

# SECTION SIX PRIMARY TREATMENT CENTERS AND DETENTION

## I. PRIMARY TREATMENT CENTER

### A. General Characteristics

1. Children referred to Primary Treatment Centers (PTC) 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 will be served in a Primary Treatment Center according to their individual needs.
2. Goals/Discharge Criteria for children in Primary Treatment Centers. Children shall not remain in a PTC past 30 days.
3. PTCs that do not have a Residential Treatment Facility license through Mental Health and Developmental Disabilities (MHDD) must follow the RTF licensing requirements regarding restraint and seclusion.

### B. Admission/Clinical Criteria

1. Children may have substance abuse intervention needs. Children may have delinquent charges, display chronic runaway behavior, display manipulative behaviors, have difficulty maintaining self-control, display poor self esteem, have difficulty in securing and maintaining close relationships with others, be habitually truant from school and have difficulty in accepting authority. Children appropriately referred to a Primary Treatment Center do not pose a significant risk to community safety.
2. At a minimum, DCS shall make available to the provider a copy of the child's commitment order, TennCare card/application, consent for routine health services, and the informed consent for psychotropic medication (if the child is currently on psychotropic medications).

### C. Service Components Provided within the per diem

Primary Treatment Centers shall provide the following services within the per diem rate:

1. comprehensive and uniform assessments and evaluation
2. individual and family treatment upon admission
3. length of assessment limited to no more than fifteen (15) days
4. coordinate with families and DCS staff
5. home-based services designed to observe, treat and assess families
6. emergency care services for children returning from runaway status or in a status requiring reassessments of the appropriate level of treatment service, or direct referral to placement
7. flexible methods to complete assessment and treatment for children who exhibit behavioral emotional or social problems, including in-home and foster home services
8. assessment centers to provide observation, assessment and treatment
9. secure treatment for children with significant alcohol and drug issues and behavioral/mental health needs
10. coordination of services indicated in Early Prevention, Screening, Diagnosis, and Treatment (EPSDT)

11. Completion and coordination of all comprehensive psychological, psychosocial, psychiatric (medication and medication review), psychosexual, educational, vocational, and all other necessary evaluations as detailed below

#### **D. Assessment and Evaluation**

1. Psychological screenings shall be administered for all children in the custody of DCS who enter the Primary Treatment Center and shall, at a minimum, consist of at least the following instruments or procedures:
  - a. A clinical interview (conducted by a licensed clinical psychologist, or conducted by a licensed psychological examiner and/or psychological examiner intern who is directly supervised by a licensed psychologist);
  - b. A review and evaluation of available Family Functional Assessment and behavioral health information.
2. Partial psychological evaluations shall be conducted when a child demonstrates the need for a specific test to identify or clarify dysfunctional maladaptive behavior and/or symptoms, the need for a more intensive evaluation than a screening for development of an individual treatment plan and identification of service needs, and/or the need for an evaluation as identified on the EPSDT. This evaluation may include, but is not limited to:
  - a. a clinical interview (conducted by a licensed psychological examiner, licensed clinical psychologist, or psychological examiner intern who is directly supervised by a licensed psychologist),
  - b. a review and evaluation of available Family Functional Assessment and behavioral health information,
  - c. administration of one or more specialized instruments necessary for completion of an education or mental health diagnosis (e.g. adaptive behavior assessments necessary to determine if a child is mentally retarded), These instruments may include:
    1. Neuropsychological assessment measures
    2. Chemical abuse/dependency assessment measures
    3. Speech and language measures (e.g. articulation, expressive, receptive speech, and/or language processing deficits)
    4. Psychosexual functioning
    5. Vocational interest or ability assessments
    6. Tests of achievement, adaptive functioning, or cognitive abilities
3. Full psychological evaluation is administered, if recommended by the DCS Regional Psychologist, prescribed by a licensed, treating mental health or medical professional or the school system **and** meets at least one of the following conditions:
  - a. Child demonstrates the need for more intensive evaluation at the time of the psychological screening;
  - b. Child demonstrates the need for more intensive evaluation based on medical necessity or for development of an individual treatment plan for intensive treatment or educational needs; or

