# Tennessee Child Welfare Practice Model

Tennessee Department of Children's Services| Office of CQI | June 9, 2023

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# Practice Model

## *Introduction*

The Department of Children's Services (DCS) promotes excellence in child welfare. The Practice Model is a set of guidelines that capture the organizational values, structures, mechanisms, tools, and skills needed to successfully implement the mission of the Department. It is driven by the Department of Children's Services' (DCS) overarching mission, vision, values, and professional ethics. The Practice Model represents DCS's expectations for best practices in serving children and families, internal and external partners, and the general public in Tennessee.

The purpose of the Practice Model is to articulate the tenets of best practice across all areas of child welfare practice in Tennessee, including:

- Daily practices that promote the safety, permanency, and well-being of Tennessee's children, families, and communities through in-home and out-of-home services;
- Effective support and professional development of child welfare staff;
- Promotion of teamwork across all child and family serving agencies;
- Use of data to track outcomes and influence innovations in practice, and;
- Transparent communication with all Tennesseans.

## *Background*

The agency commissioned its first Practice Model in 2003, during the initial phase of the Brian A. Settlement Agreement, which prompted significant changes in child welfare practices in Tennessee. Drafted in collaboration with stakeholders and expert child welfare consultants, the original Practice Model provided detailed, specific guidance on individual practices across all areas of the child welfare system. Tennessee Department of Children's Services Standards of Professional Practice for Servicing Children and Families: A Model of Practice (M&B Consulting, 2003) enumerated standards in twelve areas of child welfare to support expected changes in practice. Since the adoption of the Practice Model, the agency has immersed itself in ongoing practice improvement and support efforts, which include achievement of accreditation, implementation of a Continuous Quality Improvement Unit, successful exit from the Brian A. Settlement Agreement, and the development of clearly articulated policy guidelines.

In light of these many agency changes, which provide the guidance necessary to carry out individual daily practices across the organization, the revised Practice Model now looks to provide a framework for the overall approach to child welfare practice. This approach respects families as experts about their own strengths and areas for growth; supports open, transparent communication; and relies on collaboration and shared problem-solving with all stakeholders.

## *Mission*

The Mission of the Department is to Act in the Best Interest of Tennessee's Children and Youth..

## *Vision*

Children First!

## *Values*

- **Relationships**: The child welfare system in Tennessee is a collaborative, aligned system of partners that provides unique interventions to our most vulnerable populations.
- **Integrity**: Ethics, fairness, and sincerity are the foundations for a successful organization.
- **Diversity**: Everyone deserves to be treated with respect and to maintain strong connections with their identified community, faith, and culture.
- **Learning**: Staff should have opportunities and managerial support for continuous professional development and innovation.

## *Guiding Principles*

**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.

# Supporting Frameworks for Best Practices

The Tennessee Department of Children's Services (DCS) recognizes numerous critical frameworks which define and influence best practices in child welfare. As such, DCS has developed a comprehensive, detailed collection of policies, program manuals, and work aids that are regularly reviewed and updated to reflect the most relevant recent guidance from all applicable state and federal laws, Child and Family Service Review (CFSR) expectations, Council on Accreditation (COA) standards, American Correctional Association (ACA) expected practices, and professional codes of ethics.

### *State and Federal Law*

DCS is committed to ensuring practices meet or exceed all state and federal legal requirements. The Department operates in compliance with child welfare regulations such as the Indian Child Welfare Act (ICWA), The Adoption and Safe Families Act (ASFA), the Child Abuse Prevention and Treatment Act (CAPTA), the Families First Prevention Services Act (FFPSA), and all other child welfare laws.

### *Child and Family Service Review*

The Child and Family Service Review (CFSR) is based on federal child welfare practice expectations of the Federal Children's Bureau. The CFSR consists of 18 Child and Family Services Outcomes items and 18 Child and Family Services System Factors which promote best practice in child welfare. Each round of reviews provides insight into the delivery of services to children and families. In addition, CFSR results influence the development of a Program Improvement Plan, which guides necessary changes in practice and program management to ensure ongoing improvements in child and family outcomes. (*See Appendix A – Child and Family Service Review: Quick Reference Items List*).

### *Council on Accreditation*

The Council on Accreditation (COA) supplies an array of standards (*See Appendix B – COA Standards*), developed by program experts using relevant research, under which a service organization may be reviewed and accredited:

- Administration & Management standards describe best practices for how the agency should be run by its leaders through partnership with its stakeholders.
- Service Delivery standards describe best practices for how the agency should interact with its employees and consumers.
- Service Standards describe best practices for the specific areas in which the agency conducts business or provides services.

The agency achieved accreditation in 2009 and has maintained accreditation since that time. The standards outlined by COA are constantly reviewed and updated to provide the most relevant, evidence-based best practice expectations to guide excellent child welfare practice.

### *American Correctional Association*

The standards created and refined by the ACA represent fundamental correctional practices that ensure staff and youth safety and security; enhance staff morale; improve records maintenance and data management capabilities; assist in protecting the agency against litigation; and improve the function of the facility or agency at all levels.

