



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 1: TEXreg1placement@st-francis.org
- Region 2: cmd@2ingage.org
- Region 3: PLREQR03@dfps.texas.gov
- Region 3 OCOK: Discharge@oc-ok.org
- Region 4: PLREQR04@dfps.texas.gov
- Region 5: PLACEREQ05@dfps.texas.gov
- Region 6: PLREQR06@dfps.texas.gov
- Region 7: R07PLACE@dfps.texas.gov
- Region 8: PLACER08@dfps.texas.gov
- Region 8 Belong: Placementbelong@sjrctexas.org
- Region 9: DFPSReg9DischargeNotifications@dfps.texas.gov
- Region 10: PLAREQ10@dfps.texas.gov
- Region 11: PLACER11@dfps.texas.gov

For all Qualified Residential Treatment Program (QRTTP) Placement Discharges, notice must also be submitted to: DFPSQRTTP@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.

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

QRTTP Discharge Notice

When a child or youth is placed in a QRTTP and provider has determined there is cause to discharge, provider must submit discharge notice with supporting documentation that will be reviewed by the Director or Associate Director of Placement Services, or their designee, for approval or denial of the discharge. The supporting documentation must include the following:

1. Current Child Plan of Service
2. Therapist Recommendations
3. Therapy Notes (Last 90 days)
4. Incident Reports (Last 90 days)
5. Treatment Team Recommendations
6. Family Recommendations
7. Permanency Team Recommendations
8. Clinical Notes
9. Psychological (Current within 14 months)
10. Psychiatric Assessment, if applicable
11. Child Adolescent Needs & Strengths (CANS) (within last 90 days)

After submission and review of all information, Director or Associate Director of Placement Services, or their designee, has 2 business days to provide decision for approval or denial of the discharge and the timeframe for discharge provider has requested. If approved, discharge of child or youth will fall into the appropriate category for timeframes of discharge from residential placement as listed below. If denied, provider must continue to provide placement and QRTTP treatment services for the child.



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.

A child or youth placed in a GRO-ECS ONLY 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 <input type="checkbox"/> QRTP – Qualified Residential Treatment Program	



DISCHARGE REASON

Provide reason contractor is requesting discharge (select all that apply):

- | | |
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| <ul style="list-style-type: none"> <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 | <ul style="list-style-type: none"> <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 incarcerated <input type="checkbox"/> Child hospitalized <input type="checkbox"/> Child detained in a locked facility, jail, or juvenile detention facility <input type="checkbox"/> For GROs only: GRO Discharging due to 24 Hour Awake Supervision Requirement |
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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:

FOR Q RTP DISCHARGE NOTICE REVIEWS ONLY

Decision: Approve Discharge Disapprove Discharge

Director or Associate Director of Placement Services (or designee) name:

Date of Decision:

Date Provider Notified of Decision:

Comments: