### Administrative Policies and Procedures: 14.29

<table>
<thead>
<tr>
<th>Subject:</th>
<th>Family Support Services Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standards:</td>
<td>COA: PA-CFS 1, PA-CFS 2.02-2.04, PA-CFS 3, PA-CFS 6, PA-CFS 7, PA-CFS 8, PA-CFS 9, PA-CFS 10, PA-CFS 11, PA-CFS 12, PA-CFS 15.01,15.03 PA-CFS 33.10, 33.12;</td>
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<tr>
<td>Application:</td>
<td>To All Department of Children’s Services Family Support Service Workers</td>
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### Policy Statement:

The Tennessee Department of Children’s Services (DCS) provides Family Support Services (FSS) to families with children in need of services to reduce the risk of an out of home placement or entry into foster care, and to reduce the likelihood of abuse and/or neglect.

### Purpose:

To establish a process for referring and transitioning Child Protective Services (CPS) cases, court referrals or custodial cases to Family Support Services (FSS) while assessing progress of the goals to improve safety, permanency and well-being.

### Procedures:

<table>
<thead>
<tr>
<th>A. Criteria for referrals to FSS</th>
<th>Criteria for Consideration to Transfer to Family Support Services (A minimum of one criteria must be met)</th>
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<tbody>
<tr>
<td></td>
<td>a) A Family Advocacy Support Tool (FAST) score of moderate or high risk;</td>
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<td>b) Court involvement and court requests for continued services;</td>
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<td></td>
<td>c) A non-custodial removal and third-party placement with services in place or identified;</td>
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<td></td>
<td>d) Services (DCS paid or community based) initiated and/or in place to reduce risk of harm and/or risk of custody (does not eliminate transferring a case to FSS when services are community based and not paid for by DCS);</td>
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<td>FAST scores of minimal with at least one (1) of the above criteria (b-d) also present, may be accepted.</td>
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<tr>
<th>B. Caseload Maintenance</th>
<th>The Team Coordinator/Designee is responsible for assessing caseloads weekly and monitoring the timely closure of FSS cases.</th>
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<tbody>
<tr>
<td></td>
<td>1. By the 5th of each month, the Team Coordinator (TC)/Investigator Coordinator</td>
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<tr>
<td>Subject: Family Support Services Program</td>
<td><strong>14.29</strong></td>
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<tr>
<td>(IC) submits the number of cases open over 120 days to RA/Director of Investigations (DIR) or designee along with a plan to either close the case or to provide a justification to continue service provision.</td>
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2. When case transfer causes an FSS caseload to exceed the average of 20 family cases. The FSS TC immediately contacts the RA or Designee. The RA/Desigee, in consultation with the TL and TC, assesses/evaluates potential closures/internal alternatives (or transfers to external case management resources) that could result in acceptance of the referral. When acceptance is not possible, there is an expectation that the RA/Desigee and the Regional Investigative Director (RID)/Designee consult on other options.

### C. Referring to FSS

1. Each region organizes a weekly scheduled call for the referring Team Leader (TL)/Lead Investigator (LI) to notify the FSS TL of cases identified for transfer to FSS. The pre-transfer call/contact occurs to share the following:
   - The FAST score of moderate or high;
   - The criteria outlined above (A, 1 a-e) that qualifies the CPS or Custody case for transfer to FSS;
   - The criteria to support the transfer of a case with a FAST score of minimal;
   - The plan for scheduling internal transfer staffing detailing the agreed upon transfer date, location or contact method (sent via group email);
   - Level of service needs and concerns for the child(ren);
   - Location and residence of children, parents, and service needs (Refer to the [Family Support Services Decision Tree](#) for determination of county of assignment for FSS cases).

**Note:** If a case is determined not to be appropriate for transfer to FSS, alternative options are discussed (e.g. completing additional tasks, community referral, resource linkage, etc.).

**Note:** If there are no cases to transfer, this meeting may be cancelled after the referring TL/LI and the FSS TL agree on the decision.

