



## RESIDENTIAL CHILD CARE DISCHARGE FORM

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

**Directions:** Contractor shall complete and submit this Discharge Notice Form and submit to the Caseworker, the CPS Supervisor, and the Regional Placement unit for the child’s legal region:

Mailbox links to the DFPS Placement Requests by Region:

- Region 01: [PLAREQ1@dfps.state.tx.us](mailto:PLAREQ1@dfps.state.tx.us)
- Region 02: [CMD@2ingage.org](mailto:CMD@2ingage.org)
- Region 03: [PLREQR03@dfps.state.tx.us](mailto:PLREQR03@dfps.state.tx.us)
- Region 04: [PLREQR04@dfps.state.tx.us](mailto:PLREQR04@dfps.state.tx.us)
- Region 05: [PLACEREQ05@dfps.state.tx.us](mailto:PLACEREQ05@dfps.state.tx.us)
- Region 06: [PLREQR06@dfps.state.tx.us](mailto:PLREQR06@dfps.state.tx.us)
- Region 07: [R07PLACE@dfps.state.tx.us](mailto:R07PLACE@dfps.state.tx.us)
- Region 08: [PLACER08@dfps.state.tx.us](mailto:PLACER08@dfps.state.tx.us)
- Region 09: [dfpsreg9dischargenotifications@dfps.state.tx.us](mailto:dfpsreg9dischargenotifications@dfps.state.tx.us)
- Region 10: [PLAREQ10@dfps.state.tx.us](mailto:PLAREQ10@dfps.state.tx.us)
- Region 11: [PLACER11@dfps.state.tx.us](mailto:PLACER11@dfps.state.tx.us)

The form shall be submitted within the following timeframes:

- For an Emergency Discharge, within 48 hours of deciding to discharge the child
- For a Non-Emergency Discharge, upon deciding to discharge the child

Contractor shall complete and submit 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.

### **Discharge Types**

#### **Twenty-Four Hour Discharge Notice**

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.

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.

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.

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

This type of notice is for a GRO - Emergency Care Services (ECS), when the GRO-ECS has 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, LCSW or LPC has 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 their facility at least two times prior to the exception request. The provider must complete due diligence and demonstrate that all resources have been 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 that an exception would be considered for a child to not return to the GRO RTC or GRO offering treatment services once stabilized and ready for discharge from psychiatric hospitalization:

1. Safety concerns for the child, other children in the placement, and/or staff.
2. If the Provider is not equipped to manage the child's specific and unique needs and/or 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 a 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 him/her following stabilization, and
- 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 and notify the provider, in writing, of the decision to grant or not grant the exception.

If CPS Program Director approves exception, child will be discharged from placement within 24 hours.



**CHILD'S INFORMATION**

Child's Name:	Child's Person ID Number:	Child's DOB:
Type of Discharge Notice (select only one): <input type="checkbox"/> 24 Hour Emergency Discharge Notice <input type="checkbox"/> 10 Day Discharge Notice (GRO providing emergency care services) <input type="checkbox"/> 14 Day Discharge Notice (Non-Emergency) <input type="checkbox"/> 30 Day discharge Notice (Non-Emergency)		

**CONTRACTOR INFORMATION**

Contractor Name:	Resource ID number:	Date Form Completed:
Person Completing the Form:	Contact Phone Number	
Contracted Service Type: <input type="checkbox"/> GRO – Child Care Services <input type="checkbox"/> GRO – Providing Treatment Services <input type="checkbox"/> GRO – Emergency Services <input type="checkbox"/> CPA – Child Placing Agency	<input type="checkbox"/> CSC – Child Specific Contract <input type="checkbox"/> SIL – Supervised Independent Living <input type="checkbox"/> IPTP – Intensive Psychiatric Transition Program	

**DISCHARGE REASON**

Provide reason contractor is requesting discharge (select all that apply): <input type="checkbox"/> Achieved therapeutic goals <input type="checkbox"/> Child's behavior <input type="checkbox"/> Caregiver moved <input type="checkbox"/> Change of verification/License type <input type="checkbox"/> Not least restrictive <input type="checkbox"/> Not verified/licensed to serve <input type="checkbox"/> Facility/Home closed/inactive	<input type="checkbox"/> Risk (or actual) abuse/neglect <input type="checkbox"/> Remains in placement, change of CPA <input type="checkbox"/> Service level decreased <input type="checkbox"/> Service level increased <input type="checkbox"/> Child hospitalized <input type="checkbox"/> Child detained in a locked facility, jail or juvenile detention facility
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



**EFFORTS TO PREVENT PLACEMENT DISRUPTION**

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 TCM Rehab services
- Contacted STAR Health Turning Point (for Bexar, Harris & Tarrant counties and Brownwood/Abilene areas only) contacted local mental health authority mobile crisis team
- Utilized STAR Health Service Coordination
- Utilized STAR Health Complex Case Management
- Other (please specify)

**RECOMMENDATION**

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**

DFPS values your privacy. For more information, read our [Privacy and Security Policy](#).



**SIGNATURES**

Contractor Signatory Authority:

X

Printed Name:

Title:

Date Signed:

**FOR DFPS USE ONLY**

Resource ID:

Date of Placement:

Date of Notice:

Caregiver Name: