

## SECTION 10

### Provider Policy Manual GLOSSARY

#### A

**Abscond** – To depart without authority from the supervision of the Department of Children’s Services in violation of the conditions of probation/aftercare.

**Abuse** – Abuse exists when a person under the age of eighteen (18) is suffering from or has sustained or may be in immediate danger of suffering from or sustaining a wound, injury, disability, or physical or mental condition caused by brutality, neglect, or other actions or inactions of a parent, relative, guardian, or caretaker. Abuse can be physical, verbal, emotional, or sexual. (T.C.A. 37-5-103(1); DCS)

**Acquired Immunodeficiency Syndrome (AIDS)** – A result of human immunodeficiency virus (HIV) infection, making the immune system less able to fight infection. According to The Centers for Disease Control and Prevention guidelines, a CD4+ T-cell count below 200 mm in the presence of HIV infection constitutes an AIDS diagnosis. A positive HIV test result does not mean that a person has AIDS. A diagnosis of AIDS is made by a physician using certain clinical criteria (e.g., AIDS indicator illnesses). Infection with HIV can weaken the immune system to the point that it has difficulty fighting off certain infections. These types of infections are known as “opportunistic” infections because they take the opportunity a weakened immune system gives to cause illness. An HIV-infected person receives a diagnosis of AIDS after developing one of the CDC-defined AIDS indicator illnesses. An HIV-positive person who has not had any serious illnesses also can receive an AIDS diagnosis on the basis of certain blood tests (CD4+ counts). Many of the infections that cause problems or may be life-threatening for people with AIDS are usually controlled by a healthy immune system. The immune system of a person with AIDS is weakened to the point that medical intervention may be necessary to prevent or treat serious illness. Today there are medical treatments that can slow down the rate at which HIV weakens the immune system. There are other treatments that can prevent or cure some of the illnesses associated with AIDS. As with other diseases, early detection offers more options for treatment and preventative care.

**Adjudication** – The outcome of the court’s process to determine the validity of allegations made in a petition or complaint. The process consists of the presentation of witnesses and evidence by oral testimony or written statements, and arguments by counsel or the parties. The court decides the case based on the proof presented by the parties and their arguments. For example, the court determines whether or not a child is dependent and neglected and then makes a disposition of the child either immediately or at a later date. (**See** *Disposition Hearing*)

**Administer** – The giving or application of a single dose of a drug to a patient by authorized health care personnel by ingestion, injection, inhalation, or other means.

**Adoption** – The social and legal process of establishing by court order, other than by paternity or legitimization proceedings or by voluntary acknowledgment of paternity, the legal relationship of parent and child.

**Adoption Assistance** – The federal or state programs available to adoptive parent(s) adopting special needs children to enable them to meet the child’s maintenance, medical, psychological, or other needs.

**Adoption Decree** – See *Final Decree of Adoption*

**Adoptive Family/Parent(s)** – The people who have been made the legal parents of a child by the entry of an order of adoption.

**Adoption Petition** – The legal document that specifies the prospective adoptive family's intent and appropriateness to adopt a child and which seeks the establishment of legal relationship of parent/child.

**Adoption Record** – The confidential records, reports, or documents maintained in any medium by the department's staff, a licensed child-placing agency, or a licensed clinical social worker which contain any social, medical, legal, or other information concerning a child who is placed for the purpose of adoption.

**Adoption Services (as applicable to Continuums of Care)** – Continuums are required to provide the full range of adoption services to all children in DCS full guardianship in the care of the continuum whose goal is adoption.

The continuum provider will provide full case management services (both those regular for foster care and those additional due to the child being in adoption status); perform all steps necessary to prepare the child for adoption; perform all steps necessary to provide diligent search for an adoption family and prepare the adoptive family; perform all services necessary to place the child for adoption including compliance with legal requirements and other binding documents, ICPC, and securing adoption assistance when the child is eligible; perform post-placement services through finalization of the adoption; provide post-finalization services; respond to disruptions; and complete all required reports and procedures including sealing of the adoption record. Continuum providers will be reimbursed at the per diem rate for the adoption services delivered up to the date of the signing of the adoption placement agreement with an adopting family.

**Advocate** – A knowledgeable individual familiar with departmental policies and grievance procedures.

**Advocacy Contractor** – A contracted advocacy agency that assists children in DCS custody in exercising their right to appeal TennCare services.

**Aftercare** – The period of supervision of a delinquent youth beginning at release from the custody of the Department of Children's Services and continuing until the youth is removed from legal supervision.

**AIDS** – See *Acquired Immunodeficiency Syndrome*

**Arson** – The act of willfully and maliciously setting fire to or burning, causing to be burned, or aiding, counseling, or procuring the unauthorized burning of any property, building, or any other structure, whether one's own property or that of another, and causing or having the potential to cause significant damage to person or property.

**ART** – Aggression Replacement Training. An intervention program designed to teach adolescents to understand and replace aggression and antisocial behavior with appropriate, positive alternatives.

**Assault** – An attempt (or the unequivocal appearance of an attempt) to do bodily injury with force or violence to another person, accompanied with the apparent present ability to do so.

**Assessment** – The ongoing evaluation process that is the foundation for all case management decisions made for families and children relative to the intensity of their level of care services and type

of placement, if out of home placement is warranted. An assessment is completed initially on every appropriate case type and then is updated accordingly at all relevant decision making points initially and throughout the life of the case.

**Attorney ad Litem** – An attorney appointed by a court to represent the wishes and interests of an individual during court proceedings for determining the need for a conservator.

**Aversive stimuli** – Painful or noxious stimuli, which are employed to reduce the frequency of or to eliminate problem behavior.

## **B**

**Behavior Management** – Behavior management is the use of specialized interventions to guide, redirect, modify, or manage behavior of children and youth. Behavior management includes a wide range of actions and interventions used in a broad variety of settings in which adults are responsible for the care and safety of children and youth. Behavior management includes the entire spectrum of activities from preventative and planned use of the environment, routines, and structure of the particular setting to less restrictive interventions such as positive reinforcement, verbal interventions, de-escalation techniques, therapeutic activities, and loss of privileges; to more restrictive interventions such as time-out, physical escorts, physical/chemical/mechanical restraints, and seclusion. (CWLA)

**BHO** – Behavioral health organization

**Birth Family** – Members of a child's birth mother's and/or birth father's families.

**Birth Parent(s)** – The biological parents of a child.

## **C**

**Cardiopulmonary Resuscitation (CPR)** – A life-saving procedure that includes the timed external compression of the anterior chest wall to stimulate blood flow by pumping the heart and alternating with mouth-to-mouth breathing to provide oxygen.

**Caretaker** – Person responsible for a child's care, whether a parent, legal guardian, or an adult temporarily in a parent's role, as in institutional or out-of-home settings.

**Case Aide** – An individual who was solely hired to assist family services workers in their routine job performances.

**Case File/Record** – A collection of data pertaining to an individual client including the complete set of information related to a client such as demographic, assessment, treatment, health, service, placement, and individual outcome data. The status of a DCS case record can be described by one of three options:

Pending – A decision regarding the formal opening of a case has not been made, although some work is being performed on behalf of the child or family by DCS staff.

Open – A case has been assigned to a DCS staff member with the expectation that work will continue to be performed and services provided to the client. A case file is created for recording progress and events related to the care of the child.

Closed – The termination of the physical custody, control and/or supervision of a youth the Tennessee Department of Children's Services.

**Case Management** (as applicable to continuums of care) – Case management/coordination services

are provided by an agency case worker who, at a minimum, has a bachelor's degree in one of the social sciences and at least one year of social services experience. Case management includes coordination with the child and family team in the development and implementation of the treatment plan and family service plan, monitoring the implementation of the plan, and locating all services and placements a child and/or family may need while enrolled in the continuum. Case management includes participating in all child and family team meetings as well attending all foster care review meetings and court hearings. It also includes documenting progress, barriers, and resolution to those barriers; maintaining contacts with the custody department personnel; revising the treatment plan as needed; maintaining ongoing contacts with the child and/or family; and planning and implementing the progression of the child and/or family through the continuum. Child and family meetings will be used at all critical decision-making points as outlined in the Engaging Families Policy.

**Case Notes** – Chronological notes entered into a case file. (*See Case Recordings*)

**Case Recordings** – The ongoing chronological narrative written by the agency case worker in a case file that serves to document each contact or to document any activity related to the case.

**CCFT** – Comprehensive child and family treatment

**CFCIP** – See Chaffee Foster Care Independent Living

**CFSR** – Child and Family Services review

**CFTM** – Child and Family Team Meeting

**Chafee Foster Care Independent Living (CFCIP)** – A grant to assist states and localities in establishing and carrying out programs designed to assist foster youth likely to remain in foster care until 18 years of age and youth who have left foster care because they attained 18 years of age (but have not yet attained 21 years of age) to make the transition from foster care to independent living.

**Child** – A person who, by reason of minority, is legally subject to parental guardianship or similar control.

**Child and Family Team Meeting (CFTM)** – The Child and Family Team Meeting is used by DCS staff to engage families in the decision-making process throughout their relationship with the department. They are used for the development of case plans and making permanency decisions as well as for addressing critical decisions regarding the placement of children. When the permanency plan is completed, the plan serves as the documentation of the child and family team's work. For all other meetings, the team's work and decision(s) are documented in the staffing summary and justification form.

**Child Placement Specialist** – A DCS family services worker who places children with provider agencies, facilities, or in resource homes for temporary care.

**Child-Placing Agency** – Any institution, society, agency, corporation, or facility that places children in foster homes for temporary care or for adoption. A license issued to a child-placing agency includes all boarding homes and family day care homes approved, supervised, and used by the licensed agency as a part of its work.

**Child Protective Services (CPS)** – A program division of DCS whose purpose is to investigate allegations of child abuse and neglect and provide and arrange preventive, supportive, and supplementary services.

**Child Sexual Abuse** – Any act involving the unlawful sexual abuse, molestation, fondling, or carnal knowledge of a child as stated in TCA 37-1-602. The employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct, or the rape, and in cases or caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.

**Child Welfare Benefits Counselor (CWBC)** – The DCS staff assigned to process the Benefits Application and establish a foster child's eligibility for federal benefits. CWBCs are responsible for certifying a foster child's eligibility for Title IV-E foster care, Medicaid and coordinating the federal application process for SSI, Title II Social Security, and Veteran's benefits.

**Chemical Restraint** – Chemical restraint involves the use of a psychoactive drug or medication to temporarily and involuntarily immobilize an individual or otherwise limit a person's freedom of movement. Psychotropic medication shall not be used as a means of control or discipline of children or for the convenience of the treating facility. Chemical restraints are different from the ongoing use of medication for the treatment of symptoms of underlying psychiatric illness.

**Classification** – An on-going and comprehensive process of evaluation of a youth committed to the Department of Children's Services to identify problems and strengths, formulate treatment recommendations, and determine placement based upon individual needs and available resources.

**Community Residential Facilities** – Community-based residential treatment facilities (group homes) staffed and operated by the Department of Children's Services.

**Community Support Services**– Identification, recruitment, development, and referral to community services to support the service needs of the child and/or family to maintain and facilitate permanency. Coordination with community support is an essential component of services to children and families.

**Confinement** – Placement of a youth in a secure environment separate from the regular population.

**Consequences**– A logical or natural conclusion (cause and effect) following a behavior that serves to increase or decrease the likelihood that a particular behavior will reoccur.

**Conservator** – Someone appointed by a court to whom an individual's rights have been transferred. For example, the right to make decisions about treatment or medical care may be transferred from the individual to the conservator, giving the conservator the authority to consent or refuse medical treatment on behalf of the individual.

**Continuum of Care** – A service-based system of care which allows flexibility in designing services for the child/family, the ability to facilitate rapid movement of the child through the service system, and the ability to "customize" the delivery of services to each child and family in the least restrictive, and most cost-efficient manner.

**Continuum-of-Care Contract** – A formal written agreement to provide service-based care. (*See Continuum of Care*)

**Contraband** – Any item possessed by an individual or found within the facility that is illegal by law or that is expressly prohibited by those legally charged with the responsibility for the administration and operation of the facility or program and is rationally related to legitimate security, safety, or treatment concerns. (State of Tennessee DCS modified)

**Contraindication** – A symptom or condition that makes a particular treatment or procedure

inadvisable.

**Controlled Substance** – Refers to any substance included in schedule I, II, III, IV, or V of 21 USC 812 or any other federal regulations. Such substances include, but are not limited to, marijuana, cocaine, “crack” cocaine, PCP, LSD, heroin, etc. Prescription drugs not prescribed by a licensed physician are also included.

**Coordination of Medical and Nursing Services**– Coordination and documentation of all Early Periodic Screening Diagnosis and Treatment (EPSDT) services provided by a licensed physician or licensed registered nurse of the type and duration indicated by documented medical need.

**Coordination of Therapy Services** – Referral and coordination of medically necessary outpatient therapy services as indicated in the child’s permanency plan and/or prescribed to meet the mental health needs of the child.

**Corporal Punishment**– The intentional application of painful stimuli to the body in an attempt to terminate behavior, or as a penalty for behavior This does not include aversive stimuli. (State of Tennessee MHDD)

**Counseling/therapy** -- Requires direct services in the form of individual, group, and/or family therapy and treatment planning. Counseling/therapy must address the particular clinical needs of the youth, for example, sexual perpetration, trauma, and drug abuse as well as general clinical needs. Persons providing counseling/therapy must be appropriately licensed, or certified or on a licensure track. Staff must be appropriately supervised and follow state health care provider licensing guidelines. Documentation of licensure/certification or licensure track and supervision must be documented and available in the staff personnel file.

**Court Order** – An order, decree or directive from a judge, referee, or court of competent jurisdiction over the matter at issue

**Court Report** – The written report to the court in response to an Order of Reference in an adoption proceeding which describes to the court the status of the child and the prospective adoptive parent(s) or the persons to whom the child is surrendered. Such a report may be preliminary, supplementary, or final in nature.

**CPR** – See *Cardiopulmonary Resuscitation*

**CPS** – See *Child Protective Services*

**Crisis Intervention, Stabilization** – Services provided on a 24-hour basis to a child and/or family experiencing a medical, mental health, parent/child interaction, or other significant emergency need. At a minimum, services must be provided by an individual with a bachelor’s degree in one of the social sciences with one year experience and with supervisory access to a licensed professional possessing, at a minimum, a master’s degree in one of the behavioral sciences.

**CTT** – Continuous treatment team

**Custody** – The control of actual physical care of the child and includes the right and responsibility to provided for the physical, mental and morale well-being of the child [TCA 37-1-102 (b) (8)].

