



Tennessee Department of Children's Services **Protocol for Assessment Homes**

Supplemental to DCS Policy: 16.46 Child Youth Referral and Placement

General Characteristics

Assessment Foster Homes provide supervision and support to children who display a wide range of behaviors and may require an additional period of observation and assessment to effectively determine the most appropriate service level and placement setting to meet their needs. Children referred may have varied assessment needs. Presenting problems may include substance abuse, delinquent behavior or charges, and runaway behavior. Children may have mood or anxiety problems, interpersonal difficulties, emotional dysregulation, difficulty in securing and maintaining close relationships with others, truancy, and/or difficulty in accepting authority. Children and youth who enter custody for the first time with no history and minimal information, and children and youth who disrupt a foster home without a good understanding as to why they disrupt are excellent candidates for the program.

Children/youth appropriate for referral:

- Are unable to receive the parental care they need in their own home.
- Appear to be capable of placement in a family setting without posing a danger to themselves or others. Children/youth experiencing active suicidal or homicidal ideations must be assessed through Mobile Crisis and determined to not be in need of acute care.
- May have current emotional or behavioral symptoms which are transiently moderate in nature.
- Children may be adjudicated D/N, Unruly or Delinquent. **For information about youth adjudicated delinquent in foster care, refer to DCS Policy [16.46 Child/Youth Referral and Placement](#).*
- ****Full disclosure of children's known current and past behaviors, trauma, and involvement with the department will be discussed with assessment foster parents prior to placement occurring.***

Service Overview

- a) The assessment foster home is a trauma-informed, structured environment. Foster parent provides informal assessments of behaviors and relational interaction as part of the overall assessment process for each child.

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- b) Services provided by the foster parent includes a plan for continuous adult supervision. Children are not left alone in the home, even for brief periods of time. Supervision provided by other non-trained caretaking adults the foster parent designates should be discussed and agreed upon by the child’s team in consultation with the regional psychologist.
- c) Education records, previous mental health records, medical records, DCS history, etc. will be requested by regional staff within one (1) business day of the child/youth’s placement in the assessment home. Upon receiving records, they are immediately shared with providers completing the assessments.
- d) Once a child is placed into an assessment home, the assigned Harmony therapist will begin the process of completing the Child and Adolescent Needs and Strengths Assessment (CANS) and the Neurosequential Model of Therapeutics Assessment (NMT) within 1-2 business days of placement. This process will involve an in-depth records review and interviews with the child(ren), DCS Family Support Worker, outside providers, and any other individual who has knowledge of the child. The Harmony therapist will complete A&D Assessments as needed and appropriate. The CANS will be completed in conjunction with the FSW and the provider agency worker (when applicable) and the FSW will enter the CANS in the DCS electronic record. Additional assessment recommendations may include but are not limited to the following:
 - Psychological
 - Developmental Assessment/Autism Screening
- e) During the assessment period of 14–30 days, the Harmony therapist will provide individual and/or family therapy and coaching for the assessment home foster parent as well as support the child as they adjust to being in a new environment. The therapist will also provide psychoeducation, instruction, and support to members of the children’s therapeutic web including educators, outside service providers, neighbors, involved family members, and other supportive adults.

Members of Harmony’s team will be available to provide ongoing consultation regarding the needed level of care and feedback to assist with making well-informed placement decisions. The Harmony therapist will follow the children for the first six (6) months post assessment home placement and will offer all the above services as appropriate and directed by the CFT as the child transitions to a more permanent foster home setting.

Harmony’s time will be limited to a maximum of fifty-five (55) service hours and allocation of such time will be agreed upon by the CFT in coordination with the Harmony clinician. A suggested allocation of hours is listed below:

Assessments (CANS + NMT) 15 hours

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Therapy (Individual + Family)	6 hours
Implementation Specialist	30 hours
Meetings + Consultation	4 hours

In the event it is determined that a child in an assessment home requires a higher level of care beyond their current placement, the Harmony Therapist will complete the assessments as indicated above and will facilitate a 'warm hand-off' to the appropriate provider (i.e. therapeutic foster placement, RTC). The Harmony Therapist will provide a thorough review of the NMT and related assessments, treatment plan, recommendations, and general information about the needs of the child to the new provider point of contact and/or team. A maximum of five (5) direct service hours will be allocated for this transition period between the assessment home and identified provider home. If the child transitions from an assessment home to a more permanent foster home setting with the same provider agency, the child and family team has the discretion to continue Harmony services or transition that work to the provider agency clinical staff.

