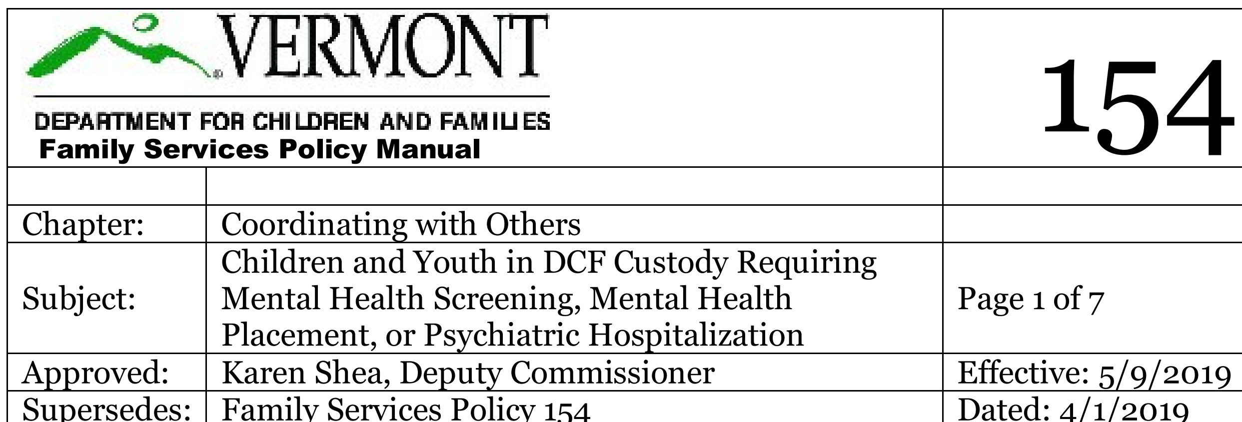


		154
Chapter:	Coordinating with Others	
Subject:	Children and Youth in DCF Custody Requiring Mental Health Screening, Mental Health Placement, or Psychiatric Hospitalization	Page 1 of 7
Approved:	Karen Shea, Deputy Commissioner	Effective: 5/9/2019
Supersedes:	Family Services Policy 154	Dated: 4/1/2019

Purpose

To ensure that appropriate procedures are followed by division staff when a child or youth in DCF custody requires mental health screening, mental health placement, or psychiatric hospitalization.

Introduction

For all Vermonters who may utilize a mental health crisis program, the individual/caller defines what meets the threshold of a "crisis" for them or someone in their care. Regardless of who makes the call or initiates a mental health screening – a youth, family member, foster or kinship parent, residential program staff, or division employee – the mental health screener will try to support the person by providing high quality care that meets clinical, ethical, and legal standards.

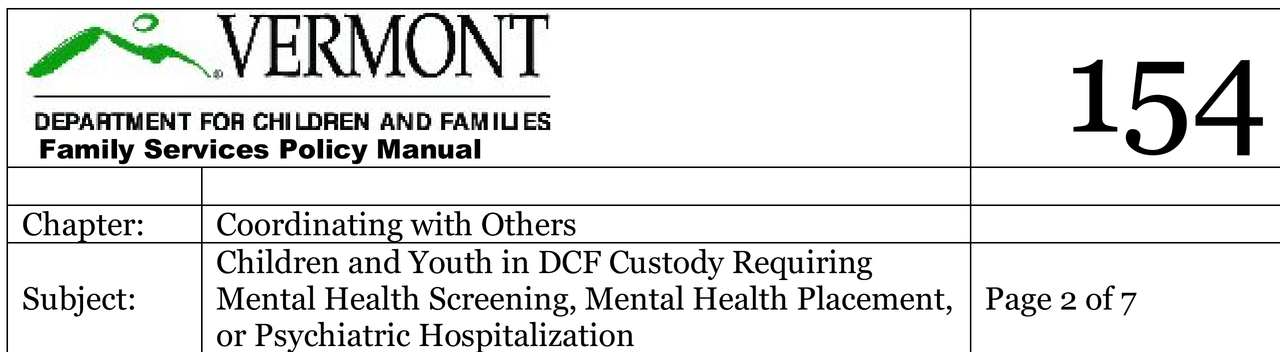
No one should be discouraged from calling a mental health crisis program. Similarly, no one should be discouraged from calling 911 or seeking the assistance of law enforcement if immediate action is needed for an individual's safety.

Policy

Division employees, particularly those who serve clients directly, are responsible for ensuring that mental health crises are addressed appropriately.

Ensuring that children and youth in DCF custody have an up-to-date crisis plan is a suggested preventative step to avoid the need for an emergency response. Crisis plans may be developed with therapists or clinicians, foster or kinship families, school staff, and/or other support people. Act 264 Coordinated Service Plans have an imbedded crisis plan within the document (page 14). Crisis plans should include, but are not limited to, the following considerations:

- Defining what a crisis looks like for the child or youth;
- A description of the triggers or stressors that might lead to a crisis;
- The coping strategies that can be used to prevent a crisis or de-escalate the situation;
- The strategies the child/youth or others can use during a crisis to increase safety or de-escalate the situation;
- A list of the key people to be contacted and when;



- Guidance on what NOT to do in a crisis; and
- When the police, mental health screeners, or a hospital should become involved.

When to Seek Mental Health Screening or Support During a Crisis

If there is a life-threatening emergency, someone is being assaulted, someone is in imminent danger, or immediate action or protection are needed, any aware individual should call 911 or local police.

When a child or youth is impacted by their mental health but there is not an immediate danger, there may be time for planning or coordination with members of the young person's treatment team or support network. The child or youth's current therapist or mental health case manager is often best equipped to support the young person and caregivers in de-escalating and helping them to use coping skills. Additionally, division staff may consider their opinion when making the decision to request a mental health screening. If time allows, division staff may also consider contacting the child or youth's primary care provider for support, particularly if they are prescribing medication.

If there is not an immediate danger but the situation is escalating or the child/youth is threatening to harm themselves or others, mental health screeners may be called to help determine whether law enforcement assistance is needed. After discussing information over the phone, mental health screeners will recommend whether a screening is needed and work with the caller to determine an appropriate location for the screening. Screeners can meet with a child or youth at their school, which can sometimes be preferable to school removal.

The criteria for screening usually involves some threat of harm to self or others or actual attempted harm. Destructive behavior can also qualify depending on the situation.

Mental Health Screening

Children and youth may meet criteria for mental health placement or hospitalization as determined by a mental health screener. Screenings may take place in the community, at schools, in homes, and at community mental health agencies. In many instances, the child or youth must be brought to the nearest emergency room for a screening. The person who brought the child/youth to the hospital (family services worker, foster/kinship parent, residential treatment program staff, etc.) is required to remain with them until they are screened and it is determined that they meet inpatient criteria.

A screening will involve the consideration of treatment options to be explored and may

include verbal planning, written self-care plans with follow-up calls and check-ins, referrals to outpatient services (i.e., therapy, evaluation, diagnosis, medications), referrals to crisis case management, referrals to a crisis bed, or hospital admission.

Mental health screeners will always consider the least restrictive options to meet the child's presenting needs, as well as the young person and family's preferences. The screener will determine the appropriate level of treatment needed to keep the child or youth safe. This may include placement in a hospital setting (most commonly the Brattleboro Retreat), a hospital diversion setting (NFI E-Bed or Jarret House Crisis Bed), or other appropriate mental health setting.

If the screener determines a youth needs inpatient treatment, they may be:

A voluntary admission	The youth and guardian agree to being placed in an inpatient setting
An involuntary admission (also known as an emergency examination (EE) status)	The youth does not want to be hospitalized, but a screener and a psychiatrist have determined that the child/youth's presentation meets the criteria set in Vermont law (18 V.S.A. § 7504 and § 7505). Guardian approval is not necessary for an involuntary admission.

