

Psychiatric Hospital Contact Protocol for Children/Youth in DFPS Conservatorship

There may come a time when a child/youth in DFPS conservatorship is determined to present a risk of serious harm to himself or herself or others and is admitted to a psychiatric hospital. Hospitalization is an intervention designed to meet the child/youth's acute mental health needs and is not a long-term intervention. Admission to a psychiatric hospital is not a placement and should not be treated or referred to as such. To ensure a child/youth's needs are met during this time, there are very specific steps caseworkers must take immediately following notification of hospitalization. Those steps are outlined in this document, but it is important to note that all other policies and procedures must still be followed.

The steps outlined in the attached protocol apply to both children/youth in DFPS conservatorship at the time of hospital admission and children/youth who are admitted to a psychiatric hospital during the course of an investigation which results in DFPS taking conservatorship.

Notification Required Actions

Immediately, but no later than one (1) business day after notification that a child/youth on your caseload has been admitted to a psychiatric hospital, the primary CVS/SSCC Caseworker (INV caseworker if CVS/SSCC not assigned) must send an e-mail to those who have a role in ensuring the child/youth's needs are met, as outlined below. Staff must also follow requirements for notification to the legal parties of the case as described in [6151.3 Notification Requirements and Schedule](#)

The Subject line must state: Psychiatric Hospital Admission – Child/Youth's Last Name, First Initial, and PID. The body of the e-mail must include the following information:

- Hospital name.
- Patient Access Code, if known.
- Date of admission.
- Reason for hospitalization.
- Indicate if the child/youth will be returning to the placement after discharge from the hospital or if a new placement is needed.
- Indicate if child/youth needs an updated psychological evaluation.
- Name and Contact Information for Designated Medical Consenter/ or attach current Form 2085B Designation of Medical Consenter.
- Name of school in which child/youth is currently enrolled.
- Indicate if the child/youth needs translation services (i.e., foreign language, deaf or hard of hearing).

The e-mail must be sent to each of the following, unless indicated as not appropriate:

- [Psychiatric Hospital Referral Mailbox](#) for the Region where the hospital is located – For children/youth hospitalized out of state, the e-mail must be sent to the Psychiatric Hospital Referral mailbox for the child/youth's legal region and will be routed as appropriate.
- Regional Placement Team Mailbox (except in situations where the child/youth is being served by a Single Source Continuum Contractor as a part of Community-Based Care) - Even if the child/youth is expected to return to the same caregiver after hospital discharge, notification to the Placement Team Mailbox is required as circumstances often change.
- [Single Source Continuum Contractor \(SSCC\)](#) - If the child/youth is being served by an SSCC as part of Community-Based Care, communication must be sent to the designated SSCC personnel per their regional joint operational manual.
- [Education Specialist](#) - If the child/youth remains admitted to a psychiatric facility for more than three days, the education specialist will coordinate educational services for the child/youth.
- [Well-Being Specialist](#) (WBS)- For a child/youth with complex behavioral healthcare needs, the Well-Being Specialist is available to assist in multidisciplinary staffings, referral to internal and external resources, etc. (see the [Medical Services Resource Guide](#) for detailed information). The Well-Being Specialist will be responsible for informing STAR Health of the child/youth's hospitalization.
- [Developmental Disability Specialist \(DDS\)](#)- If the child/youth appears to have a developmental disability, the caseworker must also notify the DDS. The DDS will assist the caseworker with making referrals to community resources.
- Local Permanency Specialist (LPS) - If the child/youth was previously assigned to an LPS, the caseworker must notify the assigned worker and LPS supervisor so the assignment can be placed on hold pending hospitalization.

Medical Consent Required Actions

Immediately, but no later than 24 hours after notification that a child/youth on your caseload has been admitted to a psychiatric hospital, the primary CVS/SSCC Caseworker (Investigation caseworker if CVS/SSCC not assigned) must provide the mental health facility with the name and contact information for the child/youth's medical consenter as described in 11611.4 Consent for Health Care and Medications After Admission.

