

*Tennessee Department of Children's Services*

**Standards of Professional Practice  
For Serving Children and Families:  
A Model of Practice**

*Prepared for*

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**FINAL RECOMMENDATIONS FOR TDCS PRACTICE MODEL  
November 2003**

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## **PREFACE**

### **Purpose and Nature of the Practice Model**

The *Tennessee Department of Children's Services' Standards of Professional Practice for Serving Children and Families* is a model for practice that captures the organizational values, structures, mechanisms, tools and skills needed to successfully implement the mission of the Department. It consists of the Department of Children's Services' (DCS) overarching vision – the guiding principles - and the means to achieve its vision - standards of professional practice. The guiding principles and the standards of professional practice represent DCS's ambitions for best practices in serving children and families in Tennessee. These ambitions are based on the fundamental beliefs that all children served by the Department deserve to be safe from harm, nurtured by life-long families and provided with the same protections and supports that any loving parents would expect for their children. Together, the guiding principles and the standards of professional practice provide a blueprint for how DCS will work in partnership with families, service providers, state departments, and all other community stakeholders to achieve defined outcomes.

This practice model is the governing influence for developing policy, resources, training, employee evaluations, performance measures and private provider contracts. It provides the framework for developing regional and statewide implementation plans. Because the practice model promotes state-of-the-art strategies for ensuring best outcomes for children in care, it serves as a vehicle for organizing and responding to the multifarious challenges and demands facing the Department for years to come. Therefore, strategically implementing and maintaining the practice standards to comport with the guiding principles enables the Department to successfully integrate and meet reform-related commitments and obligations.

### **Guiding Principles**

The nine guiding principles enumerated in chapter one encapsulate the overarching vision of the Department. This vision seeks to create a system of care that achieves the best possible outcomes for the children and families it serves. Best outcomes will be achieved by utilizing a holistic approach to Departmental reform. DCS has determined that, as defined within the guiding principles, the Department can best serve children and families and achieve desired outcomes through the development and maintenance of a (i) *constructive organizational culture* that utilizes (ii) *structures and mechanisms for seamless service provision* to support (iii) *family-centered casework and case planning*.

A *constructive organizational culture* supports a system of care that encourages self-expression and innovation, open dialogue, genuine decision making, shared leadership, and personal and collaborative responsibility and accountability. The importance of a constructive organizational culture lies in its ability to support the best practice approaches employed in serving children and families. The need for developing and maintaining a constructive organizational culture throughout the Department is grounded in the school of social work's family systems theory and in an ecological approach to organizational functionality.

Family systems theory, in an organizational context, postulates that a system has its own language, roles, rules, beliefs, needs and patterns. Each member of the system has a role in, and

is reciprocally affected by, the system. Each member is evaluated and understood in relation to the system as a whole. Problems are addressed by focusing on and/or changing the way the system works in tandem with a specific member. For example, family systems theory recognizes that actions and statements by DCS administrators directly affect the perceptions and actions of field staff and how they in turn interact with children and families served by the Department. Similarly, field staff can only minimally sustain best practices in casework, case planning and service delivery if the organizational climate does not support these practices.

The ecological approach to organizational functionality stresses the connections and influences between the system and the environment in which it functions (including the courts, local communities and other governmental departments). This approach predicts that constructive organizations have the potential to acquire qualitatively different capacities and new growth through positive interaction and emergence with their environment. Chapters two through four of the practice model address standards related to building and maintaining a constructive organizational culture.

The *structures and mechanisms necessary for seamless service provision* enable consistency and continuity in the relationships and resources a child and his/her family access while working with DCS. Relational continuity enables a primary case manager to build and maintain the trust and security needed to support the family's ongoing change process. One consistent case manager using professional social work skills with the child, family and a core team of supportive individuals (known as the Child and Family Team) is more likely to accurately identify the underlying conditions and gain consensus about the interventions needed to achieve positive, long-term change. Another key outcome of relational continuity is that children are most likely to experience a reduction in the trauma inevitable when families are separated or is at risk of being separated. A consistent case manager can best support a child through the emotional vicissitudes associated with the foster care experience.

Continuity in service provision is equally critical to successful outcomes for children and families. In order to build safe, nurturing and permanent homes for children, the case manager and the Child and Family Team must have mechanisms and structures in place to develop a plan that includes delivery of in-home and foster care services that are accessible, timely, flexible and focused on the unique needs of the child and family. If the presenting family cannot be preserved or reunified, the child should experience a seamless transition to services and resources supporting an alternative permanent home. Continuity in service delivery also reduces duplication of efforts and the amount of time necessary to secure a permanent home that meets the child's needs for safety, well being and stability.

Chapters five through nine address standards concerning the structures and mechanisms required for seamless service provision.

*Family-centered casework and case planning* engages and empowers families to actively participate in all aspects of their children's cases. Chapters ten through twelve address standards that emphasize the use of engagement skills, strengths-based approaches, team decision making, and structured and functional assessment tools for family-centered casework and case planning. These practices are based on the premise that the best way to aid, protect and nurture children over time is to strengthen and support families within their own homes, communities and cultures. Thoughtful and skilled mobilization and facilitation of their naturally occurring family,

community and cultural resources is the most successful intervention for stabilizing and strengthening families. The Child and Family Teams enable the long-term well being of children through the creation and provision of services and supports that complement the permanent families' unique strengths, challenges, and goals.

The practice model is a dynamic document with standards that will be phased-in and refined based on lessons learned, progress in meeting designated outcomes, evolving improvements in state-of-the-art practice, input from children and families served and other stakeholder feedback. However, while standards will evolve, the vision contained in the guiding principles will essentially remain constant. The Department's work, both present and future, will be conducted in a manner consistent with the guiding principles.

### **Standards of Professional Practice**

Cumulatively, the standards of professional practice contained in chapters two through twelve operationalize the Departmental vision contained within the guiding principles. They direct DCS in the performance of daily practice and in the development of the organizational structures and mechanisms needed to enable best practices with children and families. The practice standards operationalize a model of practice that is broad in scope, but not all encompassing. The standards are intended to be dynamic, reflecting the responsiveness and innovation necessary to ensure best practices with children and families. The Department recognizes that effective casework practice involves allowing practitioners the flexibility to meet the unique needs of individuals and families. Therefore, *DCS's Standards of Professional Practice for Serving Children and Families* seeks to strike the appropriate balance between direction and discretion.

In some instances, the standards are specific about how particular practices, decisions and processes will be structured. For example, standards in chapter ten describe in detail how and when Child and Family Team Meetings will occur. This detailed description is appropriate because the Department has committed to and promulgated policies regarding this tool for family-centered casework and case planning. In some cases, the standards present general guidelines for action because the essential work necessary to provide direction has not been completed. In still other instances, the standards will remain general to allow appropriate flexibility in application.

When applying practice standards that have no corresponding policy provision in place or that concern initiatives that are under development, staff will exercise discretion to apply the standards in a manner most consistent with the guiding principles. Conflicting practice options may be supported by different guiding principles. Staff will consult with supervisors and utilize technical resources to resolve these ethical dilemmas and practice conundrums. In most cases, ongoing initiatives will eventually provide work products that can be converted to practice standards (and corresponding policy statements) that will be integrated into future editions of this practice model. This process will continue to reduce the number of situations in which staff are expected to exercise discretion without the benefit of highly structured parameters. At the same time, it is understood that quality casework and case planning contain inherent tensions and challenges created by managing and addressing the complex issues and needs of each child and family member. These tensions will not disappear; rather, the practice standards and guiding principles, when integrated into practice, will engender case actions that model the best of teaming, relationship building and outcome-based practice.

The standards of professional practice are not intended to establish standards by which the agency's liability should be judged. The standard of liability established by the constitution, statute and case law is not altered by the practice model standards. Rather, the standards of professional practice contained in this practice model represent the preferred ways to apply the guiding principles in daily operations and the measures to which the Department aspires.

### **Background Information Related to the Practice Model**

The Department of Children's Services was created in July 1996 by consolidating children's services programs from six separate departments. This consolidation occurred at a time when the child welfare system in Tennessee, like those across the nation, was in crisis. The number of children with significantly higher levels of need was increasing, prompting states to seek ways to provide services more efficiently and effectively. In Tennessee, consolidating management was designed to improve the quality of services by giving one agency the ability to control service delivery, clarify provider goals and values and reduce waste and duplication of effort.

Since its inception, DCS has made continuous, incremental changes to improve both the system and outcomes for children and families in Tennessee. These systemic and programmatic improvements originated from a variety of different sources including strategic planning efforts, changes in federal legislation and responses to litigation. The practice model incorporates both improvements already made and anticipated future advancements.

During its nascence, DCS's evolution focused on the basic bureaucratic concerns and activities necessary for a new agency to function. In order to establish a viable organizational structure, attention to program concerns was postponed until basic organizational issues were resolved. Although the administrative and structural focus could not be avoided, the Department realized that the magnitude of the consolidation exacerbated already existing programmatic deficiencies. As a result, the Department began a strategic planning process to address all aspects of service provision. The Department contracted with the Child Welfare League of America (CWLA) to assist DCS in developing a three-year reform plan.

The DCS three-year reform plan provided a solid foundation upon which to plan and implement significant program changes. Two additional events prompted subsequent phases of program planning. In May of 2000, a class action lawsuit was filed on behalf of abused, neglected and unruly children in foster care (*Brian A., et al. v. Sundquist, et al.*). Subsequently, in 2002, the Department participated in the federal Child and Family Services Review (CFSR) to evaluate conformity with federal child welfare regulations outlined in Title IV-B and IV-E of the Social Security Act. Both the lawsuit and the review process prompted the Department to add resources and intensify efforts to accomplish reform goals.

The *Brian A.* class action lawsuit was settled in July 2001. The resulting agreement establishes commitments related to Departmental structure and service delivery. It outlines outcome and performance measures that must be met for the successful resolution of the lawsuit. Terms built into the agreement to help DCS meet performance and outcome standards include: utilization of a Technical Assistance Committee (TAC) of five national experts in the child welfare field to assist in the implementation of the settlement agreement; establishment of an independent monitor to track compliance with the agreement; development of a Quality Assurance Unit;

reduction of caseloads for workers and supervisors; and completion of a statewide needs assessment conducted by independent experts.

The purpose of the statewide needs assessment was to determine the need for new and/or different placement and service resources. Its defined scope was broader than those completed in previous years, addressing not only unmet service needs but also assessing the ability of the Department to utilize existing services in an efficient and meaningful manner. This initial needs assessment was completed and distributed in July of 2002. A primary finding of the needs assessment was that the Department needed a clear model of practice in order to guide DCS staff in their relationships with families and community partners, and to delineate agency expectations for case management. DCS contracted with M&B Consulting to work with the DCS staff, TAC and community stakeholders to develop this practice model.

Another systemic reform tool, the Program Improvement Plan (PIP) was developed in response to the findings of the 2002 CFSR. The PIP addresses areas with which DCS was found not to be in substantial conformity including outcomes related to permanency and well being for children; systemic factors of case flow review, training and service array; and national standards for child welfare outcomes. Many of the areas identified as needing improvement in the *Brian A. Settlement Agreement* coincided with those identified in the CFSR. In many instances, the settlement agreement goals for improvement were incorporated in the PIP. The standards of professional practice enumerated in this practice model address goals related to both reform efforts.

### **Process of Practice Model Development**

Work began on the practice model shortly after the needs assessment report was released in July 2002. The consultants conferred with senior management officials at DCS and with members of the TAC before determining the methodology. The agreed upon process balanced the desire to include stakeholders input with the need to produce, on a dramatically accelerated time line, a virtually complete document. The exigency existed because the practice model is the governing influence in the development of policy, resources, training, employee evaluations and performance measures. As a result of balancing the competing concerns of time and need, some compromises in process were necessary. The steps in the development process were as follows:

- The consultants reviewed practice models from other jurisdictions and proposed a format and framework for the practice model that was adopted by the DCS senior management team.
- The DCS advisory group identified candidates to serve on the community stakeholder advisory groups. The Commissioner invited individuals to serve on three community stakeholder groups. The groups consisted of DCS field service workers; private provider caseworkers, managers and administrators, legislators; birth/legal, resource and adoptive parents; youth in foster care and the juvenile justice system; young adults who spent their youth in foster care; DCS attorneys; guardians ad litem; parent attorney; public interest attorneys; and health professionals.
- The consultants met with DCS personnel and private provider partners to develop initial drafts of chapters of the practice model. The consultants and DCS personnel relied on existing sets of nationally recognized standards; *Brian A.* settlement provisions; practice model provisions from other jurisdictions (Alabama, Connecticut, Georgia, Illinois,

Pennsylvania, Utah); academic literature; and the judgments of practitioners and experts to identify criteria and content for developing standards. The DCS advisory group reviewed the initial drafts for the purpose of screening the material before it was distributed to community shareholder groups for their review, comments and suggestions.

- The consultants facilitated four community stakeholder meetings to receive comments and suggestions related to the language proposed for the practice model. Feedback from the community stakeholder meetings was incorporated.
- A working draft of the practice model was presented to the DCS senior management team, the Technical Assistance Committee, the plaintiffs and the independent monitor for the *Brian A. Settlement Agreement* in January of 2003.
- The consultants met with each of the twelve DCS regional administrators and their advisory teams to review the working draft of the practice model. The regions provided further comments and suggestions for modification of the standards contained in the working draft. The consultants integrated the suggestions that were consistent with the guiding principles.
- The DCS senior management team made final edits and revisions to the working draft of the practice model. These final revisions were integrated into the working draft by the consultants and presented to the Commissioner and the TAC in August 2003.
- Finishing preparations for publication were made to the practice model and the first edition of the *Department of Children's Services' Standards of Professional Practice for Serving Children and Families* was released.

The process of practice model development is ongoing. The standards for professional practice will continue to be reviewed and assessed by divisions and special committees in the Department related to lessons learned, evolving best practice, and practitioner, community and client feedback.

### **Use of Language in the Practice Model**

Certain choices related to language and term usage deserve clarification.

In general, the term “case manager” is used throughout the document to refer to direct services professionals having responsibility for cases involving children served by the Department. The term “supervisor” defines a person who is directly responsible for monitoring and evaluating the work of a case manager. These terms include staff directly employed by DCS and those who are employed with private provider agencies contracting with the Department. However, a term original to the practice model, “Family Services case manager” or “FS case manager” refers specifically to the DCS case manager assigned to a child welfare case following a referral from Child Protective Services for in-home, preventative services or custodial services.

Professional standards directed at DCS case management staff (case managers, supervisors, staff, resource parents, etc.) are also intended for private provider staff contracting with the Department to provide services and assistance to children and families.

In most instances, “child” or “children” is used to represent young people over whom the juvenile court would have age jurisdiction. The term is used without regard to whether the young person is in the child welfare or juvenile justice system. For example, the term “child” may apply to a two-year-old neglected child in foster care or a seventeen-year-old delinquent



offender at a Youth Development Center. However, several chapters or sections specific to adolescents use the term “youth”.

When the words “department” or “departmental” are capitalized, they are referring to the Department of Children’s Services.

“Family”, when not accompanied by other terms such as “resource” or “adoptive”, refers to the birth or legal family of a child at the time s/he comes to the attention of the Department.

# I. OVERVIEW OF THE GUIDING PRINCIPLES AND STANDARDS OF PROFESSIONAL PRACTICE

## Introduction

The practice model consists of a preface, table of contents, bibliography and twelve chapters. The chapters comprise DCS's guiding principles and standards of professional practice for serving children and families. This chapter contains DCS's guiding principles and standards of professional practice. It is intended to serve as a quick reference guide. The chapter deviates from the format used in subsequent chapters in that the standards are not accompanied by commentary. Readers are encouraged to refer to subsequent chapters to receive additional information and analysis related to a particular standard.

Part one of chapter one enumerates DCS's guiding principles. These principles provide the framework from which the standards of professional practice for serving children and families are developed. Part two of this chapter contains the standards of professional practice. Each standard is referenced by chapter (2-, 3-, 4-....), part and numerical sequence (100, 101, 102; 200, 201, 202, 300...) and, if applicable, sections within a part (A, B, C...).

The remaining eleven chapters are grouped around three central themes contained in the guiding principles: (i) *constructive organizational culture*, (ii) *structures and mechanisms for seamless service provision*, and (iii) *family-centered casework and case planning*. Chapters two through four address standards related to the theme of building and maintaining a constructive organizational culture. Chapters five through nine concern the theme of necessary structures and mechanisms required for seamless service provision. Chapters ten through twelve contain standards addressing the theme of embracing family-centered casework and case planning. Each chapter covers standards related to subject areas essential to developing a system of care that achieves best possible outcomes for the children it serves (e.g. professional competency and staff development; adolescent services; case processing; intake, investigation and initial assessment). Each standard includes additional information in the form of commentary. Commentary is provided to add clarity. It varies in content based on context but may include an explanation of the standard, the premises on which it is based, its relationship to other standards in the practice model, a description of how the standard implicates a dramatic change in practice and suggested strategies for implementing the particular standard.

## **Part 1 – DCS’s Guiding Principles for Serving Children and Families**

### **Guiding Principle 1:**

DCS’s primary responsibilities are to prevent child maltreatment, promote child and family well being, and aid and prepare youthful offenders in becoming constructive members of their communities.

### **Guiding Principle 2:**

DCS practice will be driven by a sense of urgency related to each child’s unique needs for safety, permanence, stability and well being.

### **Guiding Principle 3:**

DCS will provide flexible, intensive and individualized services to children and families in order to preserve, reunify or create families.

### **Guiding Principle 4:**

DCS will utilize a family-centered case planning model that encourages, respects and incorporates input from the children and families it serves.

### **Guiding Principle 5:**

DCS will work with communities, organizations, and institutions to build and maintain a seamless and effective system of service delivery that produces measurable, positive outcomes for children and families.

### **Guiding Principle 6:**

DCS will model a constructive organizational culture that is culturally competent and will attract and sustain qualified, trained and competent staff.

### **Guiding Principle 7:**

DCS will provide the best available and appropriate services to all children in care without regard to age, race, religion, gender, disability, sexual orientation or legal classification.

### **Guiding Principle 8:**

DCS will strive to recognize and minimize the trauma children experience while in Departmental care.

### **Guiding Principle 9:**

DCS will consider the totality of circumstances to make decisions that are in the best interests of each child and will not apply any single principle or standard of practice if in so doing a negative outcome for the child would result.

## **Part 2 – Enumeration of DCS’s Standards of Professional Practice**

### **II. Practice Standards for DCS Agency Structure, Role Definitions, and Internal Communications**

#### **Organizational Culture**

##### **Team Approach to Unified Purpose**

##### **Standard 2-100A**

DCS administrators will promote an environment that encourages open communication, information sharing and team building among all staff.

##### **Standard 2-101A**

DCS will strive to achieve among staff and providers a universal commitment to the principles, values and standards embodied in *DCS’s Standards of Professional Practice for Serving Children and Families*.

##### **Standard 2-102A**

DCS will be primarily responsible for the quality of casework and services provided to children and families by private agencies contracting with the Department.

##### **Standard 2-103A**

DCS will develop an ethics strategy to guide professional conduct and decision making.

##### **Standard 2-104A**

DCS staff will be accountable for conducting themselves professionally and completing their work in a manner consistent with law, regulation and practice standards embodied in this practice model.

#### **Cultural Competence**

##### **Standard 2-105B**

DCS will generate, maintain and execute a written cultural awareness and competency plan containing action steps for developing a set of congruent behaviors, attitudes and policies that will enable the agency to work effectively in cross-cultural situations.

##### **Standard 2-106B**

DCS will solicit involvement from diverse community representatives concerning service delivery design and execution, including planning, policy-making, operations, evaluation, training and service provision.

##### **Standard 2-107B**

DCS will develop and implement a strategy to recruit, retain and promote qualified, diverse and culturally competent administrative, clinical and support staff that represent the racial and ethnic communities it serves.

##### **Standard 2-108B**

DCS will require and provide ongoing training for administrative, management, clinical, and support staff in culturally- and linguistically-competent casework and service delivery.

##### **Standard 2-109B**

DCS will provide children and families with access to bilingual staff or interpretation services.

##### **Standard 2-110B**

DCS will collect and utilize accurate demographic, cultural and outcome data for racial and ethnic groups and become informed about the ethnic and cultural needs, resources, and assets of local neighborhoods and communities.

### **Function and Responsibilities of Central Office**

#### **Standard 2-200**

The DCS Commissioner and senior staff will demonstrate leadership and commitment to the agency vision, mission and guiding principles; work with other branches of government to promote comprehensive and coordinated efforts to improve child and family well being within the State; and model the engaging relationships the Department seeks to have with children and families.

#### **Standard 2-201**

DCS central office staff will provide the Commissioner with relevant and timely information that will assist the Commissioner in implementing the agency mission and *DCS's Standards of Professional Practice for Serving Children and Families*.

#### **Standard 2-202**

DCS central office staff will be responsible for setting policy goals; establishing standards for service delivery; providing equitable technical assistance and resources to regions; creating performance incentives; and establishing accountability and measurement systems for DCS and private provider staff.

#### **Standard 2-203**

DCS central office staff will develop and maintain a strategic plan for the agency that articulates how the agency intends to achieve desired performance outcomes and where the agency will concentrate its efforts during the period covered by the plan.

#### **Standard 2-204**

DCS central office staff will generate timely updates to the strategic plan that include a status report on implementation strategies and identify new priority issues that have developed since the release of the plan.

#### **Standard 2-205**

DCS central office staff will systematically engage each other and regional staff to establish guidelines for the equitable allocation of program and staff resources and to plan and deliver region-specific technical assistance.

#### **Standard 2-206**

Central office staff will establish a formal, centralized system for facilitating communication within the agency and ensuring that staff at all levels have timely access to information related to the mission, guiding principles, professional practice standards, policies and goals of the Department.

### **Function and Responsibilities of Regional Offices**

#### **Standard 2-300**

Regional administrators will be responsible for achieving positive outcomes for the children and families served in their region and for ensuring that casework is performed in a manner consistent with the standards in this practice model.

#### **Standard 2-301**

Regional administrators will work with the central office to develop within each region a management team that possesses expertise about major substantive and administrative subject areas and that possesses the experience, knowledge and skills to develop comprehensive strategic plans.

**Standard 2-302**

Regional administrators and their management teams will develop annual implementation plans that establish priorities within the region; address allocations of major funding sources; identify technical assistance and training needs; and address decisions about service delivery.

**Standard 2-303**

Regional management teams will recruit community leaders and citizens representing diverse segments of local communities to assist in the development and execution of regional implementation plans.

**Standard 2-304**

Regional management teams will collaborate with local courts, governmental agencies and community groups to improve service options for children and families.

**Standard 2-305**

DCS supervisors will be accountable for ensuring that the standards of professional practice are applied by case managers to deliver the best possible casework and case planning services to children and families.

**Standard 2-306**

DCS case managers will act consistently, effectively and with a sense of clear purpose and exigency to promote the safety, permanency, and well being of children.

**Information Management and Usage**

**Standard 2-400**

DCS will collect, analyze and utilize accurate data to guide planning and decision making related to policy and program operations.

**Standard 2-401**

DCS will identify and define indicators of performance that need to be tracked in order to effectively measure organizational performance.

**Standard 2-402**

DCS will ensure that the indicators selected for tracking performance measure the quality and effectiveness of programs for discrete ethnic groups.

**Standard 2-403**

DCS will maintain and improve the management information system to ensure that it collects, organizes and reports data necessary to track outcomes and guide strategic planning.

**Standard 2-404**

DCS will develop a quality control plan for the management information system to ensure that accurate, relevant, and timely data is provided to field staff, supervisors and management.

**Standard 2-405**

DCS will ensure that accurate, relevant, and timely information in the management information system is electronically accessible to DCS contract agencies providing services to children and families.

**Standard 2-406**

DCS will electronically provide staff with a current resource directory that contains all child and family service providers, including those not funded directly by the Department.

### **Fiscal Issues and Resource Utilization**

#### **Standard 2-500**

DCS will manage financial resources in accordance with State guidelines for use of public funds and in a manner designed to achieve the most efficient use of public money.

#### **Standard 2-501**

DCS will develop a comprehensive, flexible and collaborative funding system that effectively uses resources and is based on incentives for achieving desired outcomes for children and families.

#### **Standard 2-502**

DCS's flexible funding system will support service delivery based on the needs of children and families.

#### **Standard 2-503**

DCS's Division of Fiscal and Administrative Services will collaborate with regional management teams to develop regional capacity to understand and implement flexible funding strategies.

### **Quality Control and Improvement**

#### **Standard 2-600**

DCS will establish and maintain a continuous quality improvement process that reinforces the standards of professional practice, Program Improvement Plans, strategic planning initiatives and compliance with court orders.

#### **Standard 2-601**

DCS will maintain a Quality Assurance Unit that monitors, evaluates, and provides timely feedback on whether services are of sufficient intensity, scope and quality to meet the individual needs of children and their families.

#### **Standard 2-602**

The DCS Quality Assurance Unit will identify needs and recommend corrective actions necessary to improve services, capacity, outcomes and conformity with the Department's program requirements.

#### **Standard 2-603**

The DCS Quality Assurance Unit will identify effective practice and system performance in order to share information and replicate programs that can improve outcomes for children and families.

#### **Standard 2-604**

The DCS Quality Assurance Unit will support program staff at every level within the Department.

#### **Standard 2-605**

The DCS Quality Assurance Unit will identify and report training needs to the Department staff responsible for developing training programs.

#### **Standard 2-606**

DCS will conduct periodic and regular Quality Service Reviews to determine how the service system is working and to obtain timely notification of other system processes that need improvement.

### **III. Practice Standards for Collaboration, Community Relations and External**

## **Communications**

### **Collaboration, Community Relations and External Communications in General**

#### **Standard 3-100**

DCS will hold system and community partners as well as itself accountable for achieving measurable improvements in the prevention and treatment of child maltreatment and juvenile delinquency.

#### **Standard 3-101**

DCS will increase public awareness of its guiding principles and professional practice standards in order to promote the general welfare of children and their families and to encourage collaboration within the community.

#### **Standard 3-102**

DCS will expand community-based resources and services for children and families in the communities in which they live.

#### **Standard 3-103**

DCS will perform community outreach activities that serve needy children and adults in ways that strengthen and preserve families and enhance DCS's image, mission and staff.

### **Collaboration and Community Relations with Resource Families**

#### **Standard 3-200**

DCS will train and support resource families to provide specialized services that facilitate timely permanence for children in their care.

#### **Standard 3-201**

DCS will improve the quality, quantity and diversity of resource parents.

#### **Standard 3-202**

DCS will employ a targeted recruitment strategy that locates resource families in the communities from which the children come into care.

#### **Standard 3-203**

DCS will develop a specialized training program for relative caregivers who are interested in serving as resource parents.

#### **Standard 3-204**

DCS will utilize a dual licensure and approval process for all prospective resource parents.

### **Collaboration and Community Relations with Contract Agencies**

#### **Standard 3-300**

DCS will work collaboratively with private service providers in developing a seamless system of care that is flexible, diverse and responsive to the needs of children and families.

#### **Standard 3-301**

DCS will incorporate key elements of its guiding principles and professional practice standards into its purchase of service framework.

#### **Standard 3-302**



DCS will utilize performance-based contracts that reflect Departmental priorities, evaluate agency performance based on child and family outcomes, and provide tangible incentives for high quality performance.

**Standard 3-303**

DCS will articulate to private providers its service priorities and will create tangible incentives for providers to develop those services.

**Standard 3-304**

DCS will clearly articulate in the Provider Policy Manual standards for administrative and program operations applicable to contract agencies.

**Standard 3-305**

DCS will share data with contract agencies to evaluate program performance and if applicable, intervene with corrective actions.

**Collaboration and Community Relations with Volunteers**

**Standard 3-400**

DCS will establish and maintain a volunteer program that ensures that the skills and personal qualities of individuals donating their time and efforts are developed and used appropriately.

**Standard 3-401**

DCS will regularly assess and evaluate the volunteer program to ensure that the volunteers are receiving adequate support and that the program is promoting positive outcomes for children and families.

**Collaboration and Community Relations with Governmental and Institutional Partners**

**Standard 3-500**

DCS will collaborate with governmental and community stakeholders to develop strategies for improving cross-system components and overall functioning of the child welfare and juvenile justice systems.

**Standard 3-501**

DCS will collaborate with governmental institutions and community stakeholders to develop strategies for improving outcomes for its children and families.

**IV. Practice Standards for Professional Competency and Development**

**Training and Professional Development**

**Systemic Application**

**Standard 4-100A**

DCS will be responsible for identifying and evaluating competencies for all staff.

**Standard 4-101A**

DCS will regularly conduct statewide needs assessments to identify the training needs of personnel throughout the Department.

**Standard 4-102A**

DCS training opportunities will address emerging best practices related to maintaining professional ethics; building cultural competency; and developing community collaboration strategies to meet the needs of children and families.

**Standard 4-103A**

DCS will use employee evaluation processes that focus on increasing staff competencies and professional status in ways that empower staff to contribute to the Department fulfilling its mission and purpose.

**Training and Development Specific to Direct Service Staff**

**Standard 4-104B**

DCS pre-service and in-service training curricula and competencies relating to casework will be grounded in its guiding principles and standards for professional practice.

**Standard 4-105B**

DCS case managers and their supervisors will receive initial and ongoing skills-based training in the safety, risk and functional family assessment processes and the decision-making instruments for completing these assessments.

**Standard 4-106B**

DCS will provide advanced training opportunities to specially-qualified facilitators who will train direct service staff on the Child and Family Team Meeting process.

**Standard 4-107B**

DCS case managers will have access to regular supervision, clinical consultation and case review.

**Recruitment and Retention of Direct Service Staff**

**Standard 4-200**

DCS will develop and maintain a written plan outlining its strategies for recruiting, hiring and retaining competent direct service staff.

**Standard 4-201**

DCS job candidates seeking positions with responsibility for managing cases or overseeing case managers will be screened to determine if their attitudes and actions are compatible with the Department's commitment to family-centered practices.

**Standard 4-202**

DCS hiring criteria for case managers and supervisors will include weighted preferences for candidates with academic achievement in social work (or a related social science) and experience in providing quality child welfare and juvenile justice services.

**Standard 4-203**

DCS casework supervisors will have measurably equivalent or greater practice competence in the same areas as the case managers they supervise.

**V. Practice Standards for Case Processing**

**Reporting and Referral**

**Standard 5-100**

DCS will maintain a Centralized Intake Unit that is available twenty-four hours a day to respond to reports of alleged child maltreatment.

**Standard 5-101**

DCS will develop an approach to child protection that utilizes structured decision-making tools to process child maltreatment referrals differently based on the nature of the allegations and initial findings.

**Opening a Case**

**Standard 5-200**

Upon completion of a Child Protective Services investigation, one DCS case manager will manage the case from opening to closing regardless of a child's custodial situation or permanency goal.

**Standard 5-201**

The ongoing case manager will work with the child and family to develop, facilitate and participate in a Child and Family Team formulated to meet the unique needs of the child and family.

**Standard 5-202**

Within seven days of receiving a CPS referral for prevention services, DCS staff will convene a Child and Family Team Meeting to develop a plan for delivering ongoing assessments and services that will keep the child safe and the family intact.

**Standard 5-203**

Within seven working days of a child's placement in DCS custody, DCS will convene a Child and Family Team Meeting to establish working relationships among the family, the team and the Family Services or Juvenile Justice case manager.

**Standard 5-204**

The initial functional family assessment will be completed at a Child and Family Team Meeting within fifteen working days of the child entering custody; or within seven working days of the family being referred for preventative services.

**Case Transfer**

**Transfer between Case Managers**

**Standard 5-300A**

DCS will convene a face to face meeting between the departing and receiving case managers whenever a case transfer is necessitated by resignation of a case manager; reassignment of a case manager; or relocation of the case to another region.

**Standard 5-301A**

Before a case can be transferred, DCS will require that a summary TN Kids case recording will be entered and a transfer checklist will be completed by the departing case manager.

**Standard 5-302A**

The DCS strategic plan and regional implementation plans for regions with excessive case manager turnover, will include specific strategies for improving worker retention and developing and maintaining a ready workforce of case managers who are available to handle case reassignment.

**Transfer between Placements**

**Standard 5-303B**

DCS will assist a child's participation in transfer-related decision making.

**Standard 5-304B**

DCS will develop and maintain a written policy outlining the steps to be taken prior to and immediately following a child's transfer from any given placement.

**Discharge from Custody**

**Standard 5-400**

During a ninety-day Trial Home Visit or thirty-day Trial Home Placement, DCS will provide active case management services to the family.

**Standard 5-401**

DCS will ensure that decisions to discharge children from State custody are made in Child and Family Team Meetings.

**Standard 5-402**

DCS will convene a Child and Family Team Meeting dedicated to discharge issues prior to the end of a Trial Home Visit or Placement period for any child in State custody scheduled for a planned case closure.

**Case Closure**

**Standard 5-500**

DCS staff will work with the child and family to ensure that needed supports for successful reunification, adoption or any other permanent placement are identified prior to, and will remain in place following, case closure.

**Standard 5-501**

DCS staff will ensure that children have recent medical examinations and that health histories are updated and received by the legal custodians before planned case closures.

**Standard 5-502**

DCS case managers will complete a summary case closure dictation that is reviewed and approved by their supervisors prior to closing a case.

**Case Recordings**

**Standard 5-600**

DCS staff responsible for making TN Kids record entries will be subject to a uniform procedure developed in accordance with agency policy and/or legal requirements to ensure accountability and continuity in the provision of services.

**Standard 5-601**

DCS will include in the TN Kids case recordings information about self-identified race or ethnicity and the primary language spoken by the child and family.

**Standard 5-602**

TN Kids case recordings will be entered for every contact relevant to casework within five business days following the contact.

**Standard 5-603**

TN Kids case recordings will address progress made toward Family Services/Permanency Plan objectives and goals.

**Standard 5-604**

The DCS supervisor will conduct regular reviews of TN Kids case recordings for cases assigned to his/her unit to ensure that appropriate casework and documentation are occurring.

**VI. Practice Standards for Individualized Services and Child Placements**

**Connecting Services to Individual Needs**

**Standard 6-100**

DCS will ensure that the services it funds and manages are flexible and adaptable to the individual child and family's strengths and needs.

**Standard 6-101**

DCS will adjust service resources in response to trend data that suggests a particular service need of children and families will exceed DCS's capacity to provide it.

**Standard 6-102**

DCS will ensure that its service delivery system is culturally competent.

**Procurement of Services**

**Standard 6-200**

DCS's flexible funding system will use the broadest funding streams permitted by State and federal law in order to purchase services that accommodate the individual and multifarious needs of children and families.

**Standard 6-201**

DCS's flexible funding system will permit the Department to share resources with system and community partners working for same and compatible outcomes for children and families in order to create seamless and integrated program and service options across systems.

**Standard 6-202**

DCS's flexible funding system will permit interested regions to share resources by working together on specific projects and to develop agreements for pooling monies from specific funding categories into larger funding pools.

**Standard 6-203**

DCS will provide regional staff with greater control and flexibility in financing services and allocating resources at the local level.

**Capacity to Serve Special Needs**

**Standard 6-300**

DCS will develop and maintain the capacity to serve children and families with mental health, behavioral health, medical health and substance abuse problems and will provide services to meet those needs as individually presented.

**Standard 6-301**

DCS will care for children with special needs in home settings, where appropriate and available, and will establish formal referral linkages with organizations having expertise in serving particular special needs.

**Standard 6-302**

DCS will develop and implement strategies to assist children and families in overcoming logistical and other barriers to accessing services.

**Educational Needs and Services**

**Standard 6-400**

DCS will ensure that the educational needs of students entering custody are thoroughly assessed.

**Standard 6-401**

DCS will ensure that children and youth will be enrolled in the local school system rather than an in-house school as defined in Departmental policy.

**Standard 6-402**

When circumstances require student enrollment in a DCS school or in an in-house school, DCS will ensure that the educational program is substantially similar to that provided to other students in the school district.

**Standard 6-403**

DCS will ensure that children in custody have an equal opportunity to select among schools, programs, or courses when such alternatives are available.

**Standard 6-404**

DCS will ensure that parents/guardians are involved in the educational planning and educational activities of students.

**Standard 6-405**

DCS will ensure that educational specialist and attorneys are available to assist case management staff in advocating on behalf of students in State custody.

**Standard 6-406**

DCS will use clinical experts and other student support providers to work with students, their families, school personnel and all other members of the school community to enable a child's success in school.

**Standard 6-407**

DCS will use school-based and school-focused services to support the specific learning and transitional needs of children in custody.

**Standard 6-408**

DCS will monitor and limit changes in a student's educational placement in order to avoid disruptions in the learning process.

**Standard 6-409**

DCS will develop a process to ensure a quick transfer of records, information and individual support when children change schools.

**Standard 6-410**

DCS will make every effort to ensure that students successfully transition from school to school, to public school placements, to post-secondary placements, or to the workforce.

## **Child Placements**

### **Special Considerations Regarding Initial Placements**

#### **Standard 6-500A**

DCS will exhaust all home-based services and options in the effort to alleviate immediate safety issues and address the underlying needs before removing children from their homes.

#### **Standard 6-501A**

DCS will expedite requests made pursuant to the Interstate Compact on the Placement of Children (ICPC) when children have potential relative caregivers in other states or when children from outside the State of Tennessee have potential relative placements in Tennessee.

#### **Standard 6-502A**

DCS will ensure that all children in the custody of the Department are placed in the least restrictive, most family-like settings appropriate to their strengths and needs.

#### **Standard 6-503A**

DCS will ensure that relative caregiver placements will be diligently sought as the primary placement option for children removed from their homes.

### **Promoting Stable Placements**

#### **Standard 6-504B**

DCS will provide placement stabilization services that are readily accessible and will meet a variety of relative caregiver and resource family needs.

#### **Standard 6-505B**

DCS will make diligent efforts to place children with families that can, reasonably, be expected to provide permanent homes if necessary.

#### **Standard 6-506B**

DCS will ensure that a child's placement resource matches the child's permanency goal.

#### **Standard 6-507B**

DCS will create an integrated case management system that enables the case manager and the Child and Family Team to access placement-related resources in an expedient manner based on the individualized needs of the child and family.

#### **Standard 6-508B**

DCS will use placement criteria for juvenile justice youth that include community safety factors as well as the criteria and placement factors used with non-offender children.

### **Conditions and Quality of Placements**

#### **Standard 6-509C**

DCS will ensure that a placement's quality of care is above the minimal measure used to justify a decision to remove a child from his/her family.

#### **Standard 6-510C**

DCS will ensure that all the nondestructive ties to family and community will be preserved and nurtured while a child is in foster care.

**Standard 6-511C**

DCS will place siblings who need to be removed from their home together in a foster care placement.

**Standard 6-512C**

DCS will ensure that children in foster care will be integrated to the maximum extent feasible into normalized school, leisure and work activities.

**Standard 6-513C**

DCS will monitor changes that occur in placement settings and prevent environmental or programmatic degradation that will negatively affect the well being of the resident children.

**VII. Practice Standards for Medical, Mental and Behavioral Health Services**

**Medical, Mental and Behavioral Health Services**

**Medical, Mental and Behavioral Health Services in General**

**Standard 7-100A**

DCS will ensure that all children in the Department's custodial care will have their health needs met.

**Standard 7-101A**

DCS will ensure that all children in the Department's custodial care will have access to health care providers and necessary services.

**Standard 7-102A**

DCS will ensure the privacy of health information of children and families served by DCS and that their protected health information is used or disclosed only as allowed by law.

**Standard 7-103A**

DCS will attend to the special health needs of girls in custody, including but not limited to their unique developmental, nutritional and reproductive health needs.

**Standard 7-104A**

DCS will ensure that children in custody receive preventive health education and services that promote their overall health and well being.

**Standard 7-105A**

DCS will urge health services providers to consider the unique perspective and circumstances of each child and family and provide services that are developmentally appropriate and sensitive to individual and socio-cultural differences.

**Standard 7-106A**

DCS will advocate to keep families and children intact while receiving medical, mental and behavioral health services.

**Standard 7-107A**

DCS will develop and maintain a health reference guide containing guidelines, policies, practices and procedures for managing and delivering medical, behavioral and mental health services to children and



their families.

**Prevention, Detection and Treatment Issues**

**Standard 7-108B**

DCS will adopt and follow the American Academy of Pediatrics Periodicity Schedule for preventive screenings and check-ups for all children in custodial care.

**Standard 7-109B**

Within thirty days of entering DCS's custodial care, each child will receive either an Early, Periodic Screening, Diagnosis and Treatment screening or a well-child screening.

**Standard 7-110B**

Children in DCS custody who are three years of age and older will receive a dental screening by a dental provider at least once a year and regular professional care visits and cleanings as recommended by the dental provider.

**Standard 7-111B**

DCS will ensure that children in custodial care receive prompt attention whenever a health-related problem is suspected regardless of when the last health screening occurred.

**Standard 7-112B**

DCS will refer children who have or appear to have serious neurological or medical conditions or other complex medical needs to the Regional Health Unit nurse for assessment and appropriate action.

**Facilitation, Coordination and Monitoring of Health Services**

**Standard 7-113C**

DCS will ensure that health care providers promptly receive all available information needed to complete an Early, Periodic Screening, Diagnosis and Treatment screening or a well-child screening.

**Standard 7-114C**

The DCS case manager will facilitate the transfer of all information related to a child's health and health care needs to the resource parent/caregiver prior to or immediately following placement.

**Standard 7-115C**

The DCS case manager will ensure that a child in State custody is scheduled for and attends appointments whenever health care providers recommend follow-up visits or additional testing related to a specific medical, mental or behavioral health condition.

**Standard 7-116C**

DCS will take affirmative actions to safeguard the rights of children in custody who are enrolled in TennCare programs by filing appropriate TennCare appeals and forwarding Permanency Plans, notices of action and staffing summaries to the advocacy contractor.

**Standard 7-117C**

DCS will assist all children and families in applying for or maintaining TennCare prior to discharge from custody and/or case closure when a child is not eligible for private health insurance.

**Standard 7-118C**

DCS will assist families and children who are receiving custody prevention services in applying for

TennCare when no private health insurance is available.

**Standard 7-119C**

DCS will provide all TennCare-enrolled children and their caretakers in non-custodial situations information about the importance of Early, Periodic Screening, Diagnosis and Treatment screenings and will encourage the guardians to take the children for screenings.

**Standard 7-120C**

DCS will respect the legal rights of parents, guardians, and older children to consent for medical treatment.

**Standard 7-121C**

DCS will monitor the quality of care given by providers (TennCare, DCS, or private) and facilitate ameliorative interventions when treatment deficiencies are discovered.

**Special Issues Related to Mental and Behavioral Health Services**

**Standard 7-122D**

Children in DCS's custodial care will receive all medically necessary mental health services in the least restrictive environment and in a timely manner.

**Standard 7-123D**

Within thirty days of entering the Department of Children's Services custodial care, each child will receive a mental health screening to determine the need for further assessment and evaluation.

**Standard 7-124D**

DCS case managers, resource parents and contracting private providers will receive initial and ongoing training related to recognizing and responding to the signs of mental illness in children and families.

**Standard 7-125D**

DCS supervisors and Regional Health Unit staff will guide and assist case managers to advocate effectively for the interests of children in their dealings with mental and behavioral health practitioners and service agencies.

**Standard 7-126D**

DCS will ensure that mental health providers for a child with an active mental illness diagnosis work with other members of the Child and Family Team to develop a seamless aftercare plan.

**Standard 7-127D**

DCS will require all contracting mental health treatment facilities to utilize the *TDMHDD Best Practice Guidelines for Behavioral Health Services for Children and Adolescents* when making treatment decisions for children in DCS custody.

**Protection from Harm for Children in Custodial and Non-Custodial Care**

**General Approach to Protecting Children from Harm**

**Standard 7-200A**

DCS will protect children in custody from maltreatment and ensure that they are provided with safe living conditions.

**Standard 7-201A**

DCS will minimize a child's risk of harm by ensuring that medical, mental and behavioral health services are provided in the least intrusive manner and in the least restrictive setting that meets the child's needs.

**Standard 7-202A**

DCS will require all facilities serving children in Departmental care to use positive behavior management techniques that provide positive incentives for good behavior and minimize reliance on intrusive and restrictive disciplinary measures.

**Standard 7-203A**

DCS will prohibit the use of any form of corporal punishment on any child in custody.

**Standard 7-204A**

DCS will require its direct care staff and similarly situated contract agency staff to receive training and be competent in using positive behavioral management techniques and de-escalation intervention techniques.

**Standard 7-205A**

DCS will require all facilities serving DCS children to establish and maintain suicide prevention plans.

**Standard 7-206A**

DCS will publish a glossary that operationally defines behavior management terms that are to be used when regulating practices, reporting incidents and collecting data related to protecting children from harm.

**Use of Psychotropic Medications**

**Standard 7-207B**

DCS will ensure that psychotropic medications prescribed for children in custody are used in combination with other therapeutic modalities contained in a multidisciplinary treatment plan.

**Standard 7-208B**

DCS will ensure that parents and children are offered an opportunity for meaningful participation and input in the decision making process related to the possible use of psychotropic medications.

**Standard 7-209B**

DCS will ensure that psychotropic medications are properly administered and that custodial children receiving the medications are properly supervised to ensure consistency and continuity in their care and treatment.

**Standard 7-210B**

DCS will ensure that the efficacy, safety and side effects of psychotropic medications used with children in custody are tracked and documented.

**Standard 7-211B**

DCS will ensure that psychotropic medications are not used as a means of control, punishment or discipline of children or for the convenience of the treating facility.

**Standard 7-212B**

DCS will prohibit the use of psychotropic medications on a *pro re nata* basis without the prior authorization of the DCS Director of Medical and Behavioral Services or his/her designee.

**Standard 7-213B**

DCS will ensure that direct-care staff are trained in the use, administration, and monitoring of psychotropic medications with children.

**Standard 7-214B**

DCS will monitor and track the prescribing practices of psychotropic medications to include ethnic, gender, age and trends for children in DCS care.

**The Use of Seclusion and Restraint**

**Standard 7-215C**

DCS will ensure that the Department and its contract provider agencies use program designs that are safe for children and staff and minimize the use of seclusion and restraint.

**Standard 7-216C**

DCS will ensure that seclusion or restraint is used only as a response to an emergency situation when less restrictive measures have proven ineffective.

**Standard 7-217C**

When it is necessary to use restraint, DCS will ensure that a child is afforded maximum freedom of movement while assuring the physical safety of the child and others.

**Standard 7-218C**

DCS will ensure that children in its care who are secluded or restrained are monitored by a trained staff person who is competent in recognizing and reporting negative reactions and at facilitating release from the seclusion or restraint as soon as indicated.

**Standard 7-219C**

DCS will ensure that seclusion and restraint are not used for staff convenience or to punish or coerce children in care.

**Standard 7-220C**

DCS will ensure that seclusion and restraint are not used simultaneously.

**Standard 7-221C**

DCS will prohibit the restraint of children in DCS or contract provider family resource homes, except under limited circumstances in which the resource parent of a child with severe behavioral issues is specially trained and certified to administer physical restraint pursuant to guidelines contained in the child's plan of care.

**Standard 7-222C**

DCS will prohibit the use of restraint techniques that result in hyperflexion of the head and neck or result in weight being placed on the subject's upper torso, neck, chest or back.

**Standard 7-223C**

DCS will not use or permit the use of mechanical restraints to transport children unless the transport is from a secure facility to another secure facility, from a secure facility to an outside appointment or from a non-secure facility to a secure facility immediately after the child is taken into custody for an alleged delinquent act.

**Standard 7-224C**

DCS will prohibit the use of mechanical restraints on any non-delinquent child, unless the restraint is administered at a mental health facility authorized to evaluate or treat the child pursuant to a juvenile court commitment order or an order issued pursuant to the mental health and developmental disability laws contained in Title 33 of Tennessee Code Annotated.

**Standard 7-225C**

[Reserved to address chemical restraints.]

**Standard 7-226C**

DCS will prohibit the use of locked seclusion with a non-delinquent child, unless the seclusion is administered at a mental health facility authorized to evaluate or treat the child pursuant to a juvenile court commitment order or an order issued pursuant to the mental health and developmental disability laws contained in Title 33 of Tennessee Code Annotated.

**Standard 7-227C**

All DCS staff responsible for providing care to children at risk of harming themselves or others will receive pre-service and ongoing professional development training related to behavioral emergencies including seclusion and restraint.

**Standard 7-228C**

DCS will systematically monitor the use of seclusion and restraint as part of the Department's performance and quality improvement efforts to detect abuses, trigger corrective interventions, sanction providers and report to internal and external regulatory agencies.

**Standard 7-229C**

DCS will ensure that a thorough and complete description of all aspects of every seclusion or restraint episode is documented in each child's clinical record.

**Standard 7-230C**

During each contract cycle, DCS will require service providers who contemplate using any form of restraint as an emergency intervention to provide the Department with a detailed report containing information about the type of restraints that will be used, assurances of training and staff competency to administer the restraints, control mechanisms to regulate their use and the program's system for recording and reporting incidents.

## **VIII. Practice Standards for Adolescent Services**

### **Independent Living Services**

**Standard 8-100**

DCS will provide ongoing services to custodial youth who are fourteen years of age and older that will prepare them to live independently and function as productive members of society.

**Standard 8-101**

DCS will conduct written assessments that measure the independent living skills of custodial youth who are at least fourteen years old and will incorporate into the Permanency Plan the indicated services that will enhance their independent living skills.

**Standard 8-102**

DCS will develop and maintain dedicated Independent Living Programs in every region that will systematically and comprehensively develop life skills for custodial youth who are at least sixteen years

old, have permanency goals of Planned Permanent Living Arrangement and need concentrated efforts to learn independent living skills.

**Standard 8-103**

The Independent Living Programs will actively recruit adult volunteer and provide opportunities for youth participants to work with mentors in developing local networks of support.

**Standard 8-104**

DCS will provide a monthly stipend to all youth participating in Independent Living Programs who are at least sixteen years old and have been in foster care for more than twelve months during their current custody episode, and for youth who have a permanency goal of Planned Permanent Living Arrangement.

**Standard 8-105**

DCS will ensure that vocational skills training is available to youth who are not expected to matriculate in a college or community college program if the youth are at least sixteen years old and not attending school or working in a full-time job.

**Standard 8-106**

The Independent Living Programs will provide services to assist youth in securing gainful employment.

**Standard 8-107**

In preparation for discharge from custody, DCS will assess the independent living skills of youth fourteen years old and older to ensure that all resources and supports are in place to enable the youth to succeed in adult society.

**Standard 8-108**

DCS will offer and provide extended services to children who leave foster care after reaching the age of majority and meet the eligibility requirements for the Independent Living Program.

**Services to Unruly Youth**

**Treatment Approach**

**Standard 8-200A**

DCS will adopt a treatment philosophy for unruly youth that addresses underlying symptoms associated with the unruly episodes and will use the same service planning approach used for non-offending children and their families.

**Standard 8-201A**

DCS will actively involve parents and families in the unruly youth's treatment program.

**Standard 8-202A**

DCS will provide services to unruly youth in their own homes if possible, and if not possible, in the least restrictive setting that can serve the youth's and the families needs.

**Runaway Youth**

**Standard 8-203B**

DCS will report to the police all instances when youth in custody runaway from placement and will actively seek to recover children who run away.

**Standard 8-204B**

Upon recovering a non-delinquent child who has runaway, DCS will place the child in a non- secure setting.

**Standard 8-205B**

DCS will review the efficacy of any placement from which a child has run away.

**Standard 8-206B**

DCS will complete an assessment for each child that is recovered after a protracted runaway episode to determine whether s/he suffered harm during the episode and has new permanency or treatment needs.

**Services to Delinquent Youth**

**Standard 8-300**

DCS will provide to delinquent offenders a combination of appropriate supervision and services designed to address risk factors that contribute to the development or continuation of delinquent behavior.

**Standard 8-301**

DCS will provide both core services that address common problems facing multi-problem offenders and individualized services that address the special needs of each delinquent youth and his/her family.

**Standard 8-302**

DCS will serve high-risk youth in community settings whenever it can be done safely and without undue risk to the community.

**Standard 8-303**

DCS will provide delinquent youth in secure settings with institutional services that can be applied and reinforced in the community.

**Standard 8-304**

DCS will actively involve parents and families in the youth's treatment program.

**Standard 8-305**

DCS will provide aftercare services for confined youth that prepares them for reentry into the specific communities to which they will return.

**Standard 8-306**

DCS will maintain conformance with nationally recognized accreditation standards related to the operation of residential facilities that serve delinquent offenders.

**IX. Practice Standards for Legal Counsel and Court Proceedings**

**Role of the DCS Attorney**

**Standard 9-100**

The DCS lawyer will represent the Department of Children's Services in judicial proceedings in the juvenile, circuit, and chancery courts.

**Standard 9-101**

DCS will act through the attorney when taking official actions in a judicial proceeding.

**Standard 9-102**

DCS attorneys will represent the interests of the Department of Children's Services as embodied in applicable law and the mission, principles and standards for professional practice adopted by the Department.

**Standard 9-103**

The DCS lawyer will have dual obligations to ensure that the Department's position is competently advocated and that the proceedings are fairly conducted in a manner consistent with the law.

**Standard 9-104**

The DCS lawyer will resolve conflicts with program staff about the handling of a case by applying the *DCS Guiding Principles and Standards of Professional Practice* to the facts of the particular case and by seeking review from the lawyer's supervisor where no resolution is reached.

**Standard 9-105**

The DCS attorney will represent the Department in judicial proceedings.

**Standard 9-106**

The Department will provide training and attorney supervision to ensure that DCS attorneys have the knowledge and skill necessary to competently represent the Department.

**Case Initiation, Pre-trial Process and Trial**

**Standard 9-200**

DCS legal staff will ensure that there is a reasonable basis in fact and law for every position taken and pleading or other document filed on behalf of the Department.

**Standard 9-201**

DCS legal staff will provide a signature on all pleadings or other document that are filed with a court on behalf of the Department.

**Standard 9-202**

DCS will ensure that copies of pleadings and other documents filed with a court on behalf of the Department are provided to all parties or counsel for represented parties at or before the time of filing.

**Standard 9-203**

DCS staff will ensure that children and parents are provided with basic information about their legal rights, including their right to be represented.

**Standard 9-204**

Whenever a child or parent appears without legal representation, DCS legal staff will make a motion requesting the court to inquire about the child or parent's knowledge of their right to representation and to appoint counsel and/or a guardian ad litem as is required by law.

**Standard 9-205**

DCS legal staff will ensure that all persons entitled to notice of proceedings receive timely notice.

**Standard 9-206**

DCS legal staff will facilitate the discovery process and ensure the efficient and prompt exchange of information with entitled parties.

**Standard 9-207**



DCS legal staff will act to ensure timely resolution of cases.

**Standard 9-208**

DCS attorneys will seek appellate review of court actions that DCS believes are inconsistent with the safety, well being, permanency or rehabilitative treatment of the child.

**Relationships with Judges and Court Staff, Parties, and Other Professionals**

**Standard 9-300**

DCS lawyers and staff will exhibit appropriate respect and decorum in judicial proceedings.

**Standard 9-301**

DCS attorneys and staff have an obligation to comply with the rules prohibiting ex parte communication with judges.

**Standard 9-302**

DCS legal staff will obtain permission from the attorney of a represented party before attempting to communicate with a represented party about matters covered by the legal representation.

**Standard 9-303**

DCS legal and program staff will cooperate and communicate with other professionals and parties in the case.

**X. Practice Standards for Decision Making and Case Planning**

**Decision Making**

**Standard 10-100**

DCS case managers, supervisors, and resource support staff will engage children and their families in casework relationships that promote safety and permanency for children.

**Standard 10-101**

DCS staff will actively encourage all children and their family members to participate in decisions and assessments regarding safety, placement, permanency, family strengths and underlying needs.

**Child and Family Team Meetings**

**Standard 10-200**

Child and Family Team Meetings will be the primary decision-making and case-planning tool used by case management staff in DCS custodial and non-custodial cases.

**Standard 10-201**

DCS case management staff will convene a Child and Family Team Meeting at all critical junctures in the life of a case.

**Standard 10-202**

DCS will ensure that only trained facilitators with significant experience in child welfare will facilitate Child and Family Team Meetings.

**Standard 10-203**

The facilitator of the Child and Family Team Meeting will be responsible for ensuring that the child and his/her family are prepared to participate in the meeting.

**Standard 10-204**

The DCS case manager will be responsible for identifying and resolving with the family any specific barriers to participation in a Child and Family Team Meeting.

**Standard 10-205**

DCS staff will handle information disclosed at a Child and Family Team Meeting with professional skill and purpose.

**Standard 10-206**

At the beginning of each Child and Family Team Meeting, the facilitator will outline the Department's responsibilities and "non-negotiable" issues regarding child and community safety, legally-mandated time frames for permanency, and dispute resolution options available following the meeting.

**Standard 10-207**

DCS will ensure that individualized plans developed in the course of Child and Family Team Meetings connect the services and resources with the needs and strengths of the families and the desired outcomes.

**Standard 10-208**

Agreements and case plans developed in Child and Family Team Meetings will be adjusted in consultation with all participating team members.

**Standard 10-209**

DCS will maintain the integrity of the Child and Family Team Meeting.

**XI. Practice Standards for Intake, Investigation and Initial Assessment**

**General Approach to Intake, Investigation and Assessment**

**Standard 11-100**

DCS intake and investigation/assessment staff will systematically respond to child protection cases based on the nature of the allegations and initial findings.

**Standard 11-101**

DCS intake and investigation/assessment staff will possess and utilize the skills necessary to accurately assess and document safety-related risks for children referred to them.

**Standard 11-102**

DCS intake and investigation/assessment staff will immediately initiate the permanency planning process for children referred to the Department.

**Standard 11-103**

DCS intake and investigation/assessment staff will have a working knowledge of Departmental protocol and assessment tools used to develop Family Services/Permanency Plans.

**Intake and Screening**

**Standard 11-200**

DCS centralized intake staff will screen referrals using uniform instruments that structure the process of assessing and responding to information related to child safety.

### **Investigation and Initial Assessment**

#### **General Approach**

##### **Standard 11-300A**

The CPS case manager responsible for the investigation and initial assessment of a case will either manage the case, or actively monitor the management of the case, until the case is closed or formally transferred to a Family Services case manager.

##### **Standard 11-301A**

The CPS case manager will conduct timely investigations using uniform instruments to make structured decisions about relevant child safety information.

##### **Standard 11-302A**

The CPS case manager will assess the safety of the child at every contact with the child and family during the investigation.

##### **Standard 11-303A**

The CPS case manager will develop a voluntary or court-ordered safety plan if the immediate safety of the child is in question at any time during the investigation.

##### **Standard 11-304A**

If a safety plan is required, the CPS case manager will ensure that the plan will provide for the child's needs in the most familiar, least disruptive manner.

##### **Standard 11-305A**

If a safety plan requires removing a child from his/her home, the DCS case manager will obtain a court order documenting the existence and substance of the safety plan.

##### **Standard 11-306A**

CPS case managers will ensure that children will be separated from their families and removed from their homes in a manner that communicates respect for the children and their family members.

##### **Standard 11-307A**

CPS case managers will use a functional family assessment process that engages families in efforts to protect children, establishes a collaborative helping relationship with family members and connects families to resources in the community.

##### **Standard 11-308A**

The CPS case manager will arrange for timely, professional assessments of children believed to be victims of physical and sexual abuse and ensure that such assessments provide clear, prescriptive guidelines for treatment of the abuse.

##### **Standard 11-309A**

The CPS case manager will coordinate investigative activities collaboratively with the Child Protective Investigative Team.

#### **Specific to Juvenile Justice Case Management Staff**

**Standard 11-310B**

DCS intake and investigation/assessment staff will use empirically derived assessment processes and classification criteria in order to maximize resources and produce fair and consistent decisions affecting juvenile offenders.

**Standard 11-311B**

DCS intake and investigation/assessment staff will ensure that each juvenile offender receives the individualized level of intervention required to protect public safety, render positive outcomes and be cost effective.

**Standard 11-312B**

DCS intake and investigation/assessment staff will preserve individual rights and due process rights of juvenile offenders during the assessment process.

**Standard 11-313B**

DCS intake and investigation/assessment staff will utilize a standard intake assessment form to ensure appropriate and relevant information is collected and available to facilitate the completion and scoring of risk and other assessment instruments.

**Standard 11-314B**

DCS intake and investigation/assessment staff will use risk-focused assessment instruments to assess the risk of recidivism and determine the appropriate level of supervision required for the youth.

**Standard 11-315B**

DCS intake and investigation/assessment staff will administer assessment instruments in order to identify services that protect against determined risk factors and develop functional competencies.

**XII. Practice Standards for Supporting Families and Achieving Permanency**

**General Approach to Supporting Families and Achieving Permanency for Children**

**Standard 12-100**

DCS case management staff will activate formal mechanisms for providing concentrated efforts and specialized resources to move children with protracted custody episodes to permanency.

**Standard 12-101**

DCS case management staff will employ concurrent planning to achieve timely permanency for children in foster care.

**Standard 12-102**

The Family Services or Juvenile Justice case manager assigned to a child's case will be responsible for managing the case until it is officially closed.

**Standard 12-103**

The DCS case manager will facilitate the development of an individualized Family Services or Permanency Plan that contains a strategic design for achieving the desired outcomes.

**Standard 12-104**

The case manager will ensure that a child's Permanency Plan addresses service needs created by the trauma of removal and foster care placement.

**Standard 12-105**

DCS case management staff will ensure that children in foster care have their childhood experiences and developmental milestones captured and preserved in life books.

**Standard 12-106**

DCS case management staff will be responsible for ensuring that assessments are completed and case plan are executed whether the child and family receives services from DCS or a private provider.

**Ongoing Assessment Process**

**Standard 12-200**

DCS Family Services and Juvenile Justice case managers and their supervisors will have a working knowledge of Departmental protocol on safety and risk assessment.

**Standard 12-201**

The DCS case manager will assess the safety of the child at every contact when a child is residing at home or in a temporary placement.

**Standard 12-202**

DCS case management staff will possess and utilize the skills and decision making tools necessary to complete functional family assessments with children and families.

**Supporting Intact Families at Risk of Separation**

**Standard 12-300**

DCS case management staff will advocate for and provide support services to intact families who self-identify needs that are child safety-related.

**Standard 12-301**

DCS case managers will advocate for and provide in-home services that meet a variety of needs of pre-custodial children and their families in order to keep the children safe and stabilize the family units.

**Child and Family Visitation During Out of the Home Placement**

**Standard 12-400**

The DCS case manager will ensure that a child-focused plan for visits with parents, siblings, relatives and other significant persons is immediately initiated whenever a child is in foster care.

**Standard 12-401**

The DCS case management staff will ensure that family visits are structured in ways that promote child safety, well being and timely permanency.

**Standard 12-402**

The DCS case management staff will intervene to ameliorate conditions that hinder constructive child and family visitation.

**Standard 12-403**

The DCS case management staff will ensure that family visitation is not withheld as a means of behavior management for any child in Departmental custody.

**Supporting Relative Caregivers**

**Standard 12-500**

DCS staff will first consider and diligently seek relative placement options for children who cannot be safely maintained in their homes.

**Standard 12-501**

When a child is placed in the home of a relative, the DCS case manager will fully inform the relative caregiver about his/her role in and choices related to the permanency goals of Reunification, Exiting Custody To Live With Relatives, Adoption and Planned Permanent Living Arrangements With Relatives.

**Reunification with Family**

**Standard 12-600**

Casework and case planning efforts with children in foster care will focus on reuniting them with their families unless safety concerns or other aggravating circumstances make reunification contrary to the best interests of an individual child.

**Standard 12-601**

The DCS case manager will clearly define with the parents and the child all objectives that must be met in order to return a child to his/her home.

**Standard 12-602**

The DCS case management staff will ensure that children are returned home as soon as their families are capable of meeting their needs for safety and developmental opportunity.

**Standard 12-603**

The DCS case manager will plan and provide for in-home services and facilitate links to community support networks to help prevent placement disruption once a child has been returned home.

**Standard 12-604**

The DCS Commissioner or his designee will review cases of severe abuse where the plan is for the child to be reunited with the perpetrator and unsupervised contact between the child and the perpetrator will not be permitted until the Commissioner or designee grants approval for such contact.

**Exiting Custody to Live with a Relative**

**Standard 12-700**

DCS case management staff's efforts to achieve permanency for a child that cannot return home will initially focus on finding a permanent home with a relative.

**Standard 12-701**

DCS case management staff will only pursue a permanency goal of Exiting Custody to Live with a Relative when a relative will not require continued financial support in the form of a foster care board rate.

**Adoption**

**Standard 12-800**

The DCS case manager will ensure that the child's needs, wishes, safety and well being are at the center of the adoption process.

**Standard 12-801**

The DCS case management staff will convene Child and Family Team Meetings for ongoing engagement with the birth/legal family and the child around adoption-related decisions and planning.

**Standard 12-802**

The DCS case manager will ensure that individualized adoption placement plans will be developed for all children moving to adoptive resource placements while in DCS custody.

**Standard 12-803**

Children in DCS custody with a permanency goal of adoption will be clinically assessed regarding their unique needs, desires and concerns related to adoption, when indicated.

**Standard 12-804**

DCS staff will provide permanency options counseling upon request of the birth/legal parents of children with a sole or concurrent permanent goal of adoption.

**Standard 12-805**

Upon request of the parent, prospective adoptive parent or child, the DCS case manager will convene a Child and Family Team Meeting to discuss the possibilities of post-adoption relationships.

**Standard 12-806**

DCS staff will make every effort possible to adopt siblings into the same family unless there is a finding by a qualified clinician that doing so would be harmful to any of the siblings.

**Standard 12-807**

DCS case management staff will ensure that grief and loss counseling is provided upon request to parents who surrender their parental rights or have their parental rights terminated.

**Planned Permanent Living Arrangements**

**Standard 12-900**

DCS case management staff will work with the child and the family team to exhaust all other permanency options before pursuing a permanency goal of Planned Permanent Living Arrangement.

**Standard 12-901**

DCS case management staff will not seek to change a child's permanency goal to Planned Permanent Living Arrangement without first referring his/her case to the Permanency Support Unit supervisor for review.

## **Chapters II - IV: Developing and Maintaining a Constructive Organizational Culture**

*Practice Standards for DCS Agency Structure, Role Definitions, and Internal Communications*

*Practice Standards for Collaboration, Community Relations and External Communications*

*Practice Standards for Professional Competency and Development*



## **II. PRACTICE STANDARDS FOR DCS AGENCY STRUCTURE, ROLE DEFINITIONS, AND INTERNAL COMMUNICATIONS**

### **Introduction**

The DCS practice model is a guide to achieving safety, permanency and well being for the children served by the Department. Direct service case managers, supervisors and support staff carry the most tangible responsibility for achieving these outcomes. In order to provide quality case management, direct service staff must be supported by the structure and culture of the organization.

An organization's culture is comprised of the shared assumptions, beliefs and normative behaviors of the group. Leadership styles and group dynamics within the organization are shaped by the culture and, paradoxically, the culture is shaped by leadership styles and group dynamics. The culture affects the thoughts and actions of group members and the quality of the work life. It influences the degree of motivation employees have to achieve organizational outcomes. Motivation impacts staff performance, individual satisfaction, and personal growth and development.

DCS is committed to creating and maintaining a constructive organizational culture. The standards in this chapter emphasize open communication and staff creativity. They also promote leadership styles that are participatory and supportive. The standards require the development of procedures that are employee-centered. These procedures will support the professional practice changes the Department is requiring of staff throughout this practice model.

In addition to matters related to organizational culture, chapter two addresses the organizational structures that will promote and support best practices in casework with children and families. It contains standards on the roles and responsibilities of DCS staff for the planning, management, evaluation and quality improvement of juvenile justice and child welfare service provision. The standards emphasize coordinated, multi-level planning that encompasses the identification of service needs and resources, as well as the measures necessary to maintain and improve the operation of components of the systems. Specifically, the chapter initially addresses fundamental issues about how Departmental staff relate to each other while carrying out the work of the agency. Next, the chapter outlines how planning efforts are assigned, coordinated and administered between officials in central and regional offices. Another section in this chapter is dedicated to how the Department will utilize resources. Finally, the chapter covers how the agency will collect and use data to improve programs and guide planning, policy and decision making.

### **Part 1- Organizational Culture**

#### **Section A – Team Approach to Unified Purpose**

### **Standard 2-100A**

DCS administrators will promote an environment that encourages open communication, information sharing and team building among all staff.

**Commentary:** Juvenile justice and child welfare work is emotionally charged and subject to intense public scrutiny, which sometimes takes the form of second-guessing by the media and advocates. It is easy to become defensive, to hear even constructive criticism and essential community input as blaming language or to retreat from engaging with outsiders who may express concerns. Similar responses can become common for internal communications. Managers and staff may be reluctant to talk about problems for fear they will be blamed for the bad news.

DCS has not been immune to these destructive behaviors and attitudes. The 1999 Child Welfare League of America (CWLA) report submitted to DCS raised concerns about the organizational culture of the Department. CWLA reported that regional field staff perceived central office as blaming them for problems and deficiencies of the agency.

This standard envisions central office staff and regional field staff working together to engender trust and open communication. Trust building will be enhanced by agency-wide use of the same engagement skills and communication tools that will be used by DCS field staff to partner with children and families. As staff observe leaders from the field and central office modeling open communication and team-oriented practices with each other and with them, the blaming culture will be replaced with a problem-solving culture. Individuals will be more likely to embrace responsibility and accountability because it will be assumed for the purpose of attainment of agency goals.

### **Standard 2-101A**

DCS will strive to achieve among staff and providers a universal commitment to the principles, values and standards embodied in DCS's Standards of Professional Practice for Serving Children and Families.

**Commentary:** The 1999 CWLA report recommended that DCS undertake an intensive process of "selling" the vision of the Department to field staff. In order to do this, the report concluded that DCS would need to address the emotional and psychological reservations held by many members of its staff. CWLA believed that DCS would need to "confront and overcome widespread resentment and lack of confidence among front-line staff." Although DCS has taken steps to implement this recommendation, the above baseline identified by CWLA suggests that this process needs to be intensive and ongoing.

Comments from community stakeholders reviewing this practice model reinforced the recommendation of CWLA. Stakeholders suggested that training opportunities focused on these guiding principles and standards be provided for all staff (new and old). A salient feature of training should be to unify the workforce regarding the vision of DCS and discuss expectations and responsibilities required to achieve the vision. The community stakeholders also suggested that regional management teams work with their staff to develop local goals based on the guiding principles and standards of professional practice.

The stakeholder comments support the belief that shared values must extend vertically within the agency in order to succeed in achieving desired outcomes. A clearly understood vision that is shared by all staff will support the required value-driven changes in practice. These values will be built into the hiring process and be a central focus in training. Over time, the agency will develop a set of collective values that will promote organizational and program quality control.

DCS leaders and staff will model the practice relationship the agency seeks with families during the process of making important decisions about agency operations and the treatment of children and families. Department leaders must maintain responsibility for and ownership of ultimate decisions, but will invite and respect the input of staff with direct knowledge of the issues being decided. Consistent application of engagement skills and collaborative approaches will provide credibility to the changes in practice contemplated by these standards.

### **Standard 2-102A**

DCS will be primarily responsible for the quality of casework and services provided to children and families by private agencies contracting with the Department.

**Commentary:** DCS is ethically and legally responsible for the child welfare and juvenile justice treatment of all children it serves. This responsibility extends to services and casework provided by contract agencies. The standards established by DCS to improve the quality of casework practice and services also apply to private contract providers. DCS will monitor the performance of contract providers and assume responsibility for outcomes generated by them.

### **Standard 2-103A**

DCS will develop an ethics strategy to guide professional conduct and decision making.

**Commentary:** DCS staff will understand and utilize basic social work principles. Effective practice in both child welfare and juvenile justice requires professional staff to possess the necessary interpersonal skills that will guide interactions with children, families and colleagues. The Department's commitment to a social work orientation of practice will focus on one's moral duty to act ethically throughout the process. Notwithstanding this commitment to ethical conduct, the complex nature of the work will inevitably present staff with challenging ethical dilemmas requiring sophisticated application of ethical guidelines. DCS central office staff will provide technical assistance and develop casework-specific ethics guidelines that will assist staff in making decisions.

### **Standard 2-104A**

DCS staff will be accountable for conducting themselves professionally and completing their work in a manner consistent with law, regulation and practice standards embodied in this practice model.

**Commentary:** The gravity of consequences and the scarce resources connected with the Department's child-serving work demands the highest commitment, integrity and competency of staff. Personal accountability mechanisms will be built into every step of the DCS hiring, training and supervision processes. The evaluation process will hold staff and their supervisors accountable to ensure casework is conducted in a diligent, competent and professional manner. Positive reinforcement and creative incentives will be provided for high quality work. When work is of poor quality, supervisors will notice and respond in timely and appropriate ways.

## **Section B – Cultural Competence**

### **Standard 2-105B**

DCS will generate, maintain and execute a written cultural awareness and competency plan containing action steps for developing a set of congruent behaviors, attitudes and policies that will enable the agency to work effectively in cross-cultural situations.

**Commentary:** The level of cultural competency in a child-serving agency directly impacts both the quality of work in individual cases with children and families and the effectiveness of the agency in working with communities and other institutions to improve system outcomes. A lack of cultural awareness and competence will compromise individual casework. Individuals with this deficiency are unable to conduct reliable family assessments because they do not understand normative behavior against which deviance will be measured. For instance, failure to have food in the house may not pose a risk if the cultural norm is to make daily visits to the market to obtain fresh food.

Agencies undertaking large-scale foster care reform need to utilize culturally competent planning processes. Cultivating mutually respectful relationships between the agency and the diverse racial, ethnic and religious communities in the State will improve the ability of the agency to recruit members of those communities to join the work of protecting children and supporting families.

The Department recognizes that it will be difficult to deliver culturally-appropriate services to a diverse and ever changing population if a formal structure for organizing and accessing these services is not in place. The Office of Civil Rights (OCR) established within DCS will coordinate efforts within the Department to improve cultural competence. Data collected and analyzed by OCR related to equal employment opportunity, affirmative action and Title VI will provide valuable information in assessing issues related to cultural competence. The OCR will oversee the completion of a cultural competency plan for the agency. The OCR office will coordinate diversity affairs. This will include the completion of specific projects (e.g. developing readily available qualified interpreters and translated materials) and the planning of comprehensive cultural competency strategies (e.g. promulgation of policies and procedures to manage workforce and organizational cultural competence and assure the delivery of culturally-competent services).

### **Standard 2-106B**

DCS will solicit involvement from diverse community representatives concerning service delivery design and execution including planning, policy-making, operations, evaluation, training and service provision.

**Commentary:** Comprehensive participation is designed to make sure that culturally-competent services and programs authentically reflect the diversity of the community. DCS will develop formal participation and referral linkages with ethnic and community-based providers and resources for cultural and linguistic services. The Department will assist providers with resources and expertise to help them deliver culturally-competent services in a culturally-appropriate manner.

### **Standard 2-107B**

DCS will develop and implement a strategy to recruit, retain and promote qualified, diverse and culturally competent administrative, clinical and support staff that represent the racial and ethnic communities it serves.

**Commentary:** A diverse workforce promotes an organizational culture that is able to connect and communicate with children and families whose culture is different from the prevailing culture. The Department does not assume, however, that any particular individual is appropriately sensitive to cultural issues merely because they share the same or similar cultural backgrounds. All staff will receive cultural competence training.

Due to a dearth of diversity in the available hiring pool and the position-specific qualifications, DCS is not always able to recruit staff that proportionally reflect the individuals and communities it serves. Nevertheless, DCS can make significant improvements in the area of minority hiring and retention, including hiring qualified minority candidates from communities being served. Greater numbers of minority staff in entry level and fieldwork positions will expand the pool of minority candidates for leadership positions within DCS. As DCS expands formal outreach efforts and training programs to minority candidates and minority staff, the pool of minority candidates for high-ranking positions will also expand.

### **Standard 2-108B**

DCS will require and provide ongoing training for administrative, management, clinical, and support staff in culturally- and linguistically-competent casework and service delivery.

**Commentary:** Providing services in a manner that respects cultural diversity improves both the quality of the services and the resulting outcomes for children and families. DCS recognizes this connection and will assess and improve its cultural competency related to casework and service delivery. The Department's goals for improving cultural competence include the following:

- DCS will overcome cultural, language and communication barriers,
- Children and families will be provided with opportunities to participate in case planning in culturally-competent environments,
- Children and families will be able to express their spiritual beliefs and cultural practices without concern that the information will be used against their interests for reasons unrelated to child safety and well being,
- DCS staff will understand how the culture of a child and his/her family relates to communications, interactions, strengths, needs and other behavioral factors addressed during assessment and decision-making processes, and
- DCS responses to and collaborations with local communities will be sensitive to local values and concerns.

DCS realizes that being culturally competent as an organization involves establishing and maintaining a learning process that supports and implements culturally-competent organizational attitudes, behaviors, knowledge and skills. The cultural issues that impact individual planning and service delivery are complex. Issues include the thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious and social groups. Culture defines how child welfare and juvenile justice service information is received, how rights and protections are exercised, what is considered a child safety or child well being issue and how

services and supports will be developed and provided. DCS will dialogue with and seek to understand the diverse populations served by the Department. It will examine the child-rearing values and beliefs of its service providers. In order for DCS to develop and maintain a system of care that responds appropriately to the unique needs of populations whose cultures are different from the prevailing culture, the Department must understand the cultural framework of the children and families it serves, the cultural framework of its workforce and the interactions between these diverse belief systems in practice settings.

While theoretical knowledge about cultural competence is good, it must be accompanied by a training curriculum that is customized to address the specific needs of the Department related to its child welfare and juvenile justice practice. The Department will seek training forums and opportunities that are relevant to its issues and specifically tailored to improved practice.

### **Standard 2-109B**

DCS will provide children and families with access to bilingual staff or interpretation services.

**Commentary:** The practice skills and tools described in this model require DCS staff to build constructive helping relationships with the children and families they serve. Staff must be able to communicate effectively with children and families in order to build these relationships. Staff must have ready access to interpretation services to compensate for communication problems when they exist. In order for all service providers to anticipate these needs, TN Kids recordings will include information about the primary language spoken by the child and family.

A significant advantage of team decision-making approaches in case planning is that family and friends are often available to act as interpreters. While this may be appropriate in some cases, the use of families and friends as interpreters is not intended to supplant professional interpreters and related linguistic resources. The Department will not use family and friends in this role when it would cause discomfort or harm to them. For example, requiring children (even older children) to communicate information to parents which they should not have access to can be harmful to them psychologically. Asking children to step into a caretaking role in this context could exacerbate an unhealthy family dynamic of placing unfair parental roles on the child. In instances in which the use of family members or friends as interpreters is not possible or appropriate, the Department will use professional interpreters and will have a system in place to quickly access their services.

### **Standard 2-110B**

DCS will collect and utilize accurate demographic, cultural and outcome data for racial and ethnic groups and become informed about the ethnic and cultural needs, resources and assets of local neighborhoods and communities.

**Commentary:** The Department seeks to understand community profiles and needs in order to better serve children and families in its care. The Department will construct basic demographic profiles of the regional service areas, including collecting and compiling race, ethnicity and language data. This information will be used to identify and address the cultural factors related to child and family needs, attitudes, behaviors and concerns about the efficacy of service provision. In addition, these data sets will be used to customize services and enhance assessments of service quality and outcomes.

## **Part 2 – Function and Responsibilities of Central Office**

### **Standard 2-200**

The DCS Commissioner and senior staff will demonstrate leadership and commitment to the agency vision, mission and guiding principles; work with other branches of government to promote comprehensive and coordinated efforts to improve child and family well being within the State; and model the engaging relationships the Department seeks to have with children and families.

**Commentary:** The Commissioner and senior staff are the most effective champions for improved practice. They are most able to influence the actions of all staff by ensuring that management practices and internal relationships are consistent with and model values embraced by the Department. For example, the Commissioner can ensure that the central office works in partnership with regional offices in the same manner that regional offices are expected to collaborate with local communities. In the absence of this modeling in day-to-day interactions, collaborations and decision making, the viability of the practice model is severely compromised. Not only will staff witness and mirror the apparent discrepancy between stated principles and organizational practices, but the communities that are served, professional partners and collateral service providers will lose their investment in the systemic reform.

### **Standard 2-201**

DCS central office staff will provide the Commissioner with relevant and timely information that will assist the Commissioner in implementing the agency mission and DCS's Standards of Professional Practice for Serving Children and Families.

**Commentary:** Central office staff must build strong connections and communications within central office and between central office and regional staff in order to assist the Commissioner in fulfilling the agency mission. The Commissioner's staff will engage in communications that are task oriented and focused on agency goals. Staff will communicate information relevant to meeting outcome goals. Positive information about successful casework and outcomes will be communicated so it can be replicated in other regions and program areas. Failures and negative trends need to be communicated so actions can be taken to mitigate harmful outcomes and enable interventions and adjustments.

Problem-solving efforts and task-related communications will occur in a context consistent with the guiding principles and these standards of practice. Consistent application of family-centered practice methods to solve agency problems as well as case-specific problems will increase staff commitment to and participation in the collaborative process.

### **Standard 2-202**

DCS central office staff will be responsible for setting policy goals; establishing standards for service delivery; providing equitable technical assistance and resources to regions; creating performance incentives; and establishing accountability and measurement systems for DCS and private provider staff.

**Commentary:** Agency structure is relevant in how it supports or hinders good practice. The DCS infrastructure is capable of supporting reform efforts. The Department has dramatically reduced caseloads and increased resources available to case managers. However, resource

improvements are only part of the equation. DCS must improve the quality of individual decisions made on behalf children and families. The central office staff will continue to develop mechanisms for measuring the quality of practice and providing feedback and technical assistance to field staff when decisions do not produce desired outcomes. Central office success will be measured by how well it enables regional staff to successfully serve children and families.

### **Standard 2-203**

DCS central office staff will develop and maintain a strategic plan for the agency that articulates how the agency intends to achieve desired performance outcomes and where the agency will concentrate its efforts during the period covered by the plan.

**Commentary:** The strategic plan will define agency priorities and provide a basic framework from which regional management teams will structure local planning efforts. Regional and local planning will focus on developing how specific program and service delivery initiatives will be tailored to meet the particular needs of the jurisdiction. For example, the DCS strategic plan for the agency might require each region to develop its own specific plan on how it will implement Child and Family Team Meetings (CFTM). The DCS strategic plan would outline the non-negotiable elements of the CFTM, required components that need to be addressed in each regional plan and the time lines for implementation by the regions. Within that framework, regional plans may differ depending on whether they are primarily rural or urban or have particular strengths or deficits in the area. The regional plans would address in detail matters such as how local resources will be used, who will be responsible for facilitating the meetings and how evaluation and qualitative feedback will be provided to CFTM participants.

The DCS strategic plan will direct the Department's use of resources. This will help avoid costly planning mistakes associated with desultory hit and miss approaches. The agency plan will use accurate information and data to identify service need projections and establish criteria for regional decision making related to meeting service needs.

### **Standard 2-204**

DCS central office staff will generate timely updates to the strategic plan that include a status report on implementation strategies and identify new priority issues that have developed since the release of the plan.

**Commentary:** The DCS strategic plan will describe how programs will be monitored and evaluated in order to assess the effectiveness of planning initiatives. In some situations, the Department will determine that various approaches and solutions are not functioning well and that different approaches need to be utilized. In other situations, external factors and unanticipated events may require the Department to re-adjust its priorities. Because the child welfare system consists of interrelated components, improvements in one area of the system may increase countervailing pressures on another area of the system. The planning process will accommodate the need to make adjustments, adapt and experiment in response to new and varying conditions.

### **Standard 2-205**



DCS central office staff will systematically engage each other and regional staff to establish guidelines for the equitable allocation of program and staff resources and to plan and deliver region-specific technical assistance.

**Commentary:** Although DCS will delegate the majority of day-to-day decision-making authority to regions and local offices, central office will remain responsible for establishing administrative and programmatic controls that will permit monitoring of performance and assure continuous program improvement. Central office will collaborate with regional planning teams and monitor the work of regional staff to ensure that core policies and programs are connected across all regions. The Commissioner and central office staff will consult with regional administrators to determine which programs and funding sources will be flexible at the regional level and which will be the proper province of central office administration. DCS will continually work to balance the need to build maximum flexibility into the system while maintaining accountability for results.

The DCS central office will provide the regions with the tools and technical support required to conduct regional business and meet goals and standards outlined in this practice model. The formal planning processes in central office and the regions will specifically identify technical assistance needs and how the needs will be met.

Regional staff will collaborate with central office staff to develop technical assistance work plans that include specific tasks that will be completed by central office staff, regional staff and any outside technical assistance providers. The plans will also include projected time lines for completing the work.

### **Standard 2-206**

Central office staff will establish a formal, centralized system for facilitating communication within the agency and ensuring that staff at all levels have timely access to information related to the mission, guiding principles, professional practice standards, policies and goals of the Department.

**Commentary:** DCS staff in central office will provide field staff with timely responses to requests for technical assistance and with immediate answers to questions about policy interpretations and practice ambiguities. The 2002 needs assessment recommended a “help desk” housed in central office to meet this vital need. The “help desk” would provide a centrally-located point of contact from which practitioners and staff could receive direct and prompt information. The Department will explore this and other strategies for providing centralized communications support.

## **Part 3 – Function and Responsibilities of Regional Offices**

### **Standard 2-300**

Regional administrators will be responsible for achieving positive outcomes for the children and families served in their region and for ensuring that casework is performed in a manner consistent with the standards in this practice model.

**Commentary:** Successful implementation of practice changes at the regional level will require strong leadership in each region. Regional administrators will be responsible for management

decisions made within their regions. Regional administrators and their management teams will be responsible for making well-planned decisions about delivery of services; establishing priorities for agency attention within the region; allocating major funding sources; and addressing matters endemic to local communities. These decisions will be consistent with overall Departmental goals and the practice standards outlined in this model. Within those parameters, regions will influence the allocation of resources across systems to accomplish desired outcomes. As mentioned in part two of this chapter, a key responsibility of central office is to align authority over resources, such as spending money and deploying staff, with the responsibility for producing results.

DCS will rely on regional staff to make the majority of day-to-day decisions that have the greatest impact on children and families served by the Department. Regional administrators need to ensure that their staff have adequate resources and the capacity to carry out the responsibilities outlined in this practice model. Likewise, regional administrators need to be accountable for the outcomes resulting from decisions made and strategies used in the region.

### **Standard 2-301**

Regional administrators will work with the central office to develop within each region a management team that possesses expertise about major substantive and administrative subject areas and that possesses the experience, knowledge and skills to develop comprehensive strategic plans.

**Commentary:** Successful implementation of practice changes at the regional level will require regional staff to build their capacity to assume responsibility for achieving defined goals and outcomes. The tasks involved in implementing the standards of professional practice will require experience, new skills and extensive knowledge of local communities, institutions and public and private support systems. Regions will build their own internal capacity to produce and implement strategic plans that will lead to improved outcomes for children and families. Regions will strengthen their abilities to analyze, plan, finance, implement and monitor initiatives. The regional management teams will need knowledge of the current system, a vision of the new system and strategies for achieving the vision. In addition, they will need to be able to incorporate quantitative and qualitative outcome and process data into their decision-making process.

The regional administrators will designate the regional staff members that will develop special knowledge and improve regional capacity in the following areas: fiscal planning and flexible funding, child protection, child permanency, juvenile justice, community relations, training coordination and information technologies. These designated specialists will liaison with central office directors to develop plans for improving regional capacity in the areas described above.

