their support systems, service providers, community partners, informal supports, specific interventions and services to develop a Family Permanency Plan for Child Protective Services Non-Custodial Cases (FPPNC) during a Child and Family Team Meeting (CFTM).

Purpose:
To identify a permanency goal, develop a plan that specifies what must occur in order to achieve the goal, what services will be provided, and the timelines for achieving the goal to safeguard and enhance the welfare of children and to preserve family life, prevent harm and abuse by strengthening the ability of families to parent their children effectively.

Procedures:

A. Scheduling and Timeframes

1. The CPS *FPPNC* must be developed in the context of the CFTM, in which DCS staff collaborates with the family and other members of the team on the development of a plan that addresses the problems that necessitated a concern for the risk and safety of the child or any other concerns that warrants the department's involvement. This plan specifies the changes required to allow the child to remain safely in their current placement or return to the care of their caregivers.
2. A CPS *FPPNC* is completed during the CFTM, which is held within thirty (30) calendar days from the date of the referral if services are needed.
3. If the CPS *FPPNC* goal needs to be revised, a CFTM should be convened to discuss progress. If little or no progress is being made, the team discusses the need to propose a goal change and consider alternative options for permanency.
4. If the child(ren) is/are being removed from their current placement, a *CFTM* is required and the *FPPNC* goal will be to make a change in placement. (Refer to the ***Child and Family Team Meeting Guide.)***
5. In the event that the parents/caretakers cannot be located or refuse to cooperate, the Case Manager documents all efforts made to involve the parents/caretakers. If the participation of the parents/caretakers is critical to the safety and well-being of that child and family, court involvement may be warranted.

B. Development of a CPS Family Permanency Plan for Non-Custodial Cases

1. DCS staff must engage families in an on-going assessment of how their strengths and needs impact the safety, permanency and well-being of the child(ren) involved. The information gathered from this on-going assessment process will guide the participants in the CFTM in determining an appropriate plan for the child and his/her family.
2. The CPS *FPPNC* includes statements of responsibilities that specifically include both action steps that each party should take and the desired outcomes of those steps. To determine compliance with the plan, parents are expected to be able to demonstrate their completion of the action steps as well as their ability to maintain the desired outcomes in the *FPPNC*.
3. The CPS *FPPNC* establishes realistic goals for the family, child, and/or the department necessary to achieve safety, permanency, and well-being. It is built upon the child and family's strengths, addresses the child and family's needs, and designates timeframes for the completion of actions that helps the child and family to achieve goals as soon as possible. The CPS *FPPNC*:
   - **a)** Have clearly defined outcomes and the specific, time-limited action steps that need to be completed to reach each desired outcome;
   - **b)** Time periods for achieving permanency goals are specific to the unique circumstances of the child and family and not dictated by the scheduling of administrative or periodic reviews or meetings; and
   - **c)** All services documented in the plan as necessary for the achievement of the permanency goal(s) are provided within the time period in which they are needed.
4. Specific tasks listed on the CPS *FPPNC* include observable, measurable outcomes, as well as the names of the persons responsible for the completion of each task. This is to include responsibilities of the family, DCS and other community resources including the provision of services and monitoring progress.
5. The CPS *FPPNC* may be a handwritten draft, but is considered complete at the conclusion of the CFTM. Significant changes or alterations to the goals or tasks on the plan can only be made by convening another CFTM. Minor changes that do not affect the content of the document, such as grammatical or spelling errors, may be made without the reconvening of a CFTM. The handwritten plan may be uploaded into TFACTS for signature purposes only.
6. All aspects of the CPS FPPNC are entered into ***TFACTS*** within 30 days of occurrence.

C. Participants

1. Participants involved in the CPS *FPPNC* CFTM should include:

- The child's parents, their family, family support system and trusted family friends, community partners, and DCS Case Manager (including DCS specialty staff);
- The following persons are Child and Family Team members as appropriate:
  - Guardian ad litem (GAL); and
  - Court Appointed Special Advocate (CASA)

2. Children and youth who are at least six (6) years of age and older should be involved in the planning process to the extent that they are capable of participating. All children twelve (12) and over should be prepared and included in the CPS *FPPNC* CFTM. Younger children may also be able to participate in the meeting, according to their maturity level and ability to understand. It is acceptable to include the child in the beginning of the meeting to get his/her understanding of the situation, explore the child's needs and adjustment to placement, etc., and then excuse the child for discussions regarding the treatment needs of parents. Exceptions to this policy must be clearly documented in the case record, with an explanation for why the child's participation would be contrary to his/her best interests.

D. Plans of Safe Care

The Comprehensive Addiction and Recovery Act states that infants born with and identified as being affected by:

- Substance abuse;
- Withdrawal symptoms resulting from prenatal exposure from the use of illegal drugs or the misuse of legal drugs or chemical substances;
- Diagnosed with Neonatal Abstinence Syndrome; and/or
- Fetal Alcohol Spectrum Disorder.

An affected infant will be identified as a CARA case when this information is reported or confirmed by or on behalf of a medical provider. These infants must have a Plan of Safe Care/FPPNC to include services that ensure the safety and well-being of infants following the release from healthcare providers.

This plan includes steps for addressing the health and substance use disorder treatment needs of the infant and affected family or caregivers.

1. A Plan of Safe Care/FPPNC is created in the context of a CFTM and the Case Manager must engage families in an on-going assessment of how their strengths and needs impact the safety, permanency and well-being of the infant involved.

2. Specific tasks listed on the Plan of Safe Care/FPPNC include observable, measurable outcomes, as well as the names of the persons responsible for the completion of

each task. This is to include responsibilities of the family, DCS and other community resources including the provision of services and monitoring progress.