**CWBC** – See *Child Welfare Benefits Counselor*

## D

**Delinquent act** – An act designated a crime under the law, and that would be considered a crime if committed by an adult. This includes local ordinances and federal law, excluding traffic offenses other than failure to stop when involved in an accident, driving under the influence, vehicular homicide, or any other traffic offense classified as a felony. [TCA 37-1-102.]

**Delinquent child** – A child who has committed a delinquent act and is in need of treatment and rehabilitation. [TCA 37-1-102.]

**Dependent and Neglected Child** – A child who is without a parent, guardian, or legal custodian; whose parent, guardian, or person with whom the child lives, by reason of cruelty, mental incapacity, immorality, or depravity is unfit to properly care for the child; who is under unlawful or improper care, supervision, custody, or restraint by any person, corporation, agency, association, institution, society, or other organization or who is unlawfully kept out of school; whose parent, guardian, or custodian neglects or refuses to provide necessary medical, surgical, institutional, or hospital care for the child who, because of lack of proper supervision, is found in an unlawful place; who is in such condition of want or suffering or is under such improper guardianship or control as to injure or endanger the morals or health of himself/herself or others; who is suffering from or has sustained a wound, injury, disability, or physical or mental condition caused by brutality, abuse, or neglect; who has been in the care and control of an agency or person who is not related to the child by blood or marriage for a continuous period of 18 months or longer in the absence of a court order, and the person or agency has not initiated judicial proceedings seeking either legal custody or adoption of the child; who is or has been allowed, encouraged, or permitted to engage in prostitution or obscene/pornographic photographing, filming, posing, or similar activity and whose parent, guardian, or other custodian neglects or refuses to protect the child from such activity [TCA 37-1-102(b)(12)]

**Designee** – An individual who has been appointed or assigned to serve in a particular legal or official capacity.

**Detention** – The confinement of a child in a secure area.

**Detoxification** – Treatment designed to free an addict from his/her alcohol or drug habit.

**Developmental Disability** – A condition based on having either a severe or chronic disability or mental retardation. [TCA 33-1-101(10)]

**Dietetic and Nutritional** – Services that are necessary to address issues related to diabetes control, obesity, malnutrition, and/or eating disorders.

**Diligent Search**– This service is a search for potential family members to be a support or placement for a child and/or recruitment of a family or an individual to be an adoptive, foster, relative, or planned permanency living arrangement support for a child.

**Discharge** – The termination of physical custody, control, and/or supervision of a delinquent youth by the Tennessee Department of Children’s Services.

**Discipline** – Any action taken by a facility for the purpose of punishing or penalizing residents.

**Dispense** – In a DCS facility, to issue to a patient or to a person acting in his/her behalf one or more unit doses of a drug in a suitable container with appropriate labeling. Dispensing includes the act of packaging a drug, either from a bulk container or as a result of compounding, in a combination other

than the original container of the manufacturer or distributor and labeling the new container with all the information required by the state and federal law. Except for physicians or dentists, the act of dispensing is limited to licensed pharmacists and persons working under their immediate supervision and may not be performed by a nurse or other non-pharmacist. (State of Tennessee DCS)

*'Dispense' means to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery.* (T.C.A. 39-17-402(7) Criminal Offenses; Drugs)

**Drug** – A substance other than food intended to affect the structure or function of the body; any controlled substance subject to testing pursuant to drug testing regulations adopted by the U.S. Department of Transportation. A covered employer shall test an individual for all such drugs in accordance with the provisions of T.C.A. § 50-9-101, et. Seq. The Commissioner of Labor and Workforce Development may add additional drugs by rule in accordance with T.C.A § 50-9-111.

**Drug Addiction** – The compulsive need for and use of a habit-forming substance characterized by tolerance and by well-defined physiological symptoms upon withdrawal of the substance.

**DSM** – See *Diagnostic and Statistical Manual of Mental Disorders*

**Due Process** – Judicial or administrative proceedings designed to safeguard the legal rights of an individual consisting of giving notice of charges, allegations, changes in status, and providing appropriate persons the opportunity to be heard or to present evidence on the individual's behalf.

## E

**Early Periodic, Screening, Diagnostic and Treatment Services (EPSDT)** – Preventive health care services provided under TennCare to children under the age of 21, insuring that children have a comprehensive health program. This is a required service under Federal Medicaid law and thus, is required in Tennessee's Managed Care Medicaid program (TennCare).

**Eligibility** – The process of determining the benefits for which a child may qualify.

**Emergency Evaluation for Inpatient Psychiatric Hospitalization** – The Specialized Crisis Services (SCS) as operated by Youth Villages, Inc., should be contacted any time a child is being considered for inpatient hospitalization. For a crisis that presents immediate danger for harm, the team is required to respond within one (1) hour. For a crisis that does not present immediate danger, the team is required to respond within four (4) hours.

In the event a child seventeen (17) years of age and under is determined to meet criteria for inpatient hospitalization by Youth Villages Specialized Crisis Services, the SCS will first contact AdvoCare to present the case for precertification. However, in the event of the need for an involuntary emergency hospitalization commitment (e.g., the child is over age 16 and is refusing admission, or under age 16 and the guardian is refusing admission), precertification by AdvoCare is not required. Instead, SCS will call AdvoCare to notify admission of the child. If SCS cannot provide a timely response, a medical doctor or other mental health professional can arrange an involuntary commitment and SCS will assist with notification of the admission to AdvoCare.

**Emergency Placement Services**– Services available 24 hours per day through an on-call system that stabilize children and families by locating alternative short-term placements in emergency situations.

**Emotional Abuse** – Emotional abuse includes verbal assaults, ignoring or being indifferent to a child, or constant family conflict. If a child is degraded enough, the child will begin to live up to the image communicated by the abusing parent or caretaker. (State of Tennessee DCS)

**EPSDT** – *See Early Periodic Screening Diagnosis and Treatment*

**Escape** – A child or youth who has unlawfully departed from a secure location or situation, i.e., youth development center, physical restraints, or secured transportation, is said to have escaped (State of Tennessee DCS). ‘Escape’ means unauthorized departure from custody or failure to return to custody following temporary leave for a specific purpose of limited period, but does not include a violation of conditions of probation or parole.( 39-11-602 Criminal Offenses; Justification Excluding Criminal Responsibility)

**Exceptions**– Exceptions are deviations from Brian A. directives.

## **F**

**Facility Case Manager** – The case manager at a residential program, i.e., youth development center, community residential facility (group home), or contract agency.

**Family Functional Assessment** – The Family Functional Assessment (FFA) is a shared information gathering and assessment process for the family and their team. Within the context of the assessment interviews and the team meetings, case workers will be able to assist the family in identifying their own strengths and needs. The case worker and the family begin the process as they listen and understand the family story . All team members contribute with informal and formal information that they share with the family and their team. As the team progresses in the assessment process, they seek missing information, create a long -term view for the family, receive information from external evaluations and records, prioritize needs, analyze and interpret information, look for underlying needs, find strengths and resources to be used in planning, and draw conclusions from available information.

**Family Planning, Counseling and Referral** – Education and guidance provided to a child and/or family regarding planning/preventing childbirth. These services may include alternatives available for pregnant teens.

