

Guide to Placement Principles and Types

Guide for DCS & Contract Agency Employees

Tennessee Department of Children's Services| Network Development | May 2026

Overview

It is important for any people serving organization to possess a set of guiding principles to give direction to those performing the work in the system and to set expectations for those interacting with the system. Just like the Department's mission (Act in the best interest of Tennessee's Children and Youth) and vision (Children First!) statement undergird the work of the Department, the core tenants and values below provide guidance to those working in and interacting with the Department's placement system. This document outlines Tennessee's core principles that guide placement decision making and describes the placement types available within the DCS Network.

Guiding Principles

This section of the guide provides information about the best practice principles that guide DCS placement recommendations and decisions.

- Minimizing trauma experienced by children and families during the placement process is important and is addressed through the following considerations:
    - Kin is our preferred choice of placement whenever a child's needs can be met in a family setting. Children do best when they are placed with those they know and trust, but only when they can appropriately ensure their safety and well-being.
    - Children/youth should be in the least restrictive and the least intrusive setting capable of meeting their needs.
    - Siblings have a significant important connection and should be placed together in foster homes whenever each sibling's needs can be met in the same placement. When separated, teams should make immediate and ongoing efforts to reunify the siblings to maintain the sibling bond once safety can be managed effectively.
    - Children/youth should be placed in their home community or as close to home as possible to preserve their relationships and connections, unless the child's safety and well-being is compromised in their home community.
    - Minor parents should be placed with their children. When separated, the team regularly assesses the opportunity to reunite them if that can be done safely.
    - The first placement should be the best placement for the child/youth and be located within their home county/community or as close to home as possible.

- Residential care is an important part of the Department's service continuum. We are obligated to be judicious in the use of residential placements and ensure only those children who require residential care are placed in that setting and their stay is limited only to the time that type of care is necessary.

- Full Disclosure is practiced without exception when referring children to foster homes and provider agency partners. Full disclosure ensures that the treatment needs of our children are met, and they are placed in settings that are able to meet their needs.

Placement Types

DCS maintains a continuum of placement services to support children and youth in custody and in need of placement. This document includes a general description of each type of care. Those services provided by provider partners are described in more detail in the DCS Contract Provider Manual.

Kinship Foster Care

Kinship foster care is a type of foster care that relies on individuals who already have an existing connection with a child(ren) needing placement. Kin refers to both individuals by which a child is related and also includes persons the child has a significant connection with, so no blood connection is required. Placing youth with individuals they already have a relationship with reduces trauma and expedites permanency. Kinship care is accessed through the work of the Regional Operations team with the support of the Statewide Specialized Support Services team and should be exhausted prior to making a referral for placement to the Office of Network Development for children appropriate for placement with a family.

Foster Care

Foster care is a broad term that describes placement in an individual family home. Families are supported by DCS Foster Parent Support staff, or a provider agency. Children in foster care are enrolled in a public-school setting. There are five types of family-based foster care, not including kinship foster care:

- **Traditional Foster Care**, also known as 'DCS Foster Care' or 'Level 1 Contract Foster Care' provides placement to children/youth with minimal behavioral and care needs. DCS has a network of traditional foster homes that we approve and support. Contract Foster Care is provided by provider agencies in the DCS network. Most often, contract foster care is used to keep siblings together in a provider home when at least one of the siblings does not require treatment foster care.

- **Level 2 Treatment Foster Care** provides placement for children/youth with moderate behaviors and care needs. Treatment foster care, also known as 'therapeutic foster care,' provides placement for children who need a higher level of clinical support, intervention, and case coordination. Therapeutic foster care families receive specialized training to meet these additional needs and are supported by a contract provider agency. The provider agency is responsible for delivery and coordination of services to meet the needs of the child.

- **Level 3 Treatment Foster Care** provides placement for children/youth with significant behaviors and care needs. Treatment foster care, also known as 'therapeutic foster care,' provides placement for children who need a higher level of clinical support, intervention, and case coordination. Therapeutic foster care families receive specialized training to meet these additional needs and are supported by a contract provider agency. The provider agency is responsible for delivery and coordination of services to meet the needs of the child.

- **Family Model** is a type of treatment foster care for children/youth with diagnosed intellectual disabilities, developmental disabilities, autism spectrum disorders or complex medical conditions who also require specialized services specifically for those conditions. Children/youth with these conditions are often served in other types of foster care settings when their needs are less complex. These programs are licensed by the Department of Children's Services.

- **Specialized Treatment Foster Care** is a form of foster care for children and youth with significant and complex treatment needs. This type of care requires a foster parent who does not work outside of the home and is part of the treatment team. This type of foster care serves children with specialized treatment needs who have been unsuccessful stepping down from residential treatment as well as very young children who might otherwise be referred for residential placement. Only Network Development staff can approve this type of care for a child/youth.

Adoptive Homes

Network Development does not have any role in the identification of pre-adoptive homes. This work is guided by the Permanency Specialist in collaboration with the special called team. See (CS-0001-Guidelines for Identifying a permanent family).

Group Homes

The Department's provider network provides a small number of group home settings across the state that support youth in a community-based setting. These group homes typically serve 8-16* youth of all adjudications and are typically located in neighborhoods. They serve youth who need more than foster care, but do not need a residential treatment program. There are three types of group homes:

- **Level 2 Group Homes** support youth with moderate behaviors problems who need a higher level of care than a foster home can provide. Youth placed in a Level 2 group home may be enrolled in a public-school setting, while others attend an on-campus school. Some group homes at this level provide specialized care such as A&D treatment or specifically support youth stepping down from Hardware Secure or higher-level residential placements.

- **Level 3 Group Homes** support youth with more significant behavior problems who need a higher level of care than a foster home or a Level 2 group home can provide. Youth placed in Level 3 group homes typically attend on-campus schools. Group homes at this level tend to serve youth with specialized treatment needs and those with higher mental health/clinical needs.

- **Supported Living Arrangements*** is a type of group care for children with diagnosed intellectual disabilities, developmental disabilities, and autism spectrum disorders who also require specialized care

specifically for those conditions. Many young people with these conditions can be served in more traditional settings when specialized care is not needed. These programs are licensed by the Department of Children's Services and serve no more than 3 youth in the same home.

Residential Treatment (Level 3)*

Residential Treatment Centers provide clinical services for children with significant emotional and/or psychological treatment needs in a highly supervised 24-hour a day residential facility. These programs provide on-site educational services for the children and youth they serve and are available to all adjudications. Residential Treatment Centers operate in the Level 3 Scope of service but are more restrictive than Level 3 group homes. There are several types of Level 3 Residential Treatment Programs.

- **Psychiatric Residential Treatment Facilities-Severely Emotionally Disturbed (SED-PRTFs)** serve youth ages 5-17 who present with significant psychiatric needs and cannot be safely maintained in the community but do not require acute inpatient care. This population is often psychiatrically unstable and may need stabilization over the course of their treatment.

- **Psychiatric Residential Treatment Facilities-Autism Spectrum-Neurodevelopmental (AS-ND-PRTFs)** serve youth ages 5-17 who present with both a mental health diagnosis and an Autism Spectrum or Neurodevelopmental Disorder diagnosis including intellectual/developmental disabilities.

- **Level 3 Enhanced** programs also serve youth with significant behavioral and psychological treatment needs. Enhanced programs typically serve youth with specialized treatment needs such as A&D treatment, human trafficking involved youth (CSEM), significant emotional challenges or problematic sexual behaviors (SORT). Enhanced programs are less restrictive than PRTFs but more restrictive than Level 3 group homes. ***See Juvenile Justice Specific Programming below.**

Sub-Acute Psychiatric Residential Care (Level 4)*

Sub-Acute/Level 4 Residential Care programs serve children and youth who are psychiatrically unstable but do not require an acute hospital. Children may have significant impairments across multiple life domains, may pose a significant risk of harm to self or others, and may be influenced by delusions, hallucinations, or other complex mental health issues. Care is physician directed in a highly supervised 24-hour a day residential facility. Sub-acute programs are designed to create stability for youth so they can be successful in less restrictive settings. Education services are delivered on-site. This level of care is not appropriate for youth with significant or escalating behaviors that do not meet the criteria above.

