



Tennessee Department of Children's Services

## Protocol for Family Support Services

Supplemental to DCS Policy: [14.18, Family Support Services](#)

This protocol is to be used as a support tool that outlines possible case considerations related to the different abuse and neglect allegations Child Protective Services (CPS) investigates. This protocol is not meant to be used as a checklist as the tasks below may not be required on every case.

### **Referring to Family Support Services**

#### Regional Referral Process

1. Case Manager (CM) completes and submits [CS-0498, Non-Custodial Services Application](#).
2. Each region organizes a weekly scheduled contact for the referring Supervisor to notify the FSS Supervisor of cases identified for transfer to FSS.
3. Tasks discussed during contact:
  - a) The FAST score of moderate or high;
  - b) The criteria outlined that qualifies the CPS or Custody case for transfer to FSS;
  - c) The criteria to support the transfer of a case with a Family Advocacy & Support Tool (FAST) score of minimal/low risk;
  - d) The plan for scheduling internal transfer staffing detailing the agreed upon transfer date, location or contact method (sent via group email);
  - e) Level of service needs and concerns for the child(ren);
  - f) Location and residence of children, parents, and service needs.
4. If a case is determined not to be appropriate for transfer to FSS, the referring Supervisor and FSS Supervisor discuss alternative options. Any disagreements may be escalated up the chain of authority. The decision is documented in the Electronic Record System in the open DCS case and a final decision implemented.
5. If there are no cases to transfer, this contact may be cancelled after the referring Supervisor and the FSS Supervisor agree on the decision.
6. For cases accepted for transfer in the meeting, CPS and FSS case managers will meet within five (5) business days to review service needs and plan next steps for transition :
  - ◆ Include all demographic information regarding all the parties;

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- ◆ The reason for the referral to include any court and/or continued involvement;
- ◆ Results of any interventions provided and attempted;
- ◆ The level of cooperation from the child and family;
- ◆ Diligent search efforts made to identify family supports, [31.9, Conducting Diligent Searches](#), when applicable;
- ◆ Justification for a child not being seen within 30 (thirty) days of the referral to FSS.
- ◆ The results of the FAST or Child and Adolescent Need and Strengths (CANS) and any additional formal and informal assessments administered to the child/family;
- ◆ Action steps resulting from the Child and Family Team Meeting (CFTM)/Family Permanency Plan/Plan of Safe Care;
  - a) An active permanency plan is available and entered in the Electronic Record System for all custody transfers and CPS transfers.

**Note:** Permanency plans are completed on all Comprehensive Addiction and Recovery Act (CARA) cases to address Plans of Safe Care.

7. Any circumstances (completion of tasks, FAST or CANS results) that may delay the transfer;
8. Date of joint team home visit or transfer CFTM to formally transfer the case to FSS. CPS/FSW schedules a home visit or transfer CFTM with the receiving FSS Case Manager and the family to occur within five (5) business days of the internal transfer staffing. A joint home visit occurs at the current primary home of the children, with the current primary caregiver(s) and children when applicable, or when the case warrants their presence.
9. Formal and informal assessment of the family and any service plans to address needs.
10. Cases may be transferred during the transfer meeting, upon completion of tasks outlined above. The CPS case may remain open to complete any remaining investigative or assessment tasks identified during the transfer staffing.
11. If a Social Services/Juvenile Justice case unexpectedly exits custody, the Social Services/Juvenile Justice Supervisor immediately contacts the FSS Supervisor to discuss case transition and joint home visit. A FSS episode will be opened and assigned to FSS within 72 (seventy-two) hours of the custody exit or prior to the custodial case closure.

### Court Referral

The Court liaison or the DCS court representative completes form [CS-0498, Non-Custodial Services Application](#) and prepares the case for FSS by establishing the following to be shared with FSS:

- ◆ The reason for the referral to include if the court is ordering DCS to open an FSS case;
- ◆ Household composition;
- ◆ Results of any previous formal and/or informal assessments;

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- ◆ Any interventions provided and/or attempted and the results; and
- ◆ The level of cooperation from the child and family.

**Note:** FAST assessment is due within 10 (ten) business days of referral as per the [Protocol for the Completion of the Family Advocacy and Support Tool \(FAST\)](#)

### Walk-In/Self Referral

The DCS representative in contact with the walk-in client assesses the family circumstances to determine if referral to the Child Abuse Hotline is warranted. If circumstances are appropriate for Family Support Services the DCS representative completes the following:

1. Completes form [CS-0498, Non-Custodial Services Application](#) with the walk-in client.
2. When possible, the DCS representative completes the FAST with the client.
3. The DCS representative provides the application to the FSS Supervisor for assignment.
4. If the FAST was not completed prior to assignment, the assigned Case Manager completes the FAST within 10 (ten) business days.
5. A walk-in or self-referral is assigned the appropriate intervention track based on FAST outcomes and Case Manager informal assessments.

### FFS Episode Opening

1. The FSS case is opened within two (2) business days of completing the joint home visit, transfer CFTM or upon receipt of the referral from court. For transfer cases, FSS episode start date begins on the date of the joint home visit or transfer CFTM.
2. The FSS Supervisor enters a Case Consultation in the Electronic Record System within five (5) business days of opening the FSS episode detailing:
  - ◆ The results and date of the transfer staffing with CPS or custody;
  - ◆ Receipt and details of the referral from the court liaison or DCS court representative; and
  - ◆ Date of the initial home visit.
  - ◆ Intervention track assigned: moderate or intensive.
3. The FSS Case Manager enters an opening case summary detailing the following:
  - ◆ Reason to open an FSS Case;
  - ◆ Prior History of the family and the pertinent/impact on the case, previous services, removals;
  - ◆ Cultural diversity of the family;
  - ◆ Initial Diligent Search;
  - ◆ Household composition, including every child in the home;

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- ◆ Explanation of why and where if siblings are separated;
- ◆ Efforts to engage the family; and
- ◆ Needs of the family identified.

### **Intervention Criteria**

Once criteria for FSS are met, the following are the criteria for moderate or intensive intervention:

#### ***Moderate:***

- ◆ FAST risk Score indicates minimal (low) or moderate need/risk;
- ◆ Services for the family are anticipated to be less intense, and needed for a shorter amount of time;
- ◆ Court involvement based on DCS petition requesting continued DCS services and oversight (excludes FAST risk scores of high need/risk);
- ◆ Case is transferred from DCS custody.

#### ***Intensive:***

- ◆ FAST risk score indicates high need/risk;
- ◆ Court involvement based on DCS petition requesting continued DCS services and oversight;
- ◆ Non-custody child placed out of home with third party and services are identified and needed (relative caregiver or kinship care support);
- ◆ Continued safety and risk concerns of child(ren) that require services to reduce risk, and more frequent contacts and potentially longer service provision for the family is required;
- ◆ Direct referral from Juvenile Court.
- ◆ Social Services/ Juvenile Justice transfers that are orders of the court where service needs will not be resolved within 30 (thirty) days post custody.

### **Intervention Activities and Visits**

#### **Intervention Activities**

1. The FSS Case Manager, along with the referring Case Manager, conducts a joint home visit or transfer CFTM within five (5) business days of the transfer staffing.
2. Both Case Managers assess and gather information for the FAST Assessment during the joint home visit or transfer CFTM. The FSS Case Manager completes the FAST within thirty (30) calendar days of opening the FSS episode. Items to be discussed with the family at the joint home visit or transfer CFTM include:
  - ◆ Reason for transferring to FSS
  - ◆ Services initiated, identified and in place as identified on the FPP