### *Professional Codes of Conduct and Ethics*

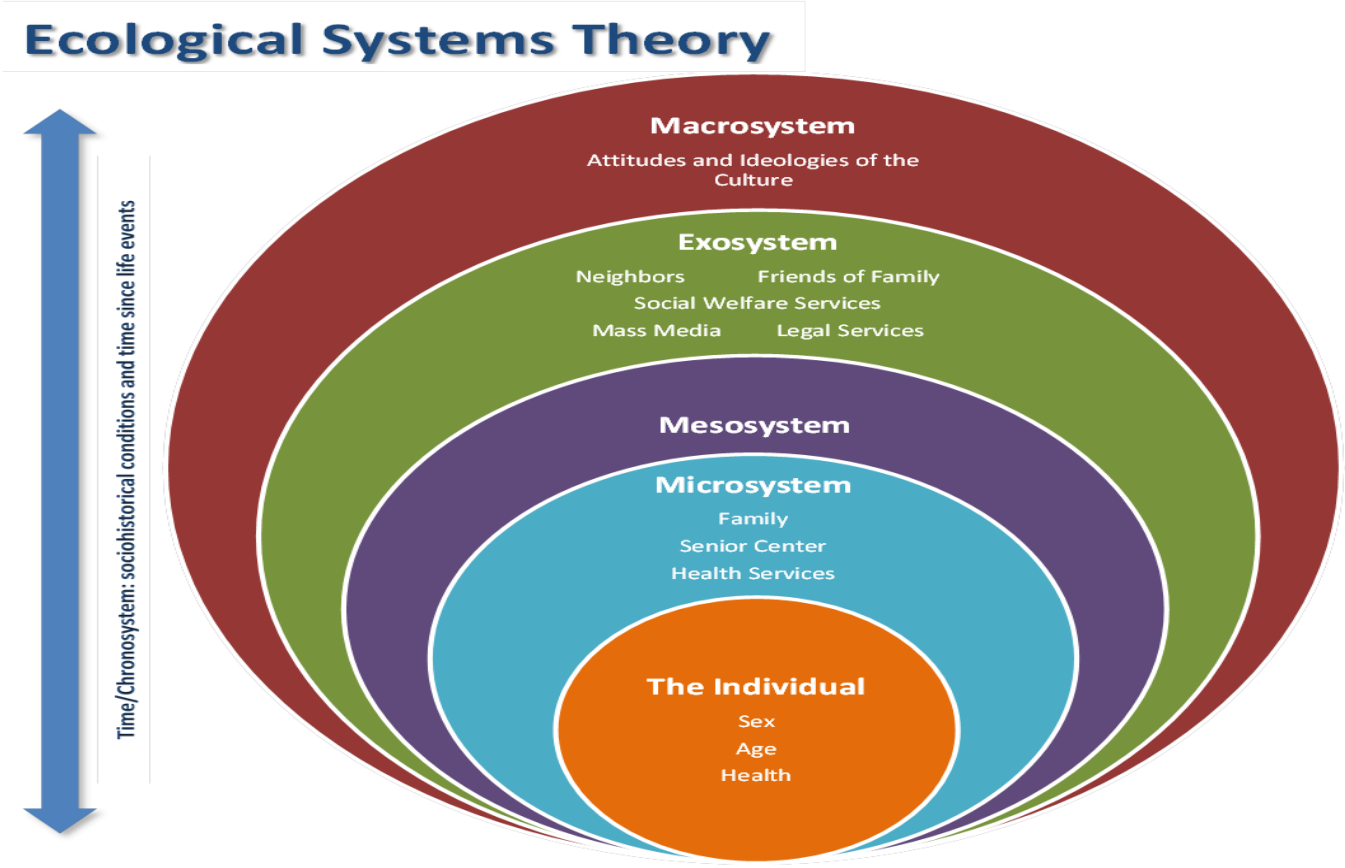
Employees are child welfare professionals from many social services backgrounds, other disciplines, as well as support staff from a variety of other areas. The agency expects all staff to act with integrity and competence. In addition, DCS has an established Code of Conduct based on fundamental ethical principles. The code of conduct instructs all employees of the agency to abide by the codes of ethics that govern their individual professions as defined by education or license, as well as the State of Tennessee Employees' Code of Conduct.

# Theory of Practice

The Department's approach to child welfare is grounded in the school of social work's family systems theory and in an ecological approach to child development, family functioning, and organizational functionality.

Family systems theory postulates that every family 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 that 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 stresses the connections and influences between the system and the environment in which it functions. In the context of child development, this means that children are influenced not only by their families of origin, but also by extended family, communities, and social systems (including faith communities, neighborhoods, schools, and social connections). Similarly, staff and the Department as a whole are influenced by their systems and environments (including teams, regions, programs, courts, local communities and other governmental departments). This approach predicts that children, families, and constructive organizations have the potential to acquire qualitatively different capacities and new growth through positive interactions with their environment.



# Practice Wheel

The DCS Practice Wheel is the foundation of the Department's work with children, families, internal and external partners, and the general public.  Principles from the Practice Wheel are the basis for all of the Department's work.

## *Practice Wheel Components*

**Engagement**

The process of developing an open, honest relationship based on the strengths and resiliencies of all parties.

**Teaming**

The process of developing a strong working relationship with others who are working towards a common or shared goal.

**Assessment**

The process of gathering a comprehensive understanding of the functional strengths, surface and underlying needs, and background of the persons and situation at hand.

**Planning**

The process of establishing a shared goal, along with identifying the resources and action steps necessary to accomplish the goal.

**Implementation**

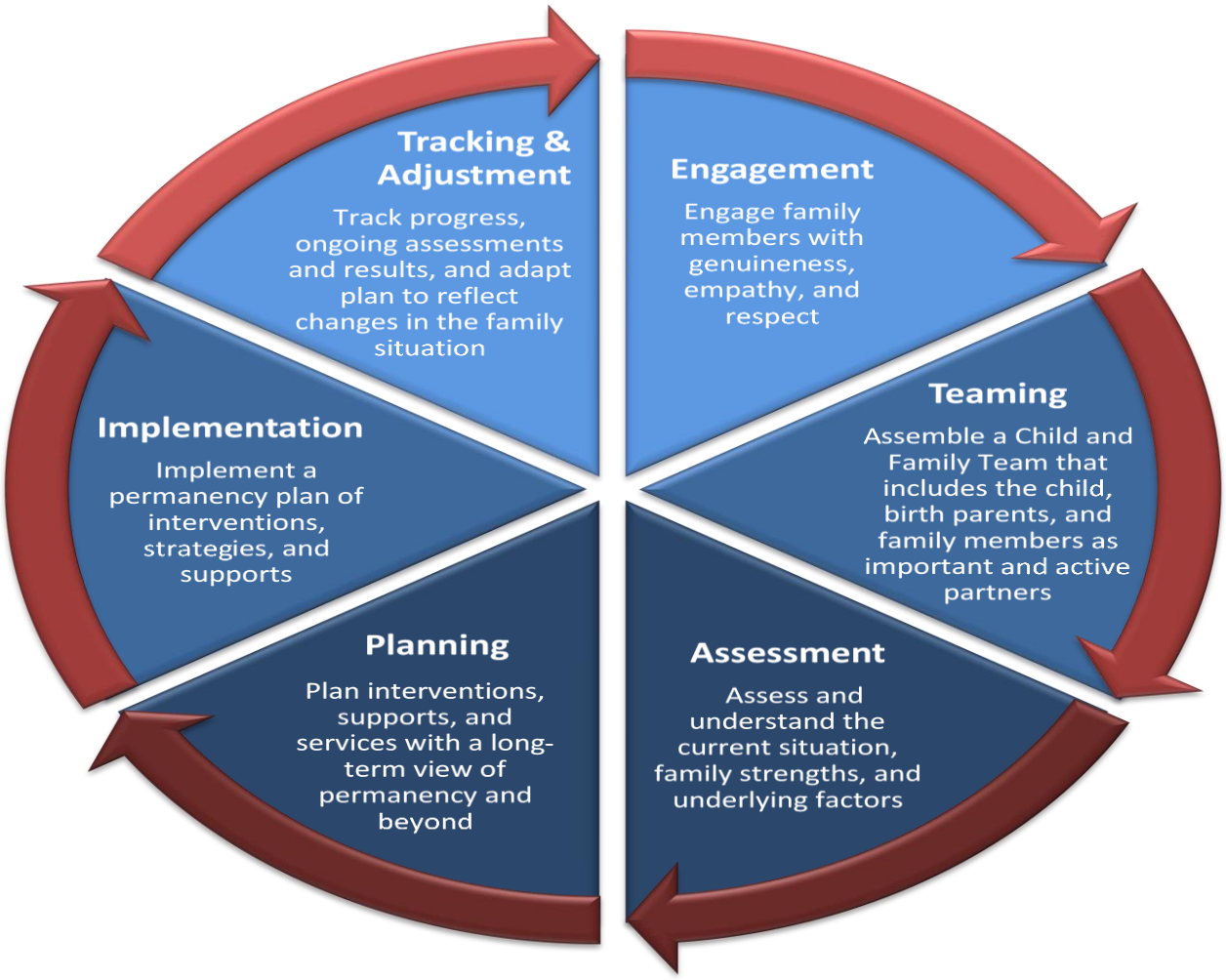
The process of taking action on the established plan (service delivery).

