#   Residential Child Care Discharge Notice Form

**Purpose:** Residential Child Care Providers use this form to request that CPS remove a child from a placement.

**Directions:** The contractor completes and submits this Discharge Notice Form and submits it to the caseworker, the CPS supervisor, and the regional placement unit for the child’s legal region.

**PLEASE READ BEFORE SUBMITTING A DISCHARGE NOTICE**

Placement stability is important for children and youth to develop healthy, secure relationships. Multiple displacements can disrupt education and behavioral health needs; make it difficult to maintain relationships with parents, siblings, and family members and create a sense of not belonging. This can lead to emotional distress and have a negative impact on development.

DFPS offers Placement Support staffings to providers experiencing concerns that may lead to a disruption in placement. The purpose of a Placement Support Staffing is to identify challenges or barriers causing placement disruption. DFPS aims to provide support and solutions that address these issues to sustain the stability of the child and youth’s living arrangement and ensure their well-being.

If a Placement Support staffing was not held, please halt the process and email dfpsdisruptionprevention@dfps.texas.gov. DFPS will schedule a meeting to understand how we can support you and preserve the placement. Please include the name of the child, child’s personal identification (PID) number, name of your organization, and contact information in your email.

| CHILD'S INFORMATION   |
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| Child’s Name:      | Child’s Person ID Number:      | Child’s Date of Birth:      |
| Type of Discharge Notice (select only one):   [ ]  24-Hour Emergency Discharge Notice***Note*:** If a Placement Support Staffing did not occur, email dfpsdisruptionprevention@dfps.texas.gov, and a DFPS representative will contact you by phone.[ ]  10-Day Discharge Notice—General Residential Operation (GRO) providing emergency care services  | [ ]  14-Day Discharge Notice (Non-Emergency)[ ]  30-Day discharge Notice (Non-Emergency)  |

| CONTRACTOR INFORMATION  |
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| Contractor Name:      | Resource ID number:      | Date Form Completed:      |
| Person Completing the Form:      | Contact Phone Number:      |
| Contracted Service Type:    |
| [ ]  GRO – Child Care Services[ ]  GRO – Providing Treatment Services[ ]  GRO – Emergency Services[ ]  CPA – Child Placing Agency | [ ]  CSC – Child-Specific Contract[ ]  SIL – Supervised Independent Living [ ]  IPTP – Intensive Psychiatric Transition Program[ ]  QRTP – Qualified Residential Treatment Program[ ]  TFFC – Treatment Foster Family Care[ ]  IPSP – Intensive Psychiatric Stabilization Program |

| DISCHARGE REASON  |
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| Provide reason contractor is requesting discharge (select all that apply):    |
| [ ]  Achieved therapeutic goals[ ]  Child’s behavior[ ]  Caregiver moved[ ]  Change of verification and license type[ ]  Not least restrictive[ ]  Not verified and licensed to serve[ ]  Facility or home closed or inactive[ ]  Risk or actual abuse or neglect [ ]  Service Package change (T3C System) | [ ]  Remains in placement, change of child placing agency (CPA) [ ]  Service level decreased[ ]  Service level increased[ ]  Child incarcerated[ ]  Child hospitalized[ ]  Child detained in a locked facility, jail, or juvenile detention facility[ ]  For GROs only: GRO discharging due to 24-Hour Awake Supervision Requirement |

| EFFORTS TO PREVENT PLACEMENT DISRUPTION  |
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| Indicate efforts made to prevent placement disruption (select all that apply):   [ ]  Utilized the YES waiver or contracted LMHA YES Waiver contact to pursue YES Waiver.[ ]  Utilized Targeted Case Management (TCM) Rehab services.[ ]  Contacted STAR Health Turning Point (for Bexar, Harris, and Tarrant counties and the Brownwood and Abilene areas only).[ ]  Contacted the local mental health authority (LMHA) mobile crisis team.[ ]  Utilized STAR Health Service Coordination.[ ]  Utilized STAR Health Complex Case Management.[ ]  Turning Point (if available in your region)[ ]  Other (please specify)       |

| RECOMMENDATION  |
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| Provide recommendations for future placement. This can include information regarding the child’s triggers, what type of placement the child requires, what level of supervision or special services that may be needed.      |

| PRIVACY STATEMENT   |
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| DFPS values your privacy. For more information, read our [Privacy and Security Policy](https://www.dfps.texas.gov/policies/Website/default.asp). |

| SIGNATURES   |
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| Contractor Signatory Authority:X       |
| Printed Name:      |
| Title:       | Date Signed:      |
| FOR DFPS USE ONLY   |
| Resource ID:       Date of Placement:      Date of Notice:      Caregiver Name:       |

**ADDITIONAL INFORMATION**

**Mailbox Links**

Mailbox links to the DFPS Placement Requests by Region:

* Region 01: TEXreg1placement@st-francis.org
* Region 02: cmd@2ingage.org
* Region 3E EMPOWER: placement@3empower.org
* Region 3W OCOK: Discharge@oc-ok.org
* Region 04: intake@4kids4families.org
* Region 05: txfcnplacement@txfcn.org
* Region 06: PLREQR06@dfps.texas.gov
* Region 07: R07PLACE@dfps.texas.gov
* Region 8A: Belong placementbexar@sjrctexas.org
* Region 8B Belong: Placementbelong@sjrctexas.org
* Region 09: DFPSReg9DischargeNotifications@dfps.texas.gov
* Region 10: PLAREQ10@dfps.texas.gov
* Region 11: PLACER11@dfps.texas.gov

For all Qualified Residential Treatment Program (QRTP) Placement Discharges, notice must also be submitted to DFPSQRTP@dfps.texas.gov.