2. The referring TL/LI and CPS/case worker, along with the receiving FSS TL and FSSW, have the internal transfer staffing within five (5) business days of the weekly pre-transfer contact/call to discuss the following:
   - The reason for the referral to include any court and/or continued involvement;
   - Results of any interventions provided and attempted;
   - The level of cooperation from the child and family;
   - Justification for a child not being seen within thirty (30) days of the referral to FSS.
The results of the FAST or Child and Adolescent Need and Strengths (CANS) and any additional formal and informal assessments administered to the child/family;

- Action steps resulting from the CFTM for cases opened at least forty-five (45) days for Child Protective Services Investigations (CPSI) and seventy-five (75) days for Child Protective Services Assessments (CPSA);

- Any circumstances (completion of tasks, FAST or CANS results, FSS capacity) that may delay the transfer;

- Date of joint team home visit to formally transfer the case to FSS. CPS/FSW schedules a home visit with the receiving FSSW and the family to occur within five (5) business days of the internal transfer staffing.

3. An active permanency plan is available and entered in TFACTS for all custody transfers and for CPSA transfers opened at least seventy-five (75) days and CPSI transfers opened at least forty-five (45) days.

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

4. Cases may be transferred prior to day forty-five (45) for CPSI and day seventy-five (75) for CPSA. CPS shares information as outlined in section C.2., during the transition meeting. The CPS case may remain open to complete any remaining investigative or assessment tasks identified during the transfer staffing.

5. If a Social Services/Juvenile Justice case unexpectedly exits custody, the Social Services/Juvenile Justice TL immediately contacts the FSS TL to discuss case transition and joint home visit. A FSS episode will be opened and assigned to FSS within 72 hours of the custody exit or prior to the custodial case closure.

**Referrals from Court**

The Court liaison or the DCS court representative completes form **CS-0498, Family Intervention Services Application** and prepares the case for FSS by establishing the following to be shared with FSS:

- The reason for the referral to include if the court is ordering DCS to open an FSS case;
- Household composition;
- Results of any previous formal and/or informal assessments;
- Any interventions provided and/or attempted and the results; and
- The level of cooperation from the child and family.

**Note:** FAST assessment is due within ten (10) business days of referral.
**Referrals from a walk-in or self-referral**

The DCS representative in contact with the walk-in client assesses the family circumstances to determine if referral to the Child Abuse Hotline is warranted. If circumstances are appropriate for Family Support Services the DCS representative completes form **CS-0498, Family Intervention Services Application** with the walk-in client. When possible, the DCS representative completes the FAST with the client. The DCS representative then provides the application to the FSS TL for assignment. If the FAST was not completed prior to assignment, the assigned case manager completes the FAST within 10 business days. A walk-in or self-referral is assigned the appropriate intervention track based on FAST outcomes and case manager informal assessments.

**D. Opening of the FSS episode**

1. The FSS case is opened within 2 business days of completing the joint home visit or upon receipt of the referral from court. For transfer cases, FSS episode start date begins on the date of the joint home visit.

2. The FSS TL enters a Case Consultation in TFACTS within 5 business days of opening the FSS episode detailing:
   - The results and date of the transfer staffing with CPS or custody;
   - Receipt and details of the referral from the court liaison or DCS court representative; and
   - Date of the initial home visit.

3. The FSS case worker enters an opening case summary detailing the following:
   - Reason to open an FSS Case;
   - Prior history of the family and the pertinent/impact on the case, previous services, removals;
   - Cultural diversity of the family;
   - Initial Diligent Search;
   - Household composition, including every child in the home;
   - Explanation of why and where if siblings are separated;
   - Efforts to engage the family; and
   - Needs of the family identified.

**E. Moderate intervention criteria**

1. Once criteria for FSS is met, the referral is determined appropriate for the moderate intervention track when one of the following is present:
   - FAST Risk Score indicates minimal (low) or moderate need/risk;
   - Services for the family are anticipated to be less intense, and needed
for a shorter amount of time;
- Court involvement based on DCS petition requesting continued DCS services and oversight (excludes FAST risk scores of high need/risk);
- Case is transferred from DCS custody.

F. Moderate intervention activities

1. The FSSW, along with the referring CPS case worker, conducts a joint home visit within five (5) business days of the transfer staffing.

2. Both workers assess and gather information for the FAST Assessment during the joint home visit. The FSSW completes the FAST within thirty (30) calendar days of opening the FSS episode. Items to be discussed include:
   - Reason for transferring to FSS
   - Services in place and needed
   - Service effectiveness
   - Expectation of family and staff
   - Complete or initiate FAST

3. The FSSW has a Child and Family Team meeting (CFTM) within thirty (30) business days of opening the FSS episode and develops or revises the Family Permanency Plan (FPP). (Refer to DCS Child and Family Team Meeting Guide.)

4. During each home visit with the child(ren) and parents, scaling questions and motivational interviewing techniques are utilized to assess progress and to conduct quality visits.

G. Moderate intervention visits

1. The FSSW makes monthly visits with the child(ren) in the home. There is a minimum of one (1) face-to-face contact with the child each calendar month for the life of the case.

2. The FSSW visits each parent/caretaker significant other, and sibling(s) residing in the home monthly.

3. If the child is in an out of home placement, the FSSW visits each parent/caretaker AND the 3rd party placement caretaker monthly.

Note: Refer to the Family Support Services Decision Tree for determination of when to complete a Courtesy Request to assist in completion of tasks.

4. Increased contacts and/or home visits may be necessary with the child and/or family as determined by the FPP or supervisor recommendations which are documented in TFACTS by the TL.

5. The FPP along with family progress and safety is reviewed and assessed with all family members during each visit.

6. Scaling, solution focused questions and motivational interviewing with child(ren), parents and caretakers are used to engage families and ensure...
quality visits.

7. If services are provided (paid or unpaid) contact occurs with the service provider no less than once monthly to assess progress on the FPP.

8. If the child(ren) is placed in another county/region, the child’s home county/region of residence is responsible for coordinating with the county/region of the child’s placement to assure contacts and service provisions occur. (Refer to the Family Support Services Decision Tree for determination of county of assignment for FSS cases).

9. The results of the safety and progress scales, and progress made on the FPP are discussed monthly with the FSS TL. This is documented in the Consultation section of TFACTS.

Note: Face to Face contacts with the children are entered into TFACTS within ten (10) business days of the contact.

H. Intensive intervention criteria

Once criteria for FSS is met, the referral is determined appropriate for the intensive intervention track when one of the following is present:

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

I. Intensive intervention activities

1. The FSSW, along with the referring CPS/case worker, conducts a joint home visit within five (5) business days of the transfer staffing.

2. Both workers assess and gather information for the FAST Assessment during the joint home visit. The FSSW completes the FAST within thirty (30) calendar days of opening the FSS episode. Items to be discussed include:

- Reason for transferring to FSS;
- Services in place and needed;
- Service effectiveness;
- Expectation of family and staff; and
- Complete or initiate FAST
3. The FSSW has a Child and Family Team meeting (CFTM) within thirty (30) business days of opening the FSS episode and develops or revises the Family Permanency Plan (FPP). (Refer to DCS [Child and Family Team Meeting Guide](#)).

4. During each home visit with the child(ren) and parents, scaling questions and motivational interviewing techniques are utilized to assess progress and to conduct quality visits.

### J. Intensive intervention visits

1. Child remains in home:
   - Twice a month face to face contacts with child (one must occur in home);
   - Twice a month face to face contacts with parents (one must occur in home) utilizing family plan to structure discussion.

2. Child placed out of home:
   - Twice a month face to face contact with child (one must occur in home);
   - Twice a month face to face contacts with parents (one must occur in their home) utilizing family plan to structure discussion;
   - Monthly face to face contact with caretaker, in their home, utilizing family plan to structure discussion.

3. The FSSW conducts a home visit within five (5) business days of receipt of referrals directly from court and referrals via form [CS-0498, Family Intervention Services Application](#).

4. Increased/ decreased contacts and/or home visits may be necessary with the child and/or family as determined by scale ratings of safety, FPP activities or supervisor recommendations which are documented in TFACTS by the TL.

**Note:** There is a minimum of one (1) face-to-face contact with the child each calendar month for the life of the case.