**Family Services** – Services provided to family members and persons identified in the permanency plan or child and family team meeting or who are identified as discharge options which facilitate reunification, permanency, or adoption. Services to families include linking families to community resources and services to increase stability and meet the goals of the permanency plan. Services to the family begin at the admission of the child into the contract and are fully incorporated into all treatment plans. Flexible funding may be requested through the home county family services worker to address the basic living needs of the family (rent, utilities, child care, etc.) or identified service needs that are not covered in the scope of services.

**Family Services Worker (FSW)** – A DCS employee responsible for providing case management services to children under the state’s supervision, in state custody, or at risk of state custody and their families.

**Felony** – Any offense punishable by death or imprisonment for a term of one year or more. Tennessee law has various classes of felonies (A, B, C, etc.) with varying sentences for each class.

**FFA** – *See Family Functional Assessment*

**Fighting** – A physical altercation between two or more persons without weapons.

**Flex Funds** – Monetary resources made available for the purpose of acquiring additional services or goods that can be used to prevent the need for state custody or to return a child home who is in state custody.

**Force/Coercion** – The actual use or threat of physical violence or any other unlawful act causing any person to act, move, or comply against his/her resistance.

**Foster Care** – Each continuum has a separate foster care contract. When a child and family team determines that the child and family do not require wraparound services, intensive behavioral intervention, and intensive case management, the team may recommend movement or transition from the continuum contract to a foster care contract.

**Foster Care Review Board** – An advisory body appointed by a juvenile court judge(s) to review the case status of each neglected, dependent, and unruly child in DCS custody at least once within the first 90 days of initial placement in DCS custody and within every 6 months thereafter.

**Foster Home** – See *Resource Home*

**Foster Parent** – See *Resource Parent*

**FSW** – See *Family Services Worker*

**Full Guardianship** – The legal status of a child when all parental rights to the child have been terminated by surrender, court order, or clearing the Putative Father Registry and DCS has guardianship of the child with the right to consent to the child's adoption.

## **G**

**GAL** – See *Guardian ad litem*

**Goods** – Tangible items.

**Grievance** – A complaint concerning an alleged unjust circumstance or action toward a youth in custody.

**Guardian** – An individual who, if appointed by the court or if acting under statute, has all the duties of a parent to provide for the child's support, education, and medical care, subject only to the parent's, if any, remaining rights. Parents are natural guardians of a child. The court may appoint a guardian for a child whose parent(s) is (are) deceased. The court may give guardianship to DCS following a termination of parental rights. DCS may act as guardian when there is no natural guardian or when a minor has been abandoned.

**Guardian Ad Litem (GAL)** – The attorney appointed to represent the best interests of the child in court proceedings. The Guardian Ad Litem's role differs from that of an attorney for the child, in that the child's attorney is bound to do what the child, his client, directs, while the Guardian Ad Litem must represent the child's best interests to the court, even if the child's best interests differ from what the child wants. The Guardian Ad Litem represents the child in litigation only but is not responsible for the child's care on a daily basis.

## **H**

**Hazardous Material** – A material or substance that exposes one to risk or harm by its chemical

composition.

**Health Insurance Portability and Accountability Act of 1996 (HIPAA)** – A federal law to promote the *portability* of insurance coverage, which waives preexisting conditions when an employee changes jobs, and *accountability* by providing funding for, and strengthening of enforcement and compliance with, healthcare regulations.

**Hearing (s)** – A proceeding to determine a course of action, such as the placement of a juvenile offender, or to determine innocence in a disciplinary matter. Arguments, witnesses, or evidence are heard by a judicial officer or administrative body in making the determination.

**Hearing Officer** – A full-time staff member appointed by the facility administrator and authorized to conduct hearings and impose disciplinary actions that comply with the policies and procedures of the facility. The hearing officer shall not be the reporting staff member or a witness to the incident to be heard.

**HIPAA** – **See** *Health Insurance Portability and Accountability Act of 1996*

**HIV** – **See** *Human Immunodeficiency Virus*

**Home Pass** – For adjudicated delinquent youth, a court and DCS authorized visit that does not exceed 48 hours to the student's home in the physical custody of the student's family (parent/legal guardian/approved relative).

**Home Study** – The process of assessing and evaluating relatives or friends of the family to determine their suitability and willingness to provide a placement for the child before or after she/he comes into foster care.

**Human Immunodeficiency Virus (HIV)** – The virus that causes AIDS weakens several body systems and destroys the body's immune system, making it easier for life-threatening cancers or opportunistic infections to invade the body. The virus is passed from one person to another through body fluids including blood, semen, vaginal fluid, breast milk, and through sexual contact. Infected pregnant women can pass HIV to their babies during pregnancy or delivery, as well as through breast-feeding. Most HIV-infected people will develop AIDS. Healthcare workers may come in contact with additional body fluids that may transmit the virus such as cerebrospinal fluid (surrounding the brain and the spinal cord), synovial fluid (surrounding bone joints), and amniotic fluid (surrounding a fetus *in utero*).

I

**ICPC** – **See** *Interstate Compact on the Placement of Children*

**IDEA** – **See** *Individuals with Disabilities Education Act*

**IEAP** – Abbreviation referring to the Inter-Ethnic Adoption Provision that amended the Multi-Ethnic Placement Act (MEPA) in 1996. IEAP is commonly referred to as, and used interchangeably with, IEPA. This term refers to placements of children who fall within coverage provided under Section 1808 of P.L. 104-188 [42 USC 1996b]—the Removal of Barriers to Interethnic Adoption Act—which affirms the prohibition against delaying or denying the placement of a child for adoption or foster care on the basis of race, color, or national origin of the foster or adoptive parents or of the child involved.

**IEP** – **See** *Individualized Educational Program*

**IEPA** – Abbreviation that refers to the Inter-Ethnic Placement Act - IEAP is commonly referred to as,

and used interchangeably with IEPA. (**See Inter-Ethnic Adoption Provision**)

**Imminent Danger of Harm** – The substantial possibility that bodily harm or great bodily harm will come to the child in the reasonably foreseeable or immediate future, whether or not the child has already suffered bodily harm or great bodily harm, given the child’s risk environment (i.e., the unique combination of child vulnerabilities, the parent’s or caretaker’s ability to protect and care for the child, the family’s support system, and related factors); also called threat of harm. Examples include the use of a life-threatening weapon (even if no actual injury occurs); a severely mentally ill or psychotic parent; a parent whose substance abuse habits or other disabilities chronically place the child in hazardous situations; a parent who fears the child or fears hurting the child; a parent who has killed or seriously injured another child and has not successfully completed treatment; or any actual minor injuries that could reasonably be expected to have more serious consequences for the child if they were to occur again. (State of Tennessee DCS) ‘Imminent danger’ means conditions calculated to and capable of producing within a relatively short period of time a reasonably strong probability of resultant irreparable physical or mental harm and/or the cessation of life if such conditions are not removed or alleviated.” ( T.C.A. 71-6-102(9) Welfare; Adult Protection)

**Interdependent Living Services** – These services include counseling, skill building, service coordination, and life skills coaching/support that focus on facilitating the skills and support for the child to live successfully and independently in the community. Age-appropriate self-sufficiency skills must be incorporated into treatment plans for all children. Children ages fourteen (14) and above must have specific independent living skills training and development incorporated into service and treatment plans. Establishing connections with persons able to provide support throughout the child’s life is an essential component of this service and to successful independence. (Chaffee Independent Living Funding may be used to augment services as outlined in the Independent Living Policy.)