- f) The FSW, and provider agency worker (when applicable) assigned to the case will follow policy regarding child contacts in the home. The FSW's contact information will be provided to the foster parent and FPS staff managing the home.
- g) The FSW, or provider agency worker (when applicable), assigned to the case will have weekly contact with the Harmony therapist. Communication can occur via email, phone, or in-person during collaborative contact with the client.
- h) DCS/Provider Agency and the foster parent coordinate scheduling and transportation to initial medical and mental health intake appointments and all recommended follow-up, including medication management appointments.
- i) The educational needs of the child/youth are coordinated by the team in consultation with the Education Specialist.
- j) Length of stay in an assessment foster home is expected to be up to fourteen (14) days but should not exceed thirty (30) days. A CFTM is convened to discuss assessment results and treatment recommendations as soon as they are available. A CFTM should also occur prior to the child's discharge from the assessment home to plan for the transition. If there are extenuating circumstances that would incline the team to consider the possibility of the home becoming a longterm resource for a child, consultation is needed with Network Development prior to being discussed in a CFTM.
- k) An individualized safety plan is developed for each child based on information currently available to mitigate any known risk for the child, foster family members, and the community. The safety plan is reviewed with the foster parent at time of placement. The foster parent signs the safety plan acknowledging they are aware of the safety risks/issues, understand the plan to mitigate those and are in agreement of actively following the steps outlined in the safety plan to ensure safety.

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- l) Regional after hours on call procedures for the region in which the home is located will be available for assessment foster homes to access afterhours. After hours protocol will include contact for supervision including the Regional Director for crisis management when necessary. Provider agency assessment foster homes will follow their own on-call procedures.
- m) At time of placement, the staff who accompany the child/youth to placement provides the foster parent(s) the phone numbers for Mobile Crisis services, to ensure all children have access to crisis management twenty-four hours daily.
- n) Foster Parents are provided information regarding other assessment homes in their region as an option for support.

Requirements:

- a) Eligible foster homes are selected by the Region, Network Development, or Provider Agency and are required to be in approved status as well as compliant with all requirements as outlined in Policy [16.4, Foster Home Selection and Approval](#). Training requirements will consist of the following:
 - Completion of TN KEY Pre-Service Training
 - Participation in a minimum of one in-home coaching session per month when there is a current placement, OR participation in quarterly coaching when there is not a placement.
 - Assessment Homes must complete the Assessment Home Overview online course within seven (7) days of the start day of their first assessment placement.
- b) Assessment home families may serve as placement for no more than two (2) foster children/ youth at a time, which may be either one traditional foster placement plus an assessment placement or two assessment placements. For homes that have adoptive/biological children, total capacity may not exceed a total of five (5) children. Placement Exception Requests to exceed capacity as outlined in Policy [16.46 Child/Youth Referral and Placement](#) will not be permitted for assessment foster homes. Families with younger children may serve as an assessment home for children/youth with moderate behaviors except those who are (or anticipated to be) high risk in categories of Danger to Others or Sexual Aggression. Children with sexual reactivity may be considered, provided there is an individual safety plan in place that effectively mitigates risk to other children in the home.
- c) Families with no children or older biological children may serve as an assessment home for children/youth who present with a high risk for Danger To Others or Sexual Aggression behaviors, provided an individual safety plan is in place that addresses supervision within the home and community. Assessment homes are limited to placement of no more than one (1) youth requiring assessment if they are deemed high risk for Sexual Aggression or Danger to Others.

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d) An exception to the limits outlined in section b above is made when assessment services are implemented into a foster home where the child in need of assessment is already in placement, or the Foster Home Quality Team recommends the service be implemented to support the fostering caregiver(s).

Referral Process

During the intake process, Network Development will identify children who may be appropriate for an Assessment Home placement and make those referrals. Upon acceptance, Network Development will complete the foster care contract (for DCS assessment homes) and notify the region of the available placement. The region will transport the child to placement, obtain signatures on the foster parent contract (for DCS assessment homes) and confirm the child's arrival with Network Development. The Network Development team will enter the placement into the DCS electronic record, update the assessment home tracking log and notify Harmony of the placement.

As early as possible after the placement has been confirmed, Network Development will provide the information included in the initial referral to Harmony via email. The Harmony intake forms will also be completed by Network Development and returned them to Harmony on the date of placement, including the contact information for the assigned FSW/TL. The process will be the same whether the placement is made during business hours or after hours.

Tracking and Utilization of Assessment Home Placements

Network Development will maintain a tracking spreadsheet, located in the shared drive, listing all assessment homes and current placements. They will also maintain a master list of children who have been served in Assessment Homes. When new Assessment Homes are ready to open, the regional FPS Team Leader will notify designated persons in Training, Network Development and the Director of Foster Care of the home's status so that the new home can be added to the spreadsheet once they have completed the required training. When assessment services are placed into a foster home prior to training, Network Development staff will add the home to the assessment home tracking log. Updates and other changes to status of the home will be reported by the regional staff where the home is located.

Regional staff will immediately notify Network Development to confirm discharge dates for children exiting assessment homes via group email, text message or phone call. Since there is a twenty-four (24) hour window for placement entries into the DCS electronic record it is important to notify Network Development of exits in real time so those homes are showing available on the spreadsheet and can be used for the next child needing an assessment home.

Network Development will be immediately notified by the region of any assessment homes placed on suspended admissions due to a SIU Investigation.

Child and Family Team meetings will be held in accordance with DCS policy and as otherwise outlined in the assessment home protocol. Regional staff are required to participate to discuss targeted discharge dates and assist the team in identifying placement options.

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Length of stay is expected to be fourteen (14) to thirty (30) days and will be monitored via the tracking spreadsheet. Regional staff will notify Network Development of any child anticipated to exceed thirty (30) days of placement.

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