3. A Plan of Safe Care/FPPNC is created if services can be identified and provided to the parent/caregiver prior to the infant's release from the hospital.
4. In the event that the parents/caretakers cannot be located or refuse to accept the needed and recommended services, the Case Manager documents all efforts made to involve the parents/caretakers. If the participation of the parents/caretakers is critical to the safety and well-being of that child, court involvement may be warranted.

E. Non-Custodial Family Permanency Plan Goals

1. **Child remains with parent/caretaker without services (Non-custody)** - This goal is chosen when the investigation/assessment has determined that the family is not in need of any services from the department however, the continuation of existing services and the identification of next steps would be beneficial to the family. The child(ren) has also been deemed safe, and there is no need for any change in placement.
2. **Child remains with parent with services (Non-custody)** - This goal is chosen when the investigation/assessment has determined that the family is in need of services, however the child(ren) has been deemed safe and can remain in the home with parent(s). Services may either be recommended or required (also refer to ***Protocol for Safe Sleep Education and Delivery of Safe Sleep Furniture*** for additional safety information, if applicable). If services are required, non-compliance could result in a court order to enforce compliance and/or a change in future goals that may require a placement change. See ***Safety Notice: TennCare Case Management.***
3. **Child remains with caretaker/relative with services (Non-custody)** - This goal is chosen when the investigation/assessment has determined that the family is in need of services, however the child(ren) has been deemed safe and can remain in the home with caretaker/relative (also refer to ***Protocol for Safe Sleep Education and Delivery of Safe Sleep Furniture*** for additional safety information, if applicable). Services may either be recommended or required. If services are required, non-compliance could result in a court order to enforce compliance and/or a change in future goals that may require a placement change. See ***Safety Notice: TennCare Case Management.***
4. **Child will need change in location (Non-custody)** - This goal is chosen when the investigation/assessment has determined that the child(ren) is not safe or the current living situation is not suitable for the child to remain in the current placement. This change in location may also require services to be rendered. Non-compliance or

other problems with the change in location could result in the child being brought into state custody. If temporary removal restricts contact between a child and parent/caretaker, an IPA must be completed to address the harm factors and the temporary placement.

5. Each CPS *FPPNC* goal requires the Case Manager, family, and family supports to work toward ensuring and maintaining safety, while improving the family situation and self-sufficiency.

F. CPS Family Permanency Planning for Non-Custodial Cases reviews and revisions

1. The CPS *FPPNC* is reviewed in the context of a CFTM within the guidelines of the policy. These meetings must be separate and distinct from regular scheduled home visits or face to face contacts. However, if the family team is meeting for another purpose, the progress on the plan can be reviewed at that time. It is then, not necessary to convene another meeting solely for the purpose of reviewing the plan. The CPS *FPPNC* should be updated if necessary any time a review indicates that revisions are needed. All CPS *FPPNC's* must be approved by the supervisor.

2. Significant revisions of the CPS *FPPNC* are the responsibility of the assigned CPS Case Manager and should be completed within the context of a CFTM that includes all significant members of the team. This would include such revisions as a change in goal, adding a relevant party such as a parent, caretaker, or service provider, or addressing a newly disclosed need. A new approval by the supervisor is required on revised plans. Another CFTM is required to reflect significant revisions.

3. Significant plan revisions may be made at any time and are made when new issues hindering the accomplishment of the permanency goal(s) are identified, when there is a change in the permanency goal(s), when there must be a change in the time frame/target dates, or when there is a need for changes in services or treatment for the child or family.

4. A decision to remove and place a child(ren) into state custody requires the completion of form ***CS-0747, Child and Family Team Meeting Summary.***

a) A *CFTM* must be held prior to filing the petition, when there is imminent risk of a child/youth coming into custody related to issues of abuse or neglect. This meeting should occur within seven (7) days prior to the custodial episode unless it is an emergency.

b) Each region must establish a written local protocol to consult a Master of Social Work (MSW) or an individual with an advanced clinical degree in the removal process. The Team Coordinator (TC) and DCS Regional General Counsel (RGC)/designee must approve the decision to petition the court for custody. The

supervisor must attend the CFTM. (Refer to the ***Child and Family Team Meeting Guide).***

G. Documentation

1. All CPS *FPPNC* contains specific information about:
   - Tasks and responsibilities for achieving a child/family's permanency goals or outcomes;
   - Services necessary to make the accomplishment of the goal likely;
   - Service providers and responsible parties for obtaining and monitoring the services with identified timeframes, and
   - Timeframes to achieve the stated outcome.
2. The case record should reflect the team's decisions, interactions with children, youth and families, interactions with collateral resources, and the efforts towards achieving any/all goals.
3. Efforts being made to achieve the goal(s) should also be clearly documented in the case reviews.
4. Major treatment issues for the child/youth and family (*i.e.*, safety issues identified in the CPS case, drug treatment, sexual offense victim or sex offender treatment, special education, domestic violence, *etc.*) that are identified during the assessment process is be noted in the CPS *FPPNC* along with activities necessary to address the issues that brought the family to the attention of the department.
5. The family and participants (specifically those with responsibilities identified on the plan) in the Child and Family Team, receive a copy of the CPS *FPPNC* immediately following the CFTM.

Forms:

CS-0747, Child and Family Team Meeting Summary

Collateral Documents:

Safety Notice: TennCare Case Management

Protocol for Safe Sleep Education and Delivery of Safe Sleep Furniture

Permanency Plan Development Guide

Child and Family Team Meeting Guide