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- ◆ Services discussed with the family as identified and agreed upon
  - ◆ Service effectiveness
  - ◆ Expectation of family and staff
  - ◆ Complete or initiate FAST
3. If the CFTM did not occur at case transfer, the FSS Case Manager has a Child and Family Team meeting (CFTM) within 30 (thirty) business days of opening the FSS episode and develops or revises the Family Permanency Plan (FPP). (Refer to DCS [Child and Family Team Meeting Guide](#)).
  4. If there is no documentation to support that the family has been informed of their rights and responsibilities, the FSS Case Manager notifies the family of their rights and responsibilities and provides them with a copy of the DCS [Clients Rights Handbook](#). The family signs form [CS-0050, Case Intake Packet Documents and Native American Heritage Verification](#) and other required information.
  5. During each home visit with the child(ren) and parents, scaling questions and motivational interviewing techniques are utilized to assess progress and to conduct quality visits.
  6. A CFTM is held every 90 (ninety) calendar days from the initial CFTM or the transfer CFTM. During the CFTM, the FPP is reviewed and the plan is updated to reflect any progress updates and/or revisions/editions.
  7. The **FAST** must be updated every 90 (ninety) calendar days throughout the life of the case. Refer to [Family Advocacy and Support Tool 2.1](#) for more information.
  8. The Family Permanency Plan along with family progress and safety is reviewed and assessed with all family members during each visit.
  9. Scaling, solution focused questions and motivational interviewing with child(ren), parents and caregivers are used to engage families and ensure quality visits. (*See Scaling Questions/Motivational Interviewing section below*)
  10. The results of the safety and progress scales, and progress made on the FPP are discussed monthly with the FSS Supervisor. This is documented in the Consultation section of the Electronic Record System.
  11. If services are provided (paid or unpaid) contact occurs with the service provider no less than once monthly for Moderate intervention or twice monthly for Intensive intervention to assess progress on the FPP.
  12. If the child(ren) is placed in another county/region, the child's home county/region of residence is responsible for coordinating with the county/region of the child's placement to assure contacts and service provisions occur.
  13. When a child is placed in a third party home with relatives, the FSS Case Manager makes a referral to the Relative Caregiver Program (See DCS Policy [14.30, Relative Caregiver Program](#)).

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14. When child(ren) visits with parent/caregivers are observed by the FSS Case Manager, form [CS-0594, Visitation Observation Checklist](#) is utilized to outline the parenting ability, strengths, and needs during the visit.

### Intervention Visits

All visits with the child/youth/family, regardless of intervention level, should include time for private discussions with all parties to ensure that both parents and children can feel comfortable sharing information. Additionally, as much as is safely possible, home visits should occur at the convenience of the family.

#### **Moderate**

1. If intervention is Moderate, the FSS Case Manager makes monthly home visits with the concerning child(ren).
  - ◆ There is a minimum of one (1) face-to-face contact with the child each calendar month for the life of the case.
  - ◆ The FSS Case Manager makes monthly contact with each parent/caregiver/significant other, and sibling(s) residing in the home. There is a minimum of one (1) face-to-face contact with the parent/caregiver/significant other, and sibling(s) during the first 30 (thirty) calendar days the case is open and then a minimum of at least one (1) contact each calendar month for the life of the case.
2. If the child is in an out of home placement, the FSS Case Manager visits each parent/previous caregiver during the first 30 (thirty) calendar days the case is open and then a minimum of at least one (1) contact with the parent/previous caregiver each calendar month for the life of the case. A home visit is required prior to the child visiting/returning to the parent/caregiver.
3. If the child is in an out of home placement, the FSS Case Manager visits each third-party placement caregiver during the first 30 (thirty) calendar days the case is open and then a minimum of at least one (1) contact each calendar month for the life of the case.

#### **Intensive**

If intervention is Intensive, the FSS Case Manager makes monthly home visits with the concerning child.

1. If Intervention is intensive and the child remains in the home:
  - ◆ There is a minimum of twice (2) a month face-to-face contact with each concerning child (one must occur in home);
  - ◆ Monthly contact with each parent/caregiver residing in the home.
2. If intervention is Intensive and child is placed out of home:
  - ◆ There is a minimum of twice (2) a month face-to-face contact with child (one must

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occur in home);

- ◆ Monthly contact with each parent/caregiver residing in the home.
- ◆ Monthly face to face contact with current placement/caregiver, in their home, utilizing family plan to structure discussion.

**Note:** Increased contacts and/or home visits may be necessary with the child and/or family as determined by the FPP or supervisor recommendations which are documented in the Electronic Record System by the Supervisor.

### **Caseload Maintenance and Documentation**

The Team Coordinator/Designee is responsible for assessing caseloads weekly and monitoring the timely closure of FSS cases.

1. By the 5<sup>th</sup> of each month, the Team Coordinator (TC) submits the number of cases open over 120 days to Regional Director (RD) or designee along with a plan to either close the case or to provide a justification to continue service provision.
2. When case transfers create challenges in managing FSS caseloads, the FSS Supervisor and TC assesses/evaluates potential closures/internal alternatives, including transfers to external case management resources to avoid delay in service delivery.
3. All case documentation will be entered/uploaded into the Electronic Record System, as per DCS policy [31.14, Case Documentation Requirements](#).

### **Requirements for New Allegations on Existing Open FSS Cases**

#### **New Allegation of Harm and/or Potential Removal on FSS Cases**

1. If at any time the FSS Case Manager feels the child(ren) is at risk of harm, the FSS Supervisor must be consulted immediately to determine:
  - ◆ If the increased risk can be addressed by the current FSS Case Manager;
  - ◆ If a case on the moderate track needs to escalate to the intensive track; or
  - ◆ If a new CPS referral is necessary.

**Note:** Refer to DCS Policy [14.14, Removal: Safety and Permanency Considerations](#) for additional information regarding removing a child (ren) from their parent/caregiver.

2. If there is an imminent risk of a child(ren) being removed from the care of their parent/caregiver, an Emergency CFTM with a skilled facilitator must be convened to explore all alternatives to placing the child(ren) in DCS custody. Upon consultation with Regional General Counsel (RGC), a decision to petition for custody is approved by the Regional Director/Designee.
3. When an emergency removal takes place before a CFTM can be convened, the CFTM occurs

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prior to the preliminary hearing. In any event, a CFTM occurs no later than seven (7) days after the date of custody. The FSS Supervisor attends this CFTM. Refer to DCS [Child and Family Team Meeting Guide](#).

4. Each region establishes a local protocol to consult with an individual with a master's in social work (MSW) in relation to trauma reduction surrounding the removal process. When possible, this occurs prior to the physical removal of the child(ren).

### **CPS Referrals on Open FSS Cases**

1. When there is an open FSS case and additional abuse or neglect allegations are reported to the Child Abuse Hotline (CAH), the CPS and the FSS supervisors discuss the allegations and jointly decide if it is appropriate for the open FSS case to absorb/address the allegations in the referral or if two (2) separate cases (CPS and FSS) are to be opened on the family.
2. If supervisors agree on combining the cases, the CPS supervisor notifies the CAH to screen-out the new case so that the allegations can be addressed in the already open FSS case. The request states that the FSS supervisor, including their name, is in agreement with the request.
3. The FSS supervisor documents the new information and recommended priority responses as a case consultation detailing any additional tasks and next steps needed to address the concerns.
4. To aid in safety and well-being of the child and family, the FSS Case Manager conducts a face-to-face with the alleged child victim (ACV) and parent/ caregiver, within the recommended priority response timeframe. All case documentation will be entered/uploaded into the Electronic Record System, as per DCS policy [31.14, Case Documentation Requirements](#).
5. If the decision results in an open CPS case, the CPS Supervisor and FSS Supervisor may decide that the FSS Case Manager continues work on the open FSS case while CPS conducts investigative or assessment tasks and activities, collaborating to determine the scope of continued services and level of involvement. If the FSS case remains open when services are initiated by CPS, the FSS Case Manager follows-up with continuation and/or any additional identified services. When the FSS case remains open and CPS initiates services, FSS staff and CPS staff consult to ensure FSS has the needed information to continue service provision.

**Note:** Severe abuse allegations will not be combined with existing FSS cases.

### **Case Progress and Closure Procedures**

#### **Case Progress and Case Closure**

1. FSS cases at or before 90 (ninety) calendar days may be closed when the family shows progress in meeting goal outcomes by completing tasks and demonstrating improvements. The FAST and the results of any safety and progress scales serve as tools in determining when a case is appropriate for closure.

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2. Cases are considered appropriate for closure with:
  - ◆ Safety scale ratings of No to Low concerns AND
  - ◆ Progress scale ratings of High to Moderate progress.
3. Cases not considered appropriate for closure have:
  - ◆ Safety scale ratings of Moderate to High concerns OR
  - ◆ Progress scale ratings of Low/Minimal to No progress.
4. All casework, FAST and any Scale ratings are reviewed by the TL before case closure and the review is documented in the Electronic Record System as a case consultation.
5. Any cases with scale ratings of moderate to high Safety concerns or low to no Progress will not be closed without a TL consult and case closure summary outlining the justification to close the case.
6. Assessment of case progress may indicate a need for the case to remain open beyond 90 (ninety) calendar days. The TL enters a case consultation justifying the case remaining open; including limited movement on the safety and progress scale, the current FAST rating, and remaining needs of the family.
7. Levels of intervention on any moderate or intensive case may change based on FAST, Scaling Questions, and TL consultation and approval.