Involuntary admission is always the last resort and must meet legal criteria concerning immediate risk of harm or dangerousness to one's self or others.

The screener will complete the referral to the identified site.

Meets Inpatient Criteria & There Is A Bed

The screener will provide the Brattleboro Retreat or other setting with the proper clinical information. The family services worker will need to provide the identified placement with demographic information and sign releases. The worker may sign the necessary documents and scan them back. Centralized Intake and Emergency Services (CIES) staff may sign admission papers and releases for family services workers after hours, on weekends, and holidays.

The screener is available to assist division staff in determining how secure or supported the transportation must be for it to occur safely. The screener, in consultation with the emergency department physician, will determine if the young person is at higher risk of harming themselves or others, and therefore may need more restrictive transportation

methods. Higher risk youth will need to be transported by ambulance or sheriff. The screener and physician can only order sheriff's transportation if the child/youth is on involuntary status (EE) **and** being transported to an inpatient setting. When this is the case and the screener determines that transport by ambulance or sheriff is needed, they will arrange it.

The division (the family services worker or CIES) is responsible for arranging transportation in all other instances. Lower risk youth may be transported by division staff, program staff, foster/kinship parents, parents, or by some other arrangement. When possible, it is recommended that any non-secure transport consist of two adults. See Family Services Policy 150 and the FS-653 (*Transportation Assessment Form*) for additional information about safely transporting children and youth in DCF custody in the least restrictive method.

Meets Inpatient Criteria & There Are No Beds

If there is not a bed available at the Brattleboro Retreat or e-bed/crisis bed and if the youth cannot be admitted within the current day, division staff shall notify the specialized services manager or designee of the situation. The family services worker or CIES staff will provide the specialized services manager or designee with the child/youth's name, date of birth, reason for screening, and outcome of the screen.

Communication and Support Plans

If a youth has been screened at a hospital and meets criteria for inpatient care (voluntary or involuntary), the youth remains a patient at that hospital until an appropriate plan is identified and the needed level of care has been secured. This may sometimes include discharging home to wait for the bed with an appropriate safety/supervision plan in place. While in the emergency department, the child/youth is under the care and supervision of the hospital. The hospital ultimately decides who remains in the emergency department and who is discharged.

The hospital should only be utilized for a child as a last resort. The hospital and crisis team will explore every avenue possible to have a child remain safely at home while they wait for placement.

Circumstance	Protocol
If a child/youth needs to wait in the emergency department for admission to the Brattleboro Retreat or another identified setting…	The district office will communicate with the hospital to ensure: • They have all necessary information about the youth; and • The hospital has information about how to contact the division if the situation changes. While a youth is in the hospital awaiting placement, the division will ensure daily visitation. If there are people known to the child that could participate in a visitation plan to support the child during this period, the division will make efforts to contact those people to see if they would be willing to spend time with the child while in the care of the hospital. This visitation plan, when possible, will be made in collaboration with the emergency department physician and mental health screener.
If the child/youth is in the emergency department on voluntary status…	In some instances, the screener, emergency department physician, and division staff may develop a safety plan for the child/youth to go to an alternative setting (with a safety plan and precautions in place). The division will follow the hospital's procedures and documentation recommendations for any and all discharge planning. The emergency department physician provides verbal consent of the safety plan to the screener, and the screener is responsible for documenting the safety plan in the child/youth's health record. If a safety plan cannot be developed, the child/youth may need to remain in the emergency department until an appropriate placement is available. A typical safety plan may involve the child/youth staying in a foster home with a more intensive level of supervision and support to both the youth and caretaker. Safety plans should not involve the child/youth residing in a hotel room for multiple days. If there are any changes in circumstances that indicate the safety plan is not effective or has failed, the family services worker or CIES staff will immediately contact the crisis team and request that the child/youth be re-screened, which may need to occur at the emergency department. If the child/youth still meets inpatient criteria, they will stay at the emergency department until an appropriate mental health setting is available.