Central office will shift decision making to the regional level as regions increase their capacity in the areas necessary to achieve identified agency goals. As the providers of direct, community-specific service, regional staff maintain the primary responsibility for carrying out the operations of the agency. Central office staff will be responsible for providing support resources and technical assistance to the regions. Regions will have considerable autonomy in deciding the best way to achieve agency goals at the regional level. However, the viability of agency and practice decisions should be reflected by outcome-related data.

### **Standard 2-302**

Regional administrators and their management teams will develop annual implementation plans that establish priorities within the region; address allocations of major funding sources; identify technical assistance and training needs; and address decisions about service delivery.

**Commentary:** After central office develops the strategic plan that outlines the framework for practice initiatives, each regional management team will develop a regional implementation plan. The regional plans will provide a vehicle for shifting a large part of service planning decision making from central office to the field. The plans will describe how the regional management team will use data to track success and identify areas needing improvement. Central office staff will be available to provide technical assistance to develop regional plans and strategies for intervention and corrective action when problem issues are identified.

### **Standard 2-303**

Regional management teams will recruit community leaders and citizens representing diverse segments of local communities to assist in the development and execution of regional implementation plans.

**Commentary:** The commitment and support of community leaders and stakeholders to the mission and goals of the Department will significantly enhance the likelihood of achieving positive outcomes for children and families. Each community has different risk and protective factors that influence children and families. As with individual and family strengths, all communities have supports in place to help children and families. These community resources are sometimes underutilized because of a failure to identify them or ignorance of their existence. Community advisers can help regions develop plans to shift services into integrated, community-based networks of care.

In order to build healthy communities that support protective factors for children and families, regional management teams will work with private sector constituencies and community residents to develop strong community-based programs. Local communities must improve their capacity to take responsibility for the advancement of broadly-supported strategies that achieve desired outcomes for children and their families. To increase and ensure private sector and community investment, the DCS management team will educate the private sector and community representatives about the *DCS Standards of Professional Practice for Serving Children and Families*.

The DCS regional management teams will help identified community representatives establish standards of accountability for the community and define its role in achieving outcomes for children and families. The standards will emphasize that a community's response to the needs of children and families will be comprehensive and individualized, respectful of family autonomy and diversity, built on natural family networks and directed toward increasing independence.

### **Standard 2-304**

Regional management teams will collaborate with local courts, governmental agencies and community groups to improve service options for children and families.

**Commentary:** Regional administrators will negotiate with other local public agencies to develop written agreements that establish role expectations in achieving mutually desired results.

These agreements will provide links to education, health, mental health and other service providers and will form the basis for collaborative strategies to address the complex needs of children and families. Regions will be encouraged and supported by central office in the development of regional implementation plans that draw on housing, public safety, economic development, employment, habilitation and other resource areas critical for strengthening and producing better results for children and families. Moreover, central office will collaboratively evaluate the work of these consortiums, identify best practices developed within these consortiums, disseminate “lessons learned” information to other regions and advocate to involve other system partners to develop additional local resources to meet local needs.

### **Standard 2-305**

DCS supervisors will be accountable for ensuring that the standards of professional practice are applied by case managers to deliver the best possible casework and case planning services to children and families.

**Commentary:** The guiding principles and standards of professional practice will direct supervisors in the execution of their supervisory duties. The commitment, skills and expectations of supervisors will determine whether the principles are integrated and case managers apply the standards. For example, performance feedback given to case managers will be communicated in relation to identified practice standards. Consequently, case managers will understand how their direct practice activities relate to the achievement of better outcomes for children and families and of organizational goals. The connection of practice to principles will assist case managers in developing professional development goals and improving their casework and case planning skills. Broad-based development and dissemination of the guiding principles and the professional standards will be supported by the idea that staff, at all levels, will respond to and be affected positively by them when afforded the opportunity to understand them.

Supervisors will, in both supervisory and direct practice contexts, model the basic and essential helping skills of engagement, teaming, assessing, planning, capacity enhancement and intervention. These skills provide the bedrock for establishing and maintaining the helping relationships with children and families that are necessary for successful case outcomes.

### **Standard 2-306**

DCS case managers will act consistently, effectively and with a sense of clear purpose and exigency to promote the safety, permanency, and well being of children.

**Commentary:** The 2002 needs assessment found that DCS case managers were unsure of their role in ensuring best outcomes for children and families.

There were also significant variations in what DCS case managers understood their role to be. Some saw themselves as social workers in the broad and professional sense, some saw themselves as managers directing people and activities, and some saw themselves as monitors watching to see if other partners did what they were supposed to do.

Perceptions related to the diverse roles case managers play throughout the life of a case are common to systems of care throughout the country. The work of a case manager is dynamic and entails varied skills to address ever-changing contexts. In one context, the focus of work will be to engage a family in the process of honestly confronting and altering their beliefs and behaviors that promote negative outcomes. In another context, the responsibility will be to protect a child

by removing him/her from an abusive home situation. In yet another context, the primary focus will be to collaboratively assess the appropriateness and efficacy of services provided and the readiness of a family to reunify. The practice model seeks to place these roles, and actions taken to fulfill these roles, within the framework of the Department's vision and required best practices. In doing so, the practice model assists case management staff in recognizing that their decisions and actions on a case are integrally connected and critically important to the successful attainment of organizational goals.

Case managers will be empowered to act primarily as change agents, team facilitators, case planners and problem solvers. The ability to identify strengths, while addressing needs and assuring safety, takes both strong foundational practice skill sets and the capability to assess multi-leveled internal and external dynamics. Case managers will be entrusted with discretion to work with children and families in a manner that enables Child and Family Teams to respond to individual strengths, needs and challenges. In order to succeed in meeting this standard, case managers will be provided with the necessary support structures, mechanisms and resources.

#### **Part 4 – Information Management and Usage**

##### **Standard 2-400**

DCS will collect, analyze and utilize accurate data to guide planning and decision making related to policy and program operations.

**Commentary:** In the absence of outcome data, policy is driven by singular anecdotes. Though anecdotes may capture media attention and ignite public sentiment, they do not necessarily illustrate core issues affecting children, families and communities. Policymaking by anecdote haphazardly attaches fiscal resources and problem-solving efforts to the issue of the day, rather than being applied in a strategic manner designed to both address actual areas of need and maximize impact. Agency response will certainly reflect community concerns; however, it is the responsibility of the Department to provide the public with the data needed in order to understand, and to make constructive contributions to, emerging and existing policy and practice issues.

Data-driven decision making will be applied to individual cases. For example, without good data, administrators and practitioners will not be able to accurately assess whether a placement disrupted due to lack of mental health supports or inappropriate child and family matching. A child could be removed precipitously, denying both the child and the family the opportunity to build a loving home. The Department risks creating cycles of negative outcomes if good information is not used to guide decision making. The failed placement described above might have been avoided if the case manager and Child and Family Team had accurate information about supportive services that effectively prevent resource home placement disruptions.

##### **Standard 2-401**

DCS will identify and define indicators of performance that need to be tracked in order to effectively measure organizational performance.

**Commentary:** The Department will measure its success in large part by the outcomes experienced by children and families. The Department will determine what measures will be used to indicate successful outcomes and good casework practices and performances. The

measures will reflect the values and guiding principles of the Department as expressed by this practice model, Department policies and legal requirements. The data from these outcome and performance measures will permit the Department to assess program operations and the quality of decision making by staff.

The Department will measure some outcomes that will be affected by the courts and other external factors. Even in these situations, the Department will assign indicators to track how its performance contributes to the attainment of desired outcomes. Notwithstanding its reduced role, the actions by the Department may mitigate unfavorable outcomes and promote positive outcomes.

### **Standard 2-402**

DCS will ensure that the indicators selected for tracking performance measure the quality and effectiveness of programs for discrete ethnic groups.

**Commentary:** It is essential that the data collection process incorporate the data fields and inquiries necessary to determine the cultural competence of programs. Without such fields and inquiries, the range of racial and ethnic groups will be rendered “invisible.” The collection of culture-specific data is necessary to increase culturally-competent decision making for both policies and practices. Because policy and practice decisions are closely correlated with funding streams, cultural competence is an important piece of ensuring that the racially and ethnically diverse children and families served by the Department can achieve effective and equitable service.

See part two, section B of this chapter for more information on the Department’s commitment to cultural competency.

### **Standard 2-403**

DCS will maintain and improve the management information system to ensure that it collects, organizes and reports data necessary to track outcomes and guide strategic planning.

**Commentary:** An independent evaluation of the TN Kids management information system concluded that the system is basically well designed. For the most part, the system enables DCS to track and measure the most relevant indicators of organizational performance. The information system also has the capacity to produce information needed for reliable and timely reports in those areas.

Although the evaluation was generally positive, it identified some problem areas in the design of the system that need prompt attention. The most serious design problems are already scheduled for correction and release. The Department is also working on ways to make TN Kids more supportive and accessible to the field.

### **Standard 2-404**

DCS will develop a quality control plan for the management information system to ensure that accurate, relevant and timely data is provided to field staff, supervisors and management.

**Commentary:** Data is only as good as the system that collects, analyzes and disseminates it. The analysis of the information system requires more than a mere determination about whether the

system is technically sound. The system must provide high quality data to end users and management. The system must facilitate easy interaction by end users who enter data and officials who manipulate the data in the system.

The Department and the community must be able to trust the accuracy of the reports generated by the management information system. In an outcome-based system, being able to track outcomes effectively is a key component in assessing whether or not policy and practice reforms are improving the lives of children and families. For example, if one measure of agency effectiveness is the provision of the appropriate mental health services to high needs children in order to decrease the likelihood that resource family placements will disrupt, it is essential that the information system be able to track mental health contacts with children, placement disruptions, mental health issues and needs and community-based mental health service providers.

Reliable data is of little utility if it is not easily accessible. These standards contemplate that case managers will spend most of their time actively working with families in the field rather than at their desks. The standards also expect case managers to compose high quality case recordings and make timely entries into the system. In order to balance these concerns, case managers need remote access to the TN Kids system. This access can be provided via laptop computers or flexible access to computer stations.

#### **Standard 2-405**

DCS will ensure that accurate, relevant, and timely information in the management information system is electronically accessible to DCS contract agencies providing services to children and families.

**Commentary:** Contract providers carrying out the work of the Department are held to the same standards of performance as DCS providers. The private providers also need access to reliable data in order to make decisions and provide services that comport with this practice model.

#### **Standard 2-406**

DCS will electronically provide staff with a current resource directory that contains all child and family service providers, including those not funded directly by the Department.

**Commentary:** DCS staff and private providers need ready access to the menu of service options that are immediately available to meet the needs of a child or family. Likewise, DCS and contract staff persons need information about needed services that are not immediately available in order to seek the services out, purchase them and make them available in a timely manner.

### **Part 5 - Fiscal Issues and Resource Utilization**

#### **Standard 2-500**

DCS will manage financial resources in accordance with State guidelines for use of public funds and in a manner designed to achieve the most efficient use of public money.

**Commentary:** DCS continues to increase spending to develop a wide range of program and service improvements needed to improve outcomes. Child welfare and juvenile justice work is challenging and requires adequate resources. DCS recognizes, however, that increasing expenditures does not necessarily result in improved outcomes. DCS will not spend public

money to provide services that are popular but ineffective. DCS expenditures will be for services that are evaluated and shown to be effective. DCS believes that expenditures produce the most efficacious results when they are carefully planned and carried out to improve the agency's ability to serve children and families.

### **Standard 2-501**

DCS will develop a comprehensive, flexible and collaborative funding system that effectively uses resources and is based on incentives for achieving desired outcomes for children and families.

**Commentary:** The flexible funding structure will create financial incentives to provide services and make placement decisions in a manner that reinforces DCS's guiding principles and standards of professional practice. Awarding financial incentives will improve regional morale and success. For example, a region that expands its family care settings and decreases its residential care usage is changing a placement practice targeted for reform. The aforementioned region will absorb the savings involved in increasing family care placements and invest the savings in other creative and necessary services.

This newly developed structure for funding will recognize and adjust for the differences in resource development capacities among regions. The structure will also permit expenditures to expand or improve programs funded by other entities. Using funds in this manner will be appropriate if the financial leverage provided by the Department will result in improved DCS performance in reaching outcome goals for children and families.

See part two of chapter six for more information on collaborative use of the flexible funding system.

### **Standard 2-502**

DCS's flexible funding system will support service delivery based on the needs of children and families.

**Commentary:** The Department will expend funds to develop and purchase programs and services specifically designed to meet individual needs of children and families. This system of funding will reduce reliance on categories of services that are restrictive, institutional, out of the community and out of the home. Spending will be redirected to services which are more preventive, family-centered and community-based. DCS will avoid defining a child's treatment needs to fit pre-existing categories convenient to program operations.

Program expenditures that, due to economy of scale, will require substantial up-front financial commitments will be in response to data findings from program needs assessments. This relationship will result in a more cost-efficient use of resources and reduced reliance on prepackaged services that are unrelated or only remotely related to the actual needs of the recipients of the services.

See part 1 of chapter six for standards specific to connecting services to the individual needs of families.

### **Standard 2-503**



DCS's Division of Fiscal and Administrative Services will collaborate with regional management teams to develop regional capacity to understand and implement flexible funding strategies.

**Commentary:** Regional management teams will designate a regional fiscal specialist who will collaborate with DCS's Division of Fiscal and Administrative Services in order to increase access to needed services by more accurate interpretation of regulations or policy. Each regional fiscal specialist will provide consultation and technical assistance designed to target spending in their region for services that meet the priority needs of children and families.

## **Part 6 – Quality Control and Improvement**

### **Standard 2-600**

DCS will establish and maintain a continuous quality improvement process that reinforces the standards of professional practice, Program Improvement Plans, strategic planning initiatives and compliance with court orders.

**Commentary:** DCS's Quality Assurance Unit is founded on the belief that accurate and timely evaluative information is necessary to the ongoing evolution and reformation of the Department. The Quality Assurance Unit will provide timely performance feedback to the field and information about practice that will enable DCS to more quickly achieve its goals and positive outcomes for children and families.

To assure the accuracy and integrity of the evaluative information and performance feedback, it is essential that those who are developing, implementing and managing the program do not suffer negative consequences for disseminating the work products of this program, even if the information reflects negatively on the policies or practices of the Department. Consistent with the commitment to open, honest and blame-free communication, the Quality Assurance Unit will operate in an organizational culture that views information as value neutral and as a means to targeting and achieving positive ends. In the absence of such a shared organizational belief, those who staff and manage the Quality Assurance Unit will not be driven by a commitment to accuracy and information sharing, but will be concerned with conforming to Departmental expectations.

### **Standard 2-601**

DCS will maintain a Quality Assurance Unit that monitors, evaluates, and provides timely feedback on whether services are of sufficient intensity, scope and quality to meet the individual needs of children and their families.

**Commentary:** The achievement of enduring juvenile justice and child welfare reform is difficult. Outcomes associated with reform are interrelated. Success in one area of reform can stall progress or lead to additional problems in other areas. Continued monitoring of areas that appears "fixed" is necessary to guard against subsequent "break-downs" that might occur while program attention is focused elsewhere.

The Quality Assurance Unit will help the Department measure progress contextually. The Department will use this information to understand the impact that legislation, program policy, program management and external factors (e.g. judicial decision making) play in meeting the

needs of children and families. Quality assurance is a prevention tool. Providing timely and consistent feedback prevents problems from reaching crisis magnitude. If a program area shows signs of breakdown, the Quality Assurance Unit will catch the trend and direct agency attention to the problem before it becomes a full-blown breakdown.

### **Standard 2-602**

The DCS Quality Assurance Unit will identify needs and recommend corrective actions necessary to improve services, capacity, outcomes and conformity with the Department's program requirements.

**Commentary:** The feedback provided by the Quality Assurance Unit may take different forms. In some instances, Quality Assurance Unit staff will intervene immediately and take decisive action in order to protect a child. In most instances, Quality Assurance Unit staff can provide consultation and technical assistance to service providers. Quality Assurance Unit staff will rely on well-defined guidelines for determining the level and nature of intervention indicated by particular sets of circumstances. In most cases, the feedback will be given to improve the quality of services being delivered and assist in the development and implementation of corrective actions.

### **Standard 2-603**

The DCS Quality Assurance Unit will identify effective practice and system performance in order to share information and replicate programs that can improve outcomes for children and families.

**Commentary:** The strategic capturing and replication of programs and practices that are effective with children and families not only increases community investment in the viability of the system, but also encourages the efficient utilization of resources. The emphasis on effective practices and programs will not be a barrier to the development of new programs or the incorporation of existing, informal community-based programs. Rather, the emphasis on outcome data will both encourage practice and program developers to connect innovations to outcomes and, as a result, increase Departmental and community confidence in new and different initiatives.

### **Standard 2-604**

The DCS Quality Assurance Unit will support program staff at every level within the Department.

**Commentary:** The support and information provided by the Quality Assurance Unit must be relevant and easily digestible by staff at every level in the Department. For example, the information provided to case managers must be readily applicable to direct practice and presented in a practice context. With such demonstrated relevance, case managers, supervisors and program managers will be able to use quality assurance data to generate improvements and address concerns.

### **Standard 2-605**

The DCS Quality Assurance Unit will identify and report training needs to the Department staff responsible for developing training programs.

**Commentary:** Ongoing training and education is a core component of system improvement and ongoing quality assurance. In the majority of cases, the resolution of identified practice and policy issues involves the development and implementation of related training and education initiatives. For example, if the number of child removals is increasing while the number and type of cases is remaining consistent, the increase might be due to inadequate training in the assessment of child well being and safety, the identification of family strengths and resources, and acquisition of community supports. Training and education, in addition to assuring the appropriate and effective application of policies and interventions, increases the possibility of staff retention through the provision of skills that promote competency and mastery. Without such skills, staff at all levels can become overwhelmed in the face of the enormous job stressors and lack the ability to implement solutions and affect positive changes and outcomes. Moreover, training and education is an investment in the employee that communicates, “You are valued.” That sense of value is transferred from the case manager to the children and families they serve, from the supervisor to the supervisee and from the management staff to the range of employees in their unit.

### **Standard 2-606**

DCS will conduct periodic and regular Quality Service Reviews to determine how the service system is working and to obtain timely notification of other system processes that need improvement.

**Commentary:** These reviews will provide valuable feedback that will be used to refine services. The focus of this effort will be on improving practices and outcomes rather than technical program compliance or targeting poor performance. Another benefit will be the ability to provide training to DCS staff participating in the Quality Service Review process.

### **III. PRACTICE STANDARDS FOR COLLABORATION, COMMUNITY RELATIONS AND EXTERNAL COMMUNICATIONS**

#### **Introduction**

The success of the Department's reform efforts will be measured by the outcomes obtained on behalf of the children and families it serves. DCS is not able, and does not seek, to conduct its work in a vacuum. DCS will create a broadened framework of commitment and responsibility for achieving successful outcomes for children and families. DCS will collaborate with a network of institutional stakeholders, professionals, community-based service providers and other community representatives in order to provide more efficient and effective services. These collaborative partnerships will be based on principles grounded in family-centered practice. These principles include valuing the rich diversity of all stakeholders, listening to and treating each other with respect, and working together for the purpose of keeping children safe, supporting stable families, building healthy communities and providing appropriate treatment and services to children and families in need of assistance. The standards below address the ways DCS will improve collaboration and community relations with resource parents, contract agencies, governmental and institutional entities, and all other community partners.

#### **Part 1 – Collaboration, Community Relations and External Communications in General**

##### **Standard 3-100**

DCS will hold system and community partners as well as itself accountable for achieving measurable improvements in the prevention and treatment of child maltreatment and juvenile delinquency.

**Commentary:** A result-oriented system of care connects and encourages all partners to evaluate and change, when necessary, the way they respond to children and families internally and as a collaborative. The work of the Department will be accomplished when DCS, contract agencies, community partners and other key stakeholders unite in common goals. DCS will be instrumental in both articulating and in helping to establish these goals and outlining clearly understood procedures for constructively addressing conflict and guiding collaboration between partners. The Department's efforts to collaborate with existing community resources during the life of a case is critical to maintaining long-term, successful outcomes for children and families once DCS has closed the case.

At the case management level, staff will partner with children and their families, caregivers, contract agency staff and community stakeholders in achieving the objectives and goals of Family Services/Permanency Plans. The relationships between the DCS case managers and other formal and informal helpers who have direct contact with a child and family will be a critical factor in successfully achieving goals. Ultimately, effective teamwork will depend on members functioning as a cohesive team and acting in good faith toward each other. Contracts, memoranda of understanding and other working agreements with contract providers and other stakeholders will be modified to reflect that face-to-face teaming is required for case planning and decision making. Interagency training on Child and Family Teams will be offered by DCS.

Interagency teams will be given the flexibility to operate in a manner that meets the needs of the individual family and child.

See chapter ten for information on Child and Family Teams.

### **Standard 3-101**

DCS will increase public awareness of its guiding principles and professional practice standards in order to promote the general welfare of children and their families and to encourage collaboration within the community.

**Commentary:** Change begins with individuals, not institutions. DCS encourages staff to meet and interact with partners so that trust and respect develop. Intra- and inter-agency relationship building will be viewed and supported within the Department as an integral part of effective practice. Staff will be involved in community affairs and community groups as a means of increasing awareness of the needs and conditions of the children and families served. In addition, training and informational materials will be developed related to conveying the guiding principles and professional practice standards to key partners such as resource parents, contract agencies, community stakeholders and advocates. This active and open dissemination of professional practice standards will increase and strengthen accountability within and without the Department and assist in the process of relationship building.

### **Standard 3-102**

DCS will expand community-based resources and services for children and families in the communities in which they live.

**Commentary:** Many of the services and resources that children and families find most accessible and responsive are those established and provided within their own neighborhoods. In addition to reflecting diverse cultural perspectives, community-based agencies can provide services that cannot be provided by DCS, including a variety of family support services. DCS is committed to bolstering the capacity of community-based resources. The Department will work with targeted organizations regarding interagency planning, protocol development, training and technical assistance. This commitment was reinforced and preserved in the *Brian A. Settlement Agreement*, which requires DCS to ensure that each region has a full range of community-based services to support, preserve and reunify families.

One strategy for building collaborative efforts and community-based resource networks is to create DCS satellite offices in the neighborhoods of families being served. These offices could serve as a base of operations for community-based staff and services. The neighborhood offices will enhance the Department's ability to recruit culturally-competent resource parents and ensure the necessary programmatic and personal diversity of the service continuum.

### **Standard 3-103**

DCS will perform community outreach activities that serve needy children and adults in ways that strengthen and preserve families and enhance DCS's image, mission and staff.

**Commentary:** DCS will recruit diverse partners with whom to collaborate. The foundation for the recruitment process rests on identifying the universe of stakeholders and community partners with whom collaboration is appropriate. DCS will target this group to promote its mission and

commitment to children and families. DCS representatives will attend community board meetings, bring information pamphlets to neighborhood meetings, hold open houses and confer with other agencies and community leaders.

The Department will invite community members to contribute their expertise to serve important child welfare and juvenile justice functions. These partners will serve on advisory panels, organize resource family recruitment efforts and participate in other networking activities.

## **Part 2- Collaboration and Community Relations with Resource Families**

### **Standard 3-200**

DCS will train and support resource families to provide specialized services that facilitate timely permanence for children in their care.

**Commentary:** Foster care is primarily used as a temporary safety intervention with the intent to reunify children and families. In Tennessee and nationally, the vast majority of children leaving foster care return to their families. In order for reunification to occur in a timely manner, it is critical that resource families are selected based on their capability and willingness to develop positive relationships with children's families and their communities. It will be emphasized during the recruitment and training processes that the resource parents' role is one of supporting the families' efforts to reintegrate, not to rescue children from undesirable families.

Reunification is more likely to occur when resource parents identify with the specialized role they play in the permanency planning process and view getting children safely back home as an important part of their responsibilities. Using family-centered practices, resource families will help families develop the capacity to make responsible decisions about their children's daily lives. Resource families will support frequent visitation, set appropriate safety-oriented boundaries and manage potential conflicts in a healthy manner. Employing this approach supports the child and family bond, reduces the trauma of separation and encourages the family to succeed.

The ways in which resource families support families in their efforts to reunify are critical to concurrent or alternative permanency options as well. The open communication, genuine familial support and loving concern for the well being of their children can enable parents to work collaboratively with the Child and Family Teams to honestly assess their progress and make difficult decisions that are in the best interests of their children.

DCS will ensure that case management staff and private providers understand and support the specialized roles resource families play in child protection and permanency planning. Research indicates that resource parents are more willing to engage families, participate in case planning and review and advocate for permanence than agency staff are willing to acknowledge or encourage. It also suggests that outcomes improve when resource parents provide these services. Properly trained, supervised and supported resource parents can assist in permanency planning efforts as family advocates and mentors, information gatherers, role models, educators, visitation coordinators, service and transportation aides and respite providers.

Case management staff will support resource parents in carrying out their specialized roles and responsibilities related to permanency for children in care. In order to facilitate positive

relationships, case managers will ensure that the resource parents and the child's parents are introduced to each other as early in the placement process as possible and appropriate. As with the child's parents, case managers will ensure that full disclosure is part of every discussion with resource parents. Full disclosure requires honest and open dialogue about the placement situation, needs of the child, and rights and responsibilities of both the child's parents and the resource parents. Case managers will respect the distinctive information that the resource parents bring to decision making and case planning processes. As case managers must be supported in addressing their own ambiguities about how to best attain permanency and safety for children, they must be able to support resource families in addressing their internal conflicts that naturally exist between helping the parents succeed and wanting to adopt the children.

### **Standard 3-201**

DCS will improve the quality, quantity and diversity of resource parents.

**Commentary:** A significant area of concern addressed in the *Brian A. Settlement Agreement* is the lack of appropriate resource family homes for children in care. Like most child welfare agencies, DCS has not met the challenge of finding enough homes to meet the needs of children and families. Therefore, DCS has inadvertently promoted and relied on placements that are more restrictive than necessary.

DCS will expand its statewide, regional and local strategies for accessing resource families. The strategies will contain specific guidelines for improving recruitment, application processes, screening mechanisms and training components. The *Brian A. Settlement Agreement* lists specific steps in strengthening resource parent recruitment programs including expedited inquiry and home study response and completion times, more frequent, available and targeted training, financial incentives and supports to relative, special needs and medically fragile placements and mandatory resource family evaluations of the system via exit interviews. All private agencies contracting with the Department to provide resource family services will be held to these same standards.

### **Standard 3-202**

DCS will employ a targeted recruitment strategy that locates resource families in the communities from which the children come into care.

**Commentary:** Resource families who are recruited from a child's community or neighborhood will find it easier to maintain the child's connection to his/her family and the continuity of supports such as medical services and education. Targeted community recruitment is also likely to develop greater diversity within DCS's resource family provider pool. This diversity is an essential piece of assuring that the children who come into care have access to a range of resource family placement options, which increases the possibilities of successful permanency.

### **Standard 3-203**

DCS will develop a specialized training program for relative caregivers who are interested in serving as resource parents.

**Commentary:** Kinship families need helpful information about parenting, loss and separation, and other important topics contained in traditional resource parent training. However, in most cases, relative caregivers are already actively participating in the child's life and are managing

the positive benefits and negative tensions associated with being a relative that has had to take on new, and often unexpected, responsibilities in relation to a child member of the extended family. Training topic areas need to reflect this distinction and address the ongoing and emerging issues that relative caregivers face when moving into resource parent roles. Training sessions will be offered in an accommodating manner (free child care, convenient location and times) and be presented in a support group format to best serve the unique needs of these families.

### **Standard 3-204**

DCS will utilize a dual licensure and approval process for all prospective resource parents.

**Commentary:** “Dual licensure” means that individuals interested in serving as a placement resource for children in care of the Department receive the same screening, interview, home study, training and background check process. Following this identical process, they receive “approval” to provide a continuum of care options from short-term foster care to life-long adoptive care. The purpose of using a dual process is to expedite permanency for children by eliminating unnecessary barriers to the broadest range of relational options. Dual licensure increases the chances of achieving expedited permanency since the majority of the foster children who are adopted each year are adopted into their resource families.

Dual licensure and approval is a significant change in approach nationally. In the past, a family would be approved as a foster family but when they wanted to adopt, often after caring for a child for years, the public child-caring agency would require a new screening and approval process. After enduring this lengthy and intrusive additional process, the family would sometimes be denied as potential adoptive parents for the child they had been fostering for years. Dual licensure ensures that an individual approved as a foster parent is equally capable to adopt should the child's goal become adoption and if they want to adopt. As Patsy Buida, the Foster Care Specialist at the Children’s Bureau in Washington DC writes:

It (dual licensure) is a tool to maximize use of resource families in a flexible way that lets them decide how to interface with the system and what type of parenting fits their lifestyle... If a family has committed to and bonded to a child, it makes no sense to search any longer... Timely permanence is as important, if not more important as a “perfect match”.

Dual licensure is a family-centered practice that appropriately recognizes that, just as each child brings his/her unique situation and needs, resource parents have unique strengths and needs. In no way does it take away a resource parent’s right to determine the desired post-care relationship with a child residing in his/her home who is unable to be reunited with the birth and/or legal family. However, it makes the transition from “fostering” to “adopting” more natural and timely, if that option becomes available and is desired by the resource parent and the child.

### **Part 3 – Collaboration and Community Relations with Contract Agencies**

### **Standard 3-300**

DCS will work collaboratively with private service providers in developing a seamless system of care that is flexible, diverse and responsive to the needs of children and families.

**Commentary:** DCS relies on contract agencies to enhance and develop the array of services it offers to children and families. Contract providers enrich the resource pool available to DCS. Contract providers have independent resources (e.g. money, expertise, facilities and human resources) that can be supplemented and leveraged by DCS resources to produce better outcomes



than would have been possible if the resources had been administered independently. Freedom from restrictive regulations and bureaucratic guidelines provide contract agencies with the opportunity to respond quickly and adapt to unforeseen needs.

The advantages of partnering with the private sector will continue to improve outcomes for children and families if DCS successfully communicates its expectations, philosophy and framework of practice to its private provider partners. DCS will ensure that private providers understand the issues that are of highest priority. DCS needs to consistently present its expectations to contract providers. The expectations will be reinforced during the evaluation processes. Contract providers need opportunities to influence DCS's plan development and to obtain timely clarification about policies and practice dilemmas. The Department and contract providers will establish mechanisms for effective two-way communication.

### **Standard 3-301**

DCS will incorporate key elements of its guiding principles and professional practice standards into its purchase of service framework.

**Commentary:** The purchase of service framework includes the request for proposals, evaluation and reimbursement systems; training and technical assistance; and communication mechanisms. Private providers under contract with the Department serve the majority of children in DCS custody. To ensure the coherence of the practice model, all staff serving children and families will effectively collaborate within the framework provided by the practice model. If a private provider agency is providing case management or other services in lieu of DCS staff, they are bound by DCS's professional practice standards and guiding principles.

### **Standard 3-302**

DCS will utilize performance-based contracts that reflect Departmental priorities, evaluate agency performance based on child and family outcomes, and provide tangible incentives for high quality performance.

**Commentary:** This standard captures the Department's formula for meaningful evaluation of contracting agencies. Evaluations will reflect DCS's priorities. These priorities will be clearly communicated to the agencies in their contracts. Building DCS priorities into contracts and provider evaluations involves reducing the guiding principles and professional practice standards to concrete, observable and measurable activities. This will require initial and frequent retooling of the present evaluation system. Retooling will be based on concrete feedback from the Department, contract agencies, service providers, and children and families about the effectiveness of the evaluation system. It is expected that the most critical implementation strategies for year one will change in year three as outcomes improve and progress is made.

While the evaluation measures inputs (like qualified staff) and processes (like adequate contact between staff and children), it gives greatest weight to the outcomes required, for example, how quickly children achieve permanency; how frequently children who return home re-enter care; and how many times children experience moves while they are in placement. Achieving better outcomes for children and families is the purpose (the ends) of this reform effort. DCS's professional standards reflect the best practices (the means) by which the system can improve.

The ratings generated by evaluations will trigger meaningful rewards based on agency excellence and improvement. Rewards systems can be based on a number of tools such as capacity management – that is, adjusting the number of children in the care of each provider based on its evaluation results.

### **Standard 3-303**

DCS will articulate to private providers its service priorities and will create tangible incentives for providers to develop those services.

**Commentary:** Contract providers have the advantage of being able to quickly design or create services that the market demands. The flexibility provided by private agencies benefits DCS in developing a more creative mix of services.

During the 2002 stakeholder meetings to develop the practice model, contract agencies expressed concern that the Department has not been clear in communicating service expectations. Although private providers understood that significant changes in practice were occurring within the Department, they were uncertain as to the priorities and the ramifications related to these changes. For example, it became apparent that some existing services would be diminished or eliminated and different services would need to be created. This uncertainty slowed the process of transforming practice and deterred private providers from investing resources in the development of new services.

DCS will regularly conduct statewide needs assessments that build on the results of the first needs assessment completed as part of the *Brian A. Settlement Agreement*. The needs assessments will identify service gaps and program needs. The findings of these assessments will be addressed in DCS regional implementation plans and be communicated to community stakeholders and contract agencies that serve the region. In addition, contract providers will participate in DCS planning events and be regular participants in Child and Family Team Meetings. This will provide them with a better understanding of needs and service problems as soon as they become evident.

### **Standard 3-304**

DCS will clearly articulate in the Provider Policy Manual standards for administrative and program operations applicable to contract agencies.

**Commentary:** The Provider Policy Manual (PPM) serves as a primary communication tool to contract agencies. Over the years, the PPM has been amended to address new issues and changes in policy. The piecemeal modifications to the PPM created some internal inconsistencies and superfluous language that obfuscated the most important expectations concerning service provision. DCS will develop a new edition of the PPM that clearly communicates expectations related to matters such as scope of services, quality of services, monitoring and reporting of performance, integration of services with holistic permanency planning, service components of continuums and other matters most directly associated with improving child and family outcomes.

### **Standard 3-305**

DCS will share data with contract agencies to evaluate program performance and if applicable, intervene with corrective actions.

**Commentary:** Contract agencies need to clearly understand what is expected of them, receive clarification about DCS principles and policies, provide feedback about how changes in practice are working, and encourage the Department to make changes in its operations to achieve better outcomes for children and families. Communication and feedback mechanisms might include periodic meetings with all contract agencies, smaller advisory councils or task forces on identified issues, and solution-oriented planning forums. Communication and feedback mechanisms are equally important in working with resource parents, volunteers and DCS direct service staff.

#### **Part 4- Collaboration and Community Relations with Volunteers**

##### **Standard 3-400**

DCS will establish and maintain a volunteer program that ensures that the skills and personal qualities of individuals donating their time and efforts are developed and used appropriately.

**Commentary:** A well-run volunteer program can provide tremendous support to an overburdened staff and system. DCS and the children and families it serves have benefited from thousands of hours of service work donated by volunteers across the State. Moreover, volunteers can increase the diversity of the program, as they often live in the communities from which the children and families served originate. Volunteers provide staff and programs with a fresh perspective and a level of energy that can serve to reduce staff burnout and remind staff of their commitment to children and families.

Volunteers can provide a wide variety of helpful services. Although volunteers will not supplant DCS staff in taking primary responsibility for providing essential direct-service or management responsibilities, they can augment existing programs and contribute to mentoring, recreation, counseling, tutoring and other programs.

Volunteers will be screened and effectively deployed. Volunteers will be trained to understand relevant policies and procedures of the volunteer program and the Department. Volunteers will understand their job description and sign a volunteer agreement that specifies the services that will be provided and the time frame for providing them.

##### **Standard 3-401**

DCS will regularly assess and evaluate the volunteer program to ensure that the volunteers are receiving adequate support and that the program is promoting positive outcomes for children and families.

**Commentary:** The DCS plan for coordinating volunteer services will include protocol to assess methods for recruiting, screening, training, assigning, supervising, evaluating and recognizing volunteers. Special attention will be devoted to better integration of the volunteer program recruitment with the resource family program recruitment.

#### **Part 5- Collaboration and Community Relations with Governmental and Institutional Partners**

### **Standard 3-500**

DCS will collaborate with governmental and community stakeholders to develop strategies for improving cross-system components and overall functioning of the child welfare and juvenile justice systems.

**Commentary:** DCS will work with governmental partners and community stakeholders to address systems and community concerns. However, with no single individual or organization authorized to ensure interagency coordination, comprehensive systemic change is a daunting challenge. DCS will expend the time, energy and resources necessary to meet this challenge, as collaboration among multiple stakeholders will be critical to overcoming barriers and resistance to changing practice. The collective investment created by this cross-system and cross-community collaboration will provide the leverage necessary to combat stasis, ensure movement and encourage innovation.

Collaborative efforts will allow system partners to pursue multiple strategies across many agencies simultaneously. The issues encountered by children and families are complex and require the implementation of multiple strategies. System partners can develop joint strategies that address concerns of various professional disciplines. Some examples of joint strategies might include: establishing alternative dispute resolution programs in juvenile courts for maltreatment cases and restorative justice programs for delinquency cases; offering interagency training and dialogue opportunities related to shared clientele; and providing on-site resources to children, youth, and teachers in the public school system.

Another benefit of interagency collaboration is that it provides agency leaders with support and shared responsibility from other leaders. Successful reform requires leaders to take risks - risks that will be easier to assume with the support of others who understand complex political dynamics, agency and practice challenges, and community diversity.

### **Standard 3-501**

DCS will collaborate with governmental institutions and community stakeholders to develop strategies for improving outcomes for children and families.

**Commentary:** DCS will work with its governmental partners and community stakeholders to improve outcomes for children and families in all contexts, even those that occur outside the scope of the child welfare or juvenile justice system. Some factors that place children at risk of delinquency, neglect or abuse (e.g. dire poverty) are not directly related to the formal operation of these systems. DCS will act when given the opportunity to improve the human condition for all children and families in the communities it serves. For example, DCS might participate in a joint research project with a local higher education institution in order to develop possible resources or solutions to societal factors that increase neglect, abuse and delinquency. Sharing ideas and resources increases the possibility of developing innovative solutions and partnerships.

## **IV. PRACTICE STANDARDS FOR PROFESSIONAL COMPETENCY AND DEVELOPMENT**

### **Introduction**

DCS, as a whole, is reflected in and judged by the quality of its direct service staff. The Department is personified in every case manager it recruits, employs, trains, supports and retains. When a child and family think of DCS, they think of their case manager. The case manager is often the only person within DCS having significant and consistent contact with them. The attitude, skill, knowledge and creativity utilized by a case manager on behalf of a child and family has a profound and lasting impact on case outcome. If the case manager is poorly equipped to do the job, children, families and communities suffer often irreparably.

All staff and contracting agencies must have a clear understanding of the mission and goals of the Department and their roles and responsibilities related to this unified purpose. If the administrators and support staff have little or no understanding of how their work affects that of the field staff, case managers will be hindered in their efforts to protect and serve children in their care.

In July 2001, DCS instituted the Division of Training and Development to provide professional development resources and supports to all Departmental staff and to oversee the training requirements for contracted case management and service providers. Historically, training needs were determined and met by the individual regions throughout the State. Private contractors were often employed to develop curriculum and present the training. Professional development within DCS had little central vision, uniformity or consistency.

DCS is now working to ensure that the pre-service training required for newly hired case managers and institutional service staff is relevant, useful and skills-based. The Department is enhancing the in-service training opportunities for established case managers and supervisors that will augment their skills and broaden their knowledge base. Staff are receiving ad hoc training on newly approved policies and procedures. Additionally, technical training on the use of software-based work aids and tools is being updated and expanded. Options related to regionalized training coordination are being explored.

DCS recognizes that the success of its reform efforts depends heavily on the quality of its professional staff development. The Department is committed to bringing consistency, uniformity and a central vision to DCS professional development. Case managers and their supervisors will be equipped with the tools and skills they need to competently perform in and complete their jobs. In the coming months, DCS will be dedicating its staff development resources to the construction of new training curricula and teaching capacities that are skills-based, mission-driven and integrate measurable competencies. DCS's guiding principles and standards for professional practice will be central to this training process.

The standards in this chapter are supplemented by additional standards related to training and professional development throughout the practice model. Related standards in other chapters are specific to the focus of the subject matter (e.g. a training requirement related to the proper use of mechanical restraints in the chapter on Practice Standards for Medical, Mental and Behavioral Health.) The standards in this chapter are universal in nature and application.

## **Part 1 – Training and Professional Development**

### **Section A – Systemic Application**

#### **Standard 4-100A**

DCS will be responsible for identifying and evaluating competencies for staff.

**Commentary:** The Division of Personnel will build measurable, principle-centered competencies into DCS job classifications and descriptions. The Division of Training and Development will then track and report performance related to the identified competencies. This process will enable DCS to identify staff competency levels and employee-specific training needs. All training modules will become competency-based and have the proven ability to increase and enhance the effectiveness of practice and the attainment of outcomes.

#### **Standard 4-101A**

DCS will regularly conduct statewide needs assessments to identify the training needs of personnel throughout the Department.

**Commentary:** The needs assessments will document the relevant competencies that are present in staff, where gaps in competency exist, and what is needed to develop and enhance a system for recognizing ongoing training needs. These needs assessments will include a component for regional staff feedback regarding their assessment of their abilities, weaknesses and future support needs.

#### **Standard 4-102A**

DCS training opportunities will address emerging best practices related to maintaining professional ethics; building cultural competency; and developing community collaboration strategies to meet the needs of children and families.

**Commentary:** DCS is committed to the values of ethical professionalism, cultural competence and collaboration. The complex nature of child welfare and juvenile justice work will inevitably present staff with challenging ethical dilemmas. Training on ethical professionalism will require staff to competently apply ethical standards in work situations and to instruct staff on appropriate ways to intervene with colleagues who fail to apply appropriate ethical standards. Related to casework, DCS will teach ethical decision making within the context of realistic child welfare and juvenile justice case examples.

Quality training for cultural competency is necessary to equip staff to work effectively with children, families, community stakeholders and other staff. DCS will improve its public image and build trust within the community by making a visible commitment to increasing cultural competency in its programs and operations. Community stakeholders will perceive that DCS is increasing its capacity to understand their realities and work more effectively with them.

Administrators, supervisors and case managers are seeking ways to access unfamiliar and untapped resources in order to meet the needs of the children and families. DCS will work to expand its base of community support and service provision by “thinking outside the box” and often outside the comfort zone of traditional agency practices to be effective in this era of scarce resources and rigid budgetary policies. One strategy is to develop, provide and/or participate in

joint training at neighborhood agencies. By convening joint training and dialogue opportunities in neighborhoods, DCS staff and community partners meet on equal footing, learn from each other, create more natural relationships, promote teamwork and encourage the creative process.

See standard 2-103A in chapter two for information about a Departmental ethics strategy. See part one, section B of chapter two for standards relating to building the cultural competency of the Department. See chapter three for standards relating to community collaboration.

#### **Standard 4-103A**

DCS will use employee evaluation processes that focus on increasing staff competencies and professional status in ways that empower staff to contribute to the Department fulfilling its mission and purpose.

**Commentary:** DCS maintains a unified purpose of achieving successful outcomes for children and their families. The employee evaluation process will reinforce this focus on outcomes and promote employee connection to the agency vision. Staff investment in and connection to the agency vision will increase the likelihood of achieving better outcomes for children and families.

Supervisors conducting evaluations will utilize engagement skills with the employees. The evaluation process will allow for reciprocal feedback. Respectful questioning from supervisees will be encouraged by supervisors to enhance learning for both management and direct service staff.

#### ***Section B – Training and Development Specific to Direct Service Staff***

#### **Standard 4-104B**

DCS pre-service and in-service training curricula and competencies relating to casework will be grounded in its guiding principles and standards for professional practice.

**Commentary:** Internally, DCS must be able to develop competence in the staff who will serve families and in the staff who will support them. This requires a staff selection and preparation approach that will result in casework competencies tied both to DCS's model of practice and stated outcomes. Even quality training will be rendered irrelevant if it falls short of equipping staff to obtain the results necessary for DCS to fulfill its mission. Therefore, DCS will conduct an extensive review of the current curricula to assess its continued value to the Department and its consistency with the professional practice standards. Revisions and adaptations will be made to include higher levels of skills training and emphasis on family-centered casework and case planning. Appropriate supervision of on the job experiences will be structured to support the transfer of skills and the integration of the pre-service training components.