- c. Child demonstrates the need for more intensive evaluation as identified on the EPSDT screening.
- 4. A full psychological evaluation must include, but is not limited to:
  - a. A clinical interview (conducted by a licensed psychological examiner, licensed clinical psychologist, or psychological examiner intern who is directly supervised by a licensed psychologist)
  - b. A review and evaluation of available Family Functional Assessment and behavioral information,
  - c. Administered tests are to include, but are not limited to: individually administered test of intelligence, an objective personality measure, a projective personality measure, a measure of academic achievement which assesses basic reading comprehension, mathematics calculation, mathematics reasoning, and written expression,
  - d. All five (5) Diagnostic and Statistical Manual, Fourth Edition (DSM-IV) axes,
  - e. If applicable, the presence of an educational disability according to the criteria set out by the Special Education Manual and Tennessee Administration Policies and Procedures Manual of the Department of Education. (Composite and subtest scores, confidence level and standard error of measurement must be reported on assessments of intelligence. Standard and percentile scores must be reported on all achievement, adaptive behavior, and developmental tests.),
  - f. Recommendations to address specific referral questions and therapeutic and educational interventions as indicated.

**E. Individualized Treatment Plans**

- 1. The DCS Provider shall develop an initial treatment plan within five (5) days. The DCS provider must document and provide treatment or coordinate treatment for any identified or indicated need of any child enrolled in the program. The DCS provider, in cooperation with DCS, shall utilize TennCare to address immediate medically necessary service needs.

**F. Personnel**

- 1. The following ratio of child to staff must be observed:
  - a. Twenty-four hour (24) awake staff is required with a 1:5 ratio during awake hours and 1:8 ratio at night;
  - b. Direct staff qualifications shall be in compliance with the standards identified in the Provider Policy Manual;
  - c. Training for direct service staff shall include but not be limited to:
    - 1. de-escalation,
    - 2. restraints and
    - 3. child abuse reporting.

**G. Monitoring Progress**

- 1. The agency will conduct a review of the child’s treatment plan weekly and submit monthly summaries to the DCS Family Services Worker, DCS resource manager, involved adult, if any, and the Advocacy Contractor.

2. The agency must participate in any other review deemed necessary by DCS or the courts.
3. The agency must engage families, if available, throughout the child's stay in the PTC.

## II. DETENTION CENTERS

### A. General Characteristics

Detention Centers are secured, locked facilities designed for children who pose a risk to the community due to delinquent behaviors and charges, as outlined in Tennessee Code Annotated (T.C.A.) 37-1-114. Children **will not** remain in a detention center beyond **fourteen (14) calendar** days except for children waiting for placement in a DCS Youth Development Center (Central Office must approve this delay). The Regional Administrator must approve all other placements in detention past fourteen (14) days.

Detention Centers will submit, on a weekly basis, a census of state custody children to the DCS Central Office, Division of Juvenile Justice Program Coordinator.

### B. Admission Criteria

1. Male/female children from ages 12-18; Children must be in the custody of the Department of Children's Services (DCS) and authorized by DCS to be eligible for payment.
2. Eligible Children: An eligible child may be detained in a detention facility if any of the following apply:
  - a. There is probable cause the child has committed a delinquent offense constituting a crime against a person resulting in the serious injury or death of the victim or involving the likelihood of serious injury or death to such victim;
  - b. The unlawful possession of a handgun or carrying of a weapon, as prohibited by T.C.A. 39-17-1307; or
  - c. There is probable cause the child has committed any other delinquent offense involving the likelihood of serious physical injury or death, or a property offense constituting a felony, and the child
    1. was on probation or home placement at the time of commitment;
    2. is currently awaiting action on a previous alleged delinquent offense;
    3. is alleged to be an escapee or absconded from a juvenile facility, institution, or other court-ordered placement, or has within the previous twelve (12) months, willfully failed to appear at any juvenile court hearing, engaged in violent conduct resulting in serious injury to another person or involving the likelihood of serious injury or death, or been adjudicated delinquent by virtue of an offense constituting a felony if committed by an adult;
  - d. There is probable cause to believe the child has committed a delinquent offense;
  - e. The child is alleged to be an escapee from a secure juvenile facility or institution;
  - f. The child is wanted in another jurisdiction for an offense, which, if committed by an adult, would be a felony in that jurisdiction;
  - g. There is probable cause to believe the child is an unruly child who has violated a valid court order or who is a runaway from another jurisdiction;