**Tracking & Adjusting**

The process of reviewing the outcomes achieved by the plan, in comparison to the stated goals, and making changes as needed to ensure achievement of the goal and/or positive outcomes.

The components of the practice wheel can be adapted to apply to all aspects of child welfare work with children, families, and internal and external stakeholders, and across all programs and processes of the agency.

## *The Practice Wheel Applied to Family Casework*




### *Engagement*

"Engagement" is defined as the skill of establishing caring relationships with children and their family members. These caring relationships are characterized by behaviors and actions that impart respect for human dignity, 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 effect 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 whom they work. The defining of roles and the building of relationships will counterbalance the inherent difficulties of, and natural resistance to, change families will experience.

Agency staff 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 to recognize and build 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.

In order to develop open, trusting, and cooperative relationships with the child and family, professionals should aspire to the following best practices:

- Approach the child and family with respect and empathy.
- Engage the child and family around their functional strengths in order to build unique, family-oriented interventions.
- Include the child and family in all aspects of the case.
- Encourage the child and family to take a leadership role in directing the assessment, planning, and service provision.
- Employ flexibility and creativity in accommodating the child and family's needs, including the timing and location of meetings and services, access to transportation and financial assistance, and development of supports.

**Related policies include:**
***14.2, Family Permanency Planning for Child Protective Services Non-Custodial Cases***; ***Family Support Services Practice Guide***; ***14.29, Family Support Services Program***; ***14.7, Child Protective Services Investigation Track***; ***Protocol for Juvenile Justice Family Permanency Plan***; ***Foster Parent Handbook***; ***31.8, Parent/Caregiver Engagement and Support***; ***Parent Engagement and Support Work Aid***.

## *Teaming*

The Department employs the Child and Family Team (CFT) process to function as the primary mechanism for actualizing the practice wheel. (*See Appendix C – Child and Family Teams*).

The child and family team should be built around the family and should be focused on working toward child and family goals. Parents and children are crucial team members. The CFT focuses on the structure and performance of the family team in collaborative problem solving, providing effective services, identifying the family's needs, and achieving positive results for the child and family. Collectively, the team should have technical and cultural competence, family knowledge, authority to commit resources, and the ability to flexibly assemble supports and resources in response to specific needs. Members of the team should have the time available to fulfill commitments made to the child/family. Collaboration among team members is essential.

Participation of children is 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 certain 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. Their concerns and opinions will be voiced and addressed. Efforts at inclusion will be documented by the case managers.

**Related Policies include:**
***Child and Family Team Meeting Guide***; ***13.10, Custody Requirements for Delinquent Youth***; ***13.11, Trial Home Visit and Aftercare Requirements for Delinquent Youth***; ***13.12, Probation Requirements for Delinquent Youth***; ***14.29, Family Support Services Program***.

### *Assessment*

Child and family assessment is the evolving process the team uses to determine what they need to know to help families to become successful and independent from DCS services. The team synthesizes this knowledge as they go through the assessment sequence of gathering information, analyzing information, drawing conclusions, and acting on those conclusions. Members of the CFT – most critically the child and family members – working together, should synthesize their assessment knowledge to form a common "big picture" that leads to a shared understanding of the child and family's situation. This provides a common core of team intelligence through a dynamic, ongoing process that involves assessment techniques, both formal and informal, that are appropriate for the child and family's ages, abilities, culture, language or system of communication, and social support networks. Assessment should be performed initially and remain ongoing throughout a family's involvement with the system, and should include all relevant family members, household members, and historical context and trauma experiences to form a comprehensive understanding of safety, permanency, and well-being issues. The assessment should be informed by the standardized tools used by the agency, formal assessments completed by contracted professionals, and informal assessment information gathered through interviews and observations. The child and family's voice and experiences should be clearly captured and utilized in every aspect of the assessment process.

**Related Policies include:**
***Family Advocacy and Support Tool Manual 2.1***; ***Protocol for the Completion of the Family Advocacy Support Tool (FAST)***; ***Tennessee Child and Adolescent Needs and Strengths (CANS) Manual 2.0***; ***14.3, Screening, Priority Response, and Assignment of Child Protective Services Cases***; ***14.2, Family Permanency Planning for Child Protective Services Non-Custodial Cases***; ***14.7, Child Protective Services Investigation Track***; ***14.16, Child Protective Services Case File Organization, Documentation, and Disposition***; ***14.26, Child Protective Services Assessment Track***; ***14.29, Family Support Services Program***; ***16.31, Permanency Planning for Children/Youth in the Department of Children's Services Custody***; ***16.32, Foster Care Review and Progress Reports***; ***13.27, Predisposition Investigations and Reports***; ***Protocol for Juvenile Justice Family Permanency Plan***; ***13.10, Custody Requirements for Delinquent Youth***; ***13.11, Trial Home Visit and Aftercare Requirements for Delinquent Youth***; ***13.12, Probation Requirements for***

***Delinquent Youth***; ***18.4, Intake and Orientation at a Youth Development Center***; ***18.13, DOE Assessment of Individual Program Plan/Individual Education Plan (IPP/IEP) Goals***; ***20.3, Computer Adaptive Testing-Mental Health (CAT-MH ™)***.

### *Planning*

Family Services Plans will identify specific services and resources to reinforce the strengths and meet the needs of children and their families. Each plan will set out 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 and take a critical role in creating and shaping plans that respect their needs, wishes, and service preferences.

The individualized plans will address 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. A child and family service plan should be based both on formal assessments, including clinical, functional, social, medical, mental health and educational assessments, and on informal assessments. The plans will prioritize the underlying needs; include realistic, measurable and observable objectives; and be culturally appropriate. 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.

**Related Policies Include:**
***Permanency Plan Development Guide***; ***31.1, Family Permanency Plans***; ***14.2, Family Permanency Planning for Child Protective Services Non-Custodial Cases***; ***14.29, Family Support Services Program***; ***16.31, Permanency Planning for Children/Youth in the Department of Children's Services Custody***; ***16.32, Foster Care Review and Progress Reports***; ***13.10, Custody Requirements for Delinquent Youth***; ***13.11, Trial Home Visit and Aftercare Requirements for Delinquent Youth***; ***13.12, Probation Requirements for Delinquent Youth***; ***16.51, Independent Living and Transition Planning***; ***Independent Living & Transition Planning Guide***; ***Protocol for Juvenile Justice Family Permanency Plan***.

### *Implementation*

The strategies, actions, and services planned for the child and family will be implemented in a timely, competent, and dependable manner, consistent with family-centered practice and necessary cultural accommodations. Services should be of sufficient quality to effectively meet the family's needs and reasonably accessible to the family.

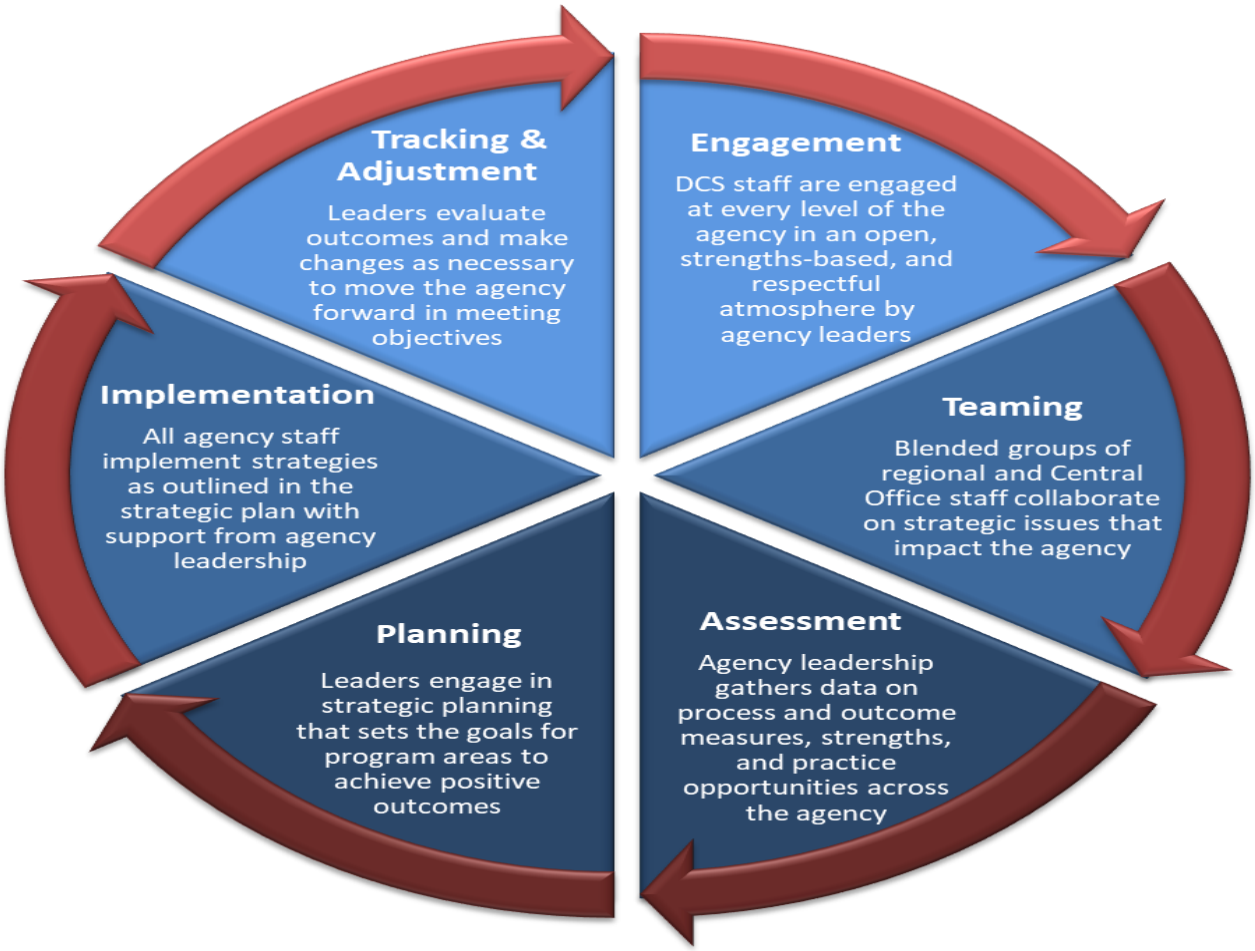
**Related Policies Include:**
***Child and Family Team Meeting Guide***; ***Permanency Plan Development Guide***; ***31.1, Family Permanency Plans***; ***14.2, Family Permanency Planning for Child Protective Services Non-Custodial Cases***; ***14.29, Family Support Services Program***; ***16.31, Permanency Planning for Children/Youth in the Department of Children's Services Custody***; ***Placement & Provider Services Division and Placement Support Guide***; ***13.10, Custody Requirements for Delinquent Youth***; ***13.11, Trial Home Visit and Aftercare Requirements for Delinquent Youth***; ***13.12, Probation Requirements for Delinquent Youth***; ***14.7, Child Protective Services Investigation Track***; ***Protocol for Juvenile Justice Family Permanency Plan***.

### *Tracking & Adjusting*

Tracking and adaptation provide the learning and change processes that make the service process effective for the child and family. An ongoing examination process should be used to track service implementation, check progress, celebrate successes, identify emergent needs and problems, and modify services in a timely manner. The plan should be modified when objectives are met and families accomplish goals or demonstrate the attainment of new strengths and skills, strategies are determined to be ineffective, new preferences or dissatisfactions with existing strategies or services are expressed, and/or new needs or circumstances arise. Members of the child and family team (including the child and family) should focus on the achievement of positive outcomes and apply the knowledge gained through ongoing assessments, monitoring, and periodic evaluations to adapt strategies, supports, and services. This learning and change process is necessary to find what works for the child and family by recognizing effective changes. Learning what works is a continuing process.

**Related Policies include:**
***Child and Family Team Meeting Guide***; ***Permanency Plan Development Guide***; ***14.2, Family Permanency Planning for Child Protective Services Non-Custodial Cases***; ***16.31, Permanency Planning for Children/Youth in the Department of Children's Services Custody***; ***16.32, Foster Care Review and Progress Reports***; ***13.10, Custody Requirements for Delinquent Youth***; ***13.11, Trial Home Visit and Aftercare Requirements for Delinquent Youth***; ***13.12, Probation Requirements for Delinquent Youth***.

## *The Practice Wheel Applied to Organizational Culture*




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 just as the culture is in turn shaped by leadership styles and group dynamics. The culture affects the thoughts and actions of group members and the quality of 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 that emphasizes open communication and staff creativity and that will promote and support best practices in casework with children and families. The agency also promotes leadership styles that are participatory and supportive. Agency leadership holds the responsibility for supporting juvenile justice and child welfare service provision through effective strategic planning, evaluation, and outcomes management. This coordinated, multi-level planning identifies service needs and resources, as well as the measures necessary to maintain and improve the operation of components of the systems. Planning is coordinated between staff in central and regional offices. In addition, agency leadership collects and uses data to improve programs and guide planning, policy and decision making.

The Commissioner and senior staff are the most effective champions for improved practice. They are best positioned 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. The practice model 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 DCS field staff use to partner with children and families and local communities. As staff observe leaders from the field and central office modeling open communication and team-oriented practices with each other and with them, problem-solving culture will thrive and enhance the viability of the practice model. Staff witness and mirror the application of best practices to the children, families, and the communities they serve, and both internal and external partners and collateral service providers will increase their investment in best practices.

### *Engagement*

DCS staff will be engaged at every level of the agency. Agency leadership will maintain an open and respectful atmosphere that supports and recognizes the strengths of its staff.