Juvenile Justice Specific Programming

The DCS network offers two program types designed specifically for youth adjudicated delinquent who have significant behavioral issues and pose a significant risk to communities, requiring a more restrictive

placement. Delinquent youth who do not require a restrictive setting can be placed in less restrictive residential treatment, group home and foster care placements in accordance with DCS policy.

- **Staff Secure** programs, also known as Level 3 Special Needs programs, serve youth aged 13 and above who are adjudicated delinquent. These serve youth with major impairments in their school, family and peer relationships, judgement, thinking and mood, including aggression. These programs are staffed to deter youth leaving the program and are surrounded by a perimeter fence. Youth must have a significant mental health diagnosis to admit to a staff secure program.

- **Hardware Secure** programs, also known as Juvenile Justice Enhanced Safety Measures programs, serve delinquent youth with multiple or aggravated felony offenses who pose a significant risk to the community. These programs have enhanced safety measures that include hardware security designed to physically restrict movement and activities of youth, perimeter fencing and locked doors.

Services for Older Youth/Young Adults

DCS maintains several services that are available to support older youth as they prepare to transition to adulthood. These services range from programs to support independence to more intensive services intended to provide ongoing mental health treatment or support to intellectually and developmentally delayed youth.

- **Supervised Independent Living (SIL)** programs support young adults over age 18 who voluntarily continue to be served by DCS. These programs are managed by DCS or contract provider agencies and take multiple forms including foster homes, facilities, apartments, shared housing settings, host home settings, college and non-college dorm settings. These programs are not supervised 24-hours a day by an adult and are designed to support youth as they gain further independence.

- **Project Transition** provides residential independent living programs for adults aged 18-65 who have serious mental health issues and require ongoing care. This service is for youth with a full-scale IQ 70 or above. Referrals for this service are made through the DCS Office of Child Health. This service is funded through TNCare and a youth's SSI (when applicable).

- **ECF (Employment & Community First) Choices** programs provide family and community-based group care for young adults with intellectual and developmental delays who require ongoing support to live as independently as possible. Referrals for this service are made through the DCS Office of Child Health. This service is primarily funded through TNCare.

Temporary Placements

The DCS network includes programs designed to be temporary in nature. These programs serve youth who are being assessed to determine their treatment needs and are awaiting transition to a treatment

program. All temporary placements in the DCS portfolio are utilized until assessments of a youth's needs are completed and a more long-term placement is secured.

- **Primary Assessment Centers** provide observation and assessment to youth that may pose a moderate risk to the community and display a wide range of behaviors. Though they primarily serve social services youth, delinquent youth who meet the criteria for admission are also eligible for this type of placement. Youth placed in primary assessment centers are in need of assessment in order to effectively determine appropriate services and placement. Youth attend school on campus.

- **Enhanced Primary Assessment Centers** provide observation and assessment to children with significant behavioral and/or mental health issues in staff secure setting. DCS has developed assessment centers that support Juvenile Justice youth, Social Services youth, and youth awaiting adjudication. Youth placed in enhanced primary assessment centers are in need of assessment in order to effectively determine appropriate services and placement. Youth attend school on campus.

- **Detention** is a short-term placement for delinquent youth that require constant supervision due to their risk to the community and/or others.

- **Tennessee Strong Homes Program** is a partnership with the Tennessee Department of Disability and Aging. This program provides temporary care for children with intellectual/developmental disabilities and complex medical needs who continue to need 24-hour oversight and care, but no longer require the services of an inpatient medical hospital. This program primarily serves as a temporary placement until a more long-term placement is secured and the supports are in place to meet their complex needs.

Continuum Contract Placements

The Tennessee placement network utilizes multiple contract types. The contracts that support Level 2 and Level 3 Treatment Foster Care and some group homes and residential treatment centers have a continuum requirement. The contracts for treatment foster make the provider agency responsible for placing children if there is a disruption, unless the child needs residential care, and they also include services to support children after they transition home. For the group home and residential treatment centers, these agencies also support youth after they transition home and may step children down to lower levels of group care and foster care if those services are in the agencies service array.

Some agencies serve children on both continuum and non-continuum contracts. Children admitted to any program on a non-continuum contract may not be transferred to a continuum contract, nor be served by the agency as they transition home. The child and family team may access community-based services for those children from the service array maintained by their region.