

	<b>Tennessee Department of Children's Services</b> <b>Protocol for MSW Consults</b>
	<b>Supplemental to DCS Policy: Chapters 13, 14, and 16</b>

To reduce trauma and ensure the well-being of the children/youth served by the Department of Children's Services, an MSW consult is required each time a child/youth experiences a placement change. This protocol is to be utilized for completion of all Master of Social Work (MSW) consults.

#### **A. General MSW Consult Requirements:**

1. Individuals who have a Human Services degree with a two-year clinical component are appropriate to do a consult when an Immediate Protection Agreement (IPA, out of home) or removal is needed.
  - a) Contact Human Resources (HR) for a list of individuals who qualify.
2. The Team Leader/Coordinator or Director in the chain of command may complete the consult at the time of the case staffing, providing they have the appropriate degree as noted in number one (1) above.
3. MSW consults should be completed **PRIOR** to moving a child/youth as part of the initial process of approval.
  - a) The consult should not incorporate restaffing the case in its entirety.
4. The DCS staff completing the MSW consult will enter the consult into the Electronic Record System using the following steps: Person Tab, Consult, and MSW. Siblings may also be added.
5. In the event there is an immediate safety issue, the consult should be completed **within 12 hours**.

#### **B. Information Required for the MSW Consult:**

1. Names and ages of Children.
2. Date of custody/proposed date of custody and date of removal.
3. Reason for removal.

4. What is the plan to reduce trauma?
5. If the removal already took place, were there traumatic events that happened?
6. If stranger Foster Care (FC) is needed, are there individuals available that can be a support to the child/youth (Coach, Neighbor, Church Member)?
7. Are we recommending sibling(s) stay together or separate due to safety issues?
8. If the child/youth needs an immediate medical procedure/care, is there a way we can make this more comfortable? Does the child/youth take medication? Is there enough medication available for the child/youth to get them to their next appointment? Are there historical medical issues the caregiver should be advised to watch for, such as history of asthma, allergies, etc.?
9. What personal items will the child/youth bring with them? If the child/youth has limited items, are there items that DCS can obtain to send with the child/youth to the placement?

**C. Information Needed for the Next Placement:**

1. Does the child/youth have any fears (i.e. the dark, spiders, clowns, etc.)? What helps the child/youth calm down?
2. What is the child/youth's sleep schedule/daily routine/patterns?
3. What are the child/youth's favorite foods and/or other significant 'likes' or "dislikes"? Does the child/youth have any allergies?
4. Provide any other needs or concerns regarding the children/youth.

**D. Questions For the Child/Youth's Parents or Caregiver:**

1. Are there behaviors that would warrant a safety plan for the child/youth (such as being a danger to others, sexually reactive, or sexually aggressive)?

2. Discussion points to advise parents of how to be resilient and/or use supports to assist themselves during this time (prevent self-harm/relapse) are to be provided during the MSW consult.