Unless the youth has been authorized to consent to his or her own medical care under [Texas Family Code §266.010](#), the designated medical consenter must provide or deny consent for health care or the use of psychotropic medications once the youth is admitted.

When the Child/Youth is Not Returning to Placement

CHANGE MEDICAL CONSENTER: As described in [CPS Handbook § 11611.5 Change of Medical Consenters While a Child or Youth Is Hospitalized](#) the caseworker reconsiders the designation of medical consenter if a child or youth is admitted to an inpatient psychiatric facility.

The caseworker must follow the guidelines in the table below.

If:	Then:
The child or youth may return to the placement he or she was in before admission,	the caseworker determines whether there needs to be a change in medical consenter while the child or youth is hospitalized.
The child or youth will not return to the previous placement, and someone who is not a DFPS employee is the primary or backup medical consenter,	DFPS makes the caseworker the primary and backup medical consenter while the child or youth is hospitalized.
DFPS finds a new placement for the child or youth to go to after discharge from the inpatient facility,	the caseworker determines the most appropriate medical consenter, backup medical consenter, or both, based on the new placement.

PLACEMENT: If the child/youth is not expected to return to his/her placement, the Primary CVS/SSCC Caseworker must send the assigned placement staff all items required for a placement search within 24 hours of receiving notification. Those items include:

- Updated application for placement.
- Psychological or Psychiatric Evaluation.
- Level of Care.
- CANS, if completed.
- Current therapy notes.
- Letter from psychiatric hospital stating child/youth is no longer a danger to self or others.
- See the [Texas Child Centered Care System and Placement Resource Guide](#).

Note: If the child/youth is being served by the SSCC as part of Community-Based Care, the SSCC assigned staff person will obtain the above items as outlined in the designated community area's Operations Manual.

If there is a clinical recommendation for direct transfer to a State Hospital, the caseworker contacts the [CPS Mental Health Program Specialist](#) for next steps.

Notifying the Hospital of the Child's Sexual Victimization and Aggression History

Immediately, but no later than three (3) business days after notification that a child/youth on your caseload has been admitted to a psychiatric hospital, the primary CVS/SSCC Caseworker (INV caseworker if CVS/SSCC not assigned) must provide a copy of the Child's Sexual History Report Attachment A to the admissions staff or person responsible for the oversight of the child or youth. The caseworker must make every attempt to obtain a signature on the Attachment A. If the facility refuses to sign the document, the caseworker notes the refusal on the form and uploads the form into OneCase.

[See CPS Handbook § 4231.1 Notifying a Facility Regulated by Another State Agency of a Child's Sexual Victimization and Sexual Aggression History.](#)

Required Actions during Hospitalization

While the child/youth is in the psychiatric hospital, the Psychiatric Hospital Worker, LPS or Other Designated Caseworker must:

- Immediately, but no later than 24 hours after notification that a child/youth has been admitted for psychiatric treatment, confirm the mental health facility has been provided with the name and contact information for the child's medical consentor.
- Make face to face contact with the child/youth at the facility within one to three (3) business days of becoming aware of the admission, and weekly thereafter.
- Confirm that the hospital staff treating the child/youth have been provided with the Child's Sexual History Report Attachment A and are aware of the child's sexual victimization and sexual aggression history. Provide Attachment A to the hospital staff and request signatures. If hospital staff refuse to sign, indicate who the form was provided to, date, and specify their refusal to sign. Upload into OneCase.
- Document weekly face to face contact in IMPACT in accordance with CPS policy.
- Request and send the child/youth's clinical record collected from the hospital to the primary caseworker and assigned placement staff or SSCC staff; **the clinical record refers to any documentation of treatment services released by the hospital including the child/youth's Admission Summary, psychiatric/psychological evaluation, therapy notes, psychiatric progress or nursing notes, and medication status.
- Communicate critical updates regarding the child/youth's treatment (i.e., discharge plan, basic care needs, safety issues) to primary worker within 24 hours of being made aware of the new information.
- Coordinate and facilitate internal multidisciplinary staffings to assist with placement following discharge and securing services.