**Individual Program Plan (IPP)** – is the method used by DCS to document the needs of its youth and the provision of meeting those needs with treatment modalities. The IPP process is the basis for determining progress toward desired goals and eventual discharge.

**Individualized Educational Program (IEP)** – A written record of the decisions reached by members of an M-Team stating specific educational and related services designed to meet the individual needs, interests, and abilities of each youth determined to be disabled.

**Individuals With Disabilities Education Act (IDEA)** – A coordinated set of activities for a student, designed within an outcome-oriented process, which promotes movement from school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. The coordinated set of activities shall take into account the student’s preferences and interests, and shall include instruction, community experiences, the development of employment and other post-school adult living objectives, and, when appropriate, acquisition of daily living skills and functional vocational evaluation [*Education of the Handicapped Act Amendments of 1990, PL 101-476, section 602 (a)*].

**Informed consent** – Informed consent is the right of every patient to have information regarding prescribed tests or treatments including all risks related to the tests or treatments and all benefits of the tests or treatments. The patient has a right to sufficient information to allow the patient to make an informed decision about whether to consent to the treatment or tests. (DCS- Policy 20.24)

Defined in the negative as follows: (T.C.A. 29-26-118 Providing Inadequacy of Consent) “In a malpractice action, the plaintiff shall prove . . . that the defendant did not supply appropriate

information to the patient in obtaining informed consent (to the procedure out of which plaintiff's claim allegedly arose) in accordance with the recognized standard of acceptable professional practice in the profession and in the specialty, if any, that the defendant practices in the community in which the defendant practices and in similar communities.”

**In-home Services** – A wide array of services offered to families and children placed with family members. These services are coordinated and include, but are not limited to, services identified in the permanency plan as necessary to achieve permanency and stability for the child and family. Services must meet standards outlined in the Provider Policy Manual.

**In-Service Training** – Courses that provide the opportunity for further development and specialization of staff.

**Intensive Day Treatment**– Involves structured group activities in residential and group care designed to encourage, direct, and instruct children in the acquisition of skills needed to develop self-sufficiency and personal competence as well as prevent or reduce the need for institutionalized care. Programs must operate or subcontract for intensive day treatment services licensed through the Tennessee Department of Mental Health/Developmental Disabilities for access by children identified as needing this level of intervention.

**Interdependent Living Services** – These services include counseling, skill building, service coordination, and life skills coaching/support that focus on facilitating the skills and support for the child to live successfully and independently in the community. Age-appropriate self-sufficiency skills must be incorporated into treatment plans for all children. Children ages fourteen (14) and above must have specific independent living skills training and development incorporated into service and treatment plans. Establishing connections with persons able to provide support throughout the child's life is an essential component of this service and to successful independence. (Chaffee Independent Living Funding may be used to augment services as outlined in the Independent Living Policy.)

**Interpreter** – A person who translates orally for parties conversing in different languages.

**Interstate Compact on the Placement of Children (ICPC)** – A uniform law enacted by all fifty states, the District of Columbia, and the Virgin Islands that establishes orderly procedures for the placement of children across state lines into other party states for the purpose of foster care or preliminary to an adoption and fixes responsibility for those involved in placing the child.

**Involved Adult** – a biological relative or a present or former foster parent who is identified as being currently involved in a child's life to the extent that it is appropriate for that adult to contribute to decision making regarding the child's care. It is the responsibility of the DCS family services worker to identify such individuals and insure their inclusion in the child's permanency plan.

**IPP** – **See** *Individual Program Plan*.

**Isolation** – **See** *Seclusion*. Isolation is defined as a form of seclusion. DCS does not use or recognize the term “isolation.” Please refer to the definition of seclusion.

## **J**

**JCAHO** – **See** *Joint Commission on Accreditation of Health Care Organizations*

**Joint Commission on Accreditation of Health Care Organizations (JCAHO)** – The Joint Commission evaluates and accredits more than 16,000 health care organizations and programs in the United States. An independent, not-for-profit organization, JCAHO is the nation's predominant

standards-setting and accrediting body in health care. Since 1951, JCAHO has developed state-of-the-art, professionally based standards and evaluated the compliance of health care organizations against these benchmarks.

**Juvenile** – A person under the age of 21, or as defined in the local jurisdiction as under the age of majority.

**Juvenile court** – A court with jurisdiction under Tennessee statutes to hear and decide matters pertaining to children.

## **L**

**Label** – Any written, printed, or graphic material displayed on or affixed to containers, usually of hazardous materials.

**Level II Alcohol And Drug Treatment Program** – Provides treatment to youth who have been identified by an assessment as alcohol and drug users.

**Level III Alcohol And Drug Treatment Program** – Inpatient/residential treatment at a facility other than a youth development center for youth who are chemically dependent and can no longer function in their environment.

**Licensed Child Placing Agency** – Any agency operating under a license to place children for adoption in this state. [TCA 36-1-102(28)]

**Licensed Clinical Social Worker** – An individual who holds a license as an independent practitioner from the board of social worker certification and licensure and, in addition, is licensed by the department to provide foster care placement services and adoption placement services.

**Licensed Independent Practitioner** – An individual licensed by the State of Tennessee Health Related Boards as one of the following and privileged by the hospital medical staff and governing body to authorize the use of restraint.

- Medical doctor
- Doctor of Osteopathy
- Physician Assistant
- Certified Nurse Practitioner
- Nurse with a master's degree in nursing, who functions as a psychiatric nurse and is certified to prescribe medication
- Psychologist with health service provider designation
- Licensed clinical social worker
- Licensed professional counselor
- Senior psychological examiner
- Other licensed mental health professional permitted by law to practice independently.

## **M**

**M-TEAM** – See Multidisciplinary Team

**Mace** – Any chemical agent used for control purposes. (DOE)

**Maltreatment** – Any recent act or failure to act on the part of a parent or caretaker that results in death, serious physical or emotional harm, or sexual abuse or exploitation or which presents an imminent risk of serious harm. (State of Tennessee DCS)

**Managed Care Organization (MCO)** – A system of health care delivery that influences utilization and cost of services and measures performance.

**McKinney-Vento Homeless Education Act of 2001** – Federal Law that mandates each State educational agency shall ensure that each child of a homeless individual and each homeless youth has equal access to the same free, appropriate public education, including a public preschool education, as provided to other children and youths. (*Individuals with Disabilities Education Act, 20 U.S.C. Sec. 1400 et. seq.; McKinney-Vento Homeless Education Act of 2001.*)

**MCO** – See *Managed Care Organization*

**Medical necessity** – Medical services that are

- Calculated to prevent, diagnose, correct, or ameliorate a physical or mental condition that threatens life, causes pain or suffering, or results in illness, disability, or infirmity **or** calculated to maintain or preclude deterioration of health or functional ability;
- Individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness, disability or injury under treatment, and not in excess of the individual's needs;
- Necessary and consistent with generally accepted professional medical standards as determined by the Secretary of Health and Human Services or the state Department of Health; and
- Reflective of the level of service that can be safely provided, and for which no equally effective treatment is available.

**Mechanical Restraint** – A mechanical device that is designed to restrict the movement of an individual, such as handcuffs or wristlets, chains, anklets, or ankle cuffs or any other DCS-approved or authorized device used to limit the movement of the juvenile's body. (DOE) (See DCS PPM Sect. V. – Use of Mechanical Restraint)

**Medical Treatment** – Treatment, other than first aid, administered by a physician or by licensed personnel under the standing orders of a physician.