As stated in the 2002 DCS needs assessment, “the capacity to ‘run a meeting’ is not the same as the skill set required to engage families, involve providers, and use a team to develop family-centered plans.” A key component of pre- and in-service training will focus on increasing staff competence in the use of Child and Family Team Meetings as the primary case planning and decision-making tool. The provision of ongoing training specific to the CFTM process is recognition of the continual evolution of practice. Best practices for family-centered casework are not static and, as outcomes and input are generated about the CFTM process, it is essential that this knowledge be incorporated into ongoing training initiatives.

Before contracting with any private provider, DCS will review and approve the agency's pre-service and in-service curricula and continue to monitor the quality of all training to assure that general content areas are relevant to the work being performed by the Department. Where casework activities mirror the duties of the DCS case manager, the private provider training curricula will correspond with DCS pre-service and in-service trainings. Contractors who provide case management to children and families served by DCS will be required to receive comparable and ongoing training in the CFTM process.

See part two of chapter ten for more information on Child and Family Team Meetings.

#### **Standard 4-105B**

DCS case managers and their supervisors will receive initial and ongoing skills-based training in the safety, risk and functional family assessment processes and the decision-making instruments for completing these assessments.

**Commentary:** Assessing safety, risk, strengths and underlying needs in a competent and accurate manner is the gateway skill to successful outcomes for children and families served by the Department. The assessment processes require application of a complex set of advanced casework skills. Case managers need the skills to conduct assessments in an ongoing and collaborative manner that integrates safety, risk, strengths and needs. They will be provided with the ongoing training and supervision necessary to ensure their competence in and continued skill building related to conducting assessments. Supervisors will be responsible for assuring that case managers understand and effectively execute the assessment processes.

Private contractors who provide case management and assessment services to children and families served by DCS will be required to receive comparable and ongoing training in the Department's assessment processes.

#### **Standard 4-106B**

DCS will provide advanced training opportunities to specially-qualified facilitators who will train direct service staff on the Child and Family Team Meeting process.

**Commentary:** Significant and ongoing training is needed from trainers and facilitators with relevant experience and expertise to provide case managers and supervisors with the opportunities to develop the knowledge and skills necessary to prepare the families and other team members for Child and Family Team Meetings (CFTM) and to effectively facilitate the meetings. Specially-qualified facilitators need to be proficient in child welfare practice, policy and law. They should possess a historical perspective of the workings of DCS and a thorough understanding of permanency goals. Case managers with excellent interpersonal and leadership skills who bring their experience and reputation to the table to engender support and buy-in from the team are often the best candidates for this specialized role.

Specially-qualified facilitators will receive intensive initial and ongoing training on how to coordinate and facilitate CFTM including coaching and peer mentoring opportunities. They will serve as a statewide pool of advanced facilitators, trainers and coaches for direct service case



managers in their regions. The number of facilitators in this pool will be maintained to meet fluctuations in caseloads and to account for facilitator attrition.

See part two of chapter ten for information related to facilitators for Child and Family Team Meetings.

#### **Standard 4-107B**

DCS supervisors will provide case managers with regular supervision, clinical consultation and case review.

**Commentary:** The Department assumes responsibility for the quality of work performed by its case managers and oversees all components of the service programs for children and families. In order to do this, supervisory personnel familiar with the needs of the families must be available and responsive to staff working in the field. Supervisory caseloads are set so that intensive and meaningful consultations and case review can occur.

### **Part 2 – Recruitment and Retention of Direct Service Staff**

#### **Standard 4-200**

DCS will develop and maintain a written plan outlining its strategies for recruiting, hiring and retaining competent direct service staff.

**Commentary:** The ability to attract and retain competent staff is critical to all areas of the Department. Direct service staff who provide the casework services necessary to fulfill the Department's commitment to children and their families are especially critical.

In any arena, the ability to attract competent staff is directly related to financial incentives, hiring practices and work environment. In May of 2003, DCS regional administrators throughout the state identified the following factors needing assessment and planning for recruitment of competent direct service staff:

- Financial incentives including salaries, health and dental benefits, salary increase schedules, overtime compensation and educational financing and support,
- Hiring practices including effectiveness of the central registry, marketing techniques and termination protocols, and
- Issues related to the work environment including central office and regional office relationships, caseload ratios, administrative supports, regional training needs, ongoing support for CFTM facilitation and bureaucratic constraints.

Planning related to recruitment and retention will be addressed in a coordinated manner. In addition to creating disruptions for children and families, loss of successfully recruited, competent case managers and supervisors creates significant costs for the Department in the areas of retraining, loss of experienced staff and the impact on the client and community partner relationships. Retention strategies will be based on feedback from both exiting and employed case managers and supervisors. DCS will create avenues for inviting honest and direct input.

Retention incentives developed in other states include tuition and stipend assistance for MSW degree attainment or other continuing educational opportunities, thoughtfully designed mentoring programs, salary increases, over time compensation, internal advancement opportunities, employee recognition programs and high quality supervision and evaluation. All potential strategies will be explored.

Any region with an annual case manager turnover rate that exceeds 10% in which cases are either uncovered or are being reassigned to case managers with caseloads already at the caseload caps outlined in the *Brian A. Settlement Agreement* will establish and maintain a pool of trained staff available to take over the caseloads.

#### **Standard 4-201**

DCS job candidates seeking positions with responsibility for managing cases or overseeing case managers will be committed to family-centered practices.

**Commentary:** DCS will seek job candidates that possess the values, beliefs and skills to sustain family-centered casework and case planning. These candidates will have the inclination and/or capabilities for empowering others to solve their own problems; nurturing families as the ideal environment for all children; believing in the capacity of people to grow and change; establishing engaging relationships with clients and supervisees; working collaboratively to solve problems; balancing process and product; and setting appropriate limits. Candidates with these values, beliefs and skills are best equipped for the direct service work of the Department. They are also more likely to possess the internal motivations that sustain staff over time and prevent burnout.

#### **Standard 4-202**

DCS hiring criteria for case managers and supervisors will include weighted preferences for candidates with academic achievement in social work and experience in providing quality child welfare and juvenile justice services.

**Commentary:** Qualifications for case manager and supervisor positions reflect DCS's understanding that working effectively with children and families requires the mastery of distinct skills and abilities. The *Brian A. Settlement Agreement* establishes specific minimum requirements for these positions. The agreement generally requires case managers to hold a minimum of a bachelor's degree from an accredited institution. Employment preference is given to applicants holding a bachelor's degree in social work or a related behavioral science. It requires casework supervisors to hold a minimum of a bachelor's degree from an accredited institution. Employment preference is given to applicants holding a bachelor's degree in social work or a related behavioral science and two years experience in providing child welfare services, or a master's degree in social work or a related behavioral science and one year experience in providing child welfare services.

The minimum qualifications are established to ensure that candidates possess the entry level skills and tools necessary to help families achieve successful outcomes. The ability to identify strengths, while addressing needs and assuring safety, takes both strong foundational practice skill sets and the capability to assess multi-leveled internal and external dynamics. A social work education will help ensure that DSC case managers and supervisors have been trained in the basic and essential helping skills of engagement, teaming, assessing, planning, capacity

enhancement and intervention. These skills provide the bedrock for establishing and maintaining the relationships with children and families that are necessary for successful case outcomes.

In acknowledgement of the importance of these complex skills, the Department has committed to developing and implementing stipends and other incentives to support graduate work in the social sciences. These supports will provide reasonable steps to enable hiring and retention of case managers with undergraduate and graduate degrees in social work and related fields.

#### **Standard 4-203**

DCS candidates for case management supervisory positions will complete all required pre-service and in-service training and will pass a skills-based competency test specific to providing child welfare supervision.

**Commentary:** The Department seeks to hire and promote casework supervisors who have measurably equivalent or greater practice competence in the same areas as the case managers they supervise. The skills and expectations of casework supervisors will determine whether the practice principles and strategies are actually implemented and whether case managers consistently demonstrate important casework skills. In order to address and understand the needs of, effectively mentor and honestly evaluate their supervisees, supervisors will need to experience the same training around the practice model and family-centered casework skills that case managers receive. It will be especially important that supervisors demonstrate the skills and understand the supports needed to coach the kind of team-building and facilitation practices required for CFTM. Casework supervisors will be regularly consulted to determine what they need in order to provide effective coaching and mentoring.

Annually, the Division of Training and Development is responsible for identifying staff in need of retraining and ensuring that additional training is provided to them. Case managers and supervisors who continue to fail, despite the provision of additional training, will be reassigned or terminated.

See part two of chapter ten for more information on the CFTM process.

## **Chapters V – IX: Structures and Mechanisms for Seamless Provision of Services**

*Practice Standards for Case Processing*

*Practice Standards for Individualized Services and Child Placements*

*Practice Standards for Medical, Mental and Behavioral Health Services*

*Practice Standards for Adolescent Services*

*Practice Standards for Legal Counsel and Court Proceedings*

## V. PRACTICE STANDARDS FOR CASE PROCESSING

### Introduction

Children thrive when stability is present in a combination of areas including relationships, community living, spirituality, daily care, supervision, guidance, education and health care. Stability is intrinsically linked to a child's individual, racial and cultural identity, as well as his/her emotional and behavioral development and overall well being. However, from the moment a child encounters the DCS system, the stable forces in his/her life are at risk. The risk is greatest if the child is placed outside of his/her home. In this instance, the case's natural progression toward permanency - case opening; placement and services transfers; discharge from custody; and case closing - has an enormous impact on the child and his/her family.

DCS seeks to maintain both relational and service-related continuity for each child it serves in order to maintain and enhance his/her well being and stability. The pivotal points in case progression will be carefully orchestrated in order to promote minimal trauma and seamless transitions that are in the best interest of the child. A seamless approach to case processing affects all aspects of the Department's system of care. This chapter addresses standards required in making the structural changes necessary to achieve continuity in casework and service delivery with children and families.

### Part 1 – Reporting and Referral

#### **Standard 5-100**

DCS will maintain a Centralized Intake Unit that is available twenty-four hours a day to respond to reports of alleged child maltreatment.

**Commentary:** The intake screener's primary role will be to determine whether the nature of the allegation accurately describes conditions that could place children at risk of harm from abuse or neglect. S/He will gather essential information about the family, the allegation and the context of the situation to appraise the likely level of risk and determine the type and immediacy of response required. The screener will be supported by protocols and tools that reflect best practices with children and families.

See chapter eleven for more information on the Intake Unit's responsibilities.

#### **Standard 5-101**

DCS will develop an approach to child protection that utilizes structured decision-making tools to process child maltreatment referrals differently based on the nature of the allegations and initial findings.

**Commentary:** The Department will access the technical assistance needed to develop and maintain a differential response to child protection and the appropriate structured decision-making tools. This approach will allow for variations in response style, timing, and location of initial interviews depending upon the nature of the referral and the level of risk indicated by the report. Reports of child maltreatment will be screened, categorized and referred to either investigation or assessment tracks. The response track will be determined by the level of severity of the report, the willingness for the family to accept help and the connections the family

has with community supports and services. The investigation track will handle cases where there are emergent safety issues for children and the potential for removal and/or criminal charges against the alleged perpetrator. The assessment track will primarily focus on addressing underlying needs to stabilize families and enable parents to better care for their children. Cases referred to the assessment track may receive services without a formal determination of abuse or neglect. The ability to provide services without this formal determination reflects the commitment to a continuum of services – one that is not pathology or deficiency focused but acknowledges the range of supports that children and families need to maintain stable and safe communal environments.

Referrals to Child Protective Services will be processed using a set of structured decision-making instruments. These tools will improve decision making and target resources for families most at risk of harming their children. DCS protocols will clearly distinguish between the risk assessment as an indicator of future well being and the safety assessment as an ongoing indicator of harm. The tools will identify family strengths that are protective factors and identify destructive behaviors and family dynamics that increase the risk of maltreatment. They will be objective, comprehensive and easy to use for intake, investigation and assessment. These measures will promote consistency, reduce screener bias, ensure culturally competent assessments and address the needs of children and families in a timely manner.

See standard 11-100 of chapter eleven for casework information related to a differential approach to child protection. See standards 11-200 and 11-301A of chapter eleven related to the use of structured decision-making instruments.

## **Part 2 – Opening a Case**

### **Standard 5-200**

Upon completion of a Child Protective Services investigation, one DCS case manager will manage the case from opening to closing regardless of a child's custodial situation or permanency goal.

**Commentary:** DCS believes that all children deserve and can obtain stable, caring familial relationships. The Department models this belief by supporting consistent and permanent relationships with children and families from opening to closing of each case. The Family Services (FS) or Juvenile Justice (JJ) case manager's consistent relationship with the child and his/her family provides the necessary foundation for trust and security that enables long lasting change for the family and timely permanency for the child.

The 2002 DCS Needs Assessment found that:

At least one of the reasons that engagement may be a particular challenge in Tennessee is the segmentation of relationships and decision making as a case moves through the child welfare system. Different staff are involved with the family at different points in the case, and often different staff are involved in making decisions and plans than those who are expected to carry out those decisions or plans. Routinely, a family signs a case plan developed by one case manager, sees their child go to a placement chosen by another case manager, and is expected to follow the plan with yet another case manager. This segmentation or fragmentation occurs even without considering the further complications introduced by staff turnover or the addition of provider case managers to the equation. It is little wonder that children and families often feel like pawns in someone else's game and react with withdrawal, bewilderment, or anger.

The Department's vision of casework continuity will eliminate this transition-related trauma by enabling the FS case manager providing non-custodial service planning to continue to manage the case if DCS obtains custody and/or placement responsibility. Moreover, the ongoing case manager will maintain the case even if a child's permanency goal is changed and the supporting resources shift in focus (i.e. the goal is changed from reunification to adoption). This approach provides stability for children and families during the times they most need it. A consistent case manager creates a bridge to necessary transitions for the child: to placement with resource parents, out of custody and back to the family or to an alternative permanent home and into and out of the Child and Family Team (CFT). By retaining the same case manager throughout the life of the case, children and parents retain familiarity and security during otherwise unstable periods. There is no loss of information about the child and family and no adjustment period for the case manager, child, family, and other team members.

Structural and procedural changes must occur before the case management system can shift from one that is fragmented to one that is seamless. As regional management teams phase in the seamless system, case managers will begin to carry weighted, mixed caseloads. The DCS case manager will carry both custodial and non-custodial cases and have integrated permanency responsibilities related to foster care and adoption.

See standard 12-102 for more information on continuity in the case management relationship. See standard 2-306 for more information on the roles and responsibilities of DCS case managers.

#### **Standard 5-201**

The ongoing case manager will work with the child and family to develop, facilitate and participate in a Child and Family Team formulated to meet the unique needs of the child and family.

**Commentary:** The CFT enables a collaborative relationship among a broad range of resource specialists and support persons focused on the unique needs of the family. These needs may include drug treatment, family preservation or adoption resources, probation services, independent living skills, special education services, or specialized medical treatment.

The case manager retains the primary role of guiding the team and the supporting interventions and relationships that will meet the child and family's underlying needs. Empowering the case manager, who has the most comprehensive knowledge of the children and families s/he serves, to make substantive casework choices facilitates expedited and meaningful decision making. This empowered decision-making role increases case manager engagement and promotes client confidence in the case manager and the system. The addition of the team-oriented approach to decision making and case planning will provide the case manager and the family with the necessary supports and resources for carrying out the case plan and coordinating service delivery in a manageable, cooperative manner.

For more information related to the CFT, see part two of chapter ten.

#### **Standard 5-202**

Within seven days of receiving a CPS referral for prevention services, DCS staff will convene a Child and Family Team Meeting to develop a plan for delivering ongoing assessments and services that will keep the child safe and the family intact.

**Commentary:** This initial meeting will serve as the mechanism for formal transfer of the case to the ongoing case manager. The FS case manager will partner with the child, his/her family members and the CFT to assess safety risks, family strengths, and underlying needs in an ongoing manner. This team will develop and monitor a plan to permanently stabilize the family situation. The FS case manager will carry the case forward through case closure.

See part two of chapter ten for specific information related to the purpose and content of a Child and Family Team Meeting (CFTM).

### **Standard 5-203**

Within seven working days of a child's placement in DCS custody, DCS will convene a Child and Family Team Meeting to establish working relationships among the family, the team and the Family Services or Juvenile Justice case manager.

**Commentary:** This meeting will serve as the mechanism for formal transfer of the case to the FS case manager. The FS case manager will partner with the child, his/her family members and the CFT to assess ongoing safety risks, family strengths and underlying needs in an ongoing manner and to develop and monitor a plan to provide a safe and permanent home for the child. The FS case manager will carry the case forward through case closure.

See part two of chapter ten for specific information related to the purpose and content of a CFTM.

### **Standard 5-204**

The initial functional family assessment will be completed at a Child and Family Team Meeting within fifteen working days of the child entering custody; or within seven working days of the family being referred for preventative services.

**Commentary:** DCS will ensure a functional family assessment is completed in cases in which a child is placed in the custody of the Department and in cases in which preventive services are provided pursuant to a referral from CPS. In order to complete the initial functional family assessment, the child and family, the Child Protective Services (CPS) and the ongoing case manager will work together to identify all the relevant individuals who can provide information for completion of the assessment. These individuals should have substantive connections to and knowledge of the family. Most of these individuals will participate in an ongoing capacity as members of the child and family team. All those involved in the assessment and team meetings will recognize that the child and family being served are the experts and the primary sources of information about their histories, need for services, and internal and external resources.

See more about functional family assessments in standard 12-202 in chapter twelve.

## **Part 3 – Case Transfer**



## **Section A – Transfer between Case Managers**

### **Standard 5-300A**

DCS will convene a face to face meeting between the departing and receiving case managers whenever a case transfer is necessitated by resignation of a case manager; reassignment of a case manager; or relocation of the case to another region.

**Commentary:** Except in documented emergency situations, all transfer of cases between case managers will take place during a face-to-face meeting. During the meeting, case managers will address change-related issues and review the case plan and progress. The meeting should involve other appropriate members of the CFT and/or the departing and receiving case managers' supervisors. It may be held in conjunction with a planned CFTM. The meeting will be scheduled at times convenient for the child and family. However, if the child, child's family or caretakers are not able to attend the meeting, this information will be documented in TN Kids and the departing case manager will make every effort to introduce the receiving case manager to them in person immediately following the meeting.

An effective transfer process will aid in establishing positive relationships and communications between the child, family and new case manager. A complete and accurate transfer of information will facilitate continuity of services for the child and family and help the newly assigned case manager in overseeing and participating in the Family Services/Permanency Plan. This transfer mechanism ensures a greater likelihood of success in achieving safety and permanence for a child in a timely manner.

### **Standard 5-301A**

Before a case can be transferred, DCS will require that a summary TN Kids case recording will be entered and a transfer checklist will be completed by the departing case manager.

**Commentary:** All information previously obtained about the family and a history of the agency's involvement with the family will be documented whenever a case is transferred to a new case manager. Both the TN Kids case summary and the transfer checklist will follow a uniform format developed by the Department. The summary case recordings will provide a thorough and accurate history for use by the newly assigned case manager and supervisor. The transfer checklist will include a definition of the required tasks to be completed by the departing case manager and/or his/her supervisor in order to initiate and finalize the physical transfer. The departing case manager's supervisor will sign off on completion of these designated tasks prior to the physical transfer. All tasks completed regarding transfer will be documented in TN Kids.

### **Standard 5-302A**

The DCS strategic plan and regional implementation plans for regions with excessive case manager turnover, will include specific strategies for improving worker retention and developing and maintaining a ready workforce of case managers who are available to handle case reassignment.

**Commentary:** All DCS cases will be actively moving toward permanency under the direction of a trained, skilled and committed case manager. Case manager turnover can hamper the progression toward permanency. The *Brian A.* settlement agreement requires the Department to utilize ready and trained case manager personnel to assume cases in any region with a turnover

rate that exceeds ten percent. In regions with high turnover rates, DCS will not only adjust how it assigns personnel, but will also evaluate the reasons for the turnover. The Department will examine factors related to personal concerns of departing staff, the essence and nature of the work, the profiles and characteristics of successful long term workers and how the agency structures and organizes the work. Using the results of these inquiries, a region-specific employee retention response plan will be developed. This plan will contain detailed steps with timelines for completing each step. It will be submitted to the Commissioner of DCS for review and approval.

See strategies for case manager retention in standard 4-200 of chapter four.

### **Section B – Transfer between Placements**

#### **Standard 5-303B**

DCS will assist a child's participation in transfer-related decision making.

**Commentary:** It is important that the case manager assist the child in expressing feelings, raising questions and identifying the concerns s/he has around the issues of a potential placement transfer. The case manager will work with the child to plan for a possible change in placements. This will include identifying and designating the kinds of age-appropriate responsibilities the child can take in the transfer process. The appropriate assignment of responsibilities will help the child gain a sense of control over the changes affecting his/her life and increase the likelihood of transfer success.

Placement transfers will affect a child's sense of stability and necessitate changes in relationships. The CFT will be convened for all placement moves to support the child in preparing for and making the transition. As members of the CFT, resource families or placement provider agencies need the team's full support and recognition of the contributions they have made in the child's life. They will be integrally involved in the decision to move a child to a permanent or alternative placement. The involvement of the prior placement resource in the decision-making process will demonstrate to the child that not all transitions are abrupt and senseless, but that the people that s/he cares about continue to act on his/her behalf and remain concerned about his/her well being. This continuity in the transition process will help the child, in the long term, with the development of healthy attachments and relationships.

The child will have the assistance of the team in integrating into the new living situation. If appropriate and desired, the child will be assisted in visiting his/her former placement as needed. In a case in which a transfer is due to a traumatic disruption or inappropriate or unsafe behavior by the child or resource family, the case manager will conduct the transition process in a manner that both protects the child from further harm and disruptions.

See part five in chapter six for more information regarding child placements.

#### **Standard 5-304B**

DCS will develop and maintain a written policy outlining the steps to be taken prior to and immediately following a child's transfer from any given placement.

**Commentary:** This standard applies to all placement transfers for a child in State care, including out of region and out of State transfers. As a rule, the placement transfer decision will be explored and made during a CFTM. It is the responsibility of the case manager to provide timely notification of the transfer to all resource agencies involved.

The written policy will address the procedures for:

- Supervisory approval of transfers,
- Facilitating meetings with the child to explain, in an age-appropriate manner, how the transfer might affect him/her and the provision of relevant information as a transfer becomes imminent,
- Involving the child's caregivers and family in the transfer process to the fullest extent possible,
- Reviewing the Family Services/Permanency Plan before transferring the file,
- Ensuring that the appropriate assessments are updated or completed,
- Ensuring that a summary placement transfer dictation is completed in TN Kids in a timely manner,
- Arranging face-to-face, pre-transfer contact with the receiving case manager, the child and family, the new placement resource family or agency and the other significant members of the Child and Family Team.

See standard 5-300A above for more information on pre-transfer contact between case managers.

#### **Part 4 – Discharge from Custody**

##### **Standard 5-400**

During a ninety-day Trial Home Visit or thirty-day Trial Home Placement, DCS will provide active case management services to the family.

**Commentary:** If a child is in State custody and reunification with his/her family is deemed imminent, a ninety-day Trial Home Visit (for abused and dependent/neglected children) or a thirty day Trial Home Placement (for unruly and delinquent children) is required by State law prior to a final discharge decision.

During this time, the child's case manager will visit the child as defined in DCS policy. Each visit will include a child interview that occurs outside the parent or caretaker's presence as well as observations of the parent or caretaker and child interactions. The case manager will visit the school of school-age children on a regular basis, interview the child's teacher, and ascertain how the child's is progressing in school and whether the school placement is appropriate. The case manager will have regular contact with the service providers involved and will identify, provide, and monitor all necessary services and resources to enable placement success. All of these steps are necessary to evaluate the appropriateness of and ensure family readiness for final case closure. The case manager's careful attention to this transitional phase will enable immediate and targeted responses to potential problems and increase the likelihood of successful, lasting reunification.

### **Standard 5-401**

DCS will ensure that decisions to discharge children from State custody are made in Child and Family Team Meetings.

**Commentary:** For all children, whether in State care for a short or a long period, the move out of care is as significant as the move into care. The discharge-focused CFTM will be attended by the case manager, the case manager's supervisor, other involved State resource staff, the placement resource staff from the contracting agency (if the child is placed with a private agency), the resource parents, the child's parents and other individuals who may be assuming custody or providing ongoing support, and the child. DCS will provide notice of the meeting to the appointed guardian ad litem (GAL), court-appointed special advocate (CASA) worker and/or attorney for the child. At the CFTM, the participants will determine if the conditions leading to the child's placement in foster care have been addressed and/or will continue to be addressed within the permanent placement. If the child is presently on Trial Home Visit or Placement status, the team will secure the services necessary to support the child and the family during the rest of the visit. If discharge is approved, the team will identify and secure all new and/or ongoing services and supports that are needed.

### **Standard 5-402**

DCS will convene a Child and Family Team Meeting dedicated to discharge issues prior to the end of a Trial Home Visit or Placement period for any child in State custody scheduled for a planned case closure.

**Commentary:** This CFTM will include the child's case manager, the child, and the parents or relatives assuming custody. All other Child and Family Team members who can provide long-term services and support should be notified of the discharge-related meeting. The focus of the meeting will be to determine the appropriateness of a final discharge. If final discharge is determined to be inappropriate, DCS will make the appropriate application to the court to extend the child's placement in custody and adjust the service provisions before the expiration of the Trial Home Visit or Placement. If final discharge is determined to be appropriate, the team will identify and secure the services and resources necessary to support the child and the family following case closure.

## **Part 5 – Case Closure**

### **Standard 5-500**

DCS staff will work with the child and family to ensure that needed supports for successful reunification, adoption or any other permanent placement are identified prior to, and will remain in place following, case closure.

**Commentary:** Case closure is viewed not as the end of work with a child and family, but as the beginning of a new phase of collaborations and ongoing problem solving. As a child and his/her family move toward permanency, the case manager will be acutely sensitive to the needs of the family. Services and subsidies may be needed in order to further stabilize the family. These services will be provided to facilitate the integration of the child and family and to resolve problems they may encounter. DCS will provide regular and ongoing support, monitoring and/or counseling of the family as needed and appropriate. Referrals to a Community Service Agency and other community-based service agencies will be necessary well in advance of case closure in

order to provide long-term sources of support and assistance. Parents and legal custodians will be made aware of all available services and supports so that they can select what the family needs. If they indicate no need for services, they will be informed that services are available to them should they need them at a later time.

### **Standard 5-501**

DCS staff will ensure that children have recent medical examinations and that health histories are updated and received by the legal custodians before planned case closures.

**Commentary:** It will be important for the case manager to work with the child (in an age-appropriate manner) and the parent or legal custodian to identify and establish a linkage with the child's post-discharge and case closure primary care physician and mental health provider, if applicable. To assure continuity of care, these health care providers should be located in the child's home community.

See detailed information on health-related standards in chapter seven.

### **Standard 5-502**

DCS case managers will complete a summary case closure dictation that is reviewed and approved by their supervisors prior to closing a case.

**Commentary:** This summary case recording is a requirement of case closure and must be approved in TN Kids by the case manager's supervisor prior to closing. The Department will develop an outline of the required case closure information that will be included in the summary.

The summary will provide a thorough and accurate history of the case for use by the assigned CPS intake worker and case manager if subsequent allegations are entered and the case is reopened. If a case is closed due to unplanned circumstances (e.g. parental removal of a voluntarily placed child; family moves out of State without permission), the closing case manager will address these circumstances. S/he will also provide information regarding the current situation of the child or family, if known, and all diligent efforts to locate the child or family, if the current situation is unknown.

## **Part 6 – Case Recordings**

### **Standard 5-600**

DCS staff responsible for making TN Kids record entries will be subject to a uniform procedure developed in accordance with agency policy and/or legal requirements to ensure accountability and continuity in the provision of services.

**Commentary:** Effective information gathering, sharing, and recording is a primary case management skill. The quality of information contained in TN Kids recordings is important to effectively serving children and their families. These records provide a unique biographical and developmental account of the child's life in care. For some children, the file may be the only source of information about their families, the circumstances that brought them into care, and life events occurring during their time in care. It is important to ensure that the information contained in the child's file and TN Kids case recording is professional, relevant, accurate and complete (including case manager notes.)

DCS will ensure that the child's case file will contain the record of services provided to the child while s/he is in care and all relevant documentation, including, but not limited to:

- Case file recordings, including the child's family history.
- Court orders and related documents.
- A copy of the child's birth certificate and other vital statistics.
- Agreements.
- Medical correspondence and reports, including the child's medical history and relevant family medical history.
- Education reports.
- Psychological reports.
- Safety, risk, and functional family assessments.
- Permanency Plans and all related progress.
- A child's placement history.

The child's file and all case recordings will be kept confidential and in a secure location at all times.

It is also important that summaries of case progress are entered by case managers. The summaries will follow a standard outline developed by the Department. The summaries will be available for use by the assigned case manager when facts need to be reviewed and confirmed at Child and Family Team Meetings and court hearings; the new case manager if the case is transferred; the management and administrative staff to aid in supervisory discussions and decisions; and the child when s/he requests the information in the future.

#### **Standard 5-601**

DCS will include in the TN Kids case recordings information about self-identified race or ethnicity and the primary language spoken by the child and family.

**Commentary:** DCS case management staff will ensure that information about a child and family's primary spoken language and self-identified race/ethnicity is included in the TN Kids case recordings. In addition to recording the information in TN Kids, staff will communicate it to service providers and agencies that have contact with the child and family. In order to engage the family effectively, knowledge of the family's culture-related needs is essential. DCS will provide interpreter/bilingual services.

See part one, section B of chapter two for information about the Department's cultural competency standards.

#### **Standard 5-602**

TN Kids case recordings will be entered for every contact relevant to casework within five business days following the contact.

**Commentary:** A case manager may be doing an excellent job facilitating and monitoring case progress but without documentation there is no current record clearly outlining what has been accomplished and what needs to be accomplished. Prompt and detailed record keeping is imperative.

The argument against timely entries is often directed at the energy it takes away from meeting the needs of the children and their families. In fact, no case manager can be expected to remember and capture the complete details and fine distinctions of every encounter with the child, family and their resource networks for any significant length of time when they are managing up to twenty separate cases. The information that will likely be lost over time may prove essential to the success of the case. The timely and thoughtful entry process may well afford the case manager the only real opportunity for professional case integration.

Ultimately, timely entries will reduce the case manager's workload, as s/he captures the progress of a case which provides the foundation for developing ongoing and effective solutions. A case manager struggling to remember the substance of a prior contact runs the risk of employing interventions previously deemed unsuccessful, alienating the child and family by not retaining essential knowledge, and acting as a barrier to the progress of the case.

### **Standard 5-603**

TN Kids case recordings will address progress made toward Family Services/Permanency Plan objectives and goals.

**Commentary:** With the focus on accountability turning increasingly to outcomes at both the Departmental and federal levels, it is important that case recordings address the specific work accomplished to achieve the outcomes as well as the overall level of success. Case recordings may also be subpoenaed for trial and should accurately reflect the efforts and progress made, difficulties encountered, and all other noteworthy events related to the case.

In keeping with the model of family-centered casework and case planning, the progress toward and barriers to permanency tracked in case recordings will refrain from denigrating children and families. While frustration in working with children and families is both normal and to be expected, case recordings are not the appropriate venue for venting such frustrations. They are designed to accurately capture the work and progress toward goals and outcomes. The recordings will identify problems and challenges in a manner that is related both to goals and to solutions and strategies, not in a fashion that blames the child and the family for challenges and barriers.

### **Standard 5-604**

The DCS supervisor will conduct regular reviews of TN Kids case recordings for cases assigned to his/her unit to ensure that appropriate casework and documentation are occurring.

**Commentary:** It is the supervisor's responsibility to ensure that the case record accurately and concisely outlines what the case manager sees, hears and experiences while working with a family. Facts, dates, behavioral descriptions, summary conclusions and progress reports are most readily accepted as legitimate documentation by legal and court professionals. The recordings allow other staff to extract relevant information and provide the supervisor with a valuable tool for enabling supervisory interaction and feedback.

As imperative as it is for case managers and their supervisors to provide timely and specific case recordings, it is equally imperative that the administration allows for adequate time for this critical task in job descriptions and when completing caseload analyses. Case recordings will be

viewed as an important piece of a case manager's and supervisor's job description, and staff will be given the discretion that they need to incorporate this work into their regular schedules.



## **VI. PRACTICE STANDARDS FOR INDIVIDUALIZED SERVICES AND CHILD PLACEMENTS**

### **Introduction**

A family-centered case planning process requires timely access to a continuum of services and placement options that are adaptable to the individual needs and strengths of children and families served by DCS. Access to a continuum of services lends credibility to case management staff attempting to engage children and families in helping casework relationships. Assertions by case managers that agency intervention is in the best interests of the child and can benefit the family unit will ring hollow if unsupported by tangible evidence of the needed services and resources.

DCS is committed to maintaining a continuum of services and placement options broad enough to meet the individual needs of maltreated and offender children and their families. This breadth of services will be developed to accommodate a wide variety of children and families with exceptional needs. The continuum will include preventative resources for families who self-identify child safety-related issues at one end of the spectrum and resources to stabilize and support the permanent homes of children following case closure at the other end. Of course, the bulk of the services will focus on in-home supports to maintain family unity and resources that promote permanency for children in custodial placements.

DCS will directly provide a variety of case management, placement and treatment services. The Department will also rely on contract agency providers, community-based agencies and other governmental departments and institutions in order to access essential and specialized services. DCS will collaborate with these outside entities to ensure that the services and placement resources they provide are individually tailored and fully integrated into Family Services/Permanency plans.

For example, quality educational services are necessary to help children achieve outcomes that will improve their well being. Unfortunately, child welfare and juvenile justice agencies have traditionally overlooked educational advocacy because it was considered the purview of other governmental institutions. Recognizing the centrality of education to a child's success, child welfare and juvenile justice agencies around the country have begun to develop plans to advocate for the educational needs of children in care. DCS has made it a priority to advocate for children's educational needs. DCS supports educational efforts through its Educational Programs Division. This division serves as a Local Education Agency (LEA) to fourteen State-operated schools and provides technical assistance to dozens more contracted education programs throughout the State. In addition, regional education specialists and attorneys work as advocates for students in State custody. This advocacy and technical assistance is needed because education remains an important part of a child's life while in custody and is an integral component of his/her Permanency Plan.

Development of a full range of services and placement options is only part of the challenge. It is equally critical that case managers and private providers are able to immediately access needed services on behalf of the children and families they serve. The systems for expending funds to access the services and obtaining agency approval to utilize the services must be flexible and

streamlined. The best service is rendered ineffective if it can not be accessed in a manner and within a timeframe that meets the needs of a child and family.

The standards in this chapter are focused on the strategies, mechanisms and structures DCS will employ to address the creation and provision of individualized services and placement options.

## **Part 1 – Connecting Services to Individual Needs**

### **Standard 6-100**

DCS will ensure that the services it funds and manages are flexible and adaptable to the individual child and family's strengths and needs.

**Commentary:** The strengths and needs of the child and his/her family will dictate the type and mix of services provided. The family-centered casework and case planning practices outlined in this practice model will enable the Department to identify the continuum of needed and individualized services the Department will create, manage and fund. Engagement skills, strengths-based approaches, Child and Family Team decision making and functional family assessments will aid in the development and monitoring of creative plans that target required services. The selection of services will be based on the safety issues, individual strengths and underlying needs of children and families.

The Child and Family Team will complete functional family assessments that identify the strengths, needs, goals and services that will be part of the Family Services/Permanency Plan. The entire team, which includes clinicians, community supports, case managers, attorneys, and other individuals significant to the family's case, will provide input, support and follow through related to the plan. The service component of the plan is formulated to systematically link the factors that will have the greatest affect on outcomes. These critical factors that need to be cogently linked together in the Family Services/Permanency Plan are (i) the safety issues necessitating DCS intervention, (ii) the time frames for completing specific actions and goals, and (iii) the child and family's strengths and needs. Administrative review of these plans will determine the type and mix of services the Department will fund and manage.

High quality individualized service planning is a prerequisite to funding and developing a comprehensive array of programs and home-based services that meet the needs of children and families. Service planning consists of assessing safety and risk in relation to the circumstances of the family and determining how resources can be utilized to achieve safety, permanency and well being for the child. The likelihood in succeeding in achieving these goals for the child is directly affected by the quality and type of resources that are available. Child and family needs are multifarious and DCS and contract providers will develop a full panoply of services to meet those needs.

For more information, see part two of chapter ten on Child and Family Team Meetings; and part three of chapter eleven and part two of chapter twelve on assessments.

### **Standard 6-101**

DCS will adjust service resources in response to trend data that suggests a particular service need of children and families will exceed DCS's capacity to provide it.

**Commentary:** Any time an identified service need can not be met within the time frame provided in the Permanency Plan, a memorandum documenting the specific circumstances in the case will be provided to the Regional Administrator and the Quality Assurance Unit with dates, contacts, responses, and plans for next steps.

### **Standard 6-102**

DCS will ensure that its service delivery system is culturally competent.

**Commentary:** DCS will solicit involvement from diverse community representatives concerning all aspects of service delivery. Comprehensive participation is designed to make sure that culturally-competent services and programs authentically reflect the diversity of the community. DCS will develop formal participation and referral linkages with ethnic and community-based providers and resources for cultural and linguistic services.

See part one, section B of chapter two for information regarding the Department's commitment to developing a culturally competent organization.

## **Part 2 – Procurement of Services**

### **Standard 6-200**

DCS's flexible funding system will use the broadest funding streams permitted by State and federal law in order to purchase services that accommodate the individual and multifarious needs of children and families.

**Commentary:** To the greatest extent possible, funding will not be a barrier to the provision of effective services. The development of service plans will be driven by the needs and strengths of children and families. Case managers will possess a working knowledge of the flexible funding structure and the feasibility of service procurement when working collaboratively to develop service plans. This knowledge will not be used to dampen creativity, but to identify potential barriers to and develop solutions for service acquisition (in those cases where funding may be an issue).

### **Standard 6-201**

DCS's flexible funding system will permit the Department to share resources with system and community partners working for same and compatible outcomes for children and families in order to create seamless and integrated program and service options across systems.

**Commentary:** No single agency has all the resources or expertise to meet the needs of children and families. Without partnerships and collaboration among agencies, funding fragmentation increases. Funding fragmentation reduces the effectiveness and impact of services provided. Parallel planning efforts by disassociated agencies may result in duplicate or overlapping services. Leveraging resources will free up funds and provide opportunities to develop creative and new resources.

### **Standard 6-202**

DCS's flexible funding system will permit interested regions to share resources by working together on specific projects and to develop agreements for pooling monies from specific funding categories into larger funding pools.

**Commentary:** Regional planning efforts may reveal that some regions share common issues or have resource needs that, due to economy of scale issues, are easier to purchase in larger quantities. In such circumstances, regions may want to develop joint contracts for multi-regional usage. This flexible system may also entice potential vendors to provide a needed service if the cost of developing the service can be defrayed by income received from more than one region. Some regions may engage in collaborative planning and work on joint projects related to the implementation of each region's annual implementation plan.

### **Standard 6-203**

DCS will provide regional staff with greater control and flexibility in financing services and allocating resources at the local level.

**Commentary:** Flexible funding is much more than an accounting technique. It is the means for producing tangible results for families. The changes in practice as a result of flexible funding will be most significant at the level of worker-family interaction where families experience seamless and accommodating service provision. Flexible funding will provide the means to meet a need virtually at the moment the need is identified. Case managers will access a broad array of public and private resources when a need first surfaces rather than at the time of absolute crisis. Funding will be used in a proactive and collaborative way, to offset more costly and recurring expenses. It will obviate referrals to the only thing left on the menu, regardless of whether that service is really what a child or family needs.

## **Part 3 – Capacity to Serve Special Needs**

### **Standard 6-300**

DCS will develop and maintain the capacity to serve children and families with mental health, behavioral health, medical health and substance abuse problems and will provide services to meet those needs as individually presented.

**Commentary:** DCS has a greater proportion of families affected by substance abuse, domestic violence and severe mental health issues. DCS will identify programs and services offered by public health and social service agencies for which families are eligible. DCS will collaborate with these service provider groups to maximize the effectiveness of public support for families with multiple needs. Although DCS will facilitate effective service delivery, it must also be ready to step in and find ways to creatively provide services if other providers are unable to deliver services in a timely manner.

See chapter seven for detailed information about the Department's health strategies.

### **Standard 6-301**

DCS will care for children with special needs in home settings, where appropriate and available, and will establish formal referral linkages with organizations having expertise in serving particular special needs.

**Commentary:** DCS will liaison with other governmental and private agencies with expertise in serving special needs. The Department will document in TN Kids all referrals to agencies providing services for special needs of a particular child and family.

### **Standard 6-302**

DCS will develop and implement strategies to assist children and families in overcoming logistical and other barriers to accessing services.

**Commentary:** When children or their families refuse or fail to access services, the reasons for their doing so will be assessed and the services that have been offered will be modified or alternative services will be offered to meet any identified special needs. These strategies will include the use of community aides, provision of transportation services, development of ethnically and culturally sensitive services, funding of community-based programs and referral to peer support groups. Services will be presented as a means to the end - family reunification, family unity, and/or successful transitions to other permanency options.

## **Part 4 – Educational Needs and Services**

### **Standard 6-400**

DCS will ensure that the educational needs of students entering custody are thoroughly assessed.

**Commentary:** Before students are placed in a treatment facility, they will be educationally assessed. Their educational records will be reviewed in order to identify any special needs that they may have. This comprehensive knowledge will assist in locating an appropriate treatment and educational setting.

### **Standard 6-401**

DCS will ensure that children and youth will be enrolled in the local school system rather than an in-house school as defined in Departmental policy.

**Commentary:** There is a presumption that children in State custody will be educated in local public schools whenever possible. Due to the special needs of some students, best practice will include access to clinicians, various individualized services, and other school support provisions to ensure that students are successful in the public school environment.

There are occasions when children with identified and documented treatment needs may need to attend an in-house educational program in a contracted treatment center for a short period. The decision to educate a student in-house will be made after an extensive assessment by members of the Child and Family Team. This decision will reflect the best interests of the child, rather than result from the inability to help the child successfully matriculate the normal transitions and developmental stages that can affect school performance.

### **Standard 6-402**

When circumstances require student enrollment in a DCS school or in an in-house school, DCS will ensure that the educational program is substantially similar to that provided to other students in the school district.

**Commentary:** If a student is to attend an in-house school temporarily, s/he will be placed in a school that is approved by the State Department of Education and is comparable in programming

to the public schools. The student's progress will be reviewed regularly so that s/he may return to public school at the appropriate time.

Students in DCS schools or contracted in-house schools will be able to continue to make progress toward graduation with a GED, a regular diploma, a diploma of specialized education, or a high school certificate. In order to do so, the DCS school or contracted in-house school will provide an educational program that is approved by the Tennessee Department of Education (DOE). These schools will be comparable in programming to the local public schools in areas including, but not limited to, the following:

- School approval
- Length of school day
- Use of appropriately certified teachers (including special education teachers)
- Use of the State curriculum and graduation requirements
- Access to library materials and computers
- Special education services for eligible students

#### **Standard 6-403**

DCS will ensure that children in custody have an equal opportunity to select among schools, programs, or courses when such alternatives are available.

**Commentary:** Providing children with the opportunities to make reasonable decisions about their education will increase their investment in the educational process. While education itself is non-negotiable, providing the child with options and the opportunity to work through a case manager, team and family supported decision process will both strengthen their relationship to their own education and build decision-making and assessment skills.

#### **Standard 6-404**

DCS will ensure that parents/guardians are involved in the educational planning and educational activities of students.