**Note:** Refer to the [Family Support Services Decision Tree](#) for determination of when to complete a Courtesy Request to assist in completion of tasks.

5. The FPP along with family progress and safety is reviewed and assessed with all family members during each visit.

6. Scaling, solution focused questions and motivational interviewing with child(ren), parents and caretakers are used to engage families and ensure quality visits.

7. The results of the safety and progress scales, and progress made on the FPP are discussed monthly with the FSS TL. This consultation is documented in the Case Conference section of TFACTS.

8. If services are provided (paid or unpaid) contact occurs with the service provider twice monthly to assess family’s progress on the FPP.

9. If the child(ren) is placed in another county/region, the child’s home county/region of residence is responsible for coordinating with the
Subject: Family Support Services Program

14.29

| **K. Removal on FSS cases** | county/region of the child’s placement to assure contacts and service provisions occur. (Refer to the Family Support Services Decision Tree for determination of county of assignment for FSS cases).

**Note:** Face to Face contacts with the children are entered into TFACTS within ten (10) business days of the contact.

| **L. CPS Referrals on open FSS cases** | When there is an open FSS case and additional abuse or neglect allegations are reported to the Child Abuse Hotline (CAH), the CPS and the FSS supervisors discuss the allegations and jointly decide if it is appropriate for the open FSS case to absorb/address the allegations in the referral or if two (2) separate cases (CPS and FSS) are to be opened on the family.

2. If supervisors agree on combining the cases, the CPS supervisor notifies the CAH to screen-out the new case so that the allegations can be addressed in the already open FSS case. The request states that the FSS supervisor, including their name, is in agreement with the request.

3. The FSS supervisor documents the new information and recommended priority responses as a case consultation detailing any additional tasks and next steps needed to address the concerns.

4. To aid in safety and well-being of the child and family, the FSSW conducts a face-to-face with the alleged child victim (ACV) and parent/caretaker, within the recommended priority response timeframe, and enters the face to face contact.

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

**Note:** Refer to DCS Policy 14.12, Removal: Safety and Permanency Considerations for additional information regarding removing a child (ren) from their parent/caretaker.

2. If there is an imminent risk of a child(ren) being removed from the care of their parent/caretaker, an Emergency CFTM with a skilled facilitator must be convened to explore all alternatives to placing the child(ren) in DCS custody. Team Coordinators (TCs) and Regional General Counsel (RGC) must approve the decision to petition for custody.

3. When an emergency removal takes place before a CFTM can be convened, the CFTM occurs prior to the preliminary hearing. In any event, a CFTM occurs no later than seven (7) days after the date of custody. The FSS TL attends this CFTM. Refer to DCS Child and Family Team Meeting Guide.

4. Each region establishes a local protocol to consult with an individual with a master’s in social work (MSW) in relation to trauma reduction surrounding the removal process. When possible, this occurs prior to the physical removal of the child(ren).
with the child victim (ACV) into TFACTS within ten (10) business days of the contact.

5. If the decision results in an open CPS case, the CPS TL/IL and FSS TL may decide that the FSSW continues work on the open FSS case while CPS conducts investigative or assessment tasks and activities, collaborating to determine the scope of continued services and level of involvement. If the FSS case remains open when services are initiated by CPS, the FSSW follows-up with any additional identified services.

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

### M. Case Progress and case closure

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

2. Cases are considered appropriate for closure with:
   - Safety scale ratings of No to Low concerns AND
   - Progress scale ratings of High to Moderate progress.

3. Cases not considered appropriate for closure have:
   - Safety scale ratings of Moderate to High concerns OR
   - Progress scale ratings of Low/Minimal to No progress.

4. All casework, FAST and any Scale ratings are reviewed by the TL before case closure and the review is documented in TFACTS as a case consultation.

5. Any cases with scale ratings of moderate to high Safety concerns or low to no Progress will not be closed without a TL consult and case closure summary outlining the justification to close the case.

6. Assessment of case progress may indicate a need for the case to remain open beyond 90 days. The TL enters a case consultation justifying the case remaining open; including limited movement on the safety and progress scale, the current FAST rating, and remaining needs of the family.

