Contract Provider Manual

Section Eight (8) -Assessment Centers

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PRIMARY ASSESSMENT CENTER

1. General Characteristics

Assessment centers provide observation and assessment. Children referred to Primary Assessment Centers (PAC) may be children in their initial state custody status, children already in state custody, and children who have been released from state custody and have been recommitted. These children display a wide range of behaviors and are in need of assessment in order to most effectively determine appropriate services and placement.

2. Admission/Clinical Criteria

Children referred to a PAC may have varied assessment needs. Presenting problems may include substance abuse, delinquent behavior or charges, and chronic runaway behavior. Children may have mood or anxiety problems, interpersonal difficulties, emotional dysregulation, difficulty in securing and maintaining close relationships with others, truancy, or difficulty in accepting authority. Youth appropriately referred to a PAC may pose a moderate risk to the community.

3. Personnel

a) The provider has trained personnel who can meet the developmental, therapeutic, and supervision needs of all children/youth accepted for care and services.

b) Psychological evaluations are completed by a qualified licensed mental health professional or an individual appropriately supervised by a licensed mental health professional.

c) Educational staff meets the employment standards outlined in the state Board of Education Rules, Regulations and Minimum Standards.

d) RTC staff to child/youth ratio: 1:8 (one direct-care, awake staff for every eight on-site youth) during the day and 1:8 (one direct-care, awake staff for every eight on-site youth) overnight staff. Staff persons counted in the staff-to-service recipient ratio may only be persons who are assigned to provide direct program services as described by written job description. The required staff-to-client ratio must be maintained on-site in each building, or physically separated unit of a building in which service recipients are housed. Support staff such as clerical, housekeeping, van and bus driver staff or students involved in an onsite practicum for academic credit may not be counted in the staff-to-service recipient ratio. While these are the minimum standards, it is strongly recommended that two staff be present at any time when children/youth are being supervised.

4. Service Overview

The agency provides a program of group living experiences and a program of specialized services for

each child/youth accepted into care. Services provided by the agency include but are not limited to:

a) Individual and family assessment upon admission, engaging family as data resources and throughout the child's stay in the PAC.

b) Length of assessment limited to no more than fifteen (15) days, by which time a meeting takes place to discuss results and for provider to make service recommendations. The written Psychological Evaluation and other reports should be received by DCS in written form prior to the meeting.

c) Coordinate with families and DCS staff

d) Structured group activities, team building exercises, life skills groups, skills building activities, and/or educational groups at least two (2) times per week.

e) Alcohol and drug awareness education at least two (2) times per month;

f) Educational liaison to interact with the child/youth's educational needs and individualized educational plan. Contact with the youth's school will occur at least two (2) times month and be documented in the youth's record.

g) Provision of recreational activities, social skills training, daily living skills and interdependent living skills. These activities must be appropriate to, and adapted to the needs, interests and ages of the service recipients. More information about independent living may be found in the Independent Living portion of this manual.

h) Coordinate medication management appointments.

5. Assessment and Evaluation included within the per diem

a) A psychological evaluation is administered to all youth entering the PAC, including:

- A clinical interview (conducted by a licensed clinical psychologist or licensed psychological examiner, with HSP status on license);
- A review and evaluation (conducted by a licensed clinical psychologist or licensed psychological examiner, with HSP status on license) of available family functional assessment, behavioral information, and other background information made available to the PAC;
- Testing which is tailored to the youth's history of symptoms, previous testing, and to any referral questions provided by DCS. Tests may include: individually administered full (not abbreviated) test of intelligence, an objective personality measure, a projective personality measure, an individually administered measure of academic achievement which assesses basic reading, reading comprehension, mathematics calculation, mathematics reasoning, and written expression (IDEA categories), a full substance abuse history, and if the youth's history indicates need, a drug screen and formal substance abuse assessment measure;
- A complete DSM-5 diagnostic picture, with both DSM-5 and ICD-10 number codes given;
- Recommendations to address specific referral questions and therapeutic and educational needs identified.

b) Specialized psychological evaluations are conducted when requested by Regional Psychologist.

This evaluation may include, but is not limited to:

- Administration of one or more specialized instruments to assess the following:
  - Substance-Related disorder assessment measures
  - Psychosexual functioning
  - Vocational interest or ability
  - Adaptive functioning

6. Education of the Child/Youth

a) Youth typically attend an in-house, non-public school that is approved by the Tennessee State Department of Education and recognized to educate students in custody by the DCS Education Division. Youth may attend public school if all other programming requirements of the PAC are met.

b) Please refer to the ***Section Thirteen (13)-Educational Standards*** section of this document for specific information related to the education of students in state custody.