**Commentary:** Unless the court has terminated parental rights, a student's parents will be encouraged to participate in the planning of the child's education program. This practice is consistent with the collaborative relationships the Department seeks with children and their families. In addition, both federal and State law require parents to be invited by the school to participate in any planning done for students eligible to receive special education services.

#### **Standard 6-405**

DCS will ensure that educational specialist and attorneys are available to assist case management staff in advocating on behalf of students in State custody.

**Commentary:** As with all students, schools should have high expectations for students in State custody and should support their learning styles. Students who are behind in school, who lack credits, or who have special needs must be encouraged to achieve to the best of their abilities. They can not be allowed to simply "get by" without an appropriate effort.

Students in State custody deserve the same respect and consideration as any other students. Negative assumptions or stereotypes should not be formulated based solely on the fact that a

student is in the custody of the Department. Discrimination, isolation, or intentional labeling of students in State care will not be allowed.

DCS case management and educational support staff will work together to advocate for the best interests of the students at the schools they attend. Case managers and education advocates will work with school personnel to inform them about foster care and the importance of removing the stigma associated with it, to promote the value of diversity within the school setting and to aggressively advocate for the fair treatment and educational rights of each child in custody. The student's case manager is most often the person who, other than his/her parents, has the most knowledge of the child's educational background. The case manager is aware of previous school placements, grade levels, special needs, paths of study, goals for returning to the home school, etc. As such, the case manager is a valuable asset to the public schools, DCS and contracted in-house schools.

#### **Standard 6-406**

DCS will use clinical experts and other student support providers to work with students, their families, school personnel and all other members of the school community to enable a child's success in school.

**Commentary:** Many students in DCS schools or contracted in-house schools have needs that require them to see a professional clinician (or other support providers) in order to make progress toward the goals of returning home and being able to attend public schools. Since students spend a great deal of time in school, principals, teachers and other school personnel will need to understand the special needs of particular students, will have assistance in handling those needs, and will realize that these needs will likely manifest themselves in the classroom. Both students and school personnel will have access to trained professionals and other support staff.

#### **Standard 6-407**

DCS will use school-based and school-focused services to support the specific learning and transitional needs of children in custody.

**Commentary:** Some students in the care of DCS may need additional support services in order to function effectively in the public schools. DCS is committed to working in collaboration with local school systems to benefit the students in its care.

#### **Standard 6-408**

DCS will monitor and limit changes in a student's educational placement in order to avoid disruptions in the learning process.

**Commentary:** When students change schools several times, there is an obvious disruption in the educational process. Students are out of school for several days each time, and school records may not "catch-up" with students causing scheduling problems for the school and pupil. At times, credits are lost because students cannot continue the same classes at a new school. Students also must adjust to a new school environment with each move and these transitions increase emotional and psychological stress levels. The fewer times students moves, the more consistent and sequential the educational programming can be and the more integrated the child will feel in their community.

### **Standard 6-409**

DCS will develop a process to ensure a quick transfer of records, information and individual support when children change schools.

**Commentary:** A quick transfer of records from one school to another is vital to proper and prompt placement in the new school. Some states have reported this area as a major problem in educating students in custody. When records are delayed or not sent, students may be placed in inappropriate classes, may not receive credit for work completed, may be forced to repeat classes and state mandated tests, and may not receive special education services. There will be a systematic method in place for the transfer of educational records. Case managers will be trained to know what information needs to be exchanged between schools and how to request this information.

### **Standard 6-410**

DCS will make every effort to ensure that students successfully transition from school to school, to public school placements, to post-secondary placements, or to the workforce.

**Commentary:** Transition is not only a crucial component of a student's educational plan, but it is also a key to success as the student leaves State custody. Effective transition planning reduces the risk of the student re-entering State custody or entering the adult correctional system. As the student moves from school to school, or as s/he leaves custody and begins post-secondary study or seeks employment, it is essential that all concerned parties work to develop a comprehensive transition plan to make the move as seamless as possible. Clear and effective transitional planning models educate the child about how to anticipate, plan for and move through transitions. The practice of these skills helps prepare the child for the multiple, normal transitions that face both children and adults as they move through life.

See part three of chapter five for general information about transfer processes.

## **Part 5 – Child Placements**

### **Section A – Special Considerations Regarding Initial Placements**

#### **Standard 6-500A**

DCS will exhaust all home-based services and options in the effort to alleviate immediate safety issues and address the underlying needs before removing children from their homes.

**Commentary:** DCS embraces the philosophy of service delivery occurring in the home from a local support base. The child's own home should be considered the least restrictive and first option for placement and permanency if s/he can be safely cared for in such a setting with supportive services. DCS will purchase services from and monitor the performance of community agencies that provide a comprehensive array of in-home family intervention and resource options to address a family's underlying needs and maintain child safety.

Only when the child's safety and well being cannot be adequately addressed in his/her home setting should alternative placements be considered. In the search for appropriate alternative placements, relative placements and community-based placements should be assessed and



considered prior to looking toward placements with non-relative or placements outside of the community.

**Standard 6-501A**

DCS will expedite requests made pursuant to the Interstate Compact on the Placement of Children when children have potential relative caregivers in other states or when children from outside the State of Tennessee have potential relative placements in Tennessee.

**Commentary:** DCS will develop and utilize reciprocity or border agreements with neighboring states in order to facilitate the Interstate Compact on the Placement of Children (ICPC) process.

**Standard 6-502A**

DCS will ensure that all children in the custody of the Department are placed in the least restrictive, most family-like settings appropriate to their strengths and needs.

**Commentary:** In the event that all home-based services and options fail, DCS requires that children will be placed in family settings or in the most family-like settings possible. It is critical to a child's sense of security and well being to be placed with a relative or in a resource family's home in their own neighborhood and community. All nondestructive family and community ties will be nurtured. When a relative or neighborhood-based resource home is not available, placement options to be considered are listed in ascending order in terms of restrictiveness: independent living situations, resource homes outside the child's neighborhood or local community, group resource homes, group homes, childcare institutions, health-related institutions, and juvenile justice institutions. Institutional care will be used only as a last resort. Children under age six will not be placed in congregate care.

**Standard 6-503A**

DCS will ensure that relative caregiver placements will be diligently sought as the primary placement option for children removed from their homes.

**Commentary:** Relative caregivers, such as grandparents, siblings, and aunts, will be diligently sought when a child is removed from his/her home. DCS recognizes the special relationship between children and relative caregivers and its importance in maintaining family unity over time. The Department will seek to strengthen and support the relative family's ability to maintain a supportive and stable environment for a child in State custody. If a relative wishes to serve as a resource parent, the Department will provide assistance in preparing his/her home to meet the approval standards including the provision of beds or other necessary household items. DCS will ensure that a relative caregiver or relative resource parent who makes a commitment to adopt a child will automatically become the adoptive placement if the child becomes legally available for adoption.

See standards 11-304A in chapter eleven and 12-500 and 12-700 in chapter twelve.

**Section B – Promoting Stable Placements**

**Standard 6-504B**

DCS will provide placement stabilization services that are readily accessible and will meet a variety of relative caregiver and resource family needs.

**Commentary:** Ensuring placement stability is a primary responsibility of the Department. Multiple placements can destroy a child's ability to form trusting relationships. The strengths-based operating assumption will be that the children, relative caregivers and resource families are doing the best that they can with the skills that they possess and that failures in placement are often related to inadequate support services and training. Ongoing communication and support from the case management, treatment and resource staff is also important.

Potential disruption challenges will be approached from a solution-oriented perspective. DCS will demonstrate, through the provision of comprehensive programmatic supports and services, a commitment to assisting resource families and relative caregivers in successfully nurturing and parenting the children in their care. Individualized service plans will identify whether a child is at risk of experiencing a placement disruption and, if so, will identify the steps to be taken to minimize or eliminate the risk. Appropriate training and supportive services will be provided to relative caregivers and resource parents in order to minimize placement disruptions. Services will include intensive home-based resources and programs and respite care. The services must be readily accessible twenty-four hours a day.

Contracting agencies will be evaluated using performance-based contracts that will include measures for disruptions or multiple placement moves. Priority contracting will be with agencies having the ability to quickly identify disruption risks and provide intervention and services.

#### **Standard 6-505B**

DCS will make diligent efforts to place children with families that can, reasonably, be expected to provide permanent homes if necessary.

**Commentary:** DCS will promote stability and security in a child's living situation. Short term or interim placements will be avoided. To this end, the use of congregate shelter placements will be limited. If a shelter is needed for emergency purposes, the children will be moved, as quickly as possible, to an appropriate family or family-like placement that is equipped to deliver long-term care.

#### **Standard 6-506B**

DCS will ensure that a child's placement resource matches the child's permanency goal.

In most cases, children in need of placement have permanency goals of reunification and are placed in resource family homes. Resource families are trained in, and committed to, providing specialized reunification support services for children and their families. If reunification is no longer an option, these same resource families will seriously consider providing a permanent home via adoption or some other planned and permanent arrangement. Resource family homes significantly enhance the likelihood of timely permanency, facilitate healthy attachments, and minimize traumatic moves and interruptions in parenting for the children in their care. DCS will ensure that there is an adequate supply of resource parents committed to these dual permanency roles. All children with a sole or concurrent permanency goal of adoption will be placed with resource families who are committed to providing permanent homes if the children become free for adoption.

DCS will ensure that relative and non-relative resource families who accept placements of children with Planned Permanent Living Arrangements as permanency goals sign a long-term agreement to remain placement resources for the children throughout their childhoods.

See standard 3-200 in chapter three regarding the specialized role resource parents play in permanency planning, and standard 3-204 in chapter three regarding dual licensing of resource parents. See part nine of chapter twelve for more information on Planned Permanent Living Arrangements and permanency.

#### **Standard 6-507B**

DCS will create an integrated case management system that enables the case manager and the Child and Family Team to access placement-related resources in an expedient manner based on the individualized needs of the child and family.

**Commentary:** Access to placement-related resources (e.g. relative caregiver, foster family recruitment, resource family support and adoptions programs) will be structured to support the individualized needs of the child and family and the CFTM process. All placement-related resources will be available to the case manager who is the key resource to the child and family on their caseload. The placement and service options will be pooled in a way that permits the case manager to manage the resources based on the needs of the child, family and CFT. Administrative oversight of the various functions will be a secondary consideration that will not impede effective utilization.

#### **Standard 6-508B**

DCS will use placement criteria for juvenile justice youth that include community safety factors as well as the criteria and placement factors used with non-offender children.

**Commentary:** The process of making placement decisions for youth in the juvenile justice system parallels that used with maltreated youth. Juvenile offenders move through the continuum of care based upon the same variables (i.e. safety, risk, strengths, service resources, underlying needs) that are considered with youth in the child welfare system. The primary difference in the processes is that in determining the level of supervision required for the juvenile offender, it is appropriate to also consider factors associated with the risk to the community. DCS will consider the protective factors that need to be in place to keep the community safe while the Department and other stakeholders work with the youth.

Basic guidelines such as using least restrictive settings, individualized service supports, youth and family participation and input, normative settings and reintegration emphasis apply to all children served by the Department. The Department will integrate the placement processes for these populations as much as possible without compromising community safety or blurring statutorily recognized distinctions.

See part three, section B of chapter eleven for standards related to juvenile offender assessments.

### **Section C – Conditions and Quality of Placements**

#### **Standard 6-509C**

DCS will ensure that a placement's quality of care is above the minimal measure used to justify a decision to remove a child from his/her family.

**Commentary:** If there is not a substantial difference in quality of care, the emotional security a child loses with removal from his/her home is magnified. When children are removed from their homes, they are entitled to live in environments that provide a significantly improved level of nurturing and care. This improved level will serve as a modeled learning experience for them and their families about healthy relationships, effective parenting skills, appropriate safety and protections. The Quality Assurance Unit will monitor all contract agencies for quality of care. DCS resource family homes will have a documented level of services, training and quality of care.

#### **Standard 6-510C**

DCS will ensure that all the nondestructive ties to family and community will be preserved and nurtured while a child is in foster care.

**Commentary:** Resource parents will have specialized training and Departmental support to facilitate family and community ties. Agencies providing services to youth and children in residential treatment and group care settings will have an expectation and requirement to encourage and facilitate community and family ties.

#### **Standard 6-511C**

DCS will place siblings who need to be removed from their home together in a foster care placement.

**Commentary:** Resource family homes will be specifically recruited to meet the need for sibling placements. Private agencies with flexibility to meet this service need will be recruited. DCS will develop and maintain a policy identifying circumstances in which exceptions to this standard may be permitted and how siblings will be provided ongoing access to one another.

#### **Standard 6-512C**

DCS will ensure that children in foster care are integrated to the maximum extent feasible into normalized school, leisure and work activities.

**Commentary:** Healthy growth and development will be promoted by helping children in foster care create a normalized life. The disruption and cessation of normalized school, leisure and work activities creates undue emotional and psychological trauma for children who are already managing significant transitions and disruptions. The absence of normalized activities creates a punishing environment for the child, who might associate foster care not with an opportunity to be safe and nurtured during a permanency planning process but as a consequence for their "bad" behavior.

#### **Standard 6-513C**

DCS will monitor changes that occur in placement settings and prevent environmental or programmatic degradation that will negatively affect the well being of the resident children.

**Commentary:** The conditions and human dynamics in many resource homes and facility placements are in a constant state of change. Individuals move in and out of homes and facilities. DCS will monitor these developments to ensure that placements do not change in

ways that will disserve the needs of a child placed there. The characteristics of a placement that made it appropriate for a particular child to be placed there initially need to be maintained and supported.

Some factors that change the nature of a placement can be addressed with additional services, while other factors needed to be strictly prohibited from occurring. For example, one end of the continuum of prohibited changes is that children with predatory tendencies will not be permitted to move into a home where vulnerable children are already placed. A less clear situation may arise when a placement becomes crowded. Generally, foster homes and facilities will not be permitted to become crowded after a child is placed there. In some circumstances, additional services may ameliorate problems associated with crowding.

## **VII. PRACTICE STANDARDS FOR MEDICAL, MENTAL AND BEHAVIORAL HEALTH SERVICES**

### **Introduction**

According to the American Academy of Pediatrics' Committee on Early Childhood, Adoption, and Dependent Care:

Compared with children from the same socioeconomic background, they [children in foster care] have much higher rates of serious emotional and behavioral problems, chronic physical disabilities, birth defects, developmental delays, and poor school achievement.

This finding underscores the importance of making accurate, timely and comprehensive identification of health-related needs and services for children in DCS's care. However, effectively serving children with medical, mental and behavioral health needs is an ever-increasing challenge for child-serving agencies across the country. This challenge is exacerbated by service delivery systems that are often fragmented, confusing and overlap across service agency jurisdictions.

DCS is implementing and monitoring systemic change to enhance its capacity to better deliver medical, mental and behavioral health and other supportive services to children and their families. A major catalyst for this reform is the *John B. v. Menke* Consent Decree that DCS entered into in 1998. The focus of the consent decree is to ensure that children in State custody have their medical and behavioral health needs identified and treated. As part of this decree, an Expert Review Team consisting of Paul DeMuro, Marty Beyer, PhD, and Deborah Bryan, M.D. was mandated to provide recommendations concerning DCS's health-related practices. One of the team's primary recommendations was that DCS clarify its "values, vision and mission to direct child welfare and juvenile justice practices." This chapter of the practice model represents the Department's response to that recommendation and to the requirements of the *John B. Consent Decree* and the 2002 *Brian A.* needs assessment.

### **Part 1 – Medical, Mental and Behavioral Health Services**

#### **Section A – Medical, Mental and Behavioral Health Services in General**

##### **Standard 7-100A**

DCS will ensure that all children in the Department's custodial care will have their health needs met.

**Commentary:** It is the Department's responsibility to see that each child in its care receives quality, timely and appropriate health care services. Unmet health care needs inhibit a child's ability to find permanency and to grow into a healthy adult. When a child's medical problems go undiagnosed or untreated, once treatable conditions can become disabilities. Poor medical and behavioral health interferes with one's ability to achieve independence, interact socially, bond with family and peers, and progress in educational and work settings. To give children the best chance to succeed in all areas, DCS is committed to addressing their medical, mental and behavioral health needs in a holistic manner.

Often times meeting the health needs of a child in custody will require collaboration with other agencies assisting the child. All DCS personnel will collaborate with these agencies for the best interest of the child.

### **Standard 7-101A**

DCS will ensure that all children in the Department's custodial care will have access to health care providers and necessary services.

**Commentary:** A primary barrier to accessing health care providers in this country is a lack of health insurance. This barrier will not apply to children in the Department's custodial care. TennCare is the State of Tennessee's adaptation of the federal Medicaid program. It is accessible to the majority of children in the custody of DCS. Case managers, team leaders, child welfare benefit workers, Regional Health Unit staff and private service providers will work together to make sure that the necessary TennCare benefits paperwork is completed in a timely fashion for all enrolled children. TennCare eligibility is often based on eligibility for and participation in other federal aid programs. The DCS case manager will act promptly whenever any TennCare-related notification on behalf of a child is received and provide diligent follow-up to obtain final approval and maintenance of these benefits.

For children who are eligible for private insurance, federal regulations require the Department of Human Services to vigorously pursue private insurance coverage for children in the custody of DCS. Federal law requires that payment from private insurance be sought first before TennCare reimbursement will be allowed. When a child has private insurance, the case manager and the Regional Health Unit staff will work together to ensure that the rules governing the private insurance policy are followed. This will require calling the insurance company and becoming familiar with the scope of services and the procedures for accessing these services. When a child has both private insurance and TennCare, the DCS case manager will ensure that the health care providers accept both the private insurance and TennCare.

For children who are not covered by private insurance or by TennCare, case managers will utilize the Medical Services Authorization for Certain Non-TennCare Enrolled Children form (also referred to as the Medical Delegated Purchase Authority or "Medical DPA"). Case managers will contact the Regional Health Units to obtain assistance in using this method of payment.

### **Standard 7-102A**

DCS will ensure the privacy of health information of children and families served by DCS and that their protected health information is used or disclosed only as allowed by law.

**Commentary:** The children and families served by DCS have a right to privacy regarding their health information. Not only is this privacy right protected by law, it is a fundamental principle of professional service to respect and protect the privacy of a client's personal information. DCS will develop policies and procedures to guide staff on appropriate and permitted uses of private health information and staff will be trained on those policies and procedures.

### **Standard 7-103A**

DCS will attend to the special health needs of girls in custody, including but not limited to their unique developmental, nutritional and reproductive health needs.

**Commentary:** In recent years, social science research has examined the developmental pathways that girls travel during adolescence. Researchers have a better understanding of the risk factors girls face because of their gender that can hinder or delay their healthy development. DCS will utilize gender specific programming and address gender specific issues that will promote healthy development in girls.

### **Standard 7-104A**

DCS will ensure that children in custody receive preventive health education and services that promote their overall health and well being.

**Commentary:** DCS believes the needs of children and families are best met through a system of collaborative, community-based health services. Education and prevention services are critical components of the service system. Unintended pregnancy, STDs including HIV, alcohol and drug abuse, relationship abuse and eating disorders are some of the health problems faced by an increasing number of adolescents. Adolescents will receive health guidance to promote a better understanding of their physical growth, psychosocial and psychosexual development, and the importance of becoming actively involved in decisions regarding their health care. DCS will seek service providers that offer services directed at the primary and secondary prevention of health threats.

### **Standard 7-105A**

DCS will urge health services providers to consider the unique perspective and circumstances of each child and family and provide services that are developmentally appropriate and sensitive to individual and socio-cultural differences.

**Commentary:** Family concerns and preferences regarding the use of particular treatment modalities and medications need to be identified and taken into consideration. Families have the right to choose providers who reflect their language, culture and beliefs. Children need to receive health services that meet the unique developmental concerns of the children served.

### **Standard 7-106A**

DCS will advocate to keep families and children intact while receiving medical, mental and behavioral health services.



**Commentary:** DCS is philosophically opposed to children being ordered into custody for the sole purpose of accessing medical, mental or behavioral health treatment. This situation should not be confused with true cases of medical neglect where the parents or guardians refuse to provide necessary health care to their children when they are able to do so.

For children who are covered by TennCare, the federal court requires the State to provide access to all needed medical, mental and behavioral health services so that children should not have to be ordered into care solely to receive such services. In order to achieve this, DCS, in cooperation with the Bureau of TennCare and its contractors, will ensure that all covered benefits are provided. It is the responsibility of DCS and its contractors to contact the Regional Health Units and the local DCS legal office immediately whenever they believe that a TennCare-enrolled child is about to enter custody solely to receive medical, mental or behavioral health treatment. DCS must also report the impending action to TennCare.

Many private insurance plans limit mental health coverage or do not cover mental health treatment. Even when such coverage is available, many families are financially unable to afford the premiums required to obtain these services. In these situations, DCS will work with the families and attempt to find alternative funding sources for the needed treatments. However, options may be limited without coverage for medically necessary services afforded under EPSDT and the courts may need to order the children into State custody.

#### **Standard 7-107A**

DCS will develop and maintain a health reference guide containing guidelines, policies, practices and procedures for managing and delivering medical, behavioral and mental health services to children and their families.

#### **Commentary:**

DCS will review all of its policies related to medical, mental and behavioral health to ensure that they correctly reflect best practice standards and explain current procedures. Over the past years, changes to TennCare and other programs have made it necessary to direct actions in the field quickly through informal methods of communication. In the haste to inform the field related to a timely issue, policies have not always been written to support the defined changes. Central office staff will revise or develop new policies within three months of any directed change of medical practice or procedure. The new policies will be incorporated into the health reference guide as they are developed.

It is critical that the contracting providers understand and comply with the information contained in the health reference guide. The guide will be incorporated by reference or attached to each edition of the DCS Provider Policy Manual.

### **Section B – Prevention, Detection and Treatment Issues**

#### **Standard 7-108B**

DCS will adopt and follow the American Academy of Pediatrics Periodicity Schedule for preventive screenings and check-ups for all children in custodial care.

**Commentary:** The Tennessee Medicaid plan (TennCare) has adopted the American Academy of Pediatrics Periodicity Schedule that recommends children should be screened as follows:

- Infants and Toddler – At birth; 2-4 days old; 1 month; 2 months; 4 months; 6 months; 9 months; 12 months; 15 months; 18 months; and 24 months, and
- For Older Children and Adolescents – Annually from the age of 3 to the age of 20

### **Standard 7-109B**

Within thirty days of entering DCS's custodial care, each child will receive either an Early, Periodic Screening, Diagnosis and Treatment screening or a well-child screening.

**Commentary:** Early, Periodic Screening, Diagnosis and Treatment (EPSDT) is a Medicaid service and entitlement intended to promote the early identification and treatment of health problems in Medicaid-insured children twenty one years of age or younger. Currently all children in the TennCare program are eligible for EPSDT. For those children who are not eligible for EPSDT screenings, DCS is also committed to ensuring that their health care needs are met. In these cases, DCS will request well-child screenings and work to ensure that the well-child screening matches the requirements of an EPSDT screening.

EPSDT screenings consist of the following components:

- Comprehensive health and developmental history including a mental health screening
- Comprehensive unclothed physical examination (DCS chooses to have the dental component of this screening performed by a dentist in addition to the PCP. See the following standard.)
- Age-appropriate immunizations
- Age-appropriate lab tests
- Health education
- Vision screening
- Hearing screening

All EPSDT screenings require a behavioral health screening component. This screening will identify children whose mental health should be evaluated further. Identified children will be referred to a mental health professional immediately. Because DCS has adopted the American Academy of Pediatrics' Periodicity Schedule for preventive screenings and check-ups, this will enable at least a yearly reassessment of each child's mental health needs. For children receiving a well-child screening or check-up, the case manager or caregiver should ask the physician or nurse practitioner to perform a mental health screening. Just as in cases where a child needs to see an orthopedist, cardiologist or optometrist, the primary care practitioner can recommend that a child be seen by and/or referred to a mental health professional.

DCS must obtain sufficient information about the child in order to develop a holistic health picture (mental, physical, behavioral, emotional) that can be shared with all providers treating the child. This will enable DCS to ensure that the child receives the best and most appropriate medical, mental or behavioral health assessment and care. Often, just knowing the basics of why a child came into care and what the permanency goal is can help the provider treat the child. Case managers will include all known information related to a child's health conditions in the Permanency Plan.

Under the EPSDT program, all identified health problems must be treated. This treatment includes activities to cure or prevent the condition from worsening. Managed Care

Organizations or Behavioral Health Organizations cannot refuse to authorize medically necessary services for a child who is eligible for EPSDT.

When a child not entitled to EPSDT screenings is, instead, receiving a well-child screening the case manager should be aware that many private providers do not include a behavioral or a developmental health screen. The case manager should specifically ask for these screenings. If the private insurance company does not pay for these screenings, DCS will pay for these services. Unlike the TennCare program, private insurance companies or TennCare Standard may not pay for every identified treatment need. DCS will pay for medically necessary services unavailable through the child's insurance by using the Medical Services Authorization for Certain Non-TennCare Enrolled Children form (Medical Delegated Purchase Authority or Medical DPA). Case managers will contact the Regional Health Units to obtain assistance in using this method of payment.

### **Standard 7-110B**

Children in DCS custody who are three years of age and older will receive a dental screening by a dental provider at least once a year and regular professional care visits and cleanings as recommended by the dental provider.

**Commentary:** Each child will receive a dental screening by a qualified dentist at least annually once the child reaches the age of three. This screening is in addition to the cursory dental screening done by the primary care provider during the EPSDT examination. A plan for necessary dental work and care will be developed and followed for each child. The plan will include a schedule of regular visits and cleanings. TennCare pays for dental cleanings once every six months, as is recommended by the American Dental Hygienists' Association.

### **Standard 7-111B**

DCS will ensure that children in custodial care receive prompt attention whenever a health-related problem is suspected regardless of when the last health screening occurred.

**Commentary:** TennCare-enrolled children are entitled to interperiodic screenings in addition to regularly scheduled EPSDT screenings. These screenings are available to rule out health problems and to treat illness or injuries. Most private insurance companies will also cover such physician visits. If not covered, DCS will pay for these visits using the Medical Services Authorization for Certain Non-TennCare Enrolled Children form (Medical Delegated Purchase Authority or Medical DPA).

If, during routine discussions with individuals having frequent contact with the child, the case manager or caregiver uncovers unexplained behaviors or physical symptoms, s/he will call the primary care providers to discuss the concerns and/or make an appointment.

### **Standard 7-112B**

DCS will refer children who have or appear to have serious neurological or medical conditions or other complex medical needs to the Regional Health Unit nurse for assessment and appropriate action.

**Commentary:** DCS Regional Health Units consist of a registered nurse, a DCS TennCare representative, and a psychologist or licensed clinical social worker. Working as a team or

individually, these professionals are available to case managers, caregivers and other staff to answer questions, provide consultation on the medical, mental or behavioral health needs of a child, and assist in navigating through various governmental and institutional agencies and systems. An important role they play is to identify medically fragile children in care.

Medically fragile children are those with serious neurological or medical conditions or other complex medical needs. The designation of medically fragile identifies those children needing specialty care and enhanced case management in order to reach optimal health and development. Approved resource parents for the medically fragile have special skills to meet the needs of a child requiring extraordinary medical care. If a child is assessed as medically fragile, the Department will ensure that appropriate specialty services and/or additional training are available within the existing or new placement.

### **Section C- Facilitation, Coordination and Monitoring of Health Services**

#### **Standard 7-113C**

DCS will ensure that health care providers promptly receive all available information needed to complete an Early, Periodic Screening, Diagnosis and Treatment screening or a well-child screening.

**Commentary:** In order for health care providers to accurately and quickly detect health-related conditions, they need to have access to all the historical and current medical, mental and behavioral information concerning the child. Delays in obtaining needed information can cause delays in the identification and administration of the appropriate treatments. Needed information includes all medical and psychological records and evaluations, the child's social history and current Permanency Plan goal, the medical and psychological history of the child's parents, and current behavioral or medical concerns.

In order to ensure that health care providers receive updated information concerning the child's current behaviors, the case manager will solicit information about the child's physical, mental and behavioral health from all individuals closely involved with the child and members of the Child and Family Team. Many times children's habits and behaviors can indicate an underlying health problem. Reported health concerns will be forwarded to all of the child's health care providers. Any resulting diagnosis or treatment need identified by health care providers must be included in the Permanency Plan and in TN Kids. This will ensure that the Child and Family Team members and all other outside support services providers can be notified of the child's health conditions and needs, as appropriate.

#### **Standard 7-114C**

The DCS case manager will facilitate the transfer of all information related to a child's health and health care needs to the resource parent/caregiver prior to or immediately following placement.

**Commentary:** It is imperative to the well being of a child that the resource home is aware of all health-related issues including active medical conditions, food or drug allergies, and current medications. A resource parent/caregiver needs this information in order to understand the child and to respond appropriately. While a child is in placement, the resource parent needs to be involved with the child's parent, case manager and other relevant Child and Family Team

members in sharing, understanding, assessing, and responding to current and ongoing health-related information.

### **Standard 7-115C**

The DCS case manager will ensure that a child in State custody is scheduled for and attends appointments whenever health care providers recommend follow-up visits or additional testing related to a specific medical, mental or behavioral health condition.

**Commentary:** Health-related conditions are often not resolved in one visit but require a series of appointments. When a case manager is unable to attend a health care appointment for a child on his/her caseload, s/he will ensure that the child is scheduled for follow-up visits and/or receives all prescribed medications and treatments. The case manager will work closely with the resource parent/caregiver and the parent to make sure that responsibilities are clearly communicated for meeting these obligations. The case manager and all caregivers will be vigilant in understanding a child's health conditions and required treatments as well as the results of all related appointments. This information about the child's health status will be conveyed to members of the Child and Family Team.

### **Standard 7-116C**

DCS will take affirmative actions to safeguard the rights of children in custody who are enrolled in TennCare programs by filing appropriate TennCare appeals and forwarding Permanency Plans, notices of action and staffing summaries to the advocacy contractor.

**Commentary:** The 1999 *Grier v. Neel* Consent Decree enforces due process appeal rights for TennCare beneficiaries. Children participating in the TennCare programs have the right to appeal all actions causing a delay, denial, termination, suspension, or reduction of TennCare-covered services. Any action that contributes to a delay, denial, termination, suspension, or reduction of TennCare-covered services is considered an adverse action that can be appealed. For example, the inability to access a needed service is considered an adverse action contributing to a denial of service and can be appealed. Under the court-approved DCS implementation plan for *Grier*, DCS *must* appeal all such adverse actions by a Medical Care Organization (MCO) or Behavioral Health Organization (BHO) on behalf of the children in custody who are so affected.

DCS administers some TennCare services to treat children in custody; this includes residential treatment, therapeutic foster care and targeted case management. To safeguard these children's rights, DCS is required to submit all court-approved Permanency Plans for children needing level 2 services or above, within two working days to the advocacy contractor. This outside contractor files TennCare appeals against DCS when there is a delay, denial, suspension, reduction, or termination of DCS-administered TennCare services, to ensure those children's TennCare appeal rights are protected. Detailed information related to appeal rights can be found in DCS Policies and Procedures, chapter 19A.

### **Standard 7-117C**

DCS will assist all children and families in applying for or maintaining TennCare prior to discharge from custody and/or case closure when a child is not eligible for private health insurance.

**Commentary:** It is essential to long-term family well being that individuals keep their health care coverage. Children with TennCare benefits need to maintain their coverage following discharge in order to ensure ongoing services. It will likely be difficult for individuals to recover TennCare insurance coverage if they lose it. Many of the children served by DCS are eligible for TennCare based on the fact that they are in IV-E eligible foster care placements. Upon exiting custody, children risk losing their TennCare coverage within thirty days unless a new application is submitted to the Department of Human Services (DHS). Case managers will assist families or legal custodians in applying for TennCare prior to the children exiting DCS's custody. DCS will work closely with DHS to ensure that the new DHS case is not activated until custody is returned. This will allow DCS to assist the families while it is still able to provide for the children, including during Trial Home Placements and Trial Home Visits.

Because TennCare's rules are governed by an agreement between TennCare and the federal government, DCS cannot assure that every child will maintain TennCare after leaving its custody. However, the Department can maximize the number of children who maintain TennCare coverage by taking appropriate action before discharge and case closing. If TennCare or private health coverage is not available, the case manager and the Child and Family Team members will assist the family in identifying and reviewing all other options for health care.

See parts four and five of chapter five for more information related to discharge and case closure procedures.

#### **Standard 7-118C**

DCS will assist families and children who are receiving custody prevention services in applying for TennCare when no private health insurance is available.

**Commentary:** The child's or the family's medical, mental or behavioral health needs may contribute to the child coming into custody. Many families do not have access to health insurance thereby limiting their ability to receive help for these problems. Case managers will work with the family and DHS to help determine whether the child or family is eligible for TennCare benefits and assist them to access available medical and mental health services.

#### **Standard 7-119C**

DCS will provide all TennCare-enrolled children and their caretakers in non-custodial situations information about the importance of Early, Periodic Screening, Diagnosis and Treatment screenings and will encourage the guardians to take the children for screenings.

**Commentary:** EPSDT screenings are comprehensive health screenings meant to identify health concerns. Those identified health concerns are covered by TennCare. EPSDT provides assurance that any identified medical, mental or behavioral health condition will be treated at no cost to the family so that the conditions are cured or prevented from worsening. Case managers will educate families about the need for and the benefits of yearly EPSDT examinations.

#### **Standard 7-120C**

DCS will respect the legal rights of parents, guardians, and older children to consent for medical treatment.

**Commentary:** Part of the fundamental right to parent is the right to make decisions regarding the care of one's child. Except for a few statutory exceptions listed in DCS Policy 20.24, parental consent is required to give medical treatment to children unless parental rights have been terminated or a court order obtained. DCS's authority to give consent for treatment as the legal custodian does not supersede the parent's rights to give consent for treatment, but is meant to empower the agency to provide for the care of children in its custody. Therefore, as long as reunification is the goal and parental rights have not been terminated, DCS's position is that the parents should remain involved in the child's treatment and exercise their parental role in giving *informed consent* when that can be done without harm to the child or without violating an older child's rights. Consent that is informed requires sufficient information about the risks and benefits of taking or not taking a prescribed or recommended treatment.

In some circumstances, older children have the same rights as adults to give consent for or refuse medical treatment. Case law in Tennessee allows for a "mature minor" exception to the rule that parental consent is required to treat minors. This exception is based on the presumption that some children 14 years of age and older have the maturity to consent to medical treatment. Because of this presumption, some providers may require both parental consent and the consent of an older minor. The prescribing health care provider must make a case-specific determination about whether the child possesses the requisite maturity.

Since some 14 year old and older children may be mature enough to decide to refuse treatment or medication, individuals working with the children must follow appropriate procedures to determine whether the mature minor exception applies and whether it is appropriate to seek judicially authorized intervention. Children who refuse treatment should be counseled regarding the impact of such refusal. The counseling efforts and the child's refusal must be documented in the case recordings and medical module in TN Kids, and in the child's case file record using the *Release From Medical Responsibility Form (CS-0093)*. If a child continues to refuse treatment or medication after being counseled, the case manager will consult with the prescribing provider for a professional determination as to whether the child is mature enough to understand the consequences of his/her decision and whether going without the treatment or medication will result in harm to the child.

If the provider determines that the child is mature enough to make an informed decision, neither DCS nor the parent will act unilaterally to override the decision of a mature 14 year old or older to refuse medical treatment or tests. However, if the provider determines that refusing the treatment or medication will harm the mature child, the DCS case manager will consult with local DCS legal counsel to determine if judicial intervention is needed. DCS legal counsel may ask the juvenile court for a guardian ad litem (GAL) to be appointed for the child. A court hearing would then be held to determine if the child has the capacity to make an informed decision to refuse the treatment, whether the GAL will consent on behalf of the child and whether the court will order the treatment to be given.

If the provider determines that the 14 year old or older child does not have the capacity to make an informed decision, then parental consent should be obtained when the child refuses treatment or medication. If the parent is unavailable, the Department (as the legal custodian) will act in the parental role to consent to or refuse the treatment or medication. If the parent is available and refuses to consent, the DCS case manager will consult with the local DCS attorney to determine appropriate action.

Older children have special rights with regard to mental health services. Youth with serious emotional disturbance or mental illness and who are 16 years old or older have the same rights as adults with respect to outpatient and inpatient mental health treatment, medication decisions, confidential information, and participation in conflict resolution procedures. These children can sign their own consents for medication related to the treatment of their mental health condition. If the child's treatment needs conflict with the child's decision, the case manager should consult with the local DCS attorney to determine if a conservator or guardian may be needed.

Learning to make informed decisions about one's own health care is a basic part of becoming a competent adult. DCS will foster this independent living skill by providing counseling and guidance to older children when they refuse prescribed treatments, tests or medications. The counseling and guidance will ensure that the child has thought through all the benefits, risks, and consequences of his/her decision, not to coerce the child into making a different decision.

#### **Standard 7-121C**

DCS will monitor the quality of care given by providers (TennCare, DCS, or private) and facilitate ameliorative interventions when treatment deficiencies are discovered.

**Commentary:** When concerns arise about the quality, appropriateness, or efficacy in the provision of medical and behavioral services for children in care, DCS will ensure that identified concerns are addressed with providers and other appropriate parties. Concerns may center upon the medication regimen of a child, the clinical judgment or the professionalism of a provider, the completeness of EPSDT or well child screenings, or the timeliness or completeness of services. The Regional Health Units will gather relevant information from the case manager and other systems with which they interact in such cases in order to report the information to the appropriate parties. When the provider is a DCS provider or contract agency, concerns about quality of care will also be reported to the DCS Quality Assurance Unit.

### **Section D – Special Issues Related to Mental and Behavioral Health Services**

#### **Standard 7-122D**

Children in DCS's custodial care will receive all medically necessary mental health services in the least restrictive environment and in a timely manner.

**Commentary:** The mental health needs of children involved in an active DCS custodial case are varied. Many children acclimate to their new surroundings easily and quickly. Others will need immediate and ongoing mental health treatment. The Department will advocate for high quality and appropriate mental health services. If a case manager or resource parent/caregiver has reason to believe that a child is not being appropriately served, whether the service is provided at a DCS facility or a private provider agency or institution, it is the DCS case manager's responsibility to advocate for the child related to these concerns.

Sometimes a case manager or caregiver will suspect that the suggested treatment is insufficient or that a medication regimen is excessive. S/he may recognize signs that a child's condition is stagnant or deteriorating. DCS believes a child's maximal development occurs in a family in the community. Every opportunity will be taken to achieve this goal. Leaving a child in a more restrictive setting than what is needed can harm the child and does not prepare the child for



permanency. The case manager will immediately contact the Regional Health Unit psychologist or the treating provider if any of these or other health-related concerns is evident.

EPSDT, the program for children under twenty-one years old who are insured through TennCare, also covers mental health concerns. Most identified medically necessary treatments are covered to cure the condition or to prevent it from worsening and those treatments should be preserved through the TennCare appeals process if necessary. For children in custody without EPSDT rights (not enrolled in TennCare) or a private insurance program, DCS will pay for medically necessary services not covered while they are in State custody.

### **Standard 7-123D**

Within thirty days of entering the Department of Children's Services custodial care each child will receive a mental health screening to determine the need for further assessment and evaluation.

**Commentary:** Even though many children coming into custody have mental or behavioral health issues, comprehensive psychological testing should not be conducted in all cases. The process of testing can be intrusive and traumatizing to children. Because of this, the Department will avoid subjecting children to unnecessary evaluations. The Department of Children's Services will initially utilize an unobtrusive mental health screening tool to assist in determining which children are in need of more intensive evaluations and immediate mental health services. All mental health information and diagnoses identified in this initial screening and any subsequent evaluations will be documented and addressed in the Permanency Plan. As the child's needs are further known, Permanency Plans will be modified accordingly.

### **Standard 7-124D**

DCS case managers, resource parents and contracting private providers will receive initial and ongoing training related to recognizing and responding to the signs of mental illness in children and families.

**Commentary:** Signs of mental illness are varied and can often be subtle. Many times warning signs go unheeded and the condition worsens to such an extent that placement disruptions occur, law enforcement is needed, or the child attempts to harm him/her self. When the DCS case manager is speaking to the child, the child's teachers, the resource parents, and the legal guardians, training in mental health issues will enable the case manager to be aware of and understand the various warning signs. If the DCS case manager or caregiver has questions or concerns about a child's behavior, the case manager should contact the Regional Health Unit psychologist or the child's primary care physician.

### **Standard 7-125D**

DCS supervisors and Regional Health Unit staff will guide and assist case managers to advocate effectively for the interests of children in their dealings with mental and behavioral health practitioners and service agencies.

**Commentary:** When advocating for a child's mental and/or physical health needs, case managers will be working with professionals whose age and experience may be much greater than theirs. While DCS respects professional credentials and judgment, case managers and resource parents must feel empowered to ask questions, have their questions answered, give

opinions, and advocate for additional services when they believe they are needed. Case managers will be supported by DCS as they advocate for children in the Department's care.

At times, DCS staff persons may become concerned that a child in their care is overmedicated. When this is suspected, the staff person will report their concerns and supporting evidence to their supervisor and Regional Health Unit staff. The supervisors and Regional Health Unit staff will help the DCS staff person assemble and present relevant information to the service provider and any other appropriate professional who will reassess the medication regimen.

#### **Standard 7-126D**

DCS will ensure that mental health providers for a child with an active mental illness diagnosis work with other members of the Child and Family Team to develop a seamless aftercare plan.

**Commentary:** DCS's obligations related to the child do not end when custody is terminated. Many times, the supports put in place end abruptly once the child leaves DCS custody. DCS will guard against this by coordinating the aftercare needs of the child in the Child and Family Team setting.

When a child with a mental condition leaves care, the family will often need additional supports. It is the case manager's responsibility to assist the child and family in transition planning. This assistance will include helping the child maintain TennCare coverage, assuring the child is discharged with a current prescription and sufficient medication, scheduling and holding a Child and Family Team Meeting prior to discharge and case closure where long-term mental and behavioral issues are addressed, and investigating the need for and referral to Family Support Services, Community Support Agencies, mental health case management services, Continuous Treatment Team services, and/or Comprehensive Child and Family Team services.

See parts four and five of chapter five for more information related to discharge and case closure procedures.

#### **Standard 7-127D**

DCS will require all contracting mental health treatment facilities to utilize the TDMHDD Best Practice Guidelines for Behavioral Health Services for Children and Adolescents when making treatment decisions for children in DCS custody.

**Commentary:** The Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) promulgated best practice guidelines in 2002. TennCare has approved these guidelines that are general in nature and will assist the provider in making the correct treatment decisions.

### **Part 2 – Protection from Harm for Children in Custodial and Non-Custodial Care**

#### **Section A – General Approach to Protecting Children from Harm**

#### **Standard 7-200A**

DCS will protect children in custody from maltreatment and ensure that they are provided with safe living conditions.

**Commentary:** The Department is committed to keeping children safe and free from harm. DCS requires ongoing safety assessments throughout a child's time in care. However, most of the standards addressing safety involve the prevention of maltreatment recidivism or ways to improve monitoring, reporting and corrective actions related to particular incidents of maltreatment. The standards in this chapter have a different focus; they concern programmatic and institutional safety issues that arise in the normal course of delivering services to children and families.

DCS will not permit the maltreatment of children in any setting. Children have a right to protection from violence at the hands of other children in custody and staff. Children must be protected from unsanitary living quarters, excessive seclusion, unreasonable restraint and unsafe medical or mental health interventions.

DCS believes the best way to prevent children in custody from being maltreated is to use child welfare and juvenile justice practices that are child and family-centered and produce positive outcomes. DCS will develop and maintain effective programs that are grounded in these principles and standards. Trained, committed and competent employees will staff these programs and interact with children in ways that promote safety. When out of the home care becomes necessary for a child, DCS will collaborate with the child, family members, provider agency staff, and other involved parties to formulate strategies that minimize the potential for a behavioral emergency. Efforts will be made to ensure that family members and involved parties have a clear understanding of behavioral management techniques that the provider agency utilizes to manage the child when there is a threat of harm to self or others.