**Medical Confinement** – Separation of an individual youth from the general population in order to protect the health of that youth, the general population, and the institutional staff. Such confinement shall only be determined and ordered by a licensed physician or other qualified and authorized person acting under medical protocol. (DOE)

**Medication Error** – A medication error is when a prescribed medication (substance) is not administered according to physician's orders (e.g., missed dose, dose administered at wrong time or day, medication given to wrong individual).

**Mental Health Professional (Qualified)** – A person who is licensed in the state, if required for the profession, and who is a psychiatrist; physician with expertise in psychiatry as determined by training, education, or experience; psychologist with health service provider designation; psychological examiner; social worker who is certified with two (2) years of mental health experience or licensed; marital and family therapist; masters degreed nurse who functions as a psychiatric nurse; professional counselor; or if the person is providing service to service recipients who are children, any of the above educational credentials plus two (2) years of full-time mental health experience with children. *TCA 33-*

**Mental Illness (mental disorder)** – As determined by a mental health professional, a clinically significant behavioral or psychological syndrome or pattern that occurs within an individual and that is associated with distress or impairment in one or more areas of functioning (e.g., social or academic functioning) or is associated with increased risk of death, pain, disability, or loss of freedom.

**Mental Retardation** – An IQ score of 75 or below in a standardized individually administered measure of intelligence accompanied by significantly impaired adaptive behavior (e.g., scores below the tenth percentile on a standardized measure of adaptive behavior) and that has an onset prior to the age of 18 years.

**MEPA** – See *Multi-Ethnic Placement Act*

**Minor** – Any person under eighteen (18) years of age.

**Multidisciplinary Team (M-TEAM)** – A team whose purpose is to (1) determine eligibility of a youth for Special Education and related services and (2) develop an individualized education program (IEP) for eligible students. This team may be the same as the program or classification staffing team but must include (1) a representative of the school system, other than the child's teacher, who is qualified to provide or supervise the provision of appropriate special education services; (2) a teacher qualified to teach a student in the student's area of suspected disability; (3) one or both of the student's parents; (4) the student, if appropriate; (5) a person knowledgeable of evaluation procedures, evaluation results, and the child; (6) if a learning disability is suspected on diagnostic examinations; and (7) other persons at the discretion of the parents or as needed to determine eligibility. A single member of the M-Team may meet two or more qualifications but the team must have at least three members.

**Multi-Ethnic Placement Act** – Legislation allowing the placement of children with families across ethnic and racial lines.

## **N**

**Neglect** – Acts of commission or failure to provide for basic needs of a child including but not limited to food, medical care, and safe living conditions.

## **O**

**OTC** – Over-the-counter (as in nonprescription medications).

**Out of Control** – A student's behaviors shall be characterized as "out of control" at times when the youth actively demonstrates disruptive or assaultive behavior, or the intent to do such, to the extent that there is a serious or immediate threat to him or her, other students or staff members, and/or property. (DOE)

## **P**

**Parenting Skills Training** – Individualized coaching and training to assist parents with issues related to discipline, child development, child-rearing skills, and behavioral intervention. Services must meet the needs of the family as identified in the permanency plan and be available at times and locations that best meet the family's needs.

**Parents** – Refers to biological parents or legal guardians.

**Parents As Tender Healers (PATH)** – Training for foster care, kinship care, and adoptive parents consisting of approximately 27 hours of classroom time and homework assignments.

**Parental Rights** – Legally recognized rights and responsibilities to act as a parent, to care for, to name, and to claim custodial rights with respect to a child.

**Partial Guardianship** – The legal status of a child when the rights of at least one, but not all, parents or guardians have been terminated or are undetermined.

**Pass** – Any authorized absence by a delinquent youth from his/her placement without staff supervision.

**PATH** – See *Parents As Tender Healers*.

**Permanency Planning** – The process of choosing and working toward the most appropriate setting or environment to achieve a permanent outcome for the child, i.e., return to parent, relative placement, adoption, independent living, or permanent foster care, in a timely manner.

**Permanency SPECIALIST** – The DCS worker responsible for facilitating the adoption process for eligible families and children.

**Petition** – A formal written application to the court requesting judicial action on a certain matter.

**Physical Abuse**– Physical abuse is defined as nonaccidental physical trauma or injury inflicted by a parent or caretaker on a child. It also includes a parent's or a caretaker's failure to protect a child from another person who perpetrated physical abuse on a child. In its most severe form, physical abuse is likely to cause bodily harm or death.

**Physical Escort** – The temporary holding of an individual for the purpose of guiding him/her to a designated location.

**Physical Exam** – A medical examination performed by a licensed health care professional for the purpose of diagnosing disease or illness or to determine the existence of injuries and whether those injuries were caused by abuse.

**Physical Intervention** – Physical handling beyond verbal command.

**Physician Preceptor** – A licensed physician who is responsible for supervising the clinical practice of a medical associate such as a nurse practitioner or physician's assistant.

**Physical Restraint** – The involuntary immobilization of an individual without the use of mechanical devices.

**Placement** – The arrangement for the care of a child in a boarding home or child-caring agency or institution.

**Placement Exception Request (PER)** - In accordance with the Brian A. Decree (Civil Action No. 3-00-0445), best practice standards were established for the placement of children in out-of-home – care. Any deviation from this best practice standard requires the Regional Administrator (RA) to approve the deviation and identify the reasons for the deviation. The completion and approval/disapproval of a PER is the mechanism through which these placements are processed and documented.

**Placement Services Division (PSD)** – Formerly known as Resource Management.

**Placement Services Worker (PSW)** – Formerly known as the Resource Manager.

**Placement Stability** – Wraparound, emergency response, crisis intervention, or child/family specific intervention and support that stabilize placement and avoid movement or disruption. Services are available on a 24-hour on-call basis.

**Placement Quality Team Systems (PQTS)**—provides additional monitoring of agencies through the use of data from various reports and makes recommendations to DCS senior management. Concerns of this team are to insure the on-going safety and well-being of children and youth in custody.

**Policy** – (1) A course of action adopted by and pursued by an agency that guides and determines present and future decisions and actions. Policies indicate the general course or direction of an organization within which the activities of the personnel must operate. (2) A type of position statement; a philosophy, a mission, or a general objective. Anything that establishes a guideline for users is a policy.

**Post Custody** – After leaving custody

**Pre-Placement Conference** – A meeting held between the child’s social counselor and the prospective adoptive family’s social counselor to supplement information obtained through preplacement summaries and adoptive home studies. The purpose of the conference is to discuss adoption issues in order to determine the appropriateness of the placement.

**Pre-Placement Summary** – A document that provides a current description of a child considered for adoption, the birth family, and the type of adoptive parents needed for the child.

**Presentation Summary** – A non-identifying summary about a child for the family services worker’s oral presentation of that child to the prospective adoptive family.

**Pre-Service Training** – Courses that provide the required basic knowledge and skills to perform important job tasks and prepare for independent work.

**PRN** – Abbreviation for the Latin *pro re nata*, which means “use as needed or according to circumstances.” Five variables to be considered in the treatment plan:

1. Entry criterion. Define the specific index behavior indicating PRN use, including the frequency and intensity (or the specific situation for PRN use).
2. Pre-implementation criterion. Describe, step-by-step, the alternative interventions or techniques to be implemented, if possible, before using the PRN.
3. Procedural criterion. List the specific action to occur after the PRN is given.
4. Failure criterion. Define a level of use prompting review to determine if the PRN is excessively used or is ineffective.
5. Exit criterion. Define a time-limiting period for PRN use or a level of non-use prompting review to determine if the PRN order should be discontinued.