7. Records Management

The individual record for each service recipient must contain the following information:

a) Progress notes must be recorded daily and must include written documentation of service recipient progress. These progress notes must be dated and include the signature, title or degree of the person providing the service;

b) Documentation of all drugs administered and/or prescribed by the facility which indicates date prescribed, type, dosage, frequency, amount and reason for prescription;

c) Documentation of significant behavior and actions taken by staff;

d) A list of each article of the service recipient's personal property valued at one hundred dollars ($100.00) or more and its disposition if no longer in use;

e) Documentation of abuse, medical problems, accidents, seizures and illnesses. This documentation must include the treatment for such abuse, accidents, seizures, and illnesses and any reports generated as a result. Results of assessments are required by this rule;

f) Discharge summary which details the service recipient's condition at the time of discharge and the signature of person preparing the summary;

g) Appropriate consents and authorizations for the release and obtaining of information about the service recipient are maintained and current.

8. Discharge Criteria

Goals/Discharge Criteria for children in Primary Assessment Centers: Children will not remain in a PAC past 30 days.

ENHANCED PRIMARY ASSESSMENT CENTER

1. General Characteristics

Enhanced primary assessment centers provide observation and assessment to children with significant behavioral and/or mental health issues. Children referred to Enhanced Primary Assessment Centers (PAC) may be children in their initial state custody status, children already in state custody, children who have been released from state custody and recommitted and may be of any adjudication. These children display a wide range of behaviors and need assessment in order to determine appropriate services and placement.

2. Admission/Clinical Criteria

Children referred to an Enhanced PAC may have varied assessment needs. Presenting problems may include substance abuse, delinquent behavior or charges, and chronic runaway behavior. Children may have significant mood or anxiety problems, severe interpersonal difficulties including aggressiveness, emotional dysregulation, difficulty in securing and maintaining close relationships with others, truancy, or difficulty in accepting authority. Youth may exhibit symptoms of a significant mental health or psychiatric disorder that may not yet be diagnosed or requires reevaluation. Youth referred to an Enhanced PAC may pose a significant risk to the community.

Youth who are not appropriate for this level of service include those who are actively suicidal or homicidal and are currently certified as needing acute care; youth in need of medical substance abuse treatment (e.g., detoxification); youth actively experiencing hallucination or untreated schizophrenia spectrum or psychotic disorders; youth diagnosed with level 2 and 3 severity autism and youth who are unable to address basic Activities of Daily Living (ADLs).

Children/Youth with a primary diagnosis of intellectual disability are evaluated on a case-by case basis for admission. Children with an IQ lower than 55 who have adaptive functioning indicating moderate to severe intellectual disability may not be appropriate unless the agency is able to make appropriate adjustments to the regular programming as needed.

3. Personnel

a) The provider has trained personnel who can meet the developmental, therapeutic, and supervision needs of all children/youth accepted for care and services. Assessments will be conducted by appropriately credentialed professionals.

1) Psychological evaluations are completed by a Licensed Psychologist, Senior Psychological Examiner or Psychological Examiner with supervision.

2) Initial health screens are conducted by a Registered Nurse (RN), or Licensed Practical Nurse (LPN) under the supervision of an RN;

3) Educational staff meets the employment standards outlined in the state Board of Education Rules, Regulations and Minimum Standards.

4) Clinical diagnosis and psychiatric evaluations are provided by a licensed psychiatrist;

5) A licensed medical doctor provides oversight for all medical/health related screenings and assessments

b) The Enhanced PAC staff to child/youth ratio is 1:6 (one direct-care, awake staff for every six on-site youth) during the day and 1:6 (one direct-care, awake staff for every six on-site youth) overnight staff. Staff persons counted in the staff-to-service recipient ratio may only be persons who are assigned to provide direct program services as described by written job description. The required staff-to-client ratio must be maintained on-site in each building, or physically separated unit of a building in which service recipients are housed. Support staff such as clerical, housekeeping, van and bus driver staff or students involved in an onsite practicum for academic credit may not be counted in the staff-to-service recipient ratio. While these are the minimum standards, it is strongly recommended that two staff be present at any time when children/youth are being supervised.

4. Service Overview

The agency provides a program of assessment and specialized services for each child/youth accepted into care in a staff secure residential setting. Assessment work and integration into the treatment milieu begins upon admission to the program. All assessments are to be delivered by the provider agency and are included within the per diem.

Within 24 hours of admission, the following assessments are completed:

a) Initial health screening.
b) Suicide and self-harm risk assessment.
c) An assessment to determine each youth's vulnerability to potential sexual abuse as well as risk to others.

Within 15 business days, these additional assessments are completed:

a) Psychiatric Evaluation
b) A psychological evaluation (conducted by a licensed clinical psychologist or a licensed psychological examiner, with HSP status on license) that addresses each of the following:
   - A clinical interview;
   - A review and evaluation of available family information, behavioral information and other background information made available to the Enhanced PAC;

- Testing which is tailored to the youth's history of symptoms, previous testing and to any referral questions provided by DCS including but not limited to a full test of intelligence, an objective personality measure, a projective personality measure, measures of academic achievement that assess basic reading, an assessment depression, an assessment of trauma, reading comprehension, mathematics calculation and reasoning, written expression (IDEA categories), an adolescent substance abuse screening

c) A complete DSM-5 diagnostic picture, with both DSM-5 and ICD-010 number codes given will be provided at the conclusion of the assessment period which will include both treatment and placement recommendations.

DCS, at its discretion, may require the administration of more specialized instruments to assess the following:

- Substance-related disorder assessment measures
- Psychosexual functioning
- Vocational interest or ability
- Adaptive Functioning

At the conclusion of the assessment period (no more than fifteen (15) business days), a Child and Family Team meeting takes place to discuss results and make recommendations about placement and services. The written Psychological Evaluation and other reports should be received by DCS in written form prior to the meeting.

Throughout the youth's stay in the Enhanced PAC, the youth will receive ongoing services to address their own treatment needs. At a minimum these will include the following:

a) Group counseling at least two (2) times per week.

b) Anger Management and Alcohol and drug awareness education at least one (1) time per week (for applicable youth).

c) Recreational activities, social skills training, daily living skills and interdependent living skills. These activities must be appropriate to, and adapted to the needs, interests and ages of the service recipients. More information about independent living may be found in the Independent Living portion of this manual.

d) Coordinate with families and DCS staff and visitation (as approved by DCS)

e) Coordinate medication management appointments.

f) Arrange for youth's EPSDT medical and dental evaluations, as needed.

5. Education of the Child/Youth

a) Youth attend an in-house, non-public school that is approved by the Tennessee State Department of Education and recognized to educate students in custody by the DCS Education Division.

b) Please refer to the ***Section Thirteen (13)-Education Standards*** section of this document for specific information related to the education of students in state custody.

6. Records Management

The individual record for each service recipient must contain the following information:

a) Progress notes must be recorded daily and must include written documentation of service recipient progress. These progress notes must be dated and include the signature, title or degree of the person providing the service;

b) Documentation of all drugs administered and/or prescribed by the facility which indicates date prescribed, type, dosage, frequency, amount and reason for prescription;

c) Documentation of significant behavior and actions taken by staff;

d) A list of each article of the service recipient's personal property valued at one hundred dollars ($100.00) or more and its disposition if no longer in use;

e) Documentation of abuse, medical problems, accidents, seizures and illnesses. This documentation must include the treatment for such abuse, accidents, seizures, and illnesses and any reports generated as a result. Results of assessments are required by this rule;

f) Discharge summary which details the service recipient's condition at the time of discharge and the signature of person preparing the summary;

g) Appropriate consents and authorizations for the release and obtaining of information about the service recipient are maintained and current.

7. Discharge Criteria

Goals/Discharge Criteria for children in Enhanced Primary Assessment Centers: Children will not remain in an Enhanced PAC past 30 days.

Juvenile Classification Center

1. General Characteristics

Juvenile Classification Centers provide observation and assessment services to children in a staff secure setting. Children may have moderate to significant behavioral or mental health issues and may have adjudicated or pending delinquent charges. Children identified to be a risk to the community and to the safety of others are prioritized for admission. Children referred to Juvenile Classification Centers may be in their initial state custody status or may need reassessment if youth are presenting with significant behaviors, interpersonal difficulties and/or are exhibiting severe aggressiveness at their current placement.

2. Admission/Clinical Criteria

Children referred to Juvenile Classification Centers may have varied assessment needs. Presenting problems may include substance abuse, delinquent behavior or charges, and chronic runaway behavior. Children may have significant mood or anxiety problems, severe interpersonal difficulties including aggressiveness, emotional dysregulation, difficulty in securing and maintaining close

relationships with others, truancy, or difficulty in accepting authority. Children may exhibit symptoms of a significant mental health or psychiatric disorder that may not yet be diagnosed or requires reevaluation. Children referred to a Juvenile Classification Center may pose a significant risk to the community.

Children who are not appropriate for this level of service include those who are actively suicidal or homicidal and are currently certified as needing acute care; youth in need of medical substance abuse treatment (e.g., detoxification); youth actively experiencing hallucination or untreated schizophrenia spectrum or psychotic disorders; youth diagnosed with level 2 and 3 severity autism and youth who are unable to address basic Activities of Daily Living (ADLs).