#### **Standard 7-201A**

DCS will minimize a child's risk of harm by ensuring that medical, mental and behavioral health services are provided in the least intrusive manner and in the least restrictive setting that meets the child's needs.

**Commentary:** DCS believes that unwarranted and intrusive interventions, just like unattended needs, can cause children to suffer harm. Furthermore, DCS recognizes that factors associated with the environment in which children are placed can contribute to incidents of harm. Whenever possible and appropriate, DCS will place children in the most family-like setting in order to promote healthy development and reduce the risks of harm associated with institutional settings.

#### **Standard 7-202A**

DCS will require all facilities serving children in Departmental care to use positive behavior management techniques that provide positive incentives for good behavior and minimize reliance on intrusive and restrictive disciplinary measures.

**Commentary:** DCS prefers to keep children at home or place them in normal family settings. The Department seeks to have children in settings that permit adults to use effective parenting and social work skills to help children make healthy choices about their well being. However, some children have mental health issues and destructive behavior patterns that are more serious and require more structured settings. Behavior management is a greater challenge in these settings and requires the effective use of positive and negative reinforcement strategies.

Effective behavior management programs reinforce positive behavior and manage behavior with

effective personal interaction strategies. Staff have substantial personal influence on resident behavior through their interactions with them. These programs use positive feedback and rewards and, when necessary, the imposition of negative consequences to influence behavior.

DCS will not use programs that rely on deliberate actions to cause embarrassment, shame or pain to control resident behavior. Likewise, the Department will not use programs that rely on architecture and hardware rather than human interactions as the primary means to manage behavior.

#### **Standard 7-203A**

DCS will prohibit the use of any form of corporal punishment on any child in custody.

**Commentary:** DCS policy prohibits the use of corporal punishment with children in custody. Although DCS recognizes that a significant number of parents spank their children to punish undesirable behavior, DCS believes an absolute injunction against its use is warranted for children in custody. Children in care are more vulnerable to the potentially harmful effects of verbal or physical violence and DCS prohibits its use without regard to the reasons for its administration.

#### **Standard 7-204A**

DCS will require its direct care staff and similarly situated contract agency staff to receive training and be competent in using positive behavioral management techniques and de-escalation intervention techniques.

**Commentary:** DCS will develop and implement specific policies and training materials that instruct staff of the permissible and preferable responses to common behavior problems. The Department will require that contracting agencies and facilities provide parallel training to their direct-care staff.

DCS will provide staff with practical tools and opportunities to develop skills to handle challenging behavior-related situations that they are likely to encounter. For example, in secure settings, staff can expect that children will bang on doors, obstruct toilets and engage in loud or noncompliant behavior. Staff will be provided with skills-based training that prepares them to handle these behaviors. DCS will also periodically reassess, in conjunction with the Quality Assurance Unit, whether additional policies and training are appropriate to respond to other common behavior-related challenges.

#### **Standard 7-205A**

DCS will require all facilities serving DCS children to establish and maintain suicide prevention plans.

**Commentary:** Increasing numbers of children with mental and emotional disorders are entering the child welfare and juvenile justice systems. These children are especially vulnerable to the potentially traumatic circumstances they face while in custody. Adequate delivery of mental health services to children in care and their families is the responsibility of DCS staff and all professionals at contracting facilities including psychiatrists, psychologists, social workers, nurses, line staff and administrators.

The Department will require that contracting facilities take extra precautions to assure against

suicide. These precautions will be captured in operational program plans and clearly understood by all staff working with the children. Suicide prevention plans will include information related to appropriate admission screenings, appropriate staff training and certification, timely assessments by qualified mental health professionals, adequate monitoring, established protocols for referring cases to appropriate mental health providers and clear directives not to isolate suicidal children.

#### **Standard 7-206A**

DCS will publish a glossary that operationally defines behavior management terms that are to be used when regulating practices, reporting incidents and collecting data related to protecting children from harm.

**Commentary:** The Department recognizes the confusion that DCS staff and contracting providers experience in trying to meet the State's multiple licensing and regulatory requirements as well as standards set by national accrediting organizations. DCS will work with providers and other interested agencies to develop formal definitions for behavioral management interventions that will apply to the Department as well as all facilities in which children in custody are placed. This glossary will be included in the DCS health reference guide described in Standard 7-107A of this chapter. It will also be incorporated into all training curricula addressing behavioral management issues and practices, staff incident reporting and data collection related to protecting children from harm.

### **Section B - Use of Psychotropic Medications**

#### **Standard 7-207B**

DCS will ensure that psychotropic medications prescribed for children in custody are used in combination with other therapeutic modalities contained in a multidisciplinary treatment plan.

**Commentary:** Every child is entitled to a thorough and complete clinical evaluation that includes a five-axis DSM-IV diagnosis. This evaluation will direct mental health treatment for the child.

Medication can be an important part of treatment for some psychiatric disorders in children and adolescents. However, medication should be used as part of a comprehensive treatment plan and not be the only form of treatment that children receive for mental illness. In addition, the use of psychotropic medication does not have to be the first line of treatment utilized for a child's emotional and behavioral problems. Outcome research indicates that for many diagnoses, the best treatment results for individuals with mental illness can be found when the use of psychotropic medication is combined with participation in psychotherapy.

The DCS case manager will arrange for a psychiatric evaluation if there are reasons to believe the child needs psychotropic medication. If the child is living in a family setting in the community, the case manager will request services from a Community Mental Health Center (CMHC). The CMHC is required, by contract with TennCare, to provide an appointment within 14 days of the request. If the case manager is not able to get an appointment in this time frame, an appeal will be filed. The Regional Health Unit can assist in accessing services and filing appeals. If the child is in a residential or institutional setting, the case manager will work with the treatment team to ensure that the child is evaluated for medication.

### **Standard 7-208B**

DCS will ensure that parents and children are offered an opportunity for meaningful participation and input in the decision making process related to the possible use of psychotropic medications.

**Commentary:** Because the federal Food and Drug Administration has not approved many psychotropic medications for use with children, it is especially important that parents and children understand potential risks and benefits associated with their use. The decision to treat a child with a psychotropic medication should occur only after the physician has informed the decision making team of all the risks and benefits of using or refusing to use the medication. The child who will be taking the medication (if age appropriate and mentally competent) as well as the parent, caregiver, case manager and healthcare provider should be involved in making the decision whether to use psychotropic medications.

If parental rights have not been terminated, DCS will keep parents involved in decisions for their children, including those related to the use of psychotropic medications. Case managers will inform parents and families about psychiatric and medication follow-up appointments so that they are able to attend and provide input into the decision making processes as well as support to the children directly affected. The Department will recognize and respect a family's cultural values and belief systems. This is important to ensure that the child receives maximum short-term benefits from the treatment regime and because, ultimately, it will be the family's responsibility to maintain the regimen when the family is reunified.

The final decision of whether to use psychotropic medication in the treatment of a child who lacks sufficient years or maturity to decide for him/herself should be made by the parent. After the parent and child have been fully informed of the rationale for the medication (i.e., benefits of its use and symptoms the medication is targeting), the risks of taking the medication versus the risks associated with not taking the medication, potential side effects, and how the child's progress will be monitored, a parent would be adequately prepared to make the decision. If the parent is unavailable, the Regional Health Unit nurse will consider all relevant information and make the decision. However, the Department will continue to make efforts to involve the parent in discussions and decisions related to his/her child's health and treatment.

In order for the child to be fully involved in the decision making process, providers must use language that s/he (and all other parties) will understand. The legal rights of older children to consent to or refuse treatment must be recognized as well. In some circumstances, older children have the same rights as adults to give consent for or refuse medical treatment.

These circumstances are described in the commentary to standard 7-120C and explained thoroughly in DCS Policy 20.24.

### **Standard 7-209B**

DCS will ensure that psychotropic medications are properly administered and that custodial children receiving the medications are properly supervised to ensure consistency and continuity in their care and treatment.

**Commentary:** Oversight by the Department is accomplished through several mechanisms. The use of psychotropic medication is tracked by the Regional Health Units through informed

consent documentation. Tracking is also a component of the medical module of the TN Kids system. If the Regional Health Unit nurse has any reservations about the type of medication prescribed or the dosage of the medication, s/he will contact the provider and discuss the concerns. Additionally, case files of children are examined, and the Quality Assurance Unit closely scrutinizes the use of medications, during provider agency reviews.

Medication monitoring guidelines have been developed to trigger special reviews of Departmental cases in which medication may be of concern (e.g., children who have been on numerous medications with a range of dosages in a short time, children on several medications of the same class, etc.) The Director of Medical and Behavioral Services in central office will assign all special review cases to the appropriate medical professionals for further review. A review might involve a referral to designated resources such as the Centers of Excellence for clarification or recommendation on the appropriate medication, dosage or treatment for a child.

### **Standard 7-210B**

DCS will ensure that the efficacy, safety and side effects of psychotropic medications used with children in custody are tracked and documented.

**Commentary:** Although the use of psychotropic medications in children has not been researched extensively, this class of medications appears to be useful in the treatment of children with mental illness. However, the use of these medications is not without potential side effects. During the process of granting informed consent for a child in custody to receive a psychotropic medication, DCS will ensure that the proper information is documented on the consent form. Not only do the potential side effects (e.g., dry mouth, weight gain, increase in blood pressure, etc.) need to be documented, but also the target symptoms of the medication must be clearly stated (i.e., how the caregiver will know that the medication is working correctly).

DCS has revised its policies related to the administration, storage and disposal of medication to clarify the procedures providers must follow. Any variance from these procedures constitutes a medication error and notification to central office is immediately required. The Quality Assurance Unit tracks serious incidents, including medication errors. These incidents are reported to the Director of Medical and Behavioral Services for review and follow up, when indicated. A policy for reporting medication errors and omissions has been developed for use by DCS facilities and contract providers. This policy includes a classification system for medication errors according to severity. The policy will promote treatment provider accountability for medication errors.

### **Standard 7-211B**

DCS will ensure that psychotropic medications are not used as a means of control, punishment or discipline of children or for the convenience of the treating facility.

**Commentary:** The uses of psychotropic medications for children in custody are allowed only as part of an overall treatment plan to benefit an individual child. Psychotropic medications will not be used to keep children sedated so that they are unable to act out or cause disturbances.

### **Standard 7-212B**

DCS will prohibit the use of psychotropic medications on a *pro re nata* basis without the prior authorization of the DCS Director of Medical and Behavioral Services or his/her designee.

**Commentary:** The use of psychotropic medication on a *pro re nata* (PRN) basis has been controversial. *Pro re nata* is the Latin expression from which the term PRN medication is derived. The term is used to describe medications that are administered on an “as needed” basis. Historically, PRN medications have been prescribed across settings for children to manage the agitation and aggression associated with underlying psychiatric illness and not simply for controlling deviant behavior. However, the distinction between prescribing PRN medications for clinical management versus chemical restraint is difficult to define and somewhat ambiguous.

DCS is committed to the usage of PRN psychotropic medications only for the treatment of children’s psychiatric conditions and not for convenience, control or discipline. The Department seeks to preclude utilization of standing orders for PRN psychotropic medications for chemically restraining children by instituting and maintaining a prior authorization process. The prior authorization process will set out the conditions under which the PRN psychotropic medication may be considered. When seeking DCS authorization, the provider must document why the PRN medication is necessary, the psychiatric symptoms it will treat, other behavioral interventions being used, all other medications prescribed for the youth, the limited time period for which the PRN will be used, and the anticipated frequency of use. Once required authorization from DCS is obtained, the provider must report to DCS each time the authorized PRN psychotropic medication is administered.

This standard does not alter the prescribing physician’s ability to issue an emergency, one-time dose of a psychotropic medication, when clinically indicated, to keep a child safe. The order of the one-time dose of medication ensures that the prescribing psychiatrist has been contacted about the child’s current behavior and feels that the medication is necessary in the emergent situation. In these cases, informed consent is required, per Departmental procedure, and the treatment plan (including the psychotropic medication) will be re-evaluated to ensure that the child’s needs are being met.

### **Standard 7-213B**

DCS will ensure that direct-care staff are trained in the use, administration, and monitoring of psychotropic medications with children.

**Commentary:** Utilizing psychotropic medication in the treatment of children has significant training implications. DCS case managers and direct-care staff will receive training related to the types of psychotropic medications, the diagnoses and conditions for which they are appropriate, the side effects related to their use, and the efficacy of the medications. Staff in provider agencies will need similar training, as well as proper training in the administration and dispensing of medication. This training will be incorporated into the pre-service training. Related training curricula will be shared with contract provider agencies for use in their own pre-service training programs.



### **Standard 7-214B**

DCS will monitor and track the prescribing practices of psychotropic medications to include ethnic, gender, age and trends for children in DCS care.

**Commentary:** Pursuant to standards contained in chapter 2 and elsewhere in the *Standards of Professional Practice for Serving Children and Families*, DCS will gather data to assess whether all children in care receive fair and equitable access to services. The Department intends to ensure that minorities, females and children in rural areas are not deprived of services they need or subjected to services that are inefficacious or harmful. DCS will collect and analyze this data as it applies to the administration of psychotropic medications.

### **Section C-The Use of Seclusion and Restraint**

### **Standard 7-215C**

DCS will ensure that the Department and its contract provider agencies use program designs that are safe for children and staff and minimize the use of seclusion and restraint.

**Commentary:** The Department is committed to keeping all children safe and free from harm. Consequently, DCS is responsible for creating and promoting an organizational culture, both in the Department and with its contract agencies and providers, which keeps children and staff safe. In order to promote this culture, DCS must assure that there are adequate professional staffing levels, staff time and resources to assure adequate training and competencies relevant to treatment processes, milieu management, de-escalation techniques, seclusion and restraint. Seclusion and restraint reduction requires preventative interventions at both the individual and milieu management levels using evidence-based practice.

### **Standard 7-216C**

DCS will ensure that seclusion or restraint is used only as a response to an emergency situation when less restrictive measures have proven ineffective.

**Commentary:** Seclusion or restraint will not be the initial behavior management tool used with children. These techniques will be considered only when there is an imminent risk of harm to a child or staff person and all other less restrictive measures have been attempted unsuccessfully. The behavioral emergency must be of a serious enough nature and pose an imminent risk of harm to the child, staff or others to warrant the use of seclusion or restraint. DCS will also require that seclusion and restraint be used only for the minimal amount of time necessary to ensure the physical safety of the individual, other children or staff members.

### **Standard 7-217C**

When it is necessary to use restraint, DCS will ensure that a child is afforded maximum freedom of movement while assuring the physical safety of the child and others.

**Commentary:** If a child must be restrained in order to keep from being harmed or harming someone else, the restraint will be performed with appropriate techniques and staff intervention. The child's physical movements and vital signs will be monitored at least every 15 minutes.

### **Standard 7-218C**

DCS will ensure that children in its care who are secluded or restrained are monitored by a trained staff person who is competent in recognizing and reporting negative reactions and at facilitating release from the seclusion or restraint as soon as indicated.

**Commentary:** If the procedures of seclusion or restraint must be used to ensure safety, continuous monitoring of the situation by an additional staff person is required. The monitor must not be actively participating in restraining or secluding the child. At the first sign of any untoward effect, the monitor will ensure that the child is released from the seclusion or restraint. A nurse will then see the child as soon as possible to determine if any injuries or negative effects occurred because of the procedure.

### **Standard 7-219C**

DCS will ensure that seclusion and restraint are not used for staff convenience or to punish or coerce children in care.

**Commentary:** This standard is a self-evident derivative of standard 7-216C above. It is stated as a separate standard due to historical abuses involving these practices. Seclusion and restraint are not tools to be used to compensate for poor program design. These interventions will not be used to compensate for programs that are understaffed or operated by untrained and unqualified personnel. DCS will monitor incidents of seclusion and restraint to determine the circumstances under which the interventions are utilized.

### **Standard 7-220C**

DCS will ensure that seclusion and restraint are not used simultaneously.

**Commentary:** Both of these interventions are designed to ameliorate an immediate safety risk, but are associated with different risk factors. The Department will not permit children to be exposed to both sets of risk factors simultaneously. The risks and benefits associated with using either intervention must be considered before determining if either intervention is appropriate for a particular child. This risk/benefit analysis will include an individualized assessment of the child's history. Since the act of seclusion or restraint evokes intense feelings, the current psychological status of the child must be considered. Health and physiology issues may make one form of intervention less favorable than the other.

### **Standard 7-221C**

DCS will prohibit the restraint of children in DCS or contract provider family resource homes, except under limited circumstances in which the resource parent of a child with severe behavioral issues is specially trained and certified to administer physical restraint pursuant to guidelines contained in the child's plan of care.

**Commentary:** DCS believes children living in family resource homes should experience the most normal living environment possible. Generally, the Department will not promote expectations that physical confrontations are a common part of the foster care experience. Custodial parents will be trained in nonphysical techniques to restore calm during potentially explosive confrontations.

As the Department implements the *Standards of Professional Practice for Serving Children and Families*, a greater number of children with serious emotional and behavioral issues will receive

services in home settings instead of hospitals or residential treatment facilities. As the Department develops the capacity to deliver services in the home that were previously only offered in restrictive settings, custodial caregivers will need to have expertise in handling children with serious emotional disorders. Some of the children will have mental health diagnoses and histories that make them at risk for periodic, aggressive outbursts. DCS believes many of these children with mental and behavioral health needs will experience better outcomes if they are able to receive services in a home setting. This will require DCS and the Child and Family Team to develop a plan that provides special supports and safety measures for the child and the resource family. This might require a resource parent to become competent in using physical restraint techniques in order to protect the child from him/herself or to protect other individuals living in the home. DCS will permit a resource parent to use physical restraint techniques only under exceptional circumstances. The exceptional circumstances must be articulated in the Permanency Plan and include the reasons that physical restraint authorization is necessary. The exceptional circumstances will also explain the skills based competency training that the resource parent will have prior to receiving authorization to restrain.

### **Standard 7-222C**

DCS will prohibit the use of restraint techniques that result in hyperflexion of the head and neck or result in weight being placed on the subject's upper torso, neck, chest or back.

**Commentary:** Physical restraint is a security measure and not a benign procedure. Physical restraint is an intervention that should only be used in response to extreme threats to life or safety. Physical restraint should not be applied by anyone who is not specially trained and cognizant of the dangers inherent in restraint use. DCS will require programs that use restraints to provide evidence that the methods used create minimal risks of positional asphyxia.

DCS will continue to review current and future research that identifies injury and mortality risk factors associated with restraint procedures. Based on this research, DCS will develop regulatory language that instructs on proper and improper restraint practices and include these regulations in the health reference guide identified in Standard 7-107A.

### **Standard 7-223C**

DCS will not use or permit the use of mechanical restraints to transport children unless the transport is from a secure facility to another secure facility, from a secure facility to an outside appointment or from a non-secure facility to a secure facility immediately after the child is taken into custody for an alleged delinquent act.

**Commentary:** Mechanical restraints will not be applied to children being transported except when the child poses a serious security risk. Children who are placed in community settings will never be mechanically restrained unless they are being taken into custody to be transported to a secure facility for the commission of a criminal type offense. In this circumstance, the law enforcement officer taking the child into custody, not the program staff, will administer the mechanical restraints.

### **Standard 7-224C**

DCS will prohibit the use of mechanical restraints on any non-delinquent child, unless the restraint is administered at a mental health facility authorized to evaluate or treat the child

pursuant to a juvenile court commitment order or an order issued pursuant to the mental health and developmental disability laws contained in Title 33 of Tennessee Code Annotated.

**Commentary:** Generally, DCS believes children should be free from restraint. Restraints should be avoided as an intervention except in emergency situations. DCS reinforces this presumption against using mechanical restraints, by making the prohibition absolute for most children it serves. DCS prohibits their use with any neglected, abused or unruly child unless the child was placed in the mental health facility pursuant to the mental health statutes of Tennessee. Under these circumstances, mechanical restraints will be allowed only in the case of an emergency, when the child is at imminent danger of self-harm or of harming others and no other option exists to protect the safety of the children and staff.

The use of mechanical restraints in facilities will be permitted only in those that are approved by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to utilize this emergency technique. Each instance of restraint will be documented and reported to the Quality Assurance Unit and the Director of Medical and Behavioral Services.

#### **Standard 7-225C**

**[Reserved to address chemical restraints.]**

**Commentary:** [Reserved]

#### **Standard 7-226C**

DCS will prohibit the use of locked seclusion with a non-delinquent child, unless the seclusion is administered at a mental health facility authorized to evaluate or treat the child pursuant to a juvenile court commitment order or an order issued pursuant to the mental health and developmental disability laws contained in Title 33 of Tennessee Code Annotated.

**Commentary:** Locked seclusion will be avoided as an intervention with delinquent children except in emergency situations. DCS will comply with the federal law mandating the deinstitutionalization of non-offenders and status offenders. Therefore, DCS will prohibit the use of locked seclusion with neglected, abused or unruly children unless the children were placed in mental health facilities pursuant to the mental health statutes of Tennessee.

#### **Standard 7-227C**

All DCS staff responsible for providing care to children at risk of harming themselves or others will receive pre-service and ongoing professional development training related to behavioral emergencies including seclusion and restraint.

**Commentary:** Appropriate training and competency in using seclusion and restraint are necessary in order to provide safe care for children. Staff will demonstrate current competency in all aspects of dealing with behavioral emergencies, including seclusion and restraint. Training will also focus on how to recognize problems during a restraint or seclusion episode and facilitate release. All training will be documented. Any deficiencies in utilizing these techniques will be identified so that enhanced training can be performed.

#### **Standard 7-228C**

DCS will systematically monitor the use of seclusion and restraint as part of the Department's performance and quality improvement efforts to detect abuses, trigger corrective interventions, sanction providers and report to internal and external regulatory agencies.

**Commentary:** Data are collected systematically on all incidents of seclusion and restraint to both monitor performance and guide improvement initiatives. The data will be reviewed by central office in order to detect any possible patterns of abuse.

#### **Standard 7-229C**

DCS will ensure that a thorough and complete description of all aspects of every seclusion or restraint episode is documented in each child's clinical record.

**Commentary:** Any incident of seclusion or restraint of a child in custody is tracked and monitored by DCS. Documentation will be thorough and include at a minimum the following information: the behaviors and events leading up to the seclusion or restraint; the individuals involved in administering and monitoring the restraint; the de-escalation strategies used prior to the restraint; the care and monitoring provided; the time involved in the overall incident; the duration of the restraint; and whether the parents of the child received notification of the incident.

#### **Standard 7-230C**

During each contract cycle, DCS will require service providers who contemplate using any form of restraint as an emergency intervention to provide the Department with a detailed report containing information about the type of restraints that will be used, assurances of training and staff competency to administer the restraints, control mechanisms to regulate their use and the program's system for recording and reporting incidents.

**Commentary:** DCS intends to act prospectively to prevent harmful incidents or misunderstandings involving service providers. DCS will be clear about what is permissible and preferred practice. Therefore, DCS will expect all contract agencies to clearly articulate their program practices and provide assurances that they comport with DCS practice standards and the DCS health reference guide described in standard 7-107A.

## **VIII. PRACTICE STANDARDS FOR ADOLESCENT SERVICES**

### **Introduction**

Children who spend their adolescence in foster care are at high risk of suffering negative outcomes. They are at risk to fail academically, to be unemployed and to suffer from a disproportionately high number of physical and mental maladies. Homelessness among teens who were formerly placed in foster care is widespread. Child welfare agencies can improve outcomes for youth by reducing the time children spend in care, by providing adolescents with meaningful opportunities to develop the skills of independent living and by providing juvenile justice programming that not only protects the community but also enables offenders to become competent and productive citizens.

Adolescents in foster care, especially those who have had protracted custody episodes, face numerous challenges related to developmental milestones experienced while in care. These DCS youth will have Permanency Plans that not only address barriers to permanency, but concurrently provide for services that will prepare them to become self-sufficient adults.

Youth receiving treatment in the DCS juvenile justice system need to learn to be accountable by providing restoration to victims and communities whenever possible. It is equally important that these youth receive treatment that focuses on making them competent to function as productive and responsible citizens. The Department believes that treatment that merely focuses on suppressing problem behavior will not serve the long-term interests of the youth or the community. Supervision and control will be imposed for the purpose of providing community protection and reinforcing competency development and accountability objectives. Juvenile justice services will dovetail with permanency planning for the youth.

### **Part 1– Independent Living Services**

#### **Standard 8-100**

DCS will provide ongoing services to custodial youth who are fourteen years of age and older that will prepare them to live independently and function as productive members of society.

**Commentary:** Children experience important developmental milestones at every age. The Permanency Plan for all adolescents in foster care will include services that will help them acquire the developmentally-appropriate skills necessary for making successful transitions into adulthood. The services will be part of the standard process for developing individualized service plans, regardless of the permanency goal. DCS will provide youth with opportunities to develop competencies that correspond with healthy adolescent development. While youth with permanency goals of Planned Permanent Living Arrangement require concentrated efforts to acquire these skills due to their particular life situations, all adolescents need to receive services associated with developing independent living skills.

The Independent Living Programs will be developed and operated in each region with appropriate technical assistance from central office personnel. The actual content of the local programs may need to vary based on issues endemic to particular regions. Services appropriate for independent living programs would include, but not be limited to:

- Issues related to personal hygiene and health care,
- Social and interpersonal skills,
- Sex education,
- Food shopping,
- Meal preparation,
- Care of domicile,
- Financial budgeting, saving and spending,
- Consumer practices,
- Educational and vocational training,
- Employment,
- Public transportation,
- Community systems and services,
- Building networks of social support, and
- Other appropriate services identified by youth, families, mentors and community partners.

### **Standard 8-101**

DCS will conduct written assessments that measure the independent living skills of custodial youth who are at least fourteen years old and will incorporate into the Permanency Plan the indicated services that will enhance their independent living skills.

**Commentary:** The skills assessment will indicate the youth's level of competency in all independent living areas. This information will be obtained as early as possible in order to have sufficient time to help youth learn the skills necessary to become independent. DCS will undertake thoughtful planning with youth and their support networks to prepare youth for emotional and economic independence. In addition to teaching concrete skills, the independent living process will model the benefits of planning, the importance of skill development and the need for support networks throughout life. If youth are invested in the process and complete the service activities, they will have one of their first experiences of successfully developing competence. This experience will translate to future experiences in which adolescents will need to surmount adversities and address emerging life problems as adults.

### **Standard 8-102**

DCS will develop and maintain dedicated Independent Living Programs in every region that will systematically and comprehensively develop life skills for custodial youth who are at least sixteen years old, have permanency goals of Planned Permanent Living Arrangement and need concentrated efforts to learn independent living skills.

**Commentary:** Some children come into care under circumstances that put them at risk of "aging out" of the system without being prepared for the challenges of living independently in their communities. Those most at risk of transitional failure because they lack the skills, competencies and supports to handle challenges in adult society will be provided with services specifically designed to help them acquire them in an intentional and planned manner. These services will be bundled together and provided systematically through formal Independent Living Programs. A menu of services will also be available to youth on an individual basis consistent with their permanency needs. Regions will guard against regularly requiring youth to

complete bundled and institutionalized “Independent Living Programs” as a matter of course and will ensure that such services meet the individual’s assessed and demonstrated needs.

Youth who meet the criteria defined in this standard will be presumed appropriate for services offered by regional Independent Living Programs. When individual circumstances suggest that services provided by regional Independent Living Programs are not needed by a particular youth, those circumstances will be explicitly outlined in his or her case record and a TN Kids recording.

### **Standard 8-103**

The Independent Living Programs will actively recruit adult volunteers and provide opportunities for youth participants to work with mentors in developing local networks of support.

**Commentary:** Although youth in need of independent living programs will benefit from the core offerings, the primary focus of these programs will be to provide youth with local networks of support.

The 2002 DCS needs assessment stated:

Everyone involved with examining independent living issues needs to understand that the ability to live independently is more dependent on having a network of supportive relationships than simple skills. The risk that children emancipated from the system will wind up in jail has more to do with not having ties to family or friends than not being able to balance a checkbook.

A mentoring program that helps youth develop meaningful social relationships will provide youth with access to supports that might otherwise be unavailable to the youth. Individuals with local expertise and an understanding of community resources are in the best position to help build these networks. Dedicated DCS staff will use volunteer mentors to make community contacts that will assist in expanding and developing other components of the Independent Living Programs. Formalized, system-based connections with mentors will model the development and growth of these support relationships and assist youth in forming natural, emerging networks in the future.

### **Standard 8-104**

DCS will provide a monthly stipend to all youth participating in Independent Living Programs who are at least sixteen years old and have been in foster care for more than twelve months during their current custody episode, and for youth who have a permanency goal of Planned Permanent Living Arrangement.

**Commentary:** Learning to budget is a critical skill for successful independent living. Participating youth will be given the real-life opportunity to develop money management skills and make economic choices prior to leaving the custody of the Department. The stipend will be set at a standardized rate and paid directly to the youth. If the stipend is withheld for non-participation in the program, the youth will be given a reasonable opportunity to recoup it by taking steps to remedy the non-participation issues. The reasons for possible withholding of the stipend will be explicitly outlined for the youth so that they are able to understand consequences and make informed choices. The process of assessing consequences, needs and wants will provide youth with the opportunity to practice mature decision making.



### **Standard 8-105**

DCS will ensure that vocational skills training is available to youth who are not expected to matriculate in a college or community college program if the youth are at least sixteen years old and not attending school or working in a full-time job.

**Commentary:** Vocational skills training can be conducted during summer school sessions, in special programs, in apprenticeship programs in trades or businesses, or in any other appropriate manner likely to assist youth in attaining gainful employment. Youth will be made aware of all possible vocational options and the steps necessary to matriculate into a college or community college. It will not be assumed that a youth who does not express interest in vocational programs, college or community college does not have a desire to participate in such ventures. It will be the responsibility of the case manager to ensure that a youth is informed and understands all viable options, even those that appear to be beyond a youth's reach. In such instances, the role of the case manager will be to help the youth explore the steps to goal completion and encourage the youth in stretching his/her abilities.

### **Standard 8-106**

The Independent Living Programs will provide services to assist youth in securing gainful employment.

**Commentary:** The Department will assist youth in developing the work habits, self-awareness, and social skills needed to obtain and maintain jobs. Youth will learn how to function in conventional work environments. They will also be educated in the importance of punctuality, proper grooming and dress, working well with co-workers, and appropriately completing tasks. Program participants will learn how to search and interview for jobs and manage their paychecks. The Department will develop job leads in the private sector and work with businesses that are potential employers of youth in care and discharged youth.

In addition to teaching basic job skills, youth will be assisted in identifying their strengths and assessing whether jobs match both their strengths and their interests. This involves helping them understand the paths to attaining the skills necessary to obtain a position that meets their interests. Youth will also be encouraged to learn appropriate expressions of their creativity and individuality in their work setting without violating office norms, jeopardizing their positions, or alienating co-workers.

### **Standard 8-107**

In preparation for discharge from custody, DCS will assess the independent living skills of youth fourteen years old and older to ensure that all resources and supports are in place to enable the youth to succeed in adult society.

**Commentary:** At the discharge-related Child and Family Team Meeting, the case manager, youth and other CFT members will conduct an assessment of independent living skills to determine that the youth has all the resources and supports in place that will predict a successful discharge and positive outcomes. The Child and Family Team members will complete a standardized discharge checklist developed by DCS that enumerates tasks identified by the assessment that will be completed prior to discharge. The checklist will include assurances that DCS has assisted the youth in completing all of the following that apply:

- Acquiring a driver's education
- Obtaining a driver's license
- Obtaining a social security card
- Obtaining a complete medical record
- Obtaining medical information about the family that could be relevant to potential future medical issues
- Obtaining their original birth certificate
- Obtaining a copy of all school records
- Drafting a job resume or skills summary
- Establishing an appropriate and stable living arrangement

Any task that is identified as incomplete because it does not apply to the individual youth's situation will include an explanation of why the task is not relevant. The checklist will also include a section for describing all services that will be provided to the youth following discharge.

Staff from relevant State agencies who can provide ongoing assistance to the youth following discharge will be invited and encouraged to attend the discharge-related CFTM. At the meeting, the case manager will also provide written information about community health services, day care, employment services, food stamp information, housing referrals, medical assistance and welfare work rules.

See part four of chapter five for more information on discharge-related procedures.

### **Standard 8-108**

DCS will offer and provide extended services to children who leave foster care after reaching the age of majority and meet the eligibility requirements for the Independent Living Program.

**Commentary:** This extension of services will allow DCS to provide needed support to a child after discharge from foster care placement. The services provided will be based upon an assessment of the child's needs to assist him/her in making a successful transition to living independently. DCS will offer the services whenever it is appropriate to the needs of the child. The services will not be dependent on whether the agency retains custody of the child during this period.

## **Part 2 - Services to Unruly Youth**

### **Section A – Treatment Approach**

#### **Standard 8-200A**

DCS will adopt a treatment philosophy for unruly youth that addresses underlying symptoms associated with the unruly episodes and will use the same service planning approach used for non-offending children and their families.

**Commentary:** The appropriate treatment of unruly youth, (youth who engage in misbehaviors that would not be criminal if committed an adult,) has historically presented challenges to juvenile courts and child-serving agencies. Unruly youth are not “criminal-type” offenders. Moreover, youth adjudicated unruly cannot be transformed into delinquents by a court order

finding them in violation of a “valid court order”. Some juvenile court orders have incorrectly labeled these unruly youth as delinquents. This mislabeling has created serious issues for DCS in determining what types of services and treatment the youth are eligible to receive.

Another challenge presented by unruly youth occurs when juvenile courts have difficulty obtaining the effective cooperation of youth in need of services. Some courts have used secure facilities to coerce compliance. Other courts have refrained from intervening unless the youth’s behavior escalates to “criminal-type” offending. Policy makers have debated whether juvenile courts should be divested of unruly offense jurisdiction, should expend additional resources on prevention and treatment of unruly youth or should treat them more like delinquents. Tennessee has not escaped the challenges associated with determining the best way to provide services to unruly youth. Traditionally, DCS has viewed unruly youth as “juvenile justice kids”. This perception has created problematic situations where unruly children were subjected to programs and policies designed primarily for delinquent youth.

The provisions of the *Brian A. Settlement Agreement* apply to all children in foster care for reasons of abuse, neglect, dependency and unruliness. The settlement agreement makes clear that unruly youth must be covered by the same standards of care and protection from harm that apply to children in the child welfare system. These practice standards reflect a family-centered casework and case planning model that stresses engagement skills, strengths-based approaches, team decision making, and structured and functional assessment tools in achieving timely permanency for children in care. DCS will approach treatment issues of unruly youth using this model.

Unruly youth pose challenges to service providers because of the complexity of problems often associated with their behavior. Unruly offenders are often victims of abuse or maltreatment, have emotional or mental health concerns or may be behind in school. DCS and private providers will provide individual services to address these underlying issues and maintain the belief that these children have strengths and are entitled to permanency in spite of the challenges involved in working with them.

Some courts and service providers have become frustrated with recalcitrant youth and want to use secure facilities as treatment options for unruly youth. DCS will not place unruly youth in architecturally-secure facilities unless a court finds independent grounds that serious psychiatric or mental health issues require placement in a secure mental health treatment facility. DCS will clearly indicate in the case record the correct status of unruly offenders in order to comply with distinct legal requirements that apply to these youth (e.g. judicial notice requirements for Trial Home Placements and discharge from custody).

See chapter ten related to case planning in general.

### **Standard 8-201A**

DCS will actively involve parents and families in the unruly youth’s treatment program.

**Commentary:** Parents and relatives of unruly children are often emotionally drained after protracted involvement with police and courts. Juvenile courts have often been ineffective at working with these dysfunctional and distressed families. Families may need assistance to overcome skepticism and disengagement that might be present due to previous failed

interventions. In addition, families may also need to be reminded that they are responsible for their role in achieving successful outcomes for their children. Families should not be allowed to walk away from their “problem child.” Families will observe DCS staff modeling the same commitment to these children through ongoing efforts to design service plans that meet the needs of the children and effectively resolve their issues. DCS will provide families with services to facilitate their participation in the planning process.

See standard 10-204 in chapter ten regarding services and resources to facilitate family participation in case planning processes.

### **Standard 8-202A**

DCS will provide services to unruly youth in their own homes if possible, and if not possible, in the least restrictive setting that can serve the youth’s and the families needs.

**Commentary:** Resources will be directed toward unruly youth in the most normal setting possible. Community-based resources and services will be available to address the special needs of the youth and his/her family. For example, the Family Crisis Intervention Program provides short-term crisis intervention services and brokers helpful community resources. Crisis intervention staff can assist families in accessing services to which youth and families would have direct access if they possessed the skill and knowledge about accessing community programs. DCS can provide the elements of additional monitoring, support and coordination in delivery of services.

DCS will encourage public and private agencies to develop community-based services on the local level that can meet frequently occurring needs of families in particular communities. At a minimum, programs for unruly youth should be available that address the following:

- Remedial tutoring,
- Crisis intervention,
- Alternative education services,
- Anger management,
- Drug and alcohol education and treatment,
- Latch key services,
- Mentor programs,
- Vocational training,
- Basic life skills training,
- Day treatment,
- Counseling, and
- Health services

### **Section B - Runaway Youth**

#### **Standard 8-203B**

DCS will report to the police all instances when youth in custody runaway from placement and will actively seek to recover children who run away.

**Commentary:** DCS will consider every runaway episode to be potentially dangerous to the child who has run. Even though some youth are chronic runners and experienced at surviving

when faced with difficult circumstances, they, like first time runners, encounter serious risks during runaway episodes. Some youth expose themselves to these risks in order to survive because appropriate supports are not in place. DCS will investigate the circumstances of runaway episodes and take steps to recover missing children who are in custody. All runaway episodes will be reported to the police.

Staff will exercise common sense in determining when a child has runaway. Tennessee law defines a “runaway” as a child that is away from the home, residence or any other residential placement of the child’s parent(s), guardian or other legal custodian without their consent. Application of this definition is not always easy and may require fact investigation to determine whether a runaway incident has occurred. While running away is a self-initiated event, it often occurs in the context of conflict with a caregiver. Sometimes a youth will walk away from conflict to “cool off”. This may be done with no intent to runaway. In other circumstances, an episode may result from a simple misunderstanding between the child and caregiver about when the child was supposed to return home after leaving with permission. Case managers will be diligent in reporting all runaway incidents, but need to be informed of the circumstances before making a report. Any circumstance where a child’s whereabouts are unknown for an extended period of time or overnight must be reported.

#### **Standard 8-204B**

Upon recovering a non-delinquent child who has runaway, DCS will place the child in a non-secure setting.

**Commentary:** The *Brian A. Settlement Agreement* prohibits DCS from placing any child who is not an alleged or adjudicated delinquent in a jail, correctional or detention facility. Non-offenders and status offenders, even those who have runaway, will be placed in non-secure settings.

#### **Standard 8-205B**

DCS will review the efficacy of any placement from which a child has run away.

**Commentary:** DCS will attempt to find placements for children that provide a supportive environment in which the child will be encouraged to stay. DCS will seek the underlying reasons behind a runaway episode to determine if the problem is related to the placement or other issues that need to be addressed. In assessing the incident, DCS will provide ample, age-appropriate opportunities for the runaway child to reveal the reasons that prompted the episode. If the reasons are found to be a result of a crisis in the home, the case manager will assist the youth in effectively reintegrating into the home environment and in understanding that crises can be addressed in ways other than placement disruption. Runaway behavior can be a survival skill that youth develop in abusive settings, and case managers must carefully assess whether youth lack problem-solving skills or whether there is abuse occurring at the placements. As in determining runaway status, case managers will thoughtfully engage all participants and review related facts before determining the causes of the incidents.

Additional concerns for the safety of the community must be addressed when a delinquent child runs away. In these instances, DCS will take prompt and appropriate action consistent with policy to address security concerns.

See standards 6-504B and 6-513C in chapter six for more information on services and practices to stabilize placements

### **Standard 8-206B**

DCS will complete an assessment for each child that is recovered after a protracted runaway episode to determine whether s/he suffered harm during the episode and has new permanency or treatment needs.

**Commentary:** Children who are recovered after extended runaway episodes will receive comprehensive assessments that will address health and mental health needs as well as permanency concerns. DCS will investigate the circumstances related to the runaway episode in order to understand safety and health risks to which the youth may have been exposed. Measures of the seriousness of the runaway episodes include the distance traveled, whether the child left the State, how long the child was gone, and whether s/he suffered harm during the episode. Inquiries of the child should be limited in scope, however, if charges are pending against the child related to incidents that occurred during the runaway episode. In such instances, all due process rights of the child will be observed.

## **Part 3- Services to Delinquent Youth**

### **Standard 8-300**

DCS will provide to delinquent offenders a combination of appropriate supervision and services designed to address risk factors that contribute to the development or continuation of delinquent behavior.

**Commentary:** DCS will focus on delivering services that control risk and incorporate both incapacitative and rehabilitative strategies. Program services will incorporate offender accountability and identify individual strengths while focusing on the development of youth bonds to conventional values, activities, persons, and institutions. Services will provide youth with the personal, social, and technical skills to function in conventional society and provide meaningful opportunities to exercise those skills. DCS will facilitate the development of program plans that promote youth participation in positive social activities with pro-social values and reduce the influence of delinquent peers as a socializing force.

See part three, section B of chapter eleven and part two of chapter twelve regarding assessment standards for delinquent youth.

### **Standard 8-301**

DCS will provide both core services that address common problems facing multi-problem offenders and individualized services that address the special needs of each delinquent youth and his/her family.

**Commentary:** Offenders in need of greater supervision and control may require secure placements, or extensive monitoring that will limit access to community or home-based services. DCS will provide a range of services to confined youth that address common issues associated with juvenile offending. Confined youth will have program plans that provide services that address their individual likelihood of re-offending. The treatment goals for delinquent youth will address their risk factors related to re-offending and build foundations to move them toward

permanent placements as soon as can be safely and legally accomplished. The permanency planning process for delinquent youth will track the process used for abused, neglected and unruly youth as much as possible while also addressing community safety and rehabilitative concerns.

See chapter six regarding the provision of individualized services and child-specific placements.

### **Standard 8-302**

DCS will serve high-risk youth in community settings whenever it can be done safely and without undue risk to the community.

**Commentary:** DCS believes that programs are generally more effective when they allow youth to remain in an environment in which they will ultimately live. Programs that place youth in artificially-controlled settings are more dependent on the controls in the external environment than on internal changes in attitudes and behaviors. This can lead to unrealistic assessments of a youth's ability to maintain healthy behavior once removed from the artificial environment. However, in some instances, delinquent youth will initially be placed in secure settings to enable them to stabilize their behavior. DCS will attempt to serve these youth in their communities as soon it can be done appropriately.

### **Standard 8-303**

DCS will provide delinquent youth in secure settings with institutional services that can be applied and reinforced in the community.

**Commentary:** Institutional programming will be designed to target the specific characteristics and problems of offenders that can be changed in treatment and that are predictive of future delinquent or criminal activity. In addition, programs will be designed with an emphasis on reintegration of the youthful offender. Treatment modalities that do not promote benefits that can be transferred in community settings are not effective or cost efficient.

### **Standard 8-304**

DCS will actively involve parents and families in the youth's treatment program.

**Commentary:** DCS will use a process for program planning that parallels the permanency planning process for abused, neglected, dependent and unruly children. DCS will provide parents and family with services to facilitate their participation in the youth's planning process. For example, when distance prevents family and supportive community resource people from attending planning meetings for youth in institutions, DCS will facilitate telephonic participation.

See chapter ten for more information regarding the case planning process.

### **Standard 8-305**

DCS will provide aftercare services for confined youth that prepares them for reentry into the specific communities to which they will return.

**Commentary:** Aftercare planning will occur concurrently with program planning. It will begin when a youth enters an institution and be integrated with other treatment services. The aftercare plan will anticipate what supports the youth and family will need and begin putting them in

place. DCS will provide highly structured, seamless transitional experiences at the point of community reentry. The Department will arrange for services that provide linkages with agencies and individuals in the community that relate to specific risk and protective factors affecting the youth.

**Standard 8-306**

DCS will maintain conformance with nationally recognized accreditation standards related to the operation of residential facilities that serve delinquent offenders.

**Commentary:** DCS will operate and maintain residential facilities to ensure that residents are safe and subjected to proper living conditions. DCS realizes that maintaining accreditation does not necessarily ensure improved conditions of confinement, but believes it is a safeguard that should be in place. The accreditation standards do not specify outcomes that should be achieved and DCS will address outcome achievement programmatically.



## **IX. PRACTICE STANDARDS FOR LEGAL COUNSEL AND COURT PROCEEDINGS**

### **Introduction**

Judicial proceedings under the Juvenile Court Act are guided by the same goals that are the basis of the Department's practice standards: ensuring the safety and well-being of children; providing services to families and children to ensure permanency; and providing effective treatment and training that will rehabilitate juvenile offenders and protect the public welfare. While there are certain rules and formalities to court proceedings that do not apply to other settings (Child and Family Team Meetings, Foster Care Review Board meetings), these rules and formalities support two critical values that the Department supports: that the rights of children and families are respected; and that legal decisions are made objectively, based on a full and fair presentation of all relevant facts.

These standards address DCS practice as it relates to judicial proceedings. While there is specific focus on the obligations of DCS attorneys, these standards relate to both DCS attorneys and non-attorney staff. With respect to the obligations of DCS attorneys, these standards are consistent with and derived in large part from the requirements of Tennessee Rules of Court, including the Model Code of Conduct for lawyers, which govern the conduct of all attorneys in Tennessee. The standards in this chapter will help merge the interests of the legal process and the casework process in obtaining positive child welfare and juvenile justice outcomes for children and families.

### **Part 1 - Role of the DCS Attorney**

#### **Standard 9-100**

The DCS lawyer will represent the Department of Children's Services in judicial proceedings in the juvenile, circuit, and chancery courts.

**Commentary:** At times in the past, because of serious understaffing of the DCS Legal Services Division, case managers and supervisors found themselves called upon to appear on behalf of the Department in judicial proceedings. This placed non-lawyers in the position of "practicing law without a license", which is a criminal violation. The Tennessee Legislature addressed this untenable situation by dramatically increasing funding for legal staff to ensure that attorneys are available to advocate for the Department in any trial court proceeding. Under present state law, the Tennessee Attorney General represents the Department on any appeals filed in the Court of Appeals or Tennessee Supreme Court.

#### **Standard 9-101**

DCS will act through the attorney when taking official actions in a judicial proceeding.

**Commentary:** The DCS attorneys will attend all hearings for which the Department has been noticed to appear. The DCS attorney will attend all hearings in which a Department staff person is being asked to act on behalf of the Department in a case involving a child who is in DCS custody or in imminent risk of being placed in DCS custody.

#### **Standard 9-102**

DCS attorneys will represent the interests of the Department of Children’s Services as embodied in applicable law and the mission, principles and standards of professional practice adopted by the Department.

**Commentary:** The DCS lawyer will ensure that the Department’s official actions and positions taken in any judicial proceeding are consistent with the law. DCS attorneys will counsel and work collaboratively with DCS case managers and supervisors to advocate positions and seek outcomes that conform with the Department’s *Standards of Professional Practice for Serving Children and Families*. The DCS lawyer must, in presenting the Department’s position, act consistent with the Model Rules of Conduct applicable to lawyers in Tennessee.

### **Standard 9-103**

The DCS lawyer will have dual obligations to ensure that the Department’s position is competently advocated and that the proceedings are fairly conducted in a manner consistent with the law.

**Commentary:** Because juvenile court proceedings evolved from informal (and theoretically non-adversarial) events, some juvenile courts have been slow to apply due process rules. DCS lawyers will take steps to ensure that the Department participates in proceedings in which all parties are treated fairly. Although the dual obligations may initially appear to be paradoxical in an adversarial system, positive child and family outcomes are advanced by having judicial determinations that are not vulnerable to reversal resulting from a flawed process.

### **Standard 9-104**

The DCS lawyer will resolve conflicts with program staff about the handling of a case by applying the *DCS Guiding Principles and Standards of Professional Practice* to the facts of the particular case and by seeking review from the lawyer’s supervisor where no resolution is reached.

**Commentary:** One of the cultural shifts that this standard embraces is the elimination of the historical conflict between the “authority” of “program staff” and the “authority” of “legal staff.”

The myth is that there are two distinct areas of responsibility and that there is a clear line of demarcation between what is the responsibility of legal staff and what is the responsibility of program staff. In the past, staff sought guidance from vague traditions about who gets to decide, who has the “right” to tell whom what to do, when program staff must consult legal staff and when legal staff must follow the directives of program staff.

In reality, DCS lawyers cannot ethically present positions in court that they believe are unsupported by the facts or the law. Moreover, DCS program staff cannot take the witness stand and testify to something that they do not believe to be accurate. There is no rule of authority that can relieve either person in this situation of his/her obligations.

Just as the Department’s commitment to Child and Family Team Meetings creates a preference for teamwork and collaboration, the Department’s adoption of this standard envisions an enthusiasm for teamwork and collaboration among DCS staff working with each other. The “legal” staff and the “program” staff will function with a unified purpose. They will each bring their individual expertise to accomplish their joint responsibilities.

The following statements—all too common in previous conversations between legal and program staff—are not consistent with this standard and will be considered red flags if they arise in conversation between a DCS lawyer and DCS case manager in a particular case:

- “Why? Because that is a decision that is mine to make.”
- “I don’t have to answer your question.”
- “You don’t need that information.”
- “That is my decision to make, not yours.”
- “You are not supposed to be attending this staffing/hearing.”

When legal staff and program staff act in accordance with these standards, the following interactions are expected:

- “Here is what I think we ought to do in this case and these are my reasons; what do you think?”
- “I am glad you asked because I want to make sure all of us are comfortable with the Department’s position on this.”
- “I really appreciate your interest.”
- “I am not sure I am comfortable going ahead with this if I can’t persuade you that this is the right decision.”

### **Standard 9-105**

The DCS attorney will represent the Department in judicial proceedings.

**Commentary:** DCS attorneys will understand relevant federal and state laws, regulations and policies affecting child welfare and juvenile justice. DCS attorneys will thoroughly prepare for all hearings. DCS attorneys will have reasonable caseloads to allow adequate preparation. The attorneys will be involved in cases at the earliest opportunity after an investigation and remain involved in decision making throughout the life of the case. The DCS lawyer will maintain a file on each child in custody for which that lawyer is representing the Department.

### **Standard 9-106**

The Department will provide training and attorney supervision to ensure that DCS attorneys have the knowledge and skill necessary to competently represent the Department.

**Commentary:** DCS will utilize cross training techniques in order to provide different audiences with information from different academic disciplines. Information will be presented from diverse institutional and system perspectives as well. Training for legal staff will address relevant areas of child development and social work practice as well as traditional legal practice techniques.

## **Part 2- Case Initiation, Pre-trial Process and Trial**

### **Standard 9-200**

DCS legal staff will ensure that there is a reasonable basis in fact and law for every position taken and pleading or other document filed on behalf of the Department.

**Commentary:** The DCS attorney will fully understand all relevant federal and state laws, regulations and policies affecting child welfare, juvenile justice and related areas. The attorneys will review the case file in order to obtain all relevant information needed to prepare a pleading. If the information needed is not in the case record, the attorney will work with legal staff and case managers to make arrangements for collecting the information.

#### **Standard 9-201**

DCS legal staff will provide a signature on all pleadings or other document that are filed with a court on behalf of the Department.

**Commentary:** DCS attorneys rely on case managers and other staff to gather information and help prepare a case. Non-lawyer staff are often asked by court personnel and attorneys to transport and deliver legal papers. As the legal representative for the Department, it is the attorney's responsibility to monitor the content and handling of pleadings and other legal documents. Requiring signatures from legal staff safeguards against mishandling of legal documents.

#### **Standard 9-202**

DCS will ensure that copies of pleadings and other documents filed with a court on behalf of the Department are provided to all parties or counsel for represented parties at or before the time of filing.

**Commentary:** DCS will cooperate with all parties in a case. This cooperation includes giving all parties sufficient notice of pleadings. Because juvenile courts operate under accelerated time frames, the best practice is to make sure that parties get copies of documents and pleadings filed with the court as soon as they are available.

#### **Standard 9-203**

DCS staff will ensure that children and parents are provided with basic information about their legal rights, including their right to be represented.

**Commentary:** Individuals affected by the child welfare and juvenile justice systems often fail to understand how the court process works. DCS publishes and distributes brochures and information pamphlets to inform children and parents about their legal rights. DCS will take affirmative actions to educate children, parents and other interested parties about their legal rights and responsibilities.

#### **Standard 9-204**

Whenever a child or parent appears without legal representation, DCS legal staff will make a motion requesting the court to inquire about the child or parent's knowledge of their right to representation and to appoint counsel and/or a guardian ad litem as is required by law.

**Commentary:** When judge fails to appoint a lawyer for a child or parent in a situation in which appointment of counsel is required by law, it is the obligation of the DCS attorney to seek review of that failure. Because in many ways, the right to representation is key to ensuring that other

rights are protected, DCS legal staff have a special obligation to ensure that children, parents and other parties are advised in understandable terms of their right to representation, and to court appointed representation. The role of the DCS attorney in ensuring the protection of the rights of parents and children is important not simply because the Department is itself committed to principles of fairness. DCS has an interest in the prompt resolution of cases and, in cases in which it prevails, making sure that those cases are not subject to being overturned. An unknowing or otherwise invalid waiver of the right to representation can provide the basis for the overturning of a court decision.

#### **Standard 9-205**

DCS legal staff will ensure that all persons entitled to notice of proceedings receive timely notice.

**Commentary:** While it is the court's obligation to ensure that the due process requirements of notice and an opportunity to be heard are provided to parties and others entitled to such notice, DCS attorneys have an independent obligation to address situations in which a person was not afforded required notice. Failure to provide notice, like failure to appoint an attorney, can delay resolution or undermine the efforts to achieve permanency. Legal staff will take affirmative actions to confirm that the notice to which foster parents are entitled under the Foster Parent Bill of Rights has been provided. Where it appears that a person entitled to notice has not received timely notice, the DCS legal staff shall take appropriate action to ensure that notice is provided.

#### **Standard 9-206**

DCS legal staff will facilitate the discovery process and ensure the efficient and prompt exchange of information with entitled parties.

**Commentary:** DCS legal staff should make every effort to facilitate access by parties to all discoverable materials without the necessity of the filing of formal discovery. This includes facilitating legitimate needs of opposing parties for access to private provider documents and information by ensuring that appropriate releases are provided to private providers.

Where formal discovery is appropriate, DCS legal staff shall facilitate the scheduling of depositions, and shall be open to depositions by audiotape or videotape as well as telephone depositions, in appropriate situations.

DCS legal staff shall also ensure that appropriate measures are taken to ensure that non-discoverable materials are protected from improper disclosure and will file motions for protective order for any particular situation in which DCS believes there is a reasonable basis for restricting what would otherwise be normally discoverable.

#### **Standard 9-207**

DCS legal staff will act to ensure timely resolution of cases.

**Commentary:** DCS attorneys are responsible for the preparation and timely filing of all pleadings and motions initiated by the Department. The DCS lawyer will ensure that orders are regularly prepared for every hearing and that the orders include findings of fact and conclusions of law that accurately and fully reflect the action taken by the court and the basis for that action. Legal staff will request the setting of future court dates, review dates and staffing dates prior to

concluding any court hearing, review hearing or staffing. DCS attorneys will insist on compliance with time frames for case processing and will file appropriate motions or appeals to ensure compliance with time frames.

### **Standard 9-208**

DCS attorneys will seek appellate review of court actions that DCS believes are inconsistent with the safety, well being, permanency or rehabilitative treatment of the child.

**Commentary:** Not every error in a case warrants the filing of an appeal. However, errors that result in actions that are inconsistent with the safety, well being, permanency or rehabilitative treatment of the child must be appealed. Likewise, errors which undermine the fundamental fairness of a proceeding and raise potential issues regarding the validity the order entered must be appealed.

Appealing a ruling that one believes to be in error is not inconsistent with the obligation to be respectful to judicial officers. To the contrary, utilizing the appellate process is the appropriate way for a party to respectfully seek resolution of a significant matter of disagreement between the party and the court. DCS has an obligation to ensure that proceedings are fairly conducted and to take affirmative actions to address significant violations of rights of parties that could make a judgment vulnerable to collateral attack.

## **Part 3- Relationships With Judges and Court Staff, Parties, and Other Professionals**

### **Standard 9-300**

DCS lawyers and staff will exhibit appropriate respect and decorum in judicial proceedings.

**Commentary:** Although judicial proceedings are adversarial by nature and participants frequently disagree on the matters being tried, strong advocacy is not inconsistent with respectful conduct. If the judge or court official takes an action that DCS believes is inappropriate, the proper action is to respectfully voice an objection to the action and, if necessary, to seek appropriate review.

### **Standard 9-301**

DCS attorneys and staff have an obligation to comply with the rules prohibiting ex parte communication with judges.

**Commentary:** One of the fundamental precepts of our legal system is that judges decide cases based on facts presented in open court. An open court provides a setting in which all parties have had an opportunity to hear, cross examine, and respond to any information presented. Except in rare circumstances (e.g. an emergency hearing is required to protect a child and parties cannot be located), any discussion of substance about a case before a judge should only occur in the courtroom with all parties present, or having been given the opportunity to be present.

DCS attorneys have an obligation to understand the rules prohibiting ex parte communication and to explain them to DCS other staff that interact with judges and court officials. DCS attorneys have an obligation to ensure that DCS staff do not engage in prohibited ex parte communication. This prohibition includes communication through court officers, youth service officers, court clerks, court administrators or court liaisons.

### **Standard 9-302**

DCS legal staff will obtain permission from the attorney of a represented party before attempting to communicate with a represented party about matters covered by the legal representation.

**Commentary:** It is generally improper for an attorney or the agents of that attorney to communicate with a represented party about the subject matter of the case unless that party's attorney is present or has agreed to permit the communication. This includes communications with a child who is represented by a guardian ad litem. Because it is often important for children and families to receive services and interact with DCS staff during the pendency of juvenile court proceedings, the DCS legal staff should endeavor to reach an understanding with the attorneys for other parties regarding the types and nature of permissible communication between DCS staff and their clients. The nature of the Department's work requires DCS to continue to have professional social work interactions with children and family members during the course of pending proceedings. In these situations DCS staff will carefully structure interactions to balance the need of accomplishing quality casework on behalf of the child with safeguarding the child's right to receive legal counsel. For example, in a situation in which there is an allegation of criminal misconduct by a child, the guardian ad litem would agree that DCS staff could work with the child and family on a variety of issues as long as there was no specific discussion with the child about the alleged offense.

### **Standard 9-303**

DCS legal and program staff will cooperate and communicate with other professionals and parties in the case.

**Commentary:** Effective advocacy does not preclude civility. Although tensions can run high in juvenile court proceedings, DCS staff will separate their professional roles from personal relationships and use their skills and judgment to reduce unnecessary conflict. Communicating forthrightly, responding in a timely manner to requests and cooperating in ways that do not adversely affect the legitimate concerns of the Department are all aspects of the professional approach expected of DCS staff in their relationships with other professionals and parties in judicial proceedings.

## **Chapters X - XII: Embracing Family-Centered Casework and Case Planning**

*Practice Standards for Decision Making and Case Planning*

*Practice Standards for Intake, Investigation and Initial Assessment*

*Practice Standards for Supporting Families and Achieving Permanency*



## **X. PRACTICE STANDARDS FOR DECISION MAKING AND CASE PLANNING**

### **Introduction**

This chapter introduces a key component to improved family-centered casework practice in Tennessee. It highlights the use of the Child and Family Team Meeting (CFTM) for making critical decisions and developing meaningful case plans. The CFTM model is based on family group conferencing concepts founded on the belief that the best way to aid and protect children over time is to strengthen and support families in understanding and carrying out their responsibilities. The intent of the CFTM process is to ensure the long-term well being of children through the provision of services and supports that complement the family unit's unique strengths, challenges, and goals. The process affirms family members as the dynamic keepers of knowledge about the salient events that brought them to the attention of DCS, the deep-seated causes of their behavior and the strengths existing within each of them to develop solutions.

The CFTM model provides family-focused teams with the discretion and the power to create plans that meet the needs of children and their families. It also facilitates case momentum. CFTM enable DCS to quickly meet judicial and legislative requirements for developing a permanency plan, beginning concurrent planning, undertaking reasonable efforts, and involving stakeholders in case planning and decision-making. The individualized focus of the process, coupled with the continuous and supportive relationships developed between the child, family, case manager and the other members of the Child and Family Team, assures that children and families receive the best and most appropriate services and supports to promote long-term change and achieve permanency.

The standards in this chapter identify the general practices that will enable family-centered casework and case planning. The ability to provide family-centered casework and case planning presupposes that the organizational culture, structures and mechanisms are in place to enable these practices (see chapters two through nine).

### **Part 1 – Decision Making**

#### **Standard 10-100**

DCS case managers, supervisors, and resource support staff will engage children and their families in casework relationships that promote safety and permanency for children.

**Commentary:** “Engagement” is defined as the skill of establishing a caring relationship with children and their family members. These caring relationships are characterized by behaviors and actions that impart respect for human dignity, an appreciation for the knowledge and strengths that families and children possess, and knowledge of the appropriate use of authority in serving families. To achieve the best possible outcomes, children and families must be invested in a problem-solving process for resolving the underlying conditions that contribute to maltreatment and risk of harm. In order to attain permanent change, problem-solving strategies must be built upon the strengths and resources unique to each family. Engagement between a child, family and case manager is the first step in creating invested relationships and accessing family strengths and resiliencies.

Collaborative and open casework relationships foster an atmosphere of trust, demonstrate case manager competence and empathy, communicate a belief in family strengths and resiliency and support honest and timely assessment of progress. When families are engaged in collaborative and open decision making and case planning, they understand their roles in the change process and develop substantive relationships with case managers and other individuals and agencies with which they work. The defining of their roles and the building of relationships will counterbalance the inherent difficulties of, and natural resistance to, change families will experience.

### **Standard 10-101**

DCS staff will actively encourage all children and their family members to participate in decisions and assessments regarding safety, placement, permanency, family strengths and underlying needs.

**Commentary:** At a 2002 Stakeholder Advisory Group meeting, several youth shared their thoughts on the importance of being partners in the decision making process. One youth who had been in foster care most of her life said that she was informed about all decisions only after they had been made. She never attended a court hearing, staffing or permanency planning meeting related to her situation. She stated: “I really wanted to be at these meetings. At least I should get to listen to what was being discussed about me.” In employing a participatory decision making process, DCS staff will join with children, their families and identified community supports to develop and monitor comprehensive, individualized, strengths-based and culturally appropriate plans. This process will inform and support all placement and other critical decisions.

DCS case managers will actively encourage each child and his/her family members to have a meaningful voice in decisions and plans made on their behalf. “Actively encouraging a meaningful voice” means purposefully attempting to partner with families throughout the process of case assessment, planning, and ongoing evaluation to assist them in recognizing and building on their distinct strengths while identifying and addressing their underlying needs. It also means being persistent in the face of initial child and family resistance and fighting the temptation to pathologize this reluctance. Initial resistance is recognized as a common protective response to child welfare and juvenile justice intervention.

Child and family participation will be actively encouraged at every opportunity including but not limited to face to face contacts, child and family visits, CFTM, and court hearings. Children and families who have had both short-term and long-term exposure to systems that discourage participation will need to be educated about opportunities for participation and the importance of their engagement. Children and families will be recognized as the experts in their individual and collective experiences, and case managers will incorporate this expertise within the context of their professional skills, identified policies and protocols, and direct practice experience.

Participation of children will be based on their ability to comprehend the issues and process, using methods that are age and developmentally appropriate. If a child is delayed cognitively, s/he should participate according to his/her comprehension level. Infants and toddlers with limited vocabularies will not be able to participate in the decision-making itself, but will need careful attention when implementing the decisions. For instance, when a toddler will be placed in a foster home based on a team decision, his/her transition needs should be clearly addressed in the plan. The toddler will understand that something very important is happening and will

manifest emotions related to the event. An elementary school child may not be one of the decision makers, but s/he can meet with the team or a team member to process why a particular decision has been made and what steps will occur for implementation. Of course, the older the child is (chronologically and cognitively) the more of a voice s/he will have in the decision-making process. At a minimum, children age twelve or older will be given the opportunity to attend all or some part of the CFTM. Their concerns and opinions will be voiced and addressed. Efforts at inclusion will be documented by the case managers.

## **Part 2 - Child and Family Team Meetings**

### **Standard 10-200**

Child and Family Team Meetings will be the primary decision-making and case-planning tool used by case management staff in DCS custodial and non-custodial cases.

**Commentary:** Child welfare is a community responsibility requiring a collective approach. A CFTM is the forum used to call together, on an ongoing basis, a team of committed individuals who will work to strengthen the family and help it craft and monitor the individualized case plan. The work conducted in the CFTM is grounded in the initial and ongoing assessment of safety, risk and progress toward goal achievement.

The CFTM is a model that mirrors the way in which all families form natural helping systems or community supports to meet needs and solve problems in times of crisis. In a child-related crisis involving DCS, the helping system is more formal and structured. Key resources available to the child and his/her family might include the family's networks of support, the broader neighborhood and community in which the family lives, schools, places of worship, community services agencies, kinship care experts, placement resources specialists, Independent Living specialists, legal representatives, therapeutic treatment staff, institutional staff and other private providers. The members of the Child and Family Team are each invested in helping the child and family achieve desired outcomes. They bring the best of their skills and resources to bear upon problem-solving, service plan development, and resource utilization. The team's belief in the possibility that family members can successfully accomplish incremental tasks and make changes in behaviors and attitudes to achieve specified goals will provide the family with the optimism for success and the motivation required to generate lasting change.

The CFTM model encourages a strengths-based approach to initial and ongoing assessments of children and their families. It requires the skillful uncovering and effective leveraging of a child and family's relevant strengths. These inherent strengths and resources can mitigate or eliminate risk while providing a viable foundation upon which to build change and facilitate growth. This intentional search for and conscious use of strengths assumes that, in the end, an individual's strengths are the primary tools that s/he possesses to create real and lasting change. While the accurate identification of risks (destructive behaviors and dynamics) is essential to determining the underlying conditions and needs, it is through building upon and helping children and families transfer their strengths from a functioning area of their life to a problematic area of their life that destructive conditions are overcome.

Another critical component of the CFTM is a focus on the underlying needs of the family rather than the behavioral symptoms. The underlying needs are the conditions that are the source of the symptoms or the behavioral expressions of the problems. For example, a young mother who is self-medicating with drugs and leaving her children unattended (neglect) is exhibiting the

behavioral expressions of underlying needs. The underlying need might be for nurturance and community support to address her overwhelming sense of inadequacy and/or for treatment of chronic depression or drug addiction. If these are the underlying needs, intervention and assistance of friends and family, day care, respite care and a culturally-appropriate treatment program would be essential to a plan for services. Routinely prescribed, generic services (e.g. parenting classes) will not prove beneficial unless the underlying needs are addressed. If the underlying conditions producing the behaviors are not addressed, the behavioral symptoms will likely be suppressed only to reappear, often in a more serious manner.

The child and the family's identified strengths play an essential role in determining what culturally relevant interventions might be most successful. For example, if the individual identified above is connected to a church community (a strength), the pastor or another supportive church member can serve on the Child and Family Team and can help identify and monitor mentoring relationships within the church that may help satisfy the young mother's underlying need for nurturance and community support.

### **Standard 10-201**

DCS case management staff will convene a Child and Family Team Meeting at all critical junctures in the life of a case.

**Commentary:** Critical junctures in a non-custodial case requiring ongoing services include:

- Within 7 working days of the CPS referral to the Family Services Unit for ongoing services;
- When a child is at risk to enter or is entering DCS custody;
- At regular intervals for progress review;
- At least 10 working days prior to case closure; and
- Within 10 working days of a team member requesting a meeting.

Critical junctures in a custodial case include:

- Prior to or within 7 working days of placement in State custody;
- Within 15 working days of placement in State custody to finalize the Permanency Plan;
- At least 10 working days prior to moving a child to a new placement while in State care;
- At least 10 working days prior to a child going on a Trial Home Visit, Trial Home Placement or being discharged from DCS custody;
- At least 10 working days prior to case closure;
- At regular intervals for progress review related to attainment of the child's permanency goal;
- Prior to filing a petition to terminate parental rights; and
- Within 10 working days of a team member requesting a meeting.

The highlighting of the critical junctures above is not intended to prescribe practice or limit team discretion around the scheduling of meetings. The CFTM process will be driven by the assessed child and family needs, not by static formulas. CFTMs will be held at any time deemed necessary by the individuals involved.

### **Standard 10-202**

DCS will ensure that only trained facilitators with significant experience in child welfare will facilitate Child and Family Team Meetings.

**Commentary:** Expert facilitation skills are critical to the success of CFTM. A trained facilitator has the ability to engage a diverse group of individuals in a manner that builds a bond of trust and support. S/He is able to work with families to identify their support networks, underlying needs, individual/familial strengths and desired outcomes. S/He helps the group members to identify their roles in, and to contribute positively to, the process. S/He is skilled in encouraging honest dialogue and in keeping the team focused on generating individualized and comprehensive plans. S/He is able to participate as an equal member of the group and, at the same time, facilitate the collaborative process.

Using a well-trained facilitator sets the tone for engagement and collaboration throughout the life of a case. A well-trained facilitator provides real-life facilitation, training and coaching for inexperienced front-line case managers and supervisors. Using such a person as the lead facilitator in a case does not preclude others from acting as facilitators for certain aspects of the meeting. When an individual other than the case manager assigned to the case is facilitating, the case manager will assist the facilitator in the preparation, implementation and follow up related to the meeting. The case manager may, for example, assist in identifying the family's natural supports and in arranging for key people to be able to participate in the meeting. During the meeting itself, the case manager could assist in keeping the team focused on reaching consensus around an individualized, strengths-based plan addressing the child's and family's most critical needs.

DCS case managers, their supervisors and all other CFTM facilitators will receive pre-service and regular in-service training on engaging families and the CFTM process. In addition, facilitator coaching opportunities and access to individual case consultation will be provided. Strategic plans will be developed by DCS to ensure and facilitate the necessary technical assistance and supports.

See standard 4-106B in chapter four for information regarding the training of CFTM facilitators.

### **Standard 10-203**

The facilitator of the Child and Family Team Meeting will be responsible for ensuring that the child and his/her family are prepared to participate in the meeting.

**Commentary:** Advanced preparation for CFTM is especially important because, in traditional case planning practice, the relationship is one in which the case manager "dictates" and the family "does". Moreover, the case manager often exercises enormous power over the life of the child and his/her loved ones. In these types of environments, compliance is the goal. Insincere and impermanent changes often result. To shift from compliance to collaboration and investment, families will need support, information, and training about how this family-centered process differs from previous case planning processes.

The facilitator will spend time prior to each meeting helping the child and family articulate their current situation, identify their own strengths and underlying needs, and define desired meeting and case outcomes. Preparing the child and his/her family members to actively participate is an essential part of ensuring that family members are empowered and invested. It will help reduce

the confusion and trepidation that family members often feel when engaging with service providers and other professionals. Comprehensive preparation and planning will increase the possibility of productive meetings and meaningful case plans.

#### **Standard 10-204**

The DCS case manager will be responsible for identifying and resolving with the family any specific barriers to participation in a Child and Family Team Meeting.

**Commentary:** Lack of participation will be viewed from a solution-oriented perspective. Case managers will ask the non-participating member(s) to help identify reasons for their lack of participation and put forth viable solutions to address the reasons. This collaborative process will ensure family member investment and reduce the possibility of non-attendance. If an identified child or family member does not attend a CFTM, the case manager will document the stated reasons for non-participation and all efforts made to accommodate in a TN Kids case recording.

Barriers to participation might include the need for transportation services, teleconferencing options, childcare and flexible meeting times due to rigid work schedules. If barriers are identified, the case manager will make every effort to resolve them in a manner that meets the family's needs.

#### **Standard 10-205**

DCS staff will handle information disclosed at a Child and Family Team Meeting with professional skill and purpose.

**Commentary:** Participants will be informed at the beginning of a CFTM that information disclosed during the meeting will be handled with professional care and purpose. The Department will advise participants that the information disclosed at the meeting will only be shared to advance the child's permanency goals and satisfy legal requirements. Release of information forms signed by the family will be required in order to share meeting-related information with appropriate agencies not represented at the CFTM.

#### **Standard 10-206**

At the beginning of each Child and Family Team Meeting, the facilitator will outline the Department's responsibilities and "non-negotiable" issues regarding child and community safety, legally-mandated time frames for permanency, and dispute resolution options available following the meeting.

**Commentary:** Non-negotiables are DCS's clearly defined and expressed boundaries for team decision making in a particular case. These boundaries are not open for debate during the meeting and must be accepted (or tabled) in order for the process to move forward. A boundary is directly related to child safety, permanency, or community risk. For instance, in the early stages of a sexual abuse case, a non-negotiable is that the child cannot return to the home if the perpetrator plans to remain in the home. Following an intensive time of successful therapeutic interventions with the family, returning to the perpetrator's home may become negotiable.

Team decision making and case planning does not mean abdicating the Department's authority to protect the child and community and to facilitate permanency for the child. While a well-

functioning team making appropriate decisions will eliminate the need for the Department to insert its legally-mandated authority into the case planning process, at times the Department will need to exercise that authority related to a non-negotiable issue.

Regarding all negotiable issues, the facilitator will seek to achieve group consensus. DCS will develop an appropriate process for resolving any disputes that may occur.

#### **Standard 10-207**

DCS will ensure that individualized plans developed in the course of Child and Family Team Meetings connect the services and resources with the needs and strengths of the families and the desired outcomes.

**Commentary:** Family Services and Permanency Plans will include the provision of specific services and resources to reinforce the strengths and meet the needs of the children and their families. Each plan will identify the specific steps to be taken by staff, other service providers, children and the children's parents and families toward meeting the short-term and long-term objectives of the plans. As integral members of the decision-making teams, the families and children will be well-informed about expectations placed on them.

The individualized plans will address the children's needs for safety, stability, well being and permanence. They will address the immediate safety issues that brought the children to the attention of the Department. The plans will prioritize the underlying needs and include realistic, measurable and observable objectives. The responsibilities of all team members will be clearly outlined using language that members can understand. The plans will be time limited and goal oriented. The services will be of the type and mix most likely to be effective in meeting the needs outlined in the plans and in achieving the permanency goals of the children. Moreover, the services will be, to the greatest extent possible, those in which the children and families feel a substantive investment. This investment will be a result of the families' participation in the service planning and their ensuing beliefs in the ability of the services to meet their goals and needs.

Private contract agencies will incorporate the plans identified goals, needs and services into treatment planning in coordination with DCS.

#### **Standard 10-208**

Agreements and case plans developed in Child and Family Team Meetings will be adjusted in consultation with all participating team members.

**Commentary:** The one exception to this rule is when the court promulgates an order that is contrary to the agreement or plan. The court has ultimate authority in relation to a child under its jurisdiction.

The case manager, as the keeper of case continuity and the individual working consistently with the family, will be expected to prompt the adjustment of the plan when needed. Plan adjustments will occur in response to key events in the lives of the child and family and the incremental attainment of the objectives of the plan. When a critical event occurs and new services are needed or the plan is not working, it will be modified regardless of the timing of prior or future planned reviews. Any team member who believes the plan needs to be reviewed will contact the

case manager, explain the rationale for a change and request a meeting. The case manager will call meetings in response to these requests.

### **Standard 10-209**

**DCS will maintain the integrity of the Child and Family Team Meeting.**

**Commentary:** DCS will ensure that issues such as regional variances in practice and insufficient training and maintenance resources do not compromise the integrity and effectiveness of the Child and Family Team process. In order to facilitate effective, uniform and continuous application of the CFTM process in Tennessee, DCS will need to provide intensive and ongoing training and coaching opportunities to all facilitators and supervisors (who will need to be prepared to participate in meetings, supervise and evaluate facilitators, and to co-facilitate when needed). Training for other DCS personnel and contracting private providers in the overarching concepts related to the CFTM process will ensure proper application and garner long-term support. The training of participants and/or written information specific to the persons attending CFTM is important to ensure the most constructive meeting experience.

The Department recognizes that the effectiveness of CFTM for improving outcomes for children and families is intimately related to other reforms outlined in this practice model. These other reforms include using structured assessments that are family centered and culturally competent; maintaining continuity of relationships with qualified and trained staff; and providing accessible, flexible funding mechanisms for services and resources to address individualized needs. In order to fulfill responsibilities related to preparation, facilitation and follow-up, caseloads for case managers and supervisors will be analyzed and adjusted. Caseload analysis will be ongoing, informed by current information regarding the implementation of the CFTM and the practice conditions necessary to ensure its success. Feedback from field staff involved in the CFTM process, input from families and the status of Departmental goal attainment will inform caseload adjustment strategies.

Careful attention will be paid to designing the evaluative mechanisms used to measure overall effectiveness of the CFTM process. Both timely and safe permanency for children (improved outcome) and consumer and facilitator satisfaction (process) will be measured in relation to mitigating factors noted above.



## **XI. PRACTICE STANDARDS FOR INTAKE, INVESTIGATION AND INITIAL ASSESSMENT**

### **Introduction**

DCS becomes involved in the lives of children and families when there are child safety concerns and/or child actions that result in serious violations of the law. While intake, investigation and initial assessment are the first points of contact, they are not precursors to casework with children and families. They are core components of casework – identifying resources and assessing safety and risk. Intake, investigation and initial assessment are also the starting points for relationship building, collaboration, and permanency planning. The Department, while maintaining the primary commitment to child and community safety, has broader commitments to child well being and each child's need for and right to a permanent home. The intake, investigation and assessment processes will be focused on both immediate safety concerns and the long-term goal of permanency.

Effective casework at intake, investigation, and initial assessment is essential to achieving best outcomes for children and families served by the Department. It requires a distinct set of mechanisms and tools, such as structured screening tools, which are discussed in these standards and in standards in the previous section. It also requires skills in family-centered practices and an understanding of the dramatic and lasting impact initial assessments have on the children and families and the overall direction of the cases.

The standards in this chapter identify the essential skills and practices required for quality casework at the initial stages of intervention with children and their families.

### **Part 1 - General Approach to Intake, Investigation and Assessment**

#### **Standard 11-100**

DCS intake and investigation/assessment staff will systematically respond to child protection cases based on the nature of the allegations and initial findings.

**Commentary:** CPS staff will respond to child protection referrals by targeting reports for an investigative track or an assessment track. This approach will ensure that child safety is maintained while appropriate interventions are initiated.

Case managers will be able to differentiate their response style, timing, and location of initial interviews depending upon the nature of the referral and the initial level of risk suggested by the allegations. If the referral is to the investigative track, the CPS case manager address urgent and severe child safety concerns with the appropriate law enforcement resources and protocols. If referred to the assessment track, the case manager will approach the family from a perspective that emphasizes assessment and engagement in a family-centered casework relationship. By placing the case on the appropriate track, the case manager is more likely to expeditiously uncover the underlying needs of the family that, if addressed, would stabilize the situation and enable the family to adequately care for their children.

See standard 5-101 in chapter five for more information on this approach to child protection.

### **Standard 11-101**

DCS intake and investigation/assessment staff will possess and utilize the skills necessary to accurately assess and document safety-related risks for children referred to them.

**Commentary:** All persons reporting alleged incidents of child maltreatment will be addressed in a courteous and professional manner. They will be informed about how the referral process works. They will be assured that the Department will respond as appropriate. Intake staff will use active listening skills so that reporters will feel heard and are confident that their reports will be taken seriously and handled competently. Use of appropriate interpersonal skills and professional attitudes will impact the community's sense of confidence in the effectiveness and accessibility of DCS.

Most children and families, particularly those that have had previous involvement in the system, are understandably cautious about revealing themselves and trusting a collaborative process. In order to create a successful environment for ongoing family-centered casework, the investigation/assessment staff will actively work to shift traditional ideas about the case manager-client relationship. It is important to possess the engagement skills to ask questions and illicit information in a manner that engenders trust, reassurance, and sharing. Appropriate use of these skills will increase the likelihood that threats to child safety are effectively identified. Accurate initial investigative/assessment findings will assist in the development of appropriate plans and the acquisition of effective services and resources.

DCS staff will be trained in employing family-centered practice skills for intake, investigation and initial assessment. See standard 4-105B in chapter four.

### **Standard 11-102**

DCS intake and investigation/assessment staff will immediately initiate the permanency planning process for children referred to the Department.

**Commentary:** Permanency planning is a way of thinking, planning and acting in child welfare and juvenile justice practice that promotes attachment, continuity and stability in a child's life and care. The goal is to provide each child in care with a safe and secure home environment and the possibility of developing lifelong relationships with permanent caregivers or parents in a timely manner. This goal will be the focal point at every step and in every decision made during case progression.

The intake and investigation/assessment staff will begin planning for permanency from the initial referral. Staff will engage individuals in a manner that generates permanency-related information that may be essential in later phases of the case process. This information will include potential placement resources for the child if a change in living situation were to become necessary, and community support persons to help the family improve their circumstances. Staff will also check agency and other available records to determine whether the child or family has had other contacts with the Department and is currently receiving services.

### **Standard 11-103**

DCS intake and investigation/assessment staff will have a working knowledge of Departmental protocol and assessment tools used to develop Family Services/Permanency Plans.

**Commentary:** In most cases, the intake and investigation/assessment staff will glean information that will be critical to creating permanency for the child but may not be directly relevant to his/her investigation or initial assessment. This information might include the family's living conditions, the family's financial situation, available family and community supports, parent/child interactions, parenting skills, substance abuse, delinquency, criminal justice, domestic violence, functioning and behaviors of the child, physical and mental health issues, parent's history and personal characteristics, parent's developmental, emotional and cognitive capacities, and interactions between the parents and/or among other household members.

The gathering of this information at the intake and investigation/assessment phase creates an important link between the immediate safety concerns and the ongoing efforts to achieve permanency. It ensures the fluidity of the case process and is in keeping with the Department's effort to promote seamless services, reduce barriers to case flow and capture vital information about children and their families. This information will be captured in written form to assist in the future phases of a case.

See standard 12-202 in chapter twelve for more information on the functional family assessment.

## **Part 2- Intake and Screening**

### **Standard 11-200**

DCS centralized intake staff will screen referrals using uniform instruments that structure the process of assessing and responding to information related to child safety.

**Commentary:** DCS recognizes the need for development of uniform screening and assessment tools. Written commentary from one CPS supervisor participating in the development of the practice model illustrates the concern:

Team leaders (supervisors) are human and all think differently about what constitutes a threat of harm to a child. The team leaders who are screening referrals must be consistent in their way of thinking when making the decision to assign or screen out a case.

Uniform screening and structured decision-making tools will resolve these discrepancies. They will provide staff with reliable tools to guide them through the complex decision-making process. They will enable staff to discriminate between situations that require State intervention and those situations that do not require the intrusion of the State authority. The intake screener will then transfer valid referrals to the appropriate DCS office or community agency for investigation and/or assessment.

See standard 5-101 in chapter five for more information about the decision-making instruments.

## **Part 3- Investigation and Initial Assessment**

### **Section A – General Approach**

### **Standard 11-300A**

The CPS case manager responsible for the investigation and initial assessment of a case will either manage the case, or actively monitor the management of the case, until the case is closed or formally transferred to a Family Services case manager.

**Commentary:** In order to provide family-centered casework with an emphasis on the importance of family engagement and continuity of services and relationships, the CPS case manager initially assigned to the case will continue to be the DCS contact for the case until the case is closed or is formally transferred to a FS case manager. The CPS case manager is responsible for investigating allegations of abuse or neglect, engaging the family in the process of assessment, and referring the family for support services. The key resources available to the CPS case manager are the family, its networks of support, the broader neighborhood and community in which the family lives and other child-serving resource agencies.

In situations where the case is designated as ongoing, the CPS case manager is responsible for formally transferring the case to the FS case manager whose job will be to collaboratively develop and monitor plans to keep the children safe and, when necessary, carry cases forward into the legal system. The CPS case manager is responsible for ensuring that the FS case manager is informed about the case and has current and complete information. The CPS case manager will provide the FS case manager with a transfer checklist, case summary and conduct a face-to-face meeting with the new FS manager to answer questions and exchange ideas about the case. An Initial Child and Family Team Meeting will be held before formal transfer of the case.

See standard 5-200 in chapter five for more information related to case manager continuity. The formal case transfer process is outlined in chapter ten.

### **Standard 11-301A**

The CPS case manager will conduct timely investigations using uniform instruments to make structured decisions about relevant child safety information.

**Commentary:** The case managers will conduct timely investigations of allegations that children are being abused or neglected while living at home, with a relative, in foster care or in any other placement. The case managers will make structured decisions about whether the child has been physically abused, sexually abused or neglected; whether the child is at risk of further harm or maltreatment; whether the child needs immediate protections and about what must be done to protect the child when the child is at imminent risk. A comprehensive process that is focused on immediate needs and ongoing concerns, the investigative process will also identify family strengths that are protective factors and identify destructive behaviors and family dynamics that increase the risk of maltreatment.

Case managers and their supervisors responsible for investigating allegations of child maltreatment will rely on a set of instruments that differentiate between the risk assessment as an indicator of future well being and the safety assessment as an ongoing indicator of harm. These instruments will provide and assess information related to interventions and will serve as the foundation for ongoing assessments and case planning. Staff will be competent in understanding and employing these instruments. The decision-making instruments for safety and risk will enable the CPS case manager to respond in a timely manner based on all information gathered during the investigation phase and consistent with the urgency of the situation.

See standard 5-101 in chapter five for more information regarding structured decision-making tools.

### **Standard 11-302A**

The CPS case manager will assess the safety of the child at every contact with the child and family during the investigation.

**Commentary:** For this standard, “every contact” includes meetings with the family, child and all other sources and the Child and Family Team Meeting. In keeping with the collaborative process, the child and the family, and any other involved resource parents and caretakers, will be educated about the importance of maintaining child safety and the role of ongoing safety assessments in maintaining that safety. In all cases where a child is at immediate risk of harm, a safety plan will be developed and implemented in consultation with a DCS attorney. All safety assessments and plans will be documented in TN Kids.

### **Standard 11-303A**

The CPS case manager will develop a voluntary or court-ordered safety plan if the immediate safety of the child is in question at any time during the investigation.

**Commentary:** It is critical to the best interests of the child that CPS staff understand when legal intervention is required to maintain child safety. If the case manager has reason to believe a child’s safety is in question, the case manager will confer with supervisory staff to determine whether a Child and Family Team Meeting will be immediately scheduled for the purpose of garnering family support for a voluntary safety plan to make the child safe. If it is determined that circumstances clearly demonstrate that the family presently lacks the ability to constructively participate in safety planning (e.g. substance abusing parents with expressed intent to obstruct) at a Child and Family Team Meeting, then DCS will immediately petition the court for custody of the child. If DCS is granted custody of a child at the emergency removal hearing, the CPS case manager and/or supervisor will participate in the Initial Child and Family Team Meeting and in the Permanency Plan meeting in order to assure that immediate and ongoing safety concerns are adequately addressed in the plan.

See standards 5-202 and 5-203 in chapter five regarding time frames related to the Initial Child and Family Team Meeting.

### **Standard 11-304A**

If a safety plan is required, the CPS case manager will ensure that the plan will provide for the child’s needs in the most familiar, least disruptive manner.

**Commentary:** The goal in safety planning is to ensure that the child is protected in a manner that is least disruptive to their sense of stability and well being. Accordingly, enabling the child to remain in his/her home with the necessary provision of services and resources to ensure safety will be the first option to consider in developing a safety plan. This option may require removal of the perpetrator rather than the child. It will also require the case manager to make significant efforts to engage the non-offending family members in safety planning for the child. In these cases, the safety plan will include interventions for assisting family members in dealing with

secondary trauma issues, supporting the child in his/her healing process, and creating a non-blaming, safe environment for the child.