While the child/youth is in the psychiatric hospital, the Primary CVS/SSCC Caseworker must:

- Notify the child/youth's parent(s) within 24 hours of notification (unless an exception listed under 6151.1 exists). As soon as possible, but no later than ten (10) days after admission, notify the GAL, AAL, parents' attorney, and CASA.

- Update the application for placement with the weekly progress/participation/therapy notes/medication compliance, etc. If this child/youth is being served by the SSCC as part of Community-Based Care, the assigned SSCC staff person will update the application for placement as described.
- Conduct Required Monthly FTF contact if child/youth is hospitalized in legal region. IF out of region, phone contact required.
- Contact the Regional Education Specialist to develop a plan to ensure the child/youth's educational needs are met for the duration of the child/youth's hospital stay.

EDUCATIONAL NEEDS: Within three days of being made aware of the child/youth's admission to the psychiatric hospital, the Regional Education Specialist will:

- Coordinate with the psychiatric hospital worker and primary caseworker to determine the education needs of the child or youth.
- Collect any needed education-related information from the primary caseworker to arrange educational services.

To arrange education services, the Regional Education Specialist will:

- Consult with child/youth's caseworker and caregiver for school withdrawal/enrollment process; and
- Maintain weekly contact with the caseworker/psychiatric worker to address any changes in hospitalization of the child/youth and to assist with any school transitions upon discharge.

If the child/youth is not receiving special education services, the Regional Education Specialist will:

- Consult with the hospital to explore how best to meet the education needs of the child/youth.
- Consult with the local school district on its policy for providing education services to children and youth who do not receive special education services or are not eligible for special education service when the student is confined at home or at a psychiatric or medical facility.

The Education Specialist should confer with their supervisor and the Education Program Specialist at State Office as soon as possible if efforts to obtain educational services for a child/youth are unsuccessful.

When Placement is Identified

As soon as a placement is identified, the Primary CVS/SSCC Caseworker will send an e-mail with the new placement's name, address, date of discharge from hospital/date of placement,

transportation plan, and the name of the worker who will facilitate the placement to all the following:

- Psychiatric Hospital Worker or LPS responsible for weekly contact
- Well-Being Specialist
- Primary Caseworker's supervisor
- Education Specialist
- Psychiatric Hospital to prepare child/youth for discharge and so that hospital can share information about child/youth with the identified placement
- See the [Texas Child Centered Care System and Placement Resource Guide](#).

Note: If the child/youth is being served by the SSCC as part of Community-Based Care, the SSCC assigned staff person will follow the placement process as outlined in the designated community area's Operations Manual.

MEMORANDUM

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

TO: Single Source Continuum Contractors
Community Based Care

FROM: Community-Based Care

SUBJECT: SSSC Contracts With
Non-Paid Residential Providers

DATE: 12-8-2020



The purpose of this memorandum is to provide information about how placements into no-pay residential providers require unique placement entry documentation and may impact eligibility for the blended rate or may result in additional requirements regarding how the blended rate is used.

Foster Care Placement:

If the subcontract between the SSSC and a residential foster care provider is no-pay, the placement entry will continue to be under the SSSC network and the SSSC must arrange for the minimum pass thru amount for foster care to be placed in a savings account for the child or youth. The savings account for the child/youth must be sent to the family once the adoption is consummated. The remainder of the blended rate is available for the SSSC to re-invest in their network.

IMPACT Documentation

- A child referral to the SSSC should be added.
- On the placement page, FPS Contracted Placement type should be selected.
- The appropriate resource is selected.

An example would be a child that is placed with Gladney Center for Adoption (which is a no-pay placement resource for the SSSC) as a foster placement until the adoptive placement can be completed.

General Residential Placement (GRO):

If the contract between the SSSC and a residential GRO provider is no-pay, the placement entry will not be under the SSSC network and is not eligible for the blended rate.