3. Personnel

a) The provider has trained personnel who can meet the developmental, therapeutic, and supervision needs of all children/youth accepted for care and services. Assessments will be conducted by appropriately credentialed professionals.

   1) Initial health screens are conducted by a Registered Nurse (RN), or Licensed Practical Nurse (LPN) under the supervision of an RN; a licensed medical doctor provides oversight for all medical/health related screenings and assessments.

   2) Educational staff meets the employment standards outlined in the state Board of Education Rules, Regulations and Minimum Standards.

   3) Clinical diagnosis, and psychiatric evaluations are provided by a licensed psychiatrist or psychiatric nurse practitioner.

b) The Juvenile Assessment Center staff to child/youth ratio is 1:8 (one direct-care, awake staff for every eight on-site youth) at all times. Staff persons counted in the staff-to-service recipient ratio may only be persons who are assigned to provide direct program services as described by written job description. The required staff-to-client ratio must be maintained on-site in each building, or physically separated unit of a building in which service recipients are housed. Support staff such as clerical, housekeeping, van and bus driver staff or students involved in an onsite practicum for academic credit may not be counted in the staff-to-service recipient ratio. While these are the minimum standards, it is strongly recommended that two staff be present at any time when children/youth are being supervised.

4. Service Overview

The agency provides a program of assessment and classification services for each child/youth accepted into care in a staff secure residential setting. Assessment work and integration into the treatment milieu begins upon admission to the program. All assessments are to be delivered by the provider agency and are included within the per diem.

Within 24 hours of admission, the following assessments are completed:

a) Initial health screening.
b) Suicide and self-harm risk assessment.
c) An assessment to determine each youth's vulnerability to potential sexual abuse as well as risk to others.

Within 15 business days, these additional assessments are completed:

a) Comprehensive Mental Health Assessment/Clinical Interview to include Diagnosis.
b) A review and evaluation of available family information (to include interviews with family and youth, educational records and current/past mental health diagnosis, behavioral information, and other background information.
c) Casey Life Skills Assessment
d) Career Assessment
e) Substance use/abuse related assessment measures as needed.

At the conclusion of the assessment period (no more than fifteen (15) business days), the Juvenile Classification Center will provide, in writing to Network Development and the JSW, all assessments completed as well as a comprehensive written summary of all assessments to include a clinical diagnosis and placement recommendations. A Child and Family Team Meeting (CFTM) will take place to discuss results and make recommendations about placement and services.

Throughout the youth's stay in the Juvenile Classification Center, the youth will receive ongoing services to address their own treatment needs. At a minimum these will include the following:

a) Group counseling at least two (2) times per week.
b) Anger Management and Alcohol and drug awareness education at least one (1) time per week (for applicable youth).
c) Recreational activities, social skills training, daily living skills and interdependent living skills. These activities must be appropriate to, and adapted to the needs, interests, and ages of the service recipients. More information about independent living may be found in the Independent Living portion of this manual.
d) Coordinate with families and DCS staff and visitation (as approved by DCS)
e) Coordinate medication management appointments.
f) Crisis intervention as indicated.

5. Education of the Child/Youth

a) Youth attend an in-house, non-public school that is approved by the Tennessee State Department of Education and recognized to educate students in custody by the DCS Education Division.

b) Please refer to the ***Section Thirteen (13)-Education Standards*** section of this document for specific information related to the education of students in state custody.

6. Records Management

The individual record for each service recipient must contain the following information:

a) Progress notes must be recorded daily and must include written documentation of service recipient progress. These progress notes must be dated and include the signature, title or degree of the person providing the service.
b) Documentation of all drugs administered and/or prescribed by the facility which indicates date prescribed, type, dosage, frequency, amount, and reason for prescription.
c) Documentation of significant behavior and actions taken by staff.
d) A list of each article of the service recipient's personal property valued at one hundred dollars ($100.00) or more and its disposition if no longer in use.
e) Documentation of abuse, medical problems, accidents, seizures, and illnesses. This documentation must include the treatment for such abuse, accidents, seizures, and illnesses and any reports generated as a result. Results of assessments are required by this rule.
f) Discharge summary which details the service recipient's condition at the time of discharge and the signature of person preparing the summary.
g) Appropriate consents and authorizations for the release and obtaining of information about the service recipient are maintained and current.

7. Discharge Criteria

Goals/Discharge Criteria for children in Juvenile Classification: Children will have their assessments completed timely and receive appropriate treatment and supports until they can transition to their treatment program. Typically, children will not remain in a Juvenile Assessment Center past 30 days.