### *Teaming*

Blended groups of regional and Central Office staff will also be identified to collaborate on strategic issues that impact the agency statewide.

### *Assessment*

Agency leadership will gather data on process and outcome measures, as well as benchmarking against similar child welfare programs and state and federal goals, to identify the strengths and practice opportunities across the agency.

### *Planning*

Central Office and Regional/YDC leadership will engage in strategic planning that sets the goals for each program area to achieve positive outcomes for children and families in Tennessee.

### *Implementation*

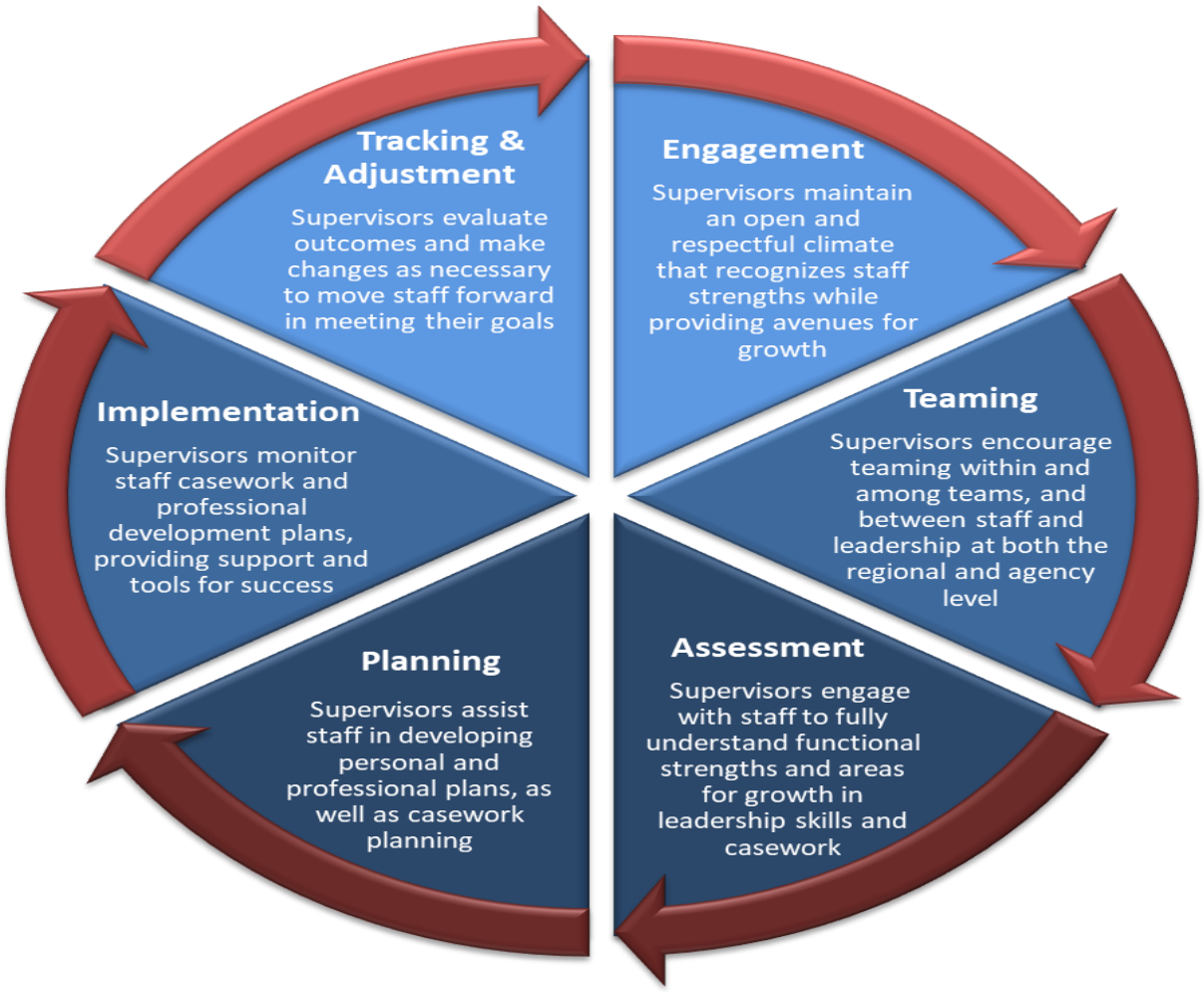
All agency staff will implement strategies as outlined in the strategic plan with support from agency leadership at all levels.

### *Tracking & Adjusting*

Following implementation, agency leadership will consider pre and post measures, data, and outcomes; discuss the successes and opportunities of the strategic interventions that were implemented; and make changes as necessary to move the agency forward in meeting its objectives.

**Related Policies include:**
***1.3, Continuous Quality Improvement: Communication, Meetings, Information Sharing, Policy Development and Review***; ***1.5, Internal Audit***; ***1.27, Fraud, Waste, and Abuse Prevention, Reporting and Investigation***; ***1.29, Budget and Planning Process***; ***1.31, Memorandum of Understanding (MOU), Letter of Support (LOS), and Survey Proposal and Approval Process***; ***1.33, Research and Data Requests***; ***Juvenile Justice Case Review Protocol***; ***Internal Audit Quality Assurance and Improvement Program Manual***; ***Protocol: Scorecard at a Youth Development Center (YDC)***.

## *The Practice Wheel Applied to Supervision and Professional Development*




The practice wheel 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 model to their own work with families and the community. For example, performance feedback given to case managers will be communicated in relation to identified best 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 the model and its associated theories will assist case managers in developing professional development goals and improving their casework skills. Broad-based professional development and dissemination of the practice model will be supported when staff, at all levels, are afforded the opportunity to experience and understand it.

Supervisors will, in both supervisory and direct practice contexts, model the basic and essential helping skills of engagement, teaming, assessing, planning, implementation, and tracking/adjusting. These skills provide the bedrock for establishing and maintaining the helping relationships with children and families, as well as stakeholders, that are necessary for successful case outcomes.

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

### *Engagement*

Supervisors will maintain an open and respectful atmosphere that supports and recognizes the strengths of their staff while providing opportunities for personal and professional growth and development.

### *Teaming*

Supervisors encourage teaming within and among teams, and between staff and leadership at both the regional and agency level.

### *Assessment*

Supervisors engage with and observe staff to fully understand each person's functional strengths, areas for growth, and opportunities for professional development in both direct casework and leadership skills.