**Probable Cause** – A reasonable belief, based on reliable information, that an allegation is likely true.

**Probation** – Supervision of a youth who has been adjudicated delinquent by a court and who is subject to conditions imposed by the court and probation division.

**Procedure** – The detailed and sequential actions that must be executed to ensure that a policy is implemented. It is the method of performing an operation or a manner of proceeding on a course of

action. Procedure differs from a policy in that it directs action required to perform a specific task within the guidelines of the policy.

**Process** – Any means (i.e., summons and complaint, subpoena) used by a court to exercise its jurisdiction over a person and/or to compel that person's attendance before it or compliance with its demands.

**Program Accountability Review (PAR)** - a monitoring program within DCS which monitors provider agencies according to their contracts with DCS and according to the Provide Policy Manual

**PSD** – See *Placement Services Division*.

**PSW** – See *Placement Services Worker*.

**Psychotropic Medication** – a drug that exercises a direct effect upon the central nervous system and which is capable of influencing and modifying behavior and mental activity Psychotropic medications include, but are not limited to, anti-psychotics, antidepressants, agents for control of mania and depression, anti-anxiety agents, psychomotor stimulants, and hypnotics. (State of Tennessee DCS)

**PTC** – Primary treatment center

**Punishment** – Suffering, pain, or loss that serves as retribution; a penalty inflicted on an offender through judicial procedure; severe, rough, or disastrous treatment. (Webster)

**Putative Father Registry** – a register of information maintained by the central office adoption unit of those men who have submitted the required information necessary to register their intent to claim paternity of a child

## **R**

**Rape** – Sexual penetration of another accompanied by the use of force or coercion to accomplish the act.

**REACT** – See *Resource Exchange for Adoptable Children in Tennessee*

**Reasonable Efforts** – The department's obligation under state and federal law, and as a part of sound casework practice, to attempt risk reduction services prior to removing children from their homes. If DCS must remove the child, the court's disposition order must include documentation of the reasonable efforts that DCS exhausted in order to prevent foster care or to prove that services could not reasonably be expected to protect the child.

**Records** – All documents, papers, letters, maps, books, photographs, microfilms, electronic data processing files and output, films, sound recordings, or other material regardless of physical form or characteristic made or received pursuant to law or ordinance or in connection with the transaction of official business by any governmental agency.

**Recording** – Written documentation of each contact or attempted contact with a youth under supervision or with another individual regarding a youth under supervision. (See *Case Recordings*.)

**Region** – One of nine (12) geographical and administrative areas of the Tennessee Department of Children's Services.

**Release** – Written authorization for delinquent youth to depart from residence at a juvenile facility and/or contract agency care.

**Residential Child-Caring Agency** – Any institution, society, agency, or facility, whether incorporated or not, which either primarily or incidentally provides full-time care for 13 or more children under 17 years of age outside their own homes in facilities owned or rented and operated by the organization.

**Resource Exchange for Adoptable Children in Tennessee** – The state exchange for registering approved adoptive parent(s) in partial or full guardianship.

**Resource Home** – A private home approved by the Department of Children’s Services or other licensed child-placing agency to provide full-time care for up to six (6) children at one time. This maximum includes all children in the home (birth, adopted, and foster).

**Resource Parent** – Any person, trained and approved by the Department of Children’s Services, who provides a family home environment and care for a child in state custody in need of foster care services, kinship foster care services or adoption.

**Respite** – To provide agency foster parents or family members appropriate periods of relief from care-giving. Respite is defined as a brief break in care, with the child returning to the original placement. Respite is generally seventy-two (72) hours or less in duration unless other unique circumstances can be identified and approved.

**RRMG** – Regional resource management group

**Runaway** – A child who “is away from home, residence or any other residential placement of his parent(s), guardian or other legal custodian without their consent” shall be known and defined as a “runaway.” (T.C.A. 37-5-103(15)(A)(IV); DCS). DCS Policy 31.2 and TBI Missing Children’s Division require immediate reporting of a runaway to law enforcement for entry of the child’s descriptive information into the National Crime Information Center. Runaway in and of itself does not determine the level of service. Level of service is solely dependent on the overall clinical needs of the child, of which runaway behavior may be one component.

## **S**

**SAFE** – Structured Analysis Family Evaluation, a resource home approval system

**Safety Plan** – *See Plan for Temporary Child Safety*

**Sanitation** – The application of measures to make environmental conditions favorable to health; the act or process of making sanitary.

**Seclusion** – The placement or confinement of an individual alone in any room or area from which egress is prevented. (See DCS PPM Sect. XI. – Use of Seclusion)

**Security Devices** – Locks, gates, doors, bars, fences, screens, ceilings, floors, walls, and barriers used to confine and control detained individuals. Also included are electronic monitoring equipment, security alarm systems, security light units, auxiliary power supplies, and other equipment used to maintain facility security. (State of Tennessee, DCS)

**Security Threat Group (STG)** – Any organization, association, or group of persons either formal or informal that may have a common name or identifying sign or symbol and whose members or associates engage in or have engaged in activities that include, but are not limited to, planning, organizing, threatening, financing, soliciting, or committing unlawful acts. (State of TN DCS)

**Segregation** – The confinement of an inmate to an individual cell that is separated from the general

population. There are three forms of segregation – administrative segregation, disciplinary detention, and protective custody.

**Self-Mutilation** – To cut, stab, rip, burn, or otherwise damage any portion of one’s own body. (DOE)

**Serious Bodily Injury** – An injury to the body which involves a substantial risk of death, unconsciousness, extreme physical pain, protracted and obvious disfigurement, and/or loss or impairment of the function of a member or organ of the body. (DOE)

**Services for Developmentally Delayed Youth** – Specialized services designed to address the developmental deficits and developmental skills needed and assistance with transitioning youth to adult services in coordination with the Department of Mental Health and Developmental Disabilities.

**Sexual Abuse** – Sexual abuse includes penetration or external touching of a child’s intimate parts, oral sex with a child, indecent exposure or any other sexual act performed in a child’s presence for sexual gratification, sexual use of a child for prostitution, and the manufacturing of child pornography. Child sexual abuse is also the willful failure of the parent or the child’s caretaker to make a reasonable effort to stop child sexual abuse by another person. (State of Tennessee DCS)

**Sexual Abuse and Sexual Perpetration Intervention and Therapeutic Support** – Behavioral intervention and support services to address issues related to sexual abuse and/or sexually reactive behaviors in coordination with outpatient therapy recommendations and the needs of the child and/or family.

**Sexual Abuse and Sexual Perpetration Counseling/Therapy** – Therapy and intervention services to address issues related to sexual abuse and sexually reactive behaviors.

**Shared Foster Home** – A foster home that provides placements for more than one agency at a time.

- Between two (2) DCS contracted providers: a written agreement between the agency executive director and the DCS contract authority must be obtained. This agreement should include a delineation of each agency’s responsibilities.
- Between DCS and one of its contracted providers: a written agreement between the agency executive director and the appropriate regional administrator must be obtained. This agreement should include a delineation of each agency’s responsibilities. (DCS Policy 16.11)

**SIR** – Serious incident report

**Social History** – Has been replaced by the *Family Functional Assessment*.

**Social Service Child** – A child whose main reason for being in DCS custody is other than the commission of a delinquent act.