The provider must send notice, as soon as possible, upon determining that it is no longer in the child’s best interest to remain at the provider’s facility, because the provider cannot meet the needs of the child.

The contractor completes and submits this form for any placement change after the child's initial placement, including movement from one foster home to another within the same child placing agency (CPA).

**Discharge Types**

**QRTP Discharge Notice**

When a child or youth is placed in a QRTP, and the provider determined there is cause to conduct an unplanned discharge, the provider must complete the following:

1. a written statement to DFPSQRTP@dfps.texas.gov of the intent to discharge which is signed by the Contractor’s Treatment Director or Clinical Director and outlining detailed reason(s) for the unplanned discharge request.
2. Conduct a multidisciplinary meeting that includes members of the child’s treatment and permanency teams, DFPS, and the child, and address the following:
3. Efforts made to prevent discharge and stabilize the child’s placement
4. Services and therapeutic interventions provided to the child to prevent discharge and stabilize placement.
5. Recommendations for most appropriate placement.
6. Additional treatment services the child will require.
7. Following the multidisciplinary meeting, complete a written statement, with signatures from the members of the child’s treatment and permanency teams, and the child providing the information in item #2 above. Then submit the signed statement to DFPS by emailing DFPSQRTP@dfps.texas.gov **within two business days** of the multidisciplinary meeting.

DFPS will review the information within two business days, and if DFPS **or** DFPS and the SSCC designee agree to discharge the child, the contractor will follow standard discharge timeframes and requirements outlined in the 24-Hour Residential Child Care contract and submit the Residential Child Care Discharge Notice Form ([K-902-2109](https://intranet.dfps.texas.gov/Application/Forms/showFile.aspx?Name=K-902-2109.docx)).

**Discharge Notices**

**Twenty-Four Hour Discharge Notice**

1. A child or youth is arrested, and the child is in jail or a juvenile detention facility, and the provider is not willing to allow the child to return to the operation following release from jail or juvenile detention.
2. A child or youth placed in a foster home is admitted to a psychiatric hospital because the child poses a danger to self or others, or exhibits volatile, self-injurious, or inappropriate behaviors that the caregiver is not equipped to manage, and the provider is not willing for the child to return to the placement after stabilization.
3. A child or youth placed in a GRO that does **not** provide treatment services is admitted to a psychiatric hospital because the child poses a danger to self or others, or exhibits volatile, self-injurious, or inappropriate behaviors that the caregiver is not equipped to manage, and the provider is not willing for the child to return to the placement after stabilization.
4. A child or youth placed in GRO-Emergency Care Services (ECS) **only** is admitted to a psychiatric hospital because the child poses a danger to self or others, or exhibits volatile, self-injurious, or inappropriate behaviors that the caregiver is not equipped to manage, and the provider is not willing for the child to return to the placement after stabilization.

**Ten-Day Discharge Notice – GRO-ECS**

This type of notice is for a GRO-ECS, when the GRO-ECS determined that it is no longer in the child’s best interest to remain at the facility, or that the GRO-ECS cannot meet the needs of the child. After receiving notification, CPS will remove the child within 10 calendar days.

**Fourteen-Day Discharge Notice**

A psychiatrist, licensed psychologist, physician, licensed clinical social worker (LCSW) or licensed professional counselor (LPC) provided documentation showing that the child consistently exhibits behavior that cannot be managed within the provider’s licensed programmatic services. CPS will consult with the provider to determine a plan for removing the child within 14 calendar days.

**Thirty-Day Discharge Notice**

It is no longer in the child’s best interest to remain at the provider’s facility, or the provider cannot meet the needs of the child.

**Exception to 14-Day or 30-Day Discharge Notice**

If a youth placed in a GRO offering treatment services is admitted to a psychiatric hospital, and the facility does not plan for the child to return to the facility following stabilization, the provider may request an exception to the 14-day or 30-day discharge notice.

In order for DFPS to consider an exception, the provider must demonstrate good faith efforts to serve the youth in the facility by discharging the child back to the facility at least two times prior to the exception request. The provider must complete due diligence and demonstrate that all resources were exhausted that would support the child in the placement. This includes STAR Health options, creative solutions, resources from CPS, including, but not limited to, education specialists. The provider’s clinical team is also required to meet with the psychiatric hospital’s clinical team prior to considering an exception.

Circumstances where an exception would be considered for a child to **not** return to the GRO, residential treatment center (RTC), or GRO offering treatment services once stabilized and ready for discharge from psychiatric hospitalization include:

1. Safety concerns for the child, other children in the placement, or staff.
2. If the provider is not equipped to manage the child’s specific and unique needs and behaviors. Examples include: medical needs, significant change in behavioral needs, change in diagnosis.
3. Child’s absolute refusal to return. Motivational interviewing is required *prior to* considering this exception.

**Timeframes for Exception Process**

The licensed administrator for the operation must send an exception request to the CPS program director in the caseworker’s chain of command. The exception request must include:

* Dates of the child’s hospitalization.
* Dates the child returned to the operation.
* Services provided to the youth to support the youth following stabilization.
* The reason the provider is unable to meet the child’s needs.

The CPS program director will review the exception request within three business days of receipt and notify the provider, in writing, of the decision to grant or not grant the exception.

If the CPS program director approves the exception, the child will be discharged from placement within 24 hours.

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| **FOR QRTP DISCHARGE NOTICE REVIEW ONLY** |
| Decision: [ ]  Approve Discharge [ ]  Deny DischargeDirector or Associate Director of Placement Services (or designee) Name: Date of Decision:Date Provider Notified of Decision: Comments:        |