### *Planning*

Supervisors both assist staff in developing personal and professional growth plans and provide support for casework planning

### *Implementation*

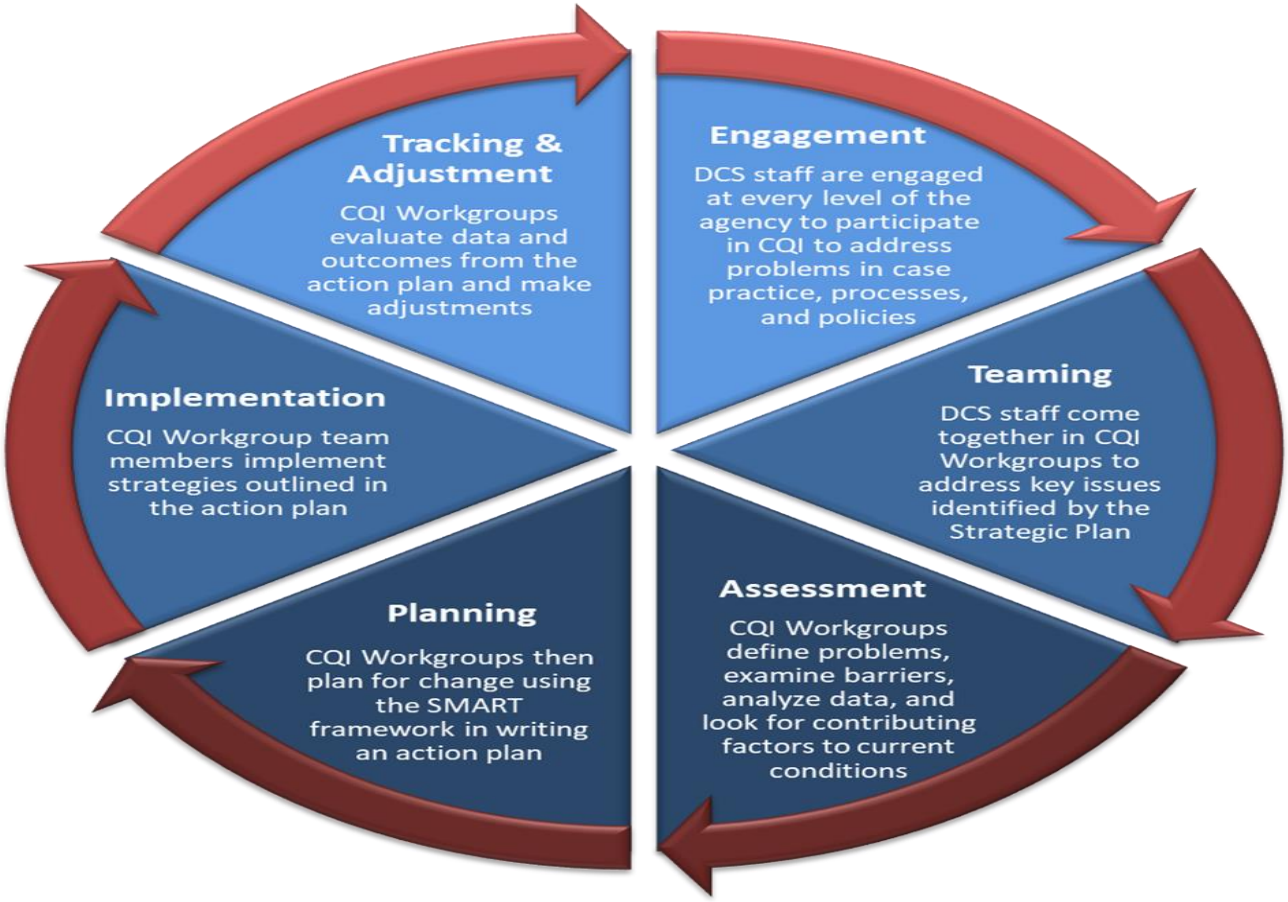
Supervisors monitor the implementation of casework and professional development plans for all staff under their supervision and provide support and tools to ensure success.

### *Tracking & Adjusting*

Following implementation, agency supervisors will consider pre and post measures, data, and outcomes; discuss the successes and opportunities of the casework and professional development plans that were implemented; and make changes as necessary to move the case or staff member forward in meeting goals.

**Related Policies include**:
***4.2, Performance Management Program***; ***4.4, Performance and Case Supervision Practice Guidelines and Criteria***; ***5.2, Professional Development and Training Requirements***; ***Juvenile Justice Case Review Protocol***; ***Protocol: Individual Program Plan (IPP) Monitoring Procedures***.

## *The Practice Wheel Applied to Continuous Quality Improvement*




### *Engagement*

DCS staff will be engaged at every level of the agency to participate in CQI. At the first level, all staff will participate in local/unit problem solving in unit staff meetings, where supervisors will go beyond dissemination of information by involving staff in problem solving around local issues and unit outcomes. Units can opt to deploy CQI workgroups to problem solve specific issues at the local level and seek guidance and collaboration around additional problems from higher levels of the agency as needed.

Regionally, DCS staff may participate in regionally based CQI workgroup teams designed to address specific areas or issues that impact the entire region. These workgroup teams will be guided by a Regional Leadership CQI Team that will oversee the activities of all the CQI teams across the region.

Blended groups of regional and Central Office staff will also collaborate on strategic issues that impact the agency statewide. In addition, there will be Central Office based teams to work on and address issues at the highest level of the agency.

### *Teaming*

DCS staff will come together in CQI Workgroups to address key issues identified by the agency's Strategic Plan. Staff will be encouraged to problem solve issues using quality improvement tools. Collaboration between teams will be supported through the CQI Coordinators.

### *Assessment*

CQI Workgroups will be encouraged to specifically define problems and seek available agency and interagency data to clarify measures where improvements are sought. Once the problem and related measures (data) are clearly identified, the team will analyze factors contributing to undesirable conditions and outcomes. Teams can accomplish this through open discussion or use tools like a Drive Diagram, Lean swim lanes, etc. Research of strategies and evidenced based practices used in other agencies is strongly encouraged.

### *Planning*

Once the CQI Workgroup has fully assessed the problem, finalized its analysis, and considered the various factors contributing to poor outcomes, the team will then plan for change. The team will use the SMART (Specific, Measurable, Achievable, Relevant, Time Sensitive) formula to write an action plan.

### *Implementation*

CQI Workgroup team members will implement strategies as outlined in the action plan.

