

MANUAL TRANSMITTAL

Arkansas Department of Human Services
Division of Children and Family Services

Policy Form Policy Directive
Service Programs Policy Manual

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From: Cecile Blucker, DCFS Director

Subj: Executive Directive: Administrative Case Consultation for Children under the Age of Ten Years Prior to Referral to Inpatient Mental Health Facilities for Acute or Comprehensive Residential Treatment

This Executive Directive establishes that the County Supervisor or designee must consult with the DCFS Administrator On-Call prior to referring any child under the age of ten to an acute or comprehensive residential treatment program. This approval must be given regardless of the funding source utilized for payment of the services

Due to the concerns about the number of young children in DCFS custody being placed in highly restrictive psychiatric facilities, DCFS is implementing a mandatory administrative case consultation process. The County Supervisor or designee must contact the DCFS Administrator On-Call prior to referring a child in foster care to any inpatient acute or residential treatment program, for any behavioral health issues, including sex offender treatment. This Executive Directive is issued to establish guidelines for the use of inpatient acute or residential treatment as a temporary treatment option based on medical necessity and utilized after careful consideration of all other less-restrictive options. The use of acute or comprehensive residential treatment becomes a part of a case plan that makes progress toward an effective permanency outcome.

Procedures:

The FSW/adoption specialist must contact the DCFS County Supervisor prior to referring a child under the age of ten years who is in foster care, to an inpatient facility for acute psychiatric care or comprehensive residential treatment. The County Supervisor, or designee, will be responsible for calling the DCFS Administrator On-Call at 501-538-7960. An Administrator will be available twenty-four hours a day, seven days a week. The County Supervisor or designee will be responsible for apprising the Area Manager of the administrative case consultation and disposition within twenty-four hours.

The information that must be available to the DCFS Administrator On-Call includes but is not limited to the list below. This information may be conveyed by telephone but follow-up faxed information may be required the following business day.

- An assessment or evaluation by a licensed mental health professional from the local community mental health center that recommends acute or residential inpatient services as the least restrictive level of care that can meet the child's needs. This recommendation should include a preliminary mental health diagnosis of the condition that requires inpatient acute or residential services. Please refer to current DCFS procedures VI-L1, VI-L3 and VI-L5.
- Description of current behavior, emotional condition and any precipitating events that could have contributed to the current condition of the child

- Current medications and purpose for the prescription
- Information about current placement and reasons the child cannot remain in that placement
- Reason that outpatient evaluation, crisis intervention services and community supports cannot meet the current needs
- Supports and services provided for the foster child and foster family to assist in de-escalating the situation.
- History of mental health services provided for the child and his or her family, including both outpatient and inpatient.
- Information contained in the latest psychosocial, psychological, and psychiatric evaluations, including the PACE evaluation.
- Wraparound plan, if -available or any other information that would be helpful in determining a disposition on level of services needed.

The Administrator On-Call will provide disposition of the Administrative Case Consultation verbally, if after office hours, followed by written confirmation within twenty-four hours. If it is determined that the child does not need inpatient acute or residential services, a temporary crisis plan will be implemented by the DCFS Family Service Worker and County Supervisor, in collaboration with the Administrator On-Call. The crisis plan should involve other parties such as the foster parents, community mental health center and any others involved in the care of the child. A temporary crisis plan ensures the safety of the child and family through services and supports, such as a 24-hour respite plan, no-harm contract with the child, daily mental health services scheduled, medication changes, local phone numbers for emergency response to escalating behavior, behavioral interventions appropriate for the child's diagnosis and symptoms, etc. This temporary crisis plan should be documented within twenty-four hours in a Microsoft Word document and printed and given to all involved parties. This plan or components of this plan may become part of the Case Plan as necessary.

Please note, if the Family Service Worker, County Supervisor, Area Manager, or Foster Parent feels that the child is in immediate danger of seriously harming him/herself or others then the child should be taken to the nearest emergency room for evaluation by a physician with a request for an assessment by the local community mental health center. The Administrative Case Consultation is still required if the child is to be referred for inpatient mental health acute or residential treatment.

The intended outcome of the Administrative Case Consultation process is to provide guidance and learning opportunities that will improve practice at all levels from Central Office Administration to local field staff and community collaborators in order to positively impact outcomes for children in foster care.

If you have any questions, call Anne Wells, DCFS Mental Health Specialist at 501 682-8771 or email at anne.wells@arkansas.gov .

THIS EXECUTIVE DIRECTIVE IS EFFECTIVE MAY 15, 2009