7. Levels of intervention on any moderate or intensive case may change based on FAST, Scaling Questions, and TL/LI consultation and approval.

Note: Intensive intervention cases referred from court are worked 30 calendar days from receipt before the case can be changed to moderate intervention.

8. FAST must be updated quarterly throughout the life of the case. Refer to [Family Advocacy and Support Tool 2.1](#) for more information.

9. Cases open over 120 days are reviewed by the TC/IC monthly. After 120 days, the TL enters a case consultation each month until case closure.

10. Cases with court involvement are closed per each regional protocol. The FSSW provides a written statement outlining the following elements:
   - Progress made on the Family Permanency Plan;
Family Support Services Program

11. Cases that meet criteria for closure have the following tasks completed:

- Closing case conference with TL;
- Entry of monthly face to face contact with the child(ren);
- Reassessment/Closing FAST, if not completed within 30 days of closure;
- Progress Review CFTM; and
- Closing case summary entered by the FSSW.

12. Closing Case Summary

- Reason for opening the case;
- Current status of child and family including safety status of child;
- Justification for case closure which should include behaviorally specific description of how the family has stabilized and achieved the goals in the original or updated case plan;
- Evidence of scaling and outcomes;
- Community referrals made by worker to support family after case closure;
- Reassessment/Closing FAST and results of any CFTM that captures discussion of ongoing needs and services with family to prevent continued DCS involvement;
- Legal status at closure (i.e. who has custody, any no contact orders; etc.)

13. The TL enters a closing case consultation, ends the FSS episode, ends any case services, and closes the family case if the family is not involved in any other DCS program.

N. Procedures

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

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

3. A CFTM is held every ninety (90) days from the initial CFTM or the transfer CFTM. During the CFTM, the FPP is reviewed and the plan is updated to reflect any progress updates and/or revisions/editions.

4. FAST must be updated quarterly throughout the life of the case. Refer to
5. If there is a reason to believe that a child or family is of Native American Heritage and there is no verification to support that the inquiry occurred, the FSSW verifies the child/family’s status through the Bureau of Indian Affairs and affiliated tribe. Use applicable Confirmation of Native American Heritage, Determination of Tribal Affiliation letters or form CS-0050, Case Intake Packet Documents Verification. Refer to DCS Policy 16.24, Children of Native American Heritage.

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

7. If there is no documentation to support that the family has been informed of their rights and responsibilities, the FSSW notifies the family of their rights and responsibilities and provides them with a copy of the DCS Clients Rights Handbook. The family signs form CS-0050, Case Intake Packet Documents Verification and other required information.

<table>
<thead>
<tr>
<th>O. Data System documentation</th>
<th>Case recordings must be documented in TFACTS within thirty (30) days from the date of the contact or occurrence.</th>
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Forms:

- CS-0050, Case Intake Packet Documents and Native American Heritage Verification
- CS-0498, Family Intervention Services Application
- CS-0559, Authorization for Release of Information of HIPAA Protected Health Information TO and FROM the Department of Children’s Services and Notification of Release
- CS-0789, Authorization for Release of Information to DCS: TennCare Eligibility and Authorization for DCS to Release of Information to TennCare
- Confirmation of Native American Heritage
- Determination of Tribal Affiliation
- CS-4209, Family Support Services (FSS) In-State Courtesy Request

Collateral Documents:

- 14.12 Removal: Safety and Permanency Considerations
- 16.24, Children of Native American Heritage
- 16.53, Eligibility for Independent Living Services
- 31.2, Responsibilities Regarding Runaways, Absconders and Escapees
- 31.3 Case Transfer Guidelines Between Regions, Agencies and Facilities
- Family Support Services Decision Tree
- Case Closure Protocol
- Child and Family Team Meeting Guide
- Clients Rights Handbook
- Family Support Services Practice Guide
- Tennessee Family Advocacy and Support Tool 2.1
- Protocol for Safe Sleep Education and Delivery of Safe Sleep Furniture
- Visitation Protocol
- Protocol for Working with Hospitals
- Work Aid 8, Child Protective Services Intake Reader Responsibilities, Tasks and Activities
- Family Permanency Plan