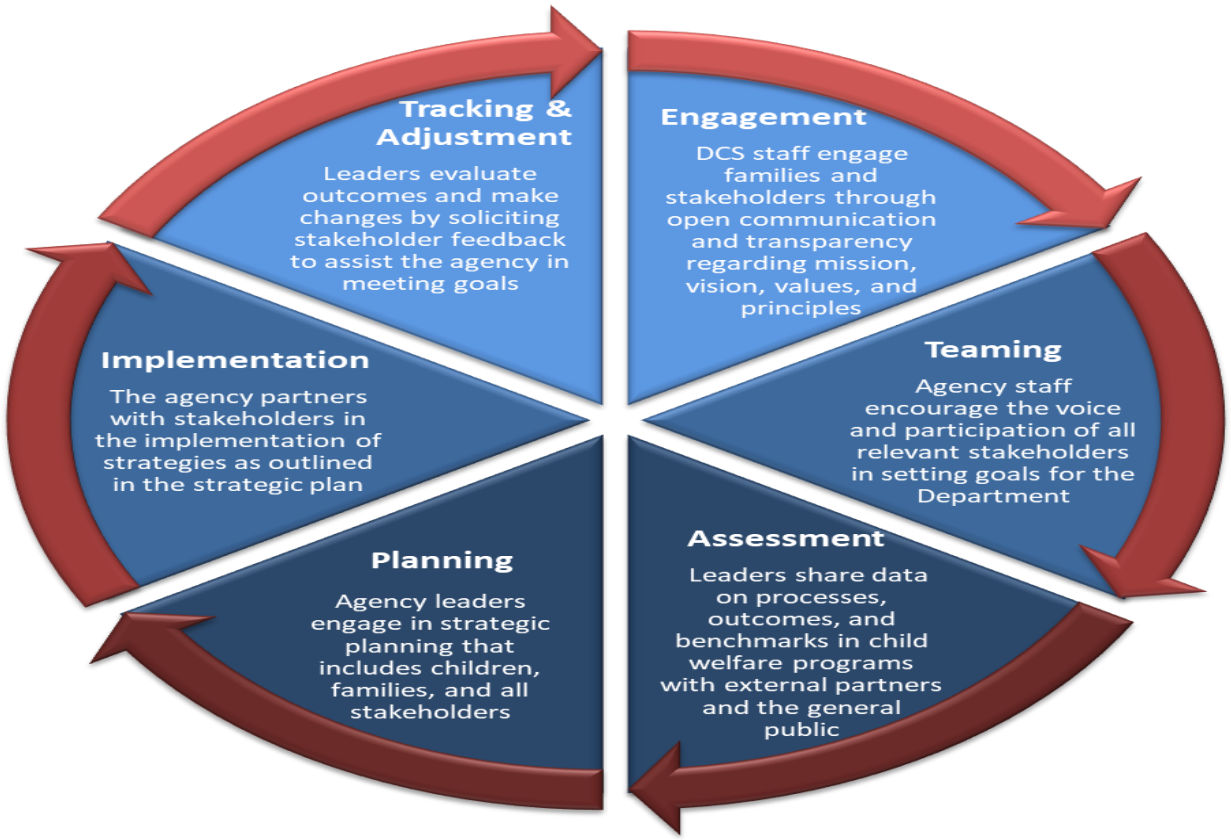
### *Tracking & Adjusting*

Following implementation, CQI Workgroups will consider pre and post measures, data, and outcomes, and discuss the success and opportunities of the improvement interventions implemented. Workgroups examine the work that has been done to see if the intervention worked. The CQI team will then renew the Practice Wheel cycle by:

- Engaging new team members as needed,
- Re-assessing actions taken,
- Planning adjustments to the current steps, and
- Continuing with implementation until desired outcomes are achieved.

**Related Policies include:**
***1.3, Continuous Quality Improvement: Communication, Meetings, Information Sharing, Policy Development and Review***.

## *The Practice Wheel Applied to Stakeholder Engagement*




DCS will collaborate with a network of institutional stakeholders, professionals - including contracted providers, 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 to keep children safe, support stable families, build healthy communities and provide appropriate treatment and services to children and families needing assistance.

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. The 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.

The agency will recruit community leaders and citizens, as well as members of local court systems, community service agencies, and private providers, to assist in the development and execution of child welfare services within the community. Cultivating mutually respectful relationships between the agency and the State's diverse racial, ethnic and religious communities will improve the ability of the agency to recruit members of those communities to join the work of protecting children and supporting families.

The relationships between the DCS 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.

### *Engagement*

DCS staff will engage children, families, and internal and external stakeholders by maintaining an open, honest level of communication and transparency regarding the agency's mission, vision, values, and guiding principles.

### *Teaming*

Agency staff will encourage the voice and participation of all relevant stakeholders in setting goals for the Department.

### *Assessment*

Agency leadership will share data on process and outcomes measures, and will benchmark against similar child welfare programs and state and federal goals, with external partners and the general public to ensure that all relevant parties can assess the Department's progress toward goals and objectives.

### *Planning*

Central Office and Regional/YDC leadership will engage in strategic planning that includes children, families, and internal and external stakeholders.

### *Implementation*

The agency will partner with stakeholders to implement the strategic plan.

### *Tracking & Adjusting*

Following implementation, agency leadership will communicate pre and post measures, data, and outcomes, and discuss the successes and opportunities of the strategic interventions with stakeholders and solicit stakeholder feedback in determining necessary changes that will move the agency forward in meeting its objectives.

**Related Policies include:**
***1.21, Coordination, Cooperation with Communities, Governmental and Non-Governmental Agencies & Organizations***; ***Contract Provider Manual***; ***1.26, Statutory and Federal Reporting***; ***1.5, Internal Audit***; ***1.7, Risk Management***; ***1.14, Access to Public Records of the Department of Children's Services***; ***1.15, News Media Relations for DCS Regional Offices and a Youth Development Center***; ***1.30, Interstate Compact on the Placement of Children***; ***13.3, Interstate Compact for Juveniles***; ***1.31, Memorandum of Understanding (MOU), Letter of Support (LOS), and Survey Proposal and Approval Process***; ***1.33, Research and Data Requests***; ***5.2, Professional Development and Training Requirements***; ***Protocol for Research Eligibility Team (RET)***; ***31.3, Case Transfer Guidelines Between Regions, Agencies and Facilities***; ***31.17, Child Care Assistance Program***; ***13.9, Juvenile Justice Case Transfers Within and Between Regions***; ***13.14, Public Notification of Release of Juvenile Offender***; ***21.18, Notification to School Principals of Certain Delinquent Adjudications***; ***Protocol: Scorecard at a Youth Development Center***; ***Protocol: Teen Outreach Program (TOP) at a Youth Development Center (YDC)***.

# Appendix A: Child and Family Services Review: Quick Reference Items List

### *OUTCOMES*

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

*Item 1:* Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

*Item 2:* Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?

*Item 3:* Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?

Permanency Outcome 1: Children have permanency and stability in their living situations.

*Item 4:* Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?

*Item 5:* Did the agency establish appropriate permanency goals for the child in a timely manner?

*Item 6:* Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

*Item 7:* Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

*Item 8:* Did the agency make concerted efforts to ensure the visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?

*Item 9:* Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?

*Item 10:* Did the agency make concerted efforts to place the child with relatives when appropriate?

*Item 11:* Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary

caregivers from whom the child had been removed through activities other than just arranging for visitation?

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

*Item 12:* Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?

*Item 13:* Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

*Item 14:* Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

*Item* 15: Were the frequency and quality visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

*Item 16:* Did the agency make concerted efforts to assess children's educational needs, and appropriately address identified needs in case planning and case management activities?

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

*Item 17:* Did the agency address the physical health needs of children, including dental health needs?

*Item 18:* Did the agency address the mental/behavioral health needs of children?

## *SYSTEMIC FACTORS*

### *Statewide Information System*

*Item 19:* How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

### *Case Review System*

*Item 20:* How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

*Item 21:* How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every six months, either by a court or by administrative review?

*Item 22:* How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

*Item 23:* How well is the case review system functioning to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

*Item 24:* How well is the case review system functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

### *Quality Assurance System*

*Item 25:* How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provide, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

### *Staff and Provider Training*

Item 26: How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the Child and Family Services Plan (CFSP) that includes the basic skills and knowledge required for their positions?

