

PROCEDURE VI- L5: Inpatient and Other Residential Treatment Programs

DCFS understands the Community Mental Health Center will:

- A. Immediately evaluate any client who presents as a psychiatric crisis or an outpatient emergency (see Glossary for definitions) and offer triage/assessment by a mental health professional to the level deemed appropriate.
- B. Assist DCFS in making appropriate referrals to other facilities if the CMHC does not have the specialized services required for the child.
- C. Assist in securing appropriate mental health services within its catchment area.
- D. Assign a mental health clinician to coordinate mental health treatment for the child, including but not limited to coordination with other agencies, convening staffings, or assisting with the location of 24-hour mental health placement.
- E. Work with DCFS to ensure that mental health services compliment case planning, management, and the Multi-Agency Plan of Services (MAPS) Plan. MAPS is a process in which the parent/caregiver and child meet with a multi-agency service team for individualized service planning. The child is assigned a MAPS case manager.
- F. Share information about past treatment and coordinate treatment services/discharge plans with inpatient/residential provider, providing the appropriate consent forms have been signed.
- G. DCFS retains ultimate case planning and management responsibility for placement and permanency issues.

Every DCFS service area has a Placement Coordinator designated by the Area Manager. The Placement Coordinators will:

- A. Be familiar with all mental health placement resources available within Arkansas and become aware of new placement resources as they develop.
- B. Know what documentation is required in placement packets submitted to providers with whom placement is considered.
- C. Understand the Child Case Review Committee (CCRC) process and be able to articulate that information to the courts.
- D. Attend court hearings to:
 - 1) Explain the current status of the case being addressed.
 - 2) Identify which placements have been pursued.
 - 3) Explain why specific placements have not been made.
 - 4) Respond to any questions regarding the CCRC process and/or the state law requirements that must be met before a child in DHS/DCFS custody may be sent out of state for treatment.
- E. Receive the placement packet from the Family Service Worker and use it to:
 - 1) Check for completeness and coordinate with the Family Service Worker to acquire any missing information.
 - 2) Ensure that a packet is complete before forwarding it to the Behavioral Treatment Unit (BTU). Incomplete packets will be returned immediately to the Placement Coordinator.
 - 3) Review the child's needs and make recommendations for possible appropriate placements.
- F. Consult with the BTU Manager to determine which placement programs have slots and/or funds available.
- G. Act as a conduit for communication between the county staff and BTU.
- H. Keep a monthly log containing information about:
 - 1) Which children were referred for placement,
 - 2) The county staff member responsible for case management,
 - 3) The current status of a case and pending actions,
 - 4) The length of stay in a placement.
- I. Monitor the Medicaid Certificate of Need approval.
- J. Be involved in discharge planning, and assure discharge planning begins when the child is admitted.

The Family Service Worker will:

- A. Make a referral to the Community Mental Health Clinic's Clinical Director or his designee when a child needs intensive mental health services (including any 24-hour services).
- B. When a referral is made for Inpatient/Residential services the worker will assure adequate and appropriate participation in the Inpatient/Residential evaluation/intake process by:
 - 1) Providing comprehensive and accurate information about the child during the assessment and admission phase to an inpatient or residential facility.
 - 2) Attending the first appointment with the child to sign consents and facilitate treatment and treatment planning. Whenever possible, expedite access to appropriate documents from previous treatment to reduce delay in the authorization of services by the Division of Medical Services.
- C. Obtain prior authorization from the DCFS Administrator On-Call (AOC) in the case of a child in foster care and under the age of ten (10) being placed in an acute or comprehensive residential treatment program:
 - 1) The FSW/adoption specialist will contact the DCFS County Supervisor or designee, who is then responsible for calling the AOC at phone number 501-538-7960. The County Supervisor or designee is also responsible for apprising the Area Manager of the administrative case consultation and disposition within twenty-four hours.
 - 2) The information that must be made available to the AOC includes but is not limited to the following. The information may be conveyed by telephone but may also be required via fax the following business day.
 - a. 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 DCFS procedures VI-LI, VI-L3 and VI-L5.
 - b. Description of current behavior, emotional condition and any precipitating events that could have contributed to the current condition of the child.
 - c. Current medications and purpose for the prescription.
 - d. Information about current placement and reasons the child cannot remain in that placement.
 - e. Reason that outpatient evaluation, crisis intervention services and community supports cannot meet the current needs.
 - f. Supports and services provided for the foster child and foster family to assist in de-escalating the situation.
 - g. History of mental health services provided for the child and his or her family, including both outpatient and inpatient.
 - h. Information contained in the latest psychosocial, psychological, and psychiatric evaluations, including the PACE evaluation.
 - i. Wraparound plan, if available
 - j. Any other information deemed helpful in determining a disposition on the level of services needed.
 - 3) The AOC will provide disposition of the Administrative Case Consultation verbally, if after hours, followed by written confirmation within twenty-four hours.
 - 4) If authorization is denied, a temporary crisis plan will be implemented by the FSW /adoption specialist and County Supervisor, in collaboration with the AOC. The crisis plan will involve other interested parties, such as Foster Parents, the Community Mental Health Center, and any others involved in the care of the child. The crisis plan will be documented within twenty-four hours in a Microsoft Word Document and distributed to all involved parties. Parts of the crisis plan may be incorporated into the child's case plan as necessary. It shall include but is not limited to the following services and supports:
 - a. 24-hour respite plan
 - b. No-harm contract with the child
 - c. Daily mental health services scheduled
 - d. Medication changes
 - e. Local phone numbers for emergency response to escalating behavior
 - f. Behavioral interventions appropriate for the child's diagnosis and symptoms
 - 5) If the FSW, County Administrator, or Foster Parent feels that the child poses an immediate threat to him/herself or others then the child should be taken to the nearest emergency room for

- evaluation by a physician and a request made for an immediate assessment by the local Community Mental Health Center. The Administrative Case Consultation is still required, however, if the child is to be referred for inpatient mental health acute or residential treatment.
- D. If copies of the current court order and other information (e.g., case history) necessary for the CMHC to offer treatment services are not initially available, the DCFS Family Service Worker will:
 - 1) Forward those documents to the inpatient/residential provider as soon as they become available.
 - 2) NOTE: The CMHC needs this information to provide effective treatment and to obtain prior authorization from Medicaid. The Medicaid prior authorization process may affect the deadlines mentioned above.
 - E. Ensure that the adults who have the most complete information about the child will accompany the child to the assessment/evaluation. This may mean the Family Service Worker, foster parent, and/or parents, as appropriate.
 - F. Update the treatment team on changes of custody status and/or discharge plans and availability.
 - G. Take timely action to ensure the continuity of the Primary Care Physician's referral.
 - H. Once the child has been admitted to a residential facility, the Worker will collaborate with the facility in the development of the Plan-of-Care by:
 - 1) Establishing a schedule regarding dates for treatment sessions with the inpatient/residential provider.
 - 2) Remaining engaged in the treatment process and will determine with the therapist at the beginning of treatment the degree and methods of the DCFS worker's engagement (phone, conversation, written reports, conferences).
 - 3) Assure discharge planning begins on admission and the FSW is involved in that planning.
 - 4) Assure contact by FSW and other appropriate adults with the child.
 - 5) Will determine in coordination with the therapist, which adults, if any, need to accompany the child to treatment and/or be involved in the child's treatment, including family therapy sessions.
 - I. Will, along with the foster parent, attend each appointment scheduled with a psychiatrist.
 - J. Review and sign all master treatment plans and updates.
 - K. Ensure that he/she receives a copy of the child's records including evaluations, treatment plans, updates and discharge plan.
 - L. Coordinate after care plans post discharge from the inpatient or residential facility by:
 - 1) Facilitating a timely discharge by identifying specific placement plans as early as possible to promote a positive transition from one level of care to another.
 - 2) Coordinating with the CMHC or other contracted outpatient provider before, during and immediately following discharge from an inpatient or residential facility.
 - 3) Participating in a CASSP staffing to complete a MAPS (Multi-Agency Plan of Service).
 - 4) Obtaining an outpatient appointment immediately following discharge from an inpatient facility.
 - 5) Obtaining a PCP referral to an outpatient provider if needed.
 - 6) Making sure of compliance with all scheduled outpatient appointments.

If other DHS agencies and/or their contracted providers are involved in the case, full coordination extends to them as well.