Emergency Examination Status (EE) / Involuntary Admission

If the child/youth is an involuntary admission (EE status), they will typically remain in the emergency department. The young person must be re-screened twice per day. The reason for this regular re-screening is to determine if circumstances have changed and whether the child/youth still meets inpatient criteria.

Instances Where A Young Person is Physically Acting Out in the Emergency Room

Division staff, foster or kinship parents, residential treatment program staff, and/or parents are **NOT permitted** to restrain a child or youth in a hospital setting.

Instances Where A Young Person No Longer Meets Inpatient Criteria

If a child/youth no longer meets inpatient criteria as determined by the screener in consultation with the psychiatrist, the division will need to identify an appropriate placement. CIES will be notified after hours, on weekends, or holidays. If assistance is needed in securing an alternative placement, the specialized services manager or designee should be consulted.

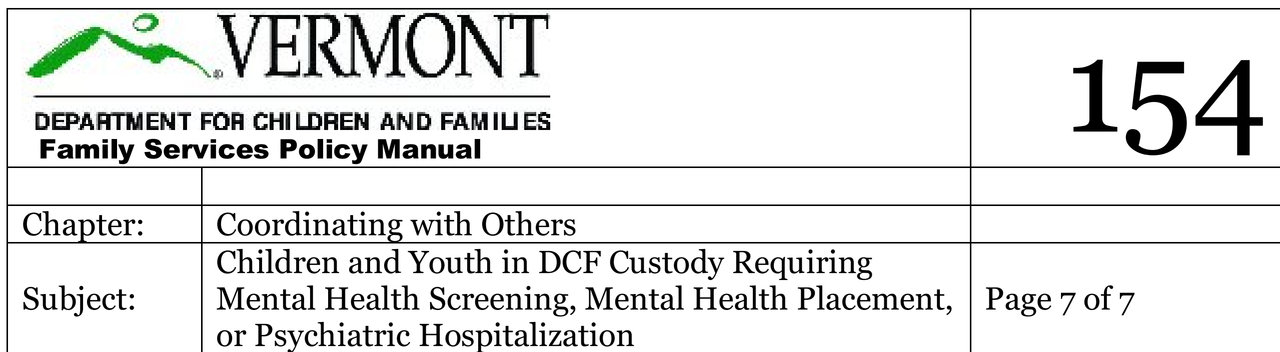
Situations Where A Young Person is Screened from A Residential Treatment Program (RTP)

Children/youth living in a residential treatment program or group home are often screened at their program or school. When a youth's placement is in a residential or group setting and they have been brought to the emergency department, division staff will request that the program staff remain with the child/youth until the screener has decided whether they meet admission criteria.

If the young person does not meet inpatient admission criteria, the child/youth should return to the placement they came from. If child/youth meets inpatient admission criteria, the family services worker or CIES will be notified and an appropriate visitation plan will be developed by the worker or CIES to meet the needs of the child/youth. If it is expected that the youth will return to the placement of origin after the inpatient admission, program staff may be included in this plan. If exceptional circumstances exist where program staff might not be able to stay with a youth while they are being screened, the specialized services manager or designee should be notified.

Bed Availability

The assigned family services worker should remain in regular contact with the specialized services manager or designee regarding the youth waiting in the emergency



department. This will include passing on information received from the screeners or treating physicians.

The mental health screener is responsible for coordinating admission with the Brattleboro Retreat or other mental health setting and to develop a plan for transportation to the Brattleboro Retreat with assistance from the division. The specialized services manager or designee is the point of contact from the division to the Brattleboro Retreat and will keep other division staff informed of placement options for the child/youth or to support district staff if other placement options are needed. The specialized services manager or designee will contact the Brattleboro Retreat as needed regarding the youth's placement on the waitlist, until the admission has been confirmed.