*Item 27:* How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

*Item 28:* How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge needed to carry out their duties with regard to foster and adopted children?

### *Service Array and Resource Development*

*Item 29*: How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the Child and Family Service Plan (CFSP)? 1. Services that assess the strengths and needs of children and families and determine other service needs; 2. Services that address the needs of families in addition to individual children in order to create a safe home environment; 3. Services that enable children to remain safely with their parents when reasonable; and 4. Services that help children in foster and adoptive placements achieve permanency.

*Item 30*: How well is the service array and resource development system functioning statewide to ensure that the service in item 29 can be individualized to meet the unique needs of children and families served by the agency?

### Agency Responsiveness to the Community

*Item 31*: How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the provisions of the Child and Family Service Plan (CFSP) and developing related Annual Progress and Services Reports (APSRs), the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

*Item 32*: How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the Child and Family Service Plan (CFSP) are coordinated with service or benefits of other federal or federally assisted programs serving the same population?

### *Foster and Adoptive Parent Licensing, Recruitment, and Retention*

*Item 33*: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B and IV-E funds?

*Item 34*: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

*Item 35*: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for who foster and adoptive homes are needed is occurring statewide?

*Item 36*: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

# Appendix B: COA Standards

DCS achieved accreditation of its Central Office and 12 service regions in 2009. During reaccreditation, the agency and COA added accreditation of its Youth Development Centers. Central Office and the 12 service regions achieved reaccreditation, and the YDCs achieved initial accreditation, in 2015. Currently, the agency is involved in its third round of accreditation. The agency is reviewed and accredited in the following areas:

### *Administration and Management Standards*

Public Agency – Administration and Management (PA-AM)
Public Agency – Ethics (PA-ETH)
Public Agency – Finance (PA-FIN)
Public Agency – Human Resources (PA-HR)
Public Agency – Performance and Quality Improvement (PA-PQI)
Public Agency – Risk Prevention and Management (PA-RPM)

### *Service Delivery Standards*

Public Agency – Administrative Service Environment (PA-ASE)
Public Agency – Behavior Support and Management (PA-BSM)
Public Agency – Client Rights (PA-CR)
Public Agency – Personnel Development and Supervision (PA-PDS)

### *Service Standards*

Public Agency – Child and Family Services (PA-CFS)
Public Agency – Juvenile Justice Case Management (PA-JJCM)
Public Agency – Juvenile Justice Residential (PA-JJR)

The most current standards can be found at the following site: ***https://coanet.org***

# Appendix C: Child and Family Teams

A key component to improved family-centered casework practice is 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 enables 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 decisions-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.

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 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. 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.

# Appendix D: Code of Conduct

**Tennessee Department of Children's Services**

## Employee Code of Conduct

**Policy:**

Employees of the Department of Children's Services are expected to act in a manner that will enhance the name, service and general impression of the State of Tennessee and the Department of Children's Services in the eyes of the general public. This Code of Conduct, in conjunction with the State of Tennessee – Code of Conduct (PR – 0483), provides general rules of conduct based on fundamental ethical principles. Employees shall also uphold the ethical rules governing their professions as well as comply with departmental and State ethics policies. No Code of Conduct can provide the absolute last word to address every circumstance. Therefore, employees are expected to use sound judgement in all of their conduct and ask for help when needed.

Failure to comply with this Code of Conduct, the State of Tennessee – Code of Conduct (PR-0483). Department of Children's Services Policies and Procedures, and any other policies which may be specific to the employee's organization unit may subject the employee to disciplinary action in accordance with the Department of Human Resources Rules and Regulations.

All employees are required to read and sign the State of Tennessee – Code of Conduct (PR-O483) and this Code of Conduct before assuming their job responsibilities.

**Code:**

1. Employees will uphold the ethical rules governing their professions including complying with applicable licensing authority rules.

2. The use of illegal drugs or narcotics or the abuse of any drug or narcotic is strictly prohibited at all times. Use of alcoholic beverages or being under the influence of alcohol when reporting for duty is strictly prohibited. (**Review DCS Policy** 4.8 DCS Drug Free Workplace.)

3. An employee may not engage in, or allow another person to engage in, sexual behavior with a child/youth, regardless of whether or not force is used or threatened. There is no such thing as "consensual" sex between staff and clients. The violation of this rule can result in disciplinary action up to and including termination and prosecution. (Review DCS Policies 4.9 Employee Disciplinary Actions and 18.8 Sexual Abuse and Assault in DCS YDCs-PREA.)

4. An employee who becomes involved in circumstances as described above in item 3 must report the conduct, in writing, to the Regional Administrator, Youth Development Center Superintendent, Executive Director, Deputy Commissioner, Commissioner, Direct, Team Leader or Team Coordinator as applicable.

5. Employees shall not abuse a child/youth. Any employee who assaults or strikes a child/youth, subjects the child/youth to improper punishment, or deprives the child/youth of benefits without justified cause may be charged with abuse of a child/youth. Pursuant to *TCA 37-1-403* ***"Any person who has knowledge of or is called upon to render aid to any child who is suffering from or has sustained any wound, injury, disability, or physical or mental condition will report such harm immediately if the harm is of such a nature as to reasonably indicate that it has been caused by brutality, abuse or neglect or that, on the basis of available information, reasonably appears to have been caused by brutality, abuse or neglect shall report it to "DCS Child Abuse Hotline."*** *(**Review DCS Policy** 14.1 Child Abuse Hotline.)*

My signature below certifies that I have read the information above and the applicable policies and procedures, documents and information required for my employment with the Department of Children's Services.

| _____ | _____ | _____ | ___/____/_____ |
|---|---|---|---|
| Employee's Name (Type or Print) | Employee's Signature | Edison Employee ID No. | Date |

| _____ | ___/_____/_____ |
|---|---|
| Human Resource Officer's Signature | Date |

*Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.*

*Distribution: Copies: Employee File*

CS-0732, Rev. 10/14

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# Appendix E: Internal and External Stakeholders

The inclusion of stakeholders in all aspects of child welfare practice is critical to ensuring an open, transparent approach that respects the strengths and needs of all parties. Below is a partial list of Important stakeholders to consider when setting goals, implementing action plans, and evaluating outcomes.

### *Internal Stakeholders*

Central Office:

- Senior Leaders
- Program Area Leaders
- Program Staff
- Legal Staff
- Well-being Consultants
- Performance and Quality Improvement
- Fiscal and Human Resources Staff

### *Regional/YDC:*

- Regional/YDC Leaders
- Program Area Leaders
- Program Staff

### *External Stakeholders*

- Youth
- Families
- Extended Relatives
- Fictive Kin
- Other Family Supports
- Foster Families
- Community Leaders
- Community Partners
- Contracted Providers
- Juvenile Courts
- Youth and Family Attorneys
- CASA
- Schools
- Daycares
- Mental Health Treatment Providers
- Substance Abuse Treatment Providers
- Health Care Providers
- Other Government Support Agencies
- Anyone vested in child welfare