When it is necessary to remove the child from his/her home, case management staff will seek appropriate relative and community-based services as placement and resource options. The commitment to relative and community-based placements and resources, where possible and appropriate, reflects a guiding principle of reducing further trauma to the child. Removal-related trauma is inevitable, but can be minimized by appropriate placement decisions and procedures.

See part five in chapter six for more information on child placement procedures and supports.

### **Standard 11-305A**

If a safety plan requires removing a child from his/her home, the DCS case manager will obtain a court order documenting the existence and substance of the safety plan.

**Commentary:** DCS will develop and maintain a uniform practice of securing a court order anytime it participates in the creation of a safety plan that requires child placement. This includes temporary placement in an emergency shelter, detention facility or with a relative or any other significant person in the child's life. This practice is in keeping with the understanding that DCS is accountable for children who are served by the Department's private contractors. The case manager will be responsible for monitoring the safety plan and securing a permanent home for the child.

See standard 2-102A in chapter two regarding the Department's responsibility for children in its care who are receiving casework and services from contracting providers.

### **Standard 11-306A**

CPS case managers will ensure that children will be separated from their families and removed from their homes in a manner that communicates respect for the children and their family members.

**Commentary:** The trauma generated at the point of separation from his/her family is compounded by a removal process that is not acutely cognizant of its effect on the child involved. Special attention will be paid to the needs and feelings of the child during the removal and temporary placement process. The child and his/her loved ones will be encouraged to participate, as able, in safety planning. Their thoughts, questions and suggestions will be treated with respect. They will be fully informed throughout the process.

Non-offending family members will be reconnected with the child in an immediate fashion (e.g. siblings will be placed together, visits will be planned at removal, a "good night" phone call will be facilitated between the child and a loved one, supportive relative and friends will be notified, the resource parents or caregivers will be fully informed and prepared to offer immediate reunification assistance.)

No matter how nurturing the temporary caregiver may be, the importance of something familiar to provide comfort to a child will not be overlooked. The case manager will assist the child and the family in selecting any possessions that will provide him/her with a sense of security or familiarity at his/her temporary residence. The child will be encouraged to take along his/her

loved and comforting possessions (e.g. a teddy bear, a favorite book or a picture of his/her family).

### **Standard 11-307A**

CPS case managers will use a functional family assessment process that engages families in efforts to protect children, establishes a collaborative helping relationship with family members and connects families to resources in the community.

**Commentary:** CPS case management staff will include the family and child as active partners in the initial assessment process. Engaging family members in a helping casework relationship at the investigation phase will enable a comprehensive initial assessment of the family situation. This approach will shorten the time in or eliminate the need for DCS custodial placement. Failure to assess the family's underlying conditions and needs early in the case process and to provide and monitor the appropriate services necessary to meet their unique needs seriously delays permanency for the child.

When ongoing intervention is required, relevant family strengths and resiliencies will be integrated into the overall assessment of family functioning. Strengths will be used as leverage for mitigating or eliminating identified risks and increasing family stability, while assisting children in families in building increased capacities. In the course of building an intervention plan with a strengths-based focus, DCS staff will not ignore or minimize weaknesses and limitations of the family if these factors may contribute to a risk of maltreatment for the child.

While involving the child is a vital piece of the process, case managers will be cognizant of child development and appropriately design child involvement. This includes creating mechanisms for children to provide honest information in a safe environment and ensuring that all participants understand their roles.

See standard 5-204 in chapter five and standard 12-202 in chapter twelve for more information on functional family assessments.

### **Standard 11-308A**

The CPS case manager will arrange for timely, professional assessments of children believed to be victims of physical and sexual abuse and ensure that such assessments provide clear, prescriptive guidelines for treatment of the abuse.

**Commentary:** Case management staff will develop and utilize community-based pools of medical consultants with expertise in evaluation of physical and sexual abuse. Ideally, staff of child abuse advocacy centers will be available in each local community. Professionals at the child abuse advocacy centers have developed specialized expertise from both specialized training and regular contacts with children experiencing physical and sexual abuse. The advocacy centers have reliable reputations with the local courts and their involvement in a case can expedite the process of attaining permanency for a child.

The accessing of outside experts and consultants with the skills necessary to evaluate physical and sexual abuse will be supported by supervisors and management staff at all levels throughout the Department. Case managers will develop, both through formal training and in consultation with their supervisors, the ability to identify when they have reached the limits of their expertise and outside expertise is necessary.

### **Standard 11-309A**

The CPS case manager will coordinate investigative activities collaboratively with the Child Protective Investigative Team.

**Commentary:** As part of the joint investigation undertaken with the Child Protective Investigative Team (CPIT), the CPS staff will participate in a meeting with all partners to determine the classification of the case, make recommendations regarding prosecution, and identify service needs that could make the home safe for the child.

DCS will provide joint trainings with CPS case managers, law enforcement, school officials, medical professionals and other helping professionals. These joint trainings will assure knowledge and understanding of law, policy, and responsibilities, promote information sharing, and facilitate inter- and cross-agency relationship building.

### **Section B – Specific to Juvenile Justice Case Management Staff**

### **Standard 11-310B**

DCS intake and investigation/assessment staff will use empirically derived assessment processes and classification criteria in order to maximize resources and produce fair and consistent decisions affecting juvenile offenders.

**Commentary:** The DCS system of care for juvenile offenders will balance legal requirements to produce “fair” outcomes with its commitment to engaging all children in family-centered casework and case planning. The use of objective classification criteria and structured decision making will assure similar treatment among similarly situated offenders. This decision-making process will outline an objective format to ensure decisions are based on factors considered important to the decision. These factors will be empirically derived and validated.

DCS will use similar family-centered practices and tools for gathering and assessing information for children in both the child welfare and juvenile justice systems. Children in the juvenile justice system, however, present unique challenges. Although basic principles will remain the same (e.g. DCS staff will engage families in assessment and case planning processes with both populations), the application of the principles may be different due to variables unique to the delinquency population (e.g. variables related to security and community safety).

The classification system will enhance individual case management decisions on behalf of youth and will improve agency management of programmatic and staff resources. A good classification system benefits case management by assisting staff in making appropriate initial decisions related to placement and supervision. The system will guide decisions about the juvenile offender’s movement up or down the custody continuum (e.g. risk reassessments) and about needed interventions (e.g. needs assessment processes).

The classification system will improve resource management by targeting the most serious offenders (e.g. high risk offenders) for intensive services related to need factors predictive of recidivism. The system will avoid wasteful expenditures on ineffective interventions not predictive of recidivism. It will provide a rational basis for allocating workload assignments and projecting budget needs.



See standard 6-508B in chapter six for more information on assessment tools and processes for placing children in the juvenile justice system.

### **Standard 11-311B**

DCS intake and investigation/assessment staff will ensure that each juvenile offender receives the individualized level of intervention required to protect public safety, render positive outcomes and be cost effective.

**Commentary:** Evidence is persuasive that specific styles of services can reduce offenders' criminal type behaviors. Likewise, evidence indicates that certain types of programs simply do not work. Many of the programs that do not work are costly. When these programs are marketed effectively, the net of offenders formally served and monitored is widened inappropriately. This is especially problematic because intensive services are ineffective when applied to low risk offenders.

A validated classification system provides a more efficient allocation of limited system resources by targeting the most intensive/intrusive interventions for the most serious, violent and chronic offenders.

### **Standard 11-312B**

DCS intake and investigation/assessment staff will preserve individual rights and due process rights of juvenile offenders during the assessment process.

**Commentary:** Intake and investigation/assessment staff will collect information about juveniles in custody in a purposeful manner designed to identify service and treatment needs that will produce positive outcomes. In some situations, children in custody will have pending delinquency or criminal charges. In these cases, DCS staff will conduct assessments without intentionally or inadvertently violating a child's legal rights. DCS staff will work with the child, his/her family and the child's attorney to obtain helpful information without infringing on the child's efforts to defend against pending matters.

DCS will avoid using assessment instruments that are administered by non-clinicians or paraprofessionals who are not properly trained. Trained professionals will be able to obtain helpful information without contaminating pending proceedings or misinterpreting information. Individuals conducting assessments will have knowledge about differences stemming from diversity of race, culture and class.

### **Standard 11-313B**

DCS intake and investigation/assessment staff will utilize a standard intake assessment form to ensure appropriate and relevant information is collected and available to facilitate the completion and scoring of risk and other assessment instruments.

**Commentary:** DCS intake and investigation/assessment staff will use intake instruments to ensure that the initial information gathering process is uniform and thorough. Staff will obtain information that adequately identifies any underlying psycho-social problems (e.g. learning disabilities, family dysfunction, etc.) that will be relevant in determining needs and concomitant risks.

### **Standard 11-314B**

DCS intake and investigation/assessment staff will use risk-focused assessment instruments to assess the risk of recidivism and determine the appropriate level of supervision required for the youth.

**Commentary:** DCS intake and investigation/assessment staff will utilize a risk focused classification system based on clearly designed, objective criteria. Placement decisions based on empirically based risk assessments produce different results than decisions based on measures of offense seriousness. Statutory criteria and public policy influences require offense information to be considered in placement and supervision decisions. Staff will clarify the rationale for placement and supervision decisions and use a matrix that incorporates empirically based risk factors and offense seriousness into the decision making process.

### **Standard 11-315B**

DCS intake and investigation/assessment staff will administer assessment instruments in order to identify services that protect against determined risk factors and develop functional competencies.

**Commentary:** Effective needs assessments identify the most appropriate programs and services for a youth within a particular security level. A system of multileveled community-based assessments (from basic screening to in-depth inventories) administered at appropriate times by adequately trained individuals with access to the youth's treatment and system involvement history will assist in making decisions about treatment. This needs assessment will identify chronic or multiple needs that warrant placement in specialized programs (for example, sex offender or violent offender program) and also identify less serious needs that can be addressed in less restrictive settings. Needs assessments will be used both in case planning and after the completion of program activities to identify whether additional supports and services will be provided to the child.

## **XII. PRACTICE STANDARDS FOR SUPPORTING FAMILIES AND ACHIEVING PERMANENCY**

### **Introduction**

The Department seeks to ensure that children receiving services from DCS experience outcomes of physical and emotional security provided by families willing to commit to permanent relationships that meet their developmental needs. Achieving timely permanency for children through life-long, stable and loving families is a fundamental goal. DCS works to preserve, reunify or create healthy families in order to achieve this goal.

The standards in this chapter identify the essential skills and practices required for quality casework and case planning to support families and achieve permanency for children.

### **Part 1- General Approach to Supporting Families and Achieving Permanency for Children**

#### **Standard – 12-100**

DCS case management staff will activate formal mechanisms for providing concentrated efforts and specialized resources to move children with protracted custody episodes to permanency.

**Commentary:** Time is of the essence when a child is in foster care. The longer a child is in the system and the older s/he gets, the more difficult it is to successfully achieve reunification, adoption or any other permanent home alternative.

The Adoption and Safe Families Act of 1997 (ASFA) and subsequent federal regulations established time frames for achieving permanency for children in State care. These time frames apply to all children in voluntary or involuntary placements including status offenders and delinquent youth. The time frames establish that both safety and permanency are the immediate focus of casework and intervention with families from the outset of the case.

The Department has made significant efforts to comply with federal regulations and supports the philosophy upon which ASFA is based. Presently, families coming into the system are experiencing earlier development of outcomes-based case plans, more immediate provision of individualized services and more meaningful and timely reviews of the progress toward plan objectives and permanency goals. Still, there are cases where children remain "in limbo" (cases where no CFTM or court review is scheduled, case summaries are long overdue and/or a child has been in custody past best practice time frames). These cases require ongoing identification, rigorous monitoring, regular reassessment and creative new approaches. Once identified, concentrated efforts and specialized resources will be activated to refocus case efforts toward permanency. Examples of strategies to move a case forward will include immediately placing a child with a dual-licensed resource family interested in adoption; reactivating diligent search efforts for relative placements; petitioning the court to terminate parental rights; and enabling the child to explore in a therapeutic setting his/her own thoughts and feelings regarding remaining permanency options.

The *Brian A.* Settlement Agreement sets out specific guidelines related to the activation of specialized adoption teams. The Department is also committed to activating specialized teams and resources for all children experiencing protracted custody episodes regardless of their

identified permanent goal. Strategies for the identification and monitoring of these cases and for the development of specialized resources will be an ongoing focus.

### **Standard 12-101**

DCS case management staff will employ concurrent planning to achieve timely permanency for children in foster care.

**Commentary:** Concurrent planning is a method of case planning that works toward family reunification and at developing an alternate permanent plan simultaneously. The main components needed for effective concurrent planning include:

- Early, accurate and ongoing assessments using structured decision making tools,
- Collaboratively developed case plans that utilize the family's strengths and resources, and target the underlying conditions and needs of the family,
- Supervised and supported dual-licensed resource parents trained to provide specialized permanency services,
- Full disclosure of information with parents, resource parents and other applicable CFT members about time frames, expectations, services, court actions, and alternative dispute options
- Early, intensive and individualized service provision to children and their parents (both in the home and in placement),
- Consistency in the child and family/case manager relationship,
- Case planning that is focused on the underlying needs, and
- Timely and regular Child and Family Team Meetings for progress review related to the Permanency Plan.

Each of these components is discussed at length in standards contained in this practice model. DCS case management staff will use the concurrent planning process at the outset of a child's entry into care to expedite permanency. This process will decrease the number of moves a child experiences while in care. Successful concurrent planning will require clear delineation of roles and responsibilities throughout the planning process, including the identification of the circumstances and the manner in which an alternate plan would be activated.

See standards 5-101 and 5-200 of chapter five; 3-200 and 3-204 of chapter three; part one and five of chapter six; and all of chapter ten.

### **Standard 12-102**

The Family Services or Juvenile Justice case manager assigned to a child's case will be responsible for managing the case until it is officially closed.

**Commentary:** Each child is entitled to regular and frequent contact from the FS or JJ case manager overseeing his/her care and progress. The same case manager will be responsible for the child's case until the child achieves permanency and his/her case is closed.

Case manager continuity is critical to overcoming the emotional and procedural hurdles a child faces in the child welfare and juvenile justice system. It provides a child with consistency by identifying one individual who will be with him/her regardless of his/her permanency goal or concurrent permanency goals. To assess what is in a child's best interest and to act on the

child's wishes and concerns, the case manager must know the child's history and must develop a trusting relationship with the child. This case management continuity will minimize administrative delays, support the child in a more consistent manner and aid the child's ability to develop trusting relationships in the future.

See standard 5-200 in chapter five for more information related to case manager continuity. The formal case transfer process is outlined in chapter ten.

### **Standard 12-103**

The DCS case manager will facilitate the development of an individualized Family Services or Permanency Plan that contains a strategic design for achieving the desired outcomes.

**Commentary:** The Family Services or Permanency Plans will contain specific steps and timeframes for achieving the objectives and goals necessary to ensure permanency for children. The plans will be developed and revised based on initial and ongoing safety, risk and functional family assessments. Interventions will be individualized and accessible. They will focus on the underlying conditions creating the maltreatment dynamics and destructive behaviors. Child and family progress will be closely monitored.

See standard 6-100 in chapter six and standard 10-207 in chapter ten for more information on the development of individualized case plans.

### **Standard 12-104**

The case manager will ensure that a child's Permanency Plan addresses service needs created by the trauma of removal and foster care placement.

**Commentary:** Being in foster care will not wipe away all effects of child maltreatment. The act of removing children from their homes initiates a whole new set of therapeutic and concrete service needs. The stresses of being in new environments are often compounded by the scars children carry with them from their homes. Case management staff and placement providers will be keenly alert to the additional service needs the trauma of removal creates.

Counseling and other therapeutic services will be required to address the grief related to the loss of the child's family and the uncertainty and confusion of being in the child welfare system. Younger children have a tendency to think that they are to blame for the "break up" of their family. They may well be concerned that they are somehow "damaged goods". These beliefs are verified by the fact that they have been separated from the rest of their families. They may repress their true feelings in order to make initial good impressions on their placement providers. These repressed feelings may become explosive and uncontrollable. Older children are likely to feel confusion and disloyalty in comparing their families with their resource families or other placement providers. They may immediately seek ways to disrupt their placements to deal with their feelings. They may also hope that "causing trouble" will necessitate a return to their homes.

Children will struggle with the strangeness of life in their new environments and relationships. The children will continue to miss and grieve for loved ones and their own communities. This grief will be compounded by any future placement or case management transfers. Concrete

service needs such as transportation monies and visitation resources will be necessary to maintain critical connections to family, school, church and other community-based relationships.

### **Standard 12-105**

DCS case management staff will ensure that children in foster care have their childhood experiences and developmental milestones captured and preserved in life books.

**Commentary:** The development of the child's DCS life book will begin immediately following the child's entry into foster care so they can be affirmed within a family context when the child returns home or enters a new permanent home. It is important to document all of the child's milestones whether for providing a birth/legal mother with a record of a child's "firsts" (word, steps, etc.) or for providing a child and adoptive resource parent with a record of his/her achievements and critical developmental information. Life books generally aid in a child's therapeutic process only if the child actively participates in its creation.

When a child is placed in foster care, DCS will build the child's life book by gathering and updating the following information:

- Summary of the child's placement history in foster care (including the names and addresses of each caregiver, the dates of the placement, a summary of who lived in the home, and reason for moving from placement),
- Account of why the child came into custody,
- Description of the child's relationship with his/her parents, siblings, and relatives with whom the child has had a close connection,
- Child's birth, medical, dental, psychological, psychiatric, and developmental history (including child's prenatal care and history, developmental milestones, any abuse or neglect suffered by the child, and a record of immunizations),
- Child's social history (including information about school, special interests, significant events, a description of persons with whom the child has or has had a significant connection, and a summary of child's caregivers including attachments to them),
- Parents, siblings, and relatives (including multi-generational if possible) medical history, psychological, psychiatric, and addiction history (including any known diseases, hereditary predispositions, addictions to drugs or alcohol, learning disabilities, and the mother's health during pregnancy),
- Social history of child's family, including parents, siblings, and relatives (including racial, ethnic, cultural, and religious background, a description of the child's parent's educational background, work history, special interests, talents, and hobbies),
- Photographs of the child's parents and siblings and others of special significance to the child, or, if photographs are not available, a physical description,
- Photographs of the child at regular intervals, starting at infancy, and
- Letters, pictures, gifts, and other mementos from the child's parents, family, and others with whom the child has a significant connection (e.g., resource parents, teachers, ministers).

### **Standard – 12-106**

DCS case management staff will be responsible for ensuring that assessment and case plan requirements are met whether the child and family receives services from DCS or a private provider.

**Commentary:** DCS is responsible for a child in care even when that care has been contracted out to a private provider. In order to meet this standard, the supervisor and case manager will know the contractual requirements placed on the service provider, maintain at least monthly contact with private provider staff, and work collaboratively to review progress.

See standard 2-102A in chapter two regarding the Department’s responsibility for children in its care who are receiving casework and services from contracting providers.

### **Part 2- Ongoing Assessment Process**

#### **Standard 12-200**

DCS Family Services and Juvenile Justice case managers and their supervisors will have a working knowledge of Departmental protocol on safety and risk assessment.

**Commentary:** Ongoing case managers are responsible for maintaining child and community safety as well as ensuring timely permanency for the child. All casework and permanency planning on behalf of a child and family will be linked to the safety concerns that brought them to the attention of the Department. Case managers will ensure that planning and services continue to address the factors leading to initial and any ongoing safety concerns. Therefore, working knowledge of safety and risk protocols along with the functional family assessment protocols, will inform placement decisions, service provision and the selection of permanency goals.

See standards 11-101 and 11-200 of chapter eleven for more information on safety and risk protocol.

#### **Standard 12-201**

The DCS case manager will assess the safety of the child at every contact when a child is residing at home or in a temporary placement.

**Commentary:** “Every contact” includes visits between the family or caretakers and child and the case management staff. For this purpose, CFTM are considered contacts. Safety assessments will be focused on the present and determine if the child is safe in his/her immediate living arrangement. Concurrent to the focus on immediate safety, the DCS risk assessment will be used to measure the likelihood and the level of future harm to the child. In all cases, if a child at immediate risk of harm, a safety plan will be developed and implemented.

Ideally, children and families should provide input for all assessments and safety plans. Their participation can be especially helpful in identifying relatives, friends or other child support persons who might serve as resources. Involving children and families in risk assessment and safety planning processes increases their commitment to child safety concerns and their understanding of family dynamics related to maltreatment. Child and family participation ensures that developed plans and evaluations contain action steps that are meaningful to families.

It increases the likelihood of child and family success. The level of participation from children will be based on their ability to comprehend, using methods that are age and developmentally appropriate.

For the juvenile offender, it is critical that Juvenile Justice case managers utilize a process for periodic reapplication of safety and risk assessment along with the assessment of needs. These assessments measure progress in treatment and determine readiness for reclassification or movement to other levels of supervision. Structure and consistency ensure that changes in levels of supervision appropriately reflect the needs and growth of the juvenile and his/her family. The same rationale for having structure and consistency in making initial determinations of risk, needs and placement also applies to tracking the progress of an offender and making decisions about moving a juvenile up or down in levels of supervision. The matrix assigning values to risk and need factors may be adjusted at different stages of custody to satisfy legal and operational requirements.

See standards 11-309B through 11-315B for more information about assessments related specifically to juvenile offenders.

#### **Standard 12-202**

DCS case management staff will possess and utilize the skills and decision making tools necessary to complete functional family assessments with children and families.

**Commentary:** Functional family assessments focus on the underlying needs, internal strengths, and community resources of the child and family in an ongoing manner throughout the life of the case. These relevant factors, along with the behavioral symptoms related to the child maltreatment and family deficiencies, are assessed in a balanced manner and used to develop plans that protect the child and empower the family. The plans are evaluated and adjusted as is necessary based on the continuing evolution of family unit's needs, strengths and resources.

Functional family assessments will include consideration of the family's living conditions, the family's financial situation, available family and community supports, parent/child interactions, parenting skills, substance abuse, functioning and behaviors of the child, parent's history and personal characteristics, parent's developmental, emotional and cognitive capacities, and interactions between the parents and/or among other household members. The case managers will assist the child and family in identifying their strengths and resources and be conscious of including these in each stage of the assessment.

The case manager will help the family make continual progress toward stability and well being by facilitating collaborative, regular re-assessments that reflect changing developmental stages and educational progress of the child and family needs related to cognitive abilities, delinquency, criminal justice, domestic violence, substance abuse, health, housing, and emotional, physical and mental health issues. Child and Family Team Meetings will always include ongoing assessment information and input. All plans, including safety and Family Services and Permanency Plans, will be adapted based on ongoing assessment findings.

An initial functional family assessment is required within 15 working days of a child entering custody or within 7 working days of a case being referred to the Family Services program for



ongoing services. See standard 5-204 in chapter five regarding the initial functional family assessment.

### **Part 3- Supporting Intact Families At Risk of Separation**

#### **Standard 12-300**

DCS case management staff will advocate for and provide support services to intact families who self-identify needs that are child safety related.

**Commentary:** Many families independently identify and recognize when they are in crisis prior to their children being at imminent risk of harm and subsequent removal. Staff will validate and acknowledge the insight and difficulty involved in reaching out for help and support. Proactively providing individualized and targeted support services to these families can increase the number of families who are able to remain safely together with minimal or no involvement with the court or DCS.

Support services will be available to families without requiring their children to enter State custody. These services will include the provision of accurate, easy to follow written support aids, support groups, informational and educational forums, existing community resources, child care, and respite care. The range of these services should be designed to support and maintain children within their own families and communities. Additionally, DCS will exercise the obligation to motion the local courts for court-ordered plans or for custody if the safety of the child is jeopardized while providing in-home or relative caregiver assistance.

#### **Standard 12-301**

DCS case managers will advocate for and provide in-home services that meet a variety of needs of pre-custodial children and their families in order to keep the children safe and stabilize the family units.

**Commentary:** In managing pre-custodial cases, DCS staff will provide, refer and advocate for the supportive options needed to maintain family unity including the services offered through Families First, TennCare and Family Support Services. Referral and advocacy is critical to helping families access services that can maintain and strengthen family unity. Available services will reflect the individualized needs of the children and families, ranging from mental health and substance abuse to basic needs for food and shelter. These services will be readily accessible twenty-four hours a day.

See standard 6-500 of chapter six for more information on home-based service delivery.

### **Part 4 - Child and Family Visitation During Out of the Home Placement**

#### **Standard 12-400**

The DCS case manager will ensure that a child-focused plan for visits with parents, siblings, relatives and other significant persons is immediately initiated whenever a child is in foster care.

**Commentary:** A child-focused visitation plan is one based on the general understanding that ongoing and frequent contact between a child and his/her family is critical to the child's sense of security and well being. In most cases, consistent and frequent visits are the key factor in timely

and successful child and family reunification. These visits enable maintenance and strengthening of the bond between a child and his/her family.

The family visitation plan should be detailed in the child's Permanency Plan. The visitation plan will take into consideration the child's safety, developmental stage, and permanency goal. A parent with parental rights will be encouraged to participate in various opportunities for contact with the child and be actively involved in activities such as shopping for the child's clothes, getting hair cuts for the child, attending school meetings and events, attending medical and dental appointments, participating in the child's extra-curricular activities and attending religious services. In addition to face-to-face visits, the plan may include other types of contact, such as telephone communication, mail/e-mail correspondence, and audio or video-taped "letters". Visits may be arranged by the child, the child's parents or family, or the resource parents, as well as by staff and the staff of residential facilities, in accordance with the visitation plan.

The frequency and circumstances of visits between a child and his or her family will, at a minimum, meet the quantified requirements contained in the *Brian A. Settlement Agreement*. If the family visitation plan does not meet the established minimums, the case manager will be required to submit a written justification, subject to supervisory approval, outlining why the decreased level of contact is in the best interests of the child. The justification will outline the steps being taken to increase the viability of contact.

#### **Standard 12-401**

The DCS case management staff will ensure that family visits are structured in ways that promote child safety, well being and timely permanency.

**Commentary:** The case manager and caregivers will assist the family in structuring and preparing for a positive visit, including having age-appropriate activities planned. Staff will articulate reasonable expectations for visits and create opportunities for practicing learned parenting skills. Resource parents and other caregivers will be adequately trained to prepare children for visitation and to meet their emotional needs following visitation. They will report information needed for documentation to the case manager.

Visits will take place in the most normalized settings possible while addressing the particular safety needs of each child. The preferred site for visitation is in the family's home, if reunification is the goal. Supervision of visits will be required only when there is an assessed danger that the parent or family member with whom the child is visiting will harm the child or allow the child to be harmed unless the visit is supervised. If supervision of the visit is necessary for the child's safety and well being, such supervision may be provided, as appropriate, by DCS staff, contract agency staff, the child's resource parents, in home parent educators or other competent individuals. The individuals providing supervision should be aware of the risks associated with the visit.

Unsupervised visits will not be permitted between a child victim of severe physical abuse or sexual abuse and the perpetrator unless approval has been granted through the Commissioner's Designee Review.

#### **Standard 12-402**

The DCS case management staff will intervene to ameliorate conditions that hinder constructive child and family visitation.

**Commentary:** DCS will actively encourage and support visits between children and families. If factors arise which make constructive visits difficult, the case management staff will intervene. The case manager will collaborate with the child, family and significant CFT members to revise the visitation schedule or structure as needed in order to lessen a child's discomfort that is related to destructive visits. The case manager will need to identify the source of the problem contributing to destructive visits and help the child and family develop a plan to address the problem.

For instance, if a parent routinely misses scheduled visits, the case manager will stress to the parent the importance of visits and work with him/her to eliminate the barriers to participation. The case manager will not assume that missed visits are an indication of the parent's lack of care and will work to identify factors contributing to the situation, including lack of transportation, work schedule issues, misunderstanding of the process, and difficulty handling emotional and psychological issues. Case management staff will also work to reduce the impact of missed visits on the child. A parent's failure to attend a visit will be less disruptive to the child if the visits are rescheduled to occur in the resource family's home or home of a relative where normal activities can move forward without major interruption.

Visitation supports might include resources and services such as designated visitation centers, child-care, transportation services, financial assistance and therapeutic visitation. The child and family will be consulted regarding all logistics related to visitation plans or changes to visitation plans.

### **Standard 12-403**

The DCS case management staff will ensure that family visitation is not withheld as a means of behavior management for any child in Departmental custody.

**Commentary:** Family visitation is a right of all children in care. It is a critical element to timely permanency and lower recidivism rates. Case managers will ensure that all placement facilities recognize the importance of family visitation and ensure that it is not being withheld as a means of behavior management.

## **Part 5 - Supporting Relative Caregivers**

### **Standard 12-500**

DCS staff will first consider and diligently seek relative placement options for children who cannot be safely maintained in their homes.

**Commentary:** DCS recognizes the special relationship between children and their extended family. These relationships are important to personal identity development and to maintaining family unity over time. DCS will work diligently when children are at risk of entering State custody to identify and contact relatives and all other persons with whom the children have significant connections. Family members will be considered first if out of the home placement becomes necessary. This diligent search process will be viewed as a substantive part of quality casework practice. All family members willing to provide a relative placement will be thoroughly assessed for appropriateness.

See 6-503A in chapter six for more information on initial placement with relatives.

### **Standard 12-501**

When a child is placed in the home of a relative, the DCS case manager will fully inform the relative caregiver about his/her role in and choices related to the permanency goals of Reunification, Exiting Custody To Live With Relatives, Adoption and Planned Permanent Living Arrangements With Relatives.

**Commentary:** DCS staff will help families make important decisions regarding their core needs and the best avenues for increasing safety and permanency by providing accurate and timely information related to all potential permanency goals. This information will be translated orally and in written format. Full disclosure of this information will help relative caregivers understand the types of financial, medical and legal resources related to each permanency option that will be available to their families. Families can make the best decisions about the type of support they need to keep their loved ones together safely and permanently when they are aware of all available resource options. Assisting families in understanding the permanency options will empower them to participate in the most helpful way.

## **Part 6 – Reunification with Family**

### **Standard 12-600**

Casework and case planning efforts with children in foster care will focus on reuniting them with their families unless safety concerns or other aggravating circumstances make reunification contrary to the best interests of an individual child.

**Commentary:** If removal from the home is necessary to protect a child from maltreatment, case managers and temporary caregivers will work intensively with the child's parents and family members to create the appropriate environment necessary for the child's return home. DCS will provide intensive, individually-tailored services, facilitate frequent family visits and develop thoughtful plans to achieve smooth transitions and prompt reunification. Services will target the underlying conditions of maltreatment in order to increase the likelihood of prompt and successful reunification and not for the purpose of erecting additional barriers to reunification that are not related to safety.

See standard 3-100 in chapter three for information on the specialized role resource families play in reunification and other permanency-related options for children in care.

### **Standard 12-601**

The DCS case manager will clearly define with the parents and the child all objectives that must be met in order to return a child to his/her home.

**Commentary:** In keeping with the collaborative, strengths-based framework, DCS will provide parents and children with all the information that they need in order to be successfully reunified. The family is an integral part of the success of reunification and will not be subjected to hidden tests or unrevealed standards. Case managers will not initially assume that a family's inability to meet a standard is a result of lack of interest in reunification or a demonstration of a persistent absence of appropriate parenting skills. Rather, families will be viewed as partners in the

process whose lack of success is directly related to the support services provided, the information given, and the relationship between the family, the case manager and the child and family team. Conclusions related to a family's inability to successfully meet standards will only be arrived at after appropriate assessments, problem-solving within the CFT, efforts to address barriers to family success and attempts to effectively partner with families.

### **Standard 12-602**

The DCS case management staff will ensure that children are returned home as soon as their families are capable of meeting their needs for safety and developmental opportunity.

**Commentary:** DCS will require minimally adequate parenting in order to return a child home and will not require more than would have been necessary to keep a child at home without removal.

The purpose of removal is to create a family environment in which the child's safety, developmental, supervision, and nurturing needs can be met. A child's removal from the home is not to be seen as an opportunity to impose unrealistic expectations and standards upon a family. For example, families with culturally different child-rearing standards which do not compromise a child's safety or well being will not be required to revise these standards in order to be reunited with their child.

### **Standard 12-603**

The DCS case manager will plan and provide for in-home services and facilitate links to community support networks to help prevent placement disruption once a child has been returned home.

**Commentary:** Reunified families will be assessed to determine the need for ongoing support services to prevent re-entry into the system. Access to counselors with expertise in working with blended or reconstituted families can be a vital service support. Case managers will work collaboratively with families to help them identify their service needs and their concerns about reunification.

### **Standard 12-604**

The DCS Commissioner or his designee will review cases of severe abuse where the plan is for the child to be reunited with the perpetrator and unsupervised contact between the child and the perpetrator will not be permitted until the Commissioner or designee grants approval for such contact.

**Commentary:** Reviews related to these cases are required by state law.

## **Part 7- Exiting Custody to Live with a Relative**

### **Standard 12-700**

DCS case management staff's efforts to achieve permanency for a child that cannot return home will initially focus on finding a permanent home with a relative.

**Commentary:** The search for relatives will begin when the CPS investigation is initiated or when the court becomes involved, whichever occurs first. If placement out of the home is

necessary, the assigned case manager and Child and Family Team will seek to place the child with an appropriate relative who is willing to legally commit to providing a permanent home for the child. The legal relationship can be adoption or legal custody granted without adoption. The permanency goal will be Exit Custody to Live with a Relative, Adoption or Planned Permanent Living Arrangement depending on the circumstances and intent of the parties.

### **Standard 12-701**

DCS case management staff will only pursue a permanency goal of Exiting Custody to Live with a Relative when a relative will not require continued financial support in the form of a foster care board rate.

**Commentary:** The primary goal of any permanency plan is to provide a child with a loving, stable family. Relatives who commit to becoming the primary family for a child do so because they seek to provide a healthy, caring family environment. The types of supports that these families will receive are the service supports necessary to ensure healthy transitions, strengthen family bonds, and assure ongoing family growth. The foster care board rate is a fee provided to families providing foster care, which is necessarily distinguished from permanency. This is not to suggest that relatives providing permanency cannot receive assistance with and connection to financial support services, but they will not receive the fee provided for foster care.

## **Part 8 - Adoption**

### **Standard 12-800**

The DCS case manager will ensure that the child's needs, wishes, safety and well being are at the center of the adoption process.

**Commentary:** The purpose of adoption in the public child welfare system is to provide permanent, safe, and loving homes for children by legally transferring ongoing parental responsibilities from their birth/legal parents to their adoptive parents. The best interests of the child should be reflected in every decision made for a child with a permanency goal of adoption.

It is in a child's best interest to participate, to the fullest extent possible, in decision making and planning related to the adoption option. The child will live with the long-term consequences of all decisions made during the adoption process. Participating in the decision making will increase the child's sense of control and decrease the sense of helplessness that often comes with being a child in the system. It will also encourage the likelihood of attachment to the adoptive parents as the child will feel a greater sense of ownership in the process.

It is in a child's best interest to receive timely, accurate and understandable information regarding what adoption means, what is happening at each stage of the process, how long each stage is likely to take, and about any significant barriers that arise in the process. The child will receive appropriate therapeutic services that will assist him/her in processing the information and the emotional aspects of this monumental life change.

It is in the child's best interest to possess all family of origin knowledge and property that is important to the child and that will help the child in his/her future development. His/Her identity development, physical and emotional health and general sense of well being may be impacted by the possession of personal items and knowledge. DCS staff will enable parents to provide

medical, social, and identifying information that their child needs or may need or want in the future. A child's medical information includes:

- Prenatal care and birth history,
- Medical, dental, psychiatric, and developmental history (including developmental milestones),
- Child's social history (e.g., history of residences, educational information, summary of persons with whom child has had a significant connection, special interests, significant events, travel),
- Medical information about parents and families (e.g., related to physical and mental health, addictions, learning disabilities, hereditary dispositions),
- Social history of parents and families (e.g., information about religion, culture, education, work history, special interests, significant life events, talents), and
- Summary of the parent's and/or other family members' hopes and dreams for the child and any other information that they would like to provide to the child.

Departmental staff will request a photograph(s) of the parents and of other family members, including siblings and any other significant persons in the child's life up until the time of the adoption.

Throughout the adoption process, the case manager is responsible for ensuring that the child is involved in a developmentally and emotionally appropriate way. Related to the decision making around adoption, the child's role and desires during this process will be documented in TN Kids and in the permanent case record. If the child's wishes are not followed, then the reasons will be explained to the child. The reasons will also be documented in the case record following supervisory review and approval. Related to family of origin information and possessions, it will be provided to the child or adoptive resource parent, as deemed appropriate. The decision to provide information to the child will be determined by the child's interest, desire, needs, and emotional and cognitive development. It is imperative that DCS staff assist the adoptive resource parents in understanding both the positive and challenging implications of supplying such information to the child and the child's right to have access to such information. A copy of all information received will be placed in the child's permanent record.

The remaining standards in this section target additional measures to ensure that the child's needs, wishes, safety and well being are at the center of the adoption process.

### **Standard 12-801**

The DCS case management staff will convene Child and Family Team Meetings for ongoing engagement with the birth/legal family and the child around adoption-related decisions and planning.

**Commentary:** In child-serving public agencies, decisions relating to adoption are of particular significance. These decisions require the contemplation of terminating an individual's legal rights to parent his/her child. However, the emotional bond between a child and his/her parent is recognized as supreme in our society and can not be obliterated by laws.

When adoption is the sole or concurrent permanent goal or when there is consideration of changing the permanent goal to adoption or to a concurrent goal including adoption, a CFTM will be held. If at all possible, the birth/legal parents will be present at these meetings. During

the meetings centered on adoption-related decisions, there will be recognition of the role that birth/legal parents play in planning for their children including their ability to positively contribute to a child's future. There will also be recognition of the positive contributions that the birth/legal parents and family members have made in the life of the child. Every adopted child should have (or have available to them when they are old enough) information about the positive attributes of their birth/legal parents and families. This information will be an important part of their ongoing healthy identity development.

### **Standard 12-802**

The DCS case manager will ensure that individualized adoption placement plans will be developed for all children moving to adoptive resource placements while in DCS custody.

**Commentary:** The plans will specify what needs to happen during the transfer process. These plans will be designed to match the child's developmental level, but will generally include the provision of services to:

- Address the child's emotions related to adoptive resource parents,
- Assure the child of the adoptive resource parents' ability to care for him/her,
- Enable the child to begin contemplating whether s/he can make a commitment to the family,
- Begin transferring the child's attachment from his/her current caregiver to the adoptive resource parents,
- Empower the adoptive resource parents,
- Navigate the grieving process related to the loss of his/her birth/legal family, and
- Help the child understand the permanence of adoption.

A child will be provided with specific information and answers to his/her questions about the prospective adoptive resource parents and family before meeting them. This "introduction" may include seeing photographs or a videotape of the adoptive resource family. A child will have the opportunity for pre-placement visits. Following the pre-placement visits, a child will have the opportunity to debrief and express his/her feelings and wishes about making a lifelong commitment of adoption with the prospective adoptive resource parents.

Children will receive therapeutic services to help them process their feelings and concerns related to adoption. The children will need to address the trauma resulting from the loss of their birth/legal family, the fear of the unknown represented by the adoptive resource family, and the effects of being in the foster care system. The resolution of these issues is important to both the child and to his/her adoptive resource family. Healthy processing can increase the likelihood of healthy attachment to the adoptive resource parents, help the child understand the benefits of joining a new family and assist him/her in feeling entitled to a permanent and protective family.

### **Standard 12-803**

Children in DCS custody with a permanency goal of adoption will be clinically assessed regarding their unique needs, desires and concerns related to adoption, when indicated.

**Commentary:** The information contained in clinical assessments will be made available to the prospective adoptive resource parents for the specific child as soon as it is received by the Department. This provision of information is reflective of the Department's commitment to promoting and supporting fully informed decision making throughout all phases of the adoption



process. It is designed to assure that adoptive resource parents can provide the appropriate supports and care for the child they seek to adopt.

#### **Standard 12-804**

DCS staff will provide permanency options counseling upon request to the birth/legal parents of children with a sole or concurrent permanent goal of adoption.

**Commentary:** When parents participate in permanency options counseling, they will be given case-specific, accurate and complete information about the range of options available for the permanent care of their child other than reunification. This dialogue will include information regarding the voluntary surrender process, the termination of parental rights process, their legal rights to contest a motion for adoption or appeal an adoption order and about the lifelong implications of adoption. Counseling time will focus on ensuring that the parents understand the remaining decisions available to them and the implications of their decisions.

Providing permanency options counseling before a CFTM related to adoption issues will allow parents the opportunity to fully consider their decision and formulate their questions and concerns outside of the dynamics of the group. When they enter the meeting, they will be more prepared to engage around the issues.

#### **Standard 12-805**

Upon request of the parent, prospective adoptive parent or child, the DCS case manager will convene a Child and Family Team Meeting to discuss the possibilities of post-adoption relationships.

**Commentary:** The best interests of the child should be the focus of any post-adoption agreement. It will be made clear that any agreement reached is voluntary and is not legally binding whether written or oral. The adoptive parents would have the legal right to dismiss the agreement if they deem it is not in the best interest of the child at any point in time following finalization of the adoption. A child's adoption plan will include clear information about any oral or written agreements reached regarding ongoing connectedness to the birth/legal parents, siblings and other relatives, former resource families, and others who are significant to the child. At these Child and Family Team Meetings, the prospective adoptive resource parents might provide the parents with general information about themselves and their families. The case manager and Adoption Services Unit specialist might address why the particular adoptive resource parents were selected. Finally, Departmental staff will explore with the birth/legal parents whether they wish to have their identities disclosed to the child at the time the child reaches adulthood. A written statement outlining their wishes regarding the issues and signed by the parents shall be retained in the child's permanent case record.

#### **Standard 12-806**

DCS staff will make every effort possible to adopt siblings into the same family unless there is a finding by a qualified clinician that doing so would be harmful to any of the siblings.

**Commentary:** Decisions to separate siblings will be rare and must be based on compelling evidence that it is not in the interest of at least one of the siblings. DCS aspires to keep all siblings together from the time of first placement through closure of the case. In the rare instances in which siblings must be separated, siblings will be matched with adoptive resource

families committed to nurturing and maintaining the sibling relationship, unless a qualified clinician certifies in writing that such contact would be damaging to a sibling.

### **Standard 12-807**

DCS case management staff will ensure that grief and loss counseling is provided upon request to parents who surrender their parental rights or have their parental rights terminated.

**Commentary:** Counseling will focus on the parents' feelings related to the loss of a child to adoption. If there are other children remaining with the parents, impact on those children and on other affected family members might be explored. Coping strategies for the future might be discussed. A plan for attaining long-term familial stability might be developed.

## **Part 9- Planned Permanent Living Arrangements**

### **Standard 12-900**

DCS case management staff will work with the child and the family team to exhaust all other permanency options before pursuing a permanency goal of Planned Permanent Living Arrangement.

**Commentary:** DCS will consider Planned Permanent Living Arrangement (PPLA) under the following circumstances:

- A mature and informed youth living with a relative prefers a PPLA permanency goal;
- A youth 14 years or older refuses adoption placement after having received adoption preparation services;
- A child has significant and beneficial bonds with his/her parents but is unable to return home to them;
- A youth within a few months of adulthood desires to transition into independent living with the ongoing support of resource parents; or
- The adoption of a child in placement with a relative is not in the best interests of the child or relative and continued services are needed to support the placement.

### **Standard 12-901**

DCS case management staff will not seek to change a child's permanency goal to Planned Permanent Living Arrangement without first referring his/her case to the Permanency Support Unit supervisor for review.

**Commentary:** A permanency goal to PPLA will not be set against the wishes of a child who is capable of participating in the planning process and who prefers another permanency goal that is possible to attain. PPLA is not intended to be a substitute for reunification or adoption. Case managers will not utilize PPLA as a method of "resolving" challenging cases and/or moving cases to conclusion. As with any other option, PPLA is assessed to be in the best interests of the child.

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