**Note:** Intensive intervention cases referred from court in which the family demonstrates progress and improvement are worked 30 (thirty) calendar days from receipt before the case can be changed to moderate intervention.

8. The *FAST* must be updated quarterly throughout the life of the case. Refer to [\*\*\*Family Advocacy and Support Tool 2.1\*\*\*](#) for more information.
9. Cases open over 120 calendar days are reviewed by the TC monthly. After 120 days, the TL enters a case consultation each month until case closure.
10. Cases with court involvement are closed in consultation with DCS Legal (for assault, domestic violence, or absconder cases) and/or Court approval. The FSS Case Manager provides a written statement outlining the following elements:
  - ◆ Progress made on the Family Permanency Plan;
  - ◆ Statement of stability and safety of the children; and
  - ◆ Parent/caregivers ability to care for the child(ren) and ensure their safety without the continued involvement from FSS.
11. Cases that meet criteria for closure have the following tasks completed:
  - ◆ Closing case conference with TL;
  - ◆ Entry of monthly face to face contact with the child(ren);
  - ◆ Reassessment/Closing FAST, if not completed within thirty (30) calendar days of closure;

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- ◆ Progress Review CFTM; and
  - ◆ Closing case summary entered by the FSS Case Manager.
12. Closing Case Summary
- ◆ Reason for opening the case;
  - ◆ Current status of child and family including safety status of child;
  - ◆ Justification for case closure which should include behaviorally specific description of how the family has stabilized and achieved the goals in the original or updated case plan;
  - ◆ Evidence of scaling and outcomes;
  - ◆ Community referrals made by the Case Manager to support family after case closure;
  - ◆ Reassessment/Closing FAST and results of any CFTM that captures discussion of ongoing needs and services with family to prevent continued DCS involvement;
  - ◆ Legal status at closure (i.e. who has custody, any no contact orders; etc.).
13. The TL enters a closing case consultation, ends the FSS episode, ends any case services, and closes the family case if the family is not involved in any other DCS program.

### **Other Procedures**

#### Children in Hospital

If the hospital requests assistance regarding a child on an open FSS case, the FSS Case Manager contacts the hospital within 24 (twenty-four) hours of notification (refer to the [Protocol for Working with Hospitals](#)).

#### Youth with Prior Transitional Living Services

Youth receiving non-custodial services may be eligible for Transitional Living services if they were previously in the custody of DCS. Refer to DCS Policy [16.53, Eligibility for Independent Living Services](#).

#### Indian Heritage

If there is a reason to believe that a child or family is of Indian Heritage and there is no verification to support that the inquiry occurred, the FSS Case Manager verifies the child/ family's status through the Bureau of Indian Affairs and affiliated tribe. Use applicable [CS-4277, ICWA Notice and Confirmation Request](#) and [CS-4276, Request for Determination of Tribal Affiliation](#) letters or [CS-0050, Case Intake Packet Documents and Native American Heritage Verification](#).

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If there is reason to believe that there is an open case on a non-custodial youth that has runaway, absconded or is missing, staff refers to DCS Policy [31.2, Responsibilities Regarding Runaways, Absconders and Escapees.](#)

### **Sample Questions**

#### Scaling Questions

Below are example scaling questions that the FSS Case Manager could use with the family.

- ◆ **Rating current status:** On a scale of 0 to 10, how would you rate your current commitment to working on your relationship?
- ◆ **Prioritizing:** On a scale of 1 to 5, how would you rank your priorities in resolving your current family situation?
- ◆ **Confidence:** On a scale of 0 to 10, how confident are you about being able to do the tasks in your Family Service Plan?
- ◆ **Hopes:** On a scale of 0-10, how hopeful are you that the family is on the right track to achieve outcomes on the family plan?
- ◆ **Investment:** On a scale of 0-10, how invested would you say you are in solving this problem?
- ◆ **Safety:** On a scale of 0-10, how safe do you feel in your current home situation?
- ◆ **What would help:** What would help to move you one number higher on that scale?