**Special Needs Child** – Any child who might present a significant challenge to adoptive placement due to physical, emotional, or behavioral disabilities or by virtue of age, race, and/or sibling group. Caucasian child(ren), age nine (9) and above; African American child(ren), age three (3) and above; Child(ren) of mixed race, age three (3) and above; any race/any age sibling group of three or more children or any child(ren) who has (have) a severe physical, emotional, or behavioral handicap(s) which would present a significant challenge to the adoptive placement.

**Staffing(s)** – A team composed of at least three (3) professional personnel and the youth who meet for the purpose of discussing diagnostic data, identifying problems and strengths, and formulating recommendations including the youth’s placement(s).

**State Fire Marshal** – The official assigned to represent the state government in all matters governing fire control and safety in state operated facilities.

**Substance Abuse Intervention**– Behavioral intervention and therapeutic support services targeting issues related to alcohol and/or drug misuse in coordination with outpatient therapy recommendations and needs of the child and/or family.

**Substance Abuse Therapy** – Therapy and intervention services targeting issues related to alcohol and/or drug misuse. This does not include detoxification covered by the MCO or intensive outpatient treatment (i.e., nine or more hours per week of service) covered by the BHO unless the program is designed to treat substance abusers.

**Supervisor** – Person to whom an employee directly reports.

**Support Staff** – Staff not directly providing program services to children/youth. There are two categories of support staff – *Minimum contact* - includes secretaries, clerks, computer/information resources staff, warehouse personnel, accountants and bookkeepers, personnel staff, and others who have minimal or no contact with children/youth. *Regular or Daily contact* - includes food service staff, maintenance workers, and others whose work requires day-to-day contact with children/youth.

**Surrogate Parent** – The person appointed by the local educational authority to serve on M-Team staffings in the place of parents who are unavailable or unwilling to participate. Resource parents are recognized as the student’s parents for educational purposes provided that (1) the resource parent has had the student in care for one year and (2) manifests the intent to serve as the parent and there is not objection from any other individual claiming the right to make educational decisions for the student.

## T

**TennCare** – TennCare is the state of Tennessee’s Medicaid program that operates with special provisions for eligibility under a waiver granted by CMS (Centers for Medicare and Medicaid). TennCare is a program that provides medical assistance for certain individuals and families with low incomes and resources, as well as individuals who are uninsured or uninsurable. Individuals enrolled in TennCare are assigned to MCCs (managed care companies) who manage the administration of the benefits and coverage.

**Tennessee Department of Children’s Services (DCS)** – The State of Tennessee Government Department that was created in July 1996 by consolidating children’s services programs from six separate departments. DCS has the responsibility for protecting children from abuse and neglect, providing temporary care for children who cannot safely remain in their own homes, providing permanent homes for those children who are legally free for adoption, and rehabilitating delinquent youth through residential treatment and community-based programs.

**Therapeutic foster care** – High-intensity foster care that includes recruitment, training, and support services to foster parents trained to meet the needs of youth who are appropriate for family-based care but require a higher level of behavioral intervention, case coordination, and/or counseling services. Children and foster families at this level of care require a high level of intervention, wraparound, and coordinated services to facilitate stability.

**Therapeutic support services** – Structured interactions used to promote social and psychological skills, including emotional self-awareness and self care, anti-anxiety techniques, anger management,

communication skills and conflict resolution. Services are provided as part of the therapeutic milieu in which a supportive, structured environment advances development of emotional, social, and life skills. These services may be provided by resource parents, direct care workers, case managers or other staff in similar positions. Therapeutic support services are provided to the child/youth and permanency family as prescribed by the treatment plan and in collaboration with the Child and Family Team. The staff is trained in the use of the prescribed techniques and services and is supervised appropriately.

**Therapy/counseling** – Requires direct services in the form of individual, group, and/or family counseling/therapy and treatment planning. Persons providing counseling/therapy must be appropriately licensed, or certified, or on a licensure track. Staff must be appropriately supervised and follow state health care provider licensing guidelines. Documentation of licensure/certification or licensure track and supervision must be documented and available in the staff personnel file. (For programs specifically serving sex offenders, counseling/therapy must address sexual perpetration issues in addition to meeting other counseling/therapy needs.)

**THR** – Temporary holding resource

**THV**– Trial home visit

**Timeout** – A process in which a child or adolescent can calm down and/or self-reflect, usually by being quiet and disengaging from current stimuli. The timeout will be time-limited and may be conducted with or without removing a child from peers or the immediate area. It may be initiated at the child or staff's request or directed by staff.

**TNKids** – Tennessee Kids Information Data System (TNKids) is Tennessee's federally required SACWIS (Statewide Automated Child Welfare Information System) project. This system will be known as TFACTS when the change is implemented.

**Topical** – A substance that is applied externally.

**TPR** – Termination of parental rights

**Training** – An organized, planned, and evaluated activity designed to achieve specific learning objectives and includes requirements for completion, attendance recording, and a system for recording completed training.

**Transcript** – Record of school completion by course as required by Tennessee Department of Education's Rules, Regulations, and Minimum Standards for high school graduation.

**Transportation Services**– Providing or coordinating transportation services to the child and/or family to ensure participation in provided services, court hearings, foster care review hearings, case-related meetings, family visits, and related services. Transportation over 250 miles per week, out-of-state visits, or out-of-state travel for reunification efforts may be supported by flex funding if recommended by the child and family team.

## U

**Unruly Child/Youth** – A child in need of treatment and rehabilitation who habitually and without justification is truant from school while subject to compulsory schools attendance under TCA 49-6-3007; or is habitually disobedient of the reasonable and lawful commands of the child's parent(s), guardian, or other legal custodian to the degree that such child's health and safety are endangered; or commits an offense which is applicable only to a child; or is a runaway—a child who is away from the

home, residence, or any other residential placement of his parent(s), guardian, or other legal custodian without their consent.

## **V**

**Visitation** – Regular contact between a child/youth and his/her parents as mandated and defined by federal foster care legislation. Any dependent/neglected, unruly, or delinquent child/youth placed in foster care must be granted an opportunity for a minimum of four (4) hours visitation each month, which may be supervised or unsupervised. Please note, however, that any visitation by delinquent youth that involves a return to the home community for a period of time and is unsupervised by program staff, requires the consent of the committing court unless the court has declined or failed to exercise the authority granted in T.C.A. §37-5-106 (4).

**Volunteer** – A person who contributes services to the DCS without direct monetary rewards from the DCS and shall be considered an unpaid staff member according to TCA.

## **WXYZ**

**Waiver** – A waiver is a divergence from DCS policy.

**Weapon** – Any handgun, rifle, shotgun, knife, bow and arrow, and/or any other instrument which by its nature or fashion is capable of causing death or serious bodily harm. (DOE)

“Weapon’ means any dangerous instrument or substance that is capable of inflicting any injury on any person.” (49-6-4202(1) Education; School Security Act)

**Weekend Pass** – An authorized absence from a facility during the weekend lasting from at least overnight up to five days.

**YDC –Youth Development Center (YDC)** – A hardware secure facility that houses children who have been adjudicated delinquent and who meet the criteria as established by the department for placement at such facility. *TCA 37-5-103*