- h. In addition to the conditions listed above, there must be no less restrictive alternative, which will reduce the risk of flight or of serious physical harm to the child or to others.
- i. No children in DCS physical or legal custody shall be placed, by DCS or the contract provider in jail, correctional or detention facility unless such child has been charged with a delinquency charge or unless otherwise placed or ordered by the court.

3. **NOT ELIGIBLE FOR DETENTION: Youth in the custody of DCS adjudicated Dependent/Neglect or Unruly who do not meet Admissions Criteria.**

**C. Service Components Provided within the per diem**

1. Room and Board
2. Three (3) hours per day of curricula to include education in reading and mathematics during regular school year are recommended. Regular school year refers to the established public school year for the county or municipality within which the facility operates.
3. Youth who are certified for special education upon admission will be referred to the Director of Special Education through the local LEA in accordance with the Tennessee Department of Education's "Education Policy and Procedures for Incarcerated Children with Disabilities."
4. The facility will notify its licensing consultant regarding a youth who remains incarcerated beyond 14 days (10 school days) during a regular school year.
5. Youth are provided a minimum of one (1) hour of visitation each week with their parent/guardian unless specifically prohibited by the juvenile court judge or his/her designee.
6. Private communication with visitors and staff
7. Access to religious and/or mental health counseling/therapy and crisis intervention services as needed
8. Continuous supervision of living units
9. Medical services (Coordinate with the DCS FSW to insure child's medical needs are addressed.)
10. Case Management/Coordination
11. Medication administration shall be in accordance with the **DCS Policy 20.15 Medication Administration-Storage and Disposal.**  
<http://www.tn.gov/youth/dcsguide/policies/chap20/20.15.pdf>

**D. Case Record**

1. The detention facility shall be required to maintain a case record on each child that includes, at a minimum, the following information:
  - a. All verbal and written information provided by DCS concerning the child and family
  - b. Copies of all correspondence with DCS regarding the child and family
  - c. Documentation of the child's adjustment to the program including reports of interactions with peers, interactions with those in positions of authority, observed emotional or behavioral patterns, and reports of any disciplinary actions or offenses
  - d. Education records generated or obtained by the provider
  - e. Medical records generated or obtained by the provider

- f. Case recordings and all other documentation concerning contacts or developments

**E. Allowance**

This Core Standard does not apply to Detention Centers.

**F. Treatment Plans**

This Core Standard does not apply to Detention Centers.

**G. Clothing**

- 1. Detention Centers are not required to purchase standard clothing for children.
- 2. When uniforms are required by the facility, these uniforms will be provided by the facility.

**H. Discipline and Security**

- 1. The use of corporal punishment and chemical restraints is prohibited. The use of mechanical restraints, pepper spray, and mace shall be restricted to cases in which the safety and security of the child or others is at risk.
  - a. In order to use pepper spray, the provider must provide certified training and education that is to be documented in each authorized staff member's personnel file.
  - b. Each time pepper spray or mace is administered, proper steps and medical attention must be administered in each occurrence to relieve the youth. Documentation must be provided in the youth's file of the medical attention and proper steps.
  - c. A time lapse between administering the pepper spray or mace and appropriate medical attention cannot be used as a punishment.