



TEXAS

**Department of Family
and Protective Services**

Child Protective Services

**Investigation and
Referral to DSHS
Residential Treatment
Center Bed
Resource Guide**

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DEFINITIONS AND ACRONYMS

DEFINITIONS

Severe Emotional Disturbance

- **Statutory Definition** - Severe emotional disturbance means a mental, behavioral, or emotional disorder of sufficient duration to result in functional impairment that substantially interferes with or limits a person's role or ability to function in family, school, or community activities.
Texas Family Code Section [261.001\(9\)](#).
- **Operational Definition** - DFPS considers a child to have a severe emotional disturbance when a licensed mental health professional has given the child a mental health diagnosis that:
 - is recognized by the current version of the Diagnostic and Statistical Manual of Mental Disorders. Examples of mental health diagnoses that are consistent with severe emotional disturbance include the following:
 - Bipolar
 - Conduct Disorder
 - Depression
 - Emotionally Disturbed
 - Mood Disorder
 - Oppositional Defiant Disorder
 - Psychotic Disorder
 - Reactive Attachment Disorder; and
 - results in severe mental, behavioral, or emotional impairments in functioning. Examples of this level of impairment include a child who poses a danger to him or herself or others, or when a licensed mental health professional determines that the child needs in-patient mental health or residential treatment.

YES Waiver - Youth Empowerment Services (YES) Waiver - services available upon the parents' request to eligible youth who reside in a county in which these services are available.

ACRONYMS

CPS - Child Protective Services

CRCG - Community Resource Coordination Group

DFPS - Department of Family and Protective Services

DSHS - Department of State Health Services

DSM - Diagnostic and Statistical Manual of Mental Disorders

LMHA - Local Mental Health Authority

RTC - Residential Treatment Center

POLICY

For related policy, see the CPS Handbook section [2390](#) Families Who Are Unable to Obtain Mental Health Services for Children with Severe Emotional Disturbance.

OVERVIEW OF INVESTIGATION STEPS

A caseworker may be assigned an investigation in which:

- a child with severe emotional disturbance is alleged to be abused or neglected; and
- the family is refusing to allow the child to remain in or return home due to the parents' inability to obtain mental health services for the child.

In addition to normal investigation tasks, the caseworker must take additional actions to determine whether the parents' refusal to allow the child to remain in or return to the home is based solely on their inability to obtain mental health services for the child. If the worker determines the parents' actions meet the criteria, the worker must take actions described in the CPS Handbook section [2390](#) Families Who Are Unable to Obtain Mental Health Services for Children with Severe Emotional Disturbance.

This Resource Guide provides additional information and guidelines to help the caseworker successfully complete those actions.

In the specific situation described above, the caseworker must take these actions in addition to the basic investigation tasks:

- Gather the child's mental health history and information about the family's efforts to get appropriate services for the child.
- Gather information to determine if the parents' refusal to allow the child to remain in or return home to determine if it is based solely on their inability to obtain mental health services for the child.
- Gather information to determine if the child is eligible to be placed by the parents in an RTC bed funded by DSHS.
- Complete and submit the referral for a DSHS-funded RTC bed, if the child meets the criteria.
- Coordinate and communicate with other DFPS staff and other agencies throughout the referral process.
- Continue to provide services to the family as needed during the referral process.
- Take the appropriate actions based on the outcome of the referral process.
- If DFPS removal appears necessary, determine whether the child's best interest are served by DFPS gaining sole custody of the child or by having the parents be joint temporary managing conservators of the child with DFPS.
- If removal occurs, follow all removal tasks outlined in the removal checklist.

The caseworker must also notify the State Office Mental Health Specialist at SOMH@dfps.state.tx.us if they receive such a case, so that the specialist can assist with the process.

POST-ADOPTION SUBSTITUTION CARE SERVICES

If a family who adopted a child with severe emotional disturbance directly from DFPS resides in Texas and wants DFPS to take custody of the child to obtain mental health services for the child, the worker follows the steps in the investigation that are identified in [6954](#) Post Adoption Substitute-Care Services.

However, if DFPS removal of the adopted child appears necessary, the worker must assess whether it is in the child's best interest for the parents not to be joint temporary managing conservators.

EVALUATE THE CHILD AND FAMILY

GET THE CHILD'S MENTAL HEALTH HISTORY

The caseworker must get the child's mental health history, which includes any of the following that are applicable:

- the mental health diagnosis or diagnoses the child has received;
- the results of psychological testing the child has received, including the child's IQ;
- the previous and current mental health treatment or therapies the child has received;
- the names and dates of any mental health related hospitalizations the child has received, if any;
- the names of Local Mental Health Authorities (LMHAs) that have been involved with the child, if any; and
- the degree to which parents cooperated or did not cooperate with recommendations of mental health professionals who have treated the child, including recommendations about actions the parents, child, or family need to take.

The caseworker can get this information from:

- the parents;
- other family or household members;
- school records
- mental health providers; and
- other knowledgeable collaterals.

GET THE CHILD'S RECENT PSYCHOLOGICAL EVALUATION

If the caseworker expects to refer the child for a DSHS-funded RTC bed, the caseworker must get the results of the child's psychological evaluation, and the evaluation must have been completed in the last 6 months.

The caseworker should ask the parents whether a psychological evaluation has been completed in the last 6 months, and if it has, the caseworker should request the parents provide the results. The caseworker attaches a copy of the results to [Form 2037](#) Referral for DSHS Funded RTC Bed (Child Not in DFPS Conservatorship).

If an evaluation has not been completed within the last 6 months, and safety allows, the parents may have a psychological evaluation completed and provide the results before the caseworker submits Form 2037. Otherwise, the LMHA is responsible for evaluating the child.

DFPS is not responsible for obtaining, arranging or paying for the actual evaluation of the child.

ASSESS THE BASIS FOR THE PARENTS' REFUSAL TO ALLOW THE CHILD TO REMAIN IN OR RETURN TO THE HOME

After getting the child's mental health history, the caseworker must determine whether the parent's refusal to allow the child to remain in or return to the home is solely based on the parent's inability to get necessary mental health services for the child, and whether the parent has exhausted all reasonable means to get mental health services.

The caseworker makes this determination to

- evaluate the child's eligibility for referral to a DSHS funded RTC bed.

- determine whether it is *not* in the child's best interest for the parents to be appointed joint temporary managing conservators with DFPS, if DFPS seeks to remove the child.
- appropriately disposition the allegations of abuse or neglect.

The caseworker uses the criteria described in [2392](#) Assessing the Basis for the Parents' Refusal to Allow the Child to Remain in or Return to the Child's Home.

ELIGIBILITY FOR A RTC BED

After gathering the child's mental health history and assessing the basis for the parents' refusal to allow the child to remain in or return to the home, the worker may conclude that:

- the child appears to be severely emotionally disturbed, and
- the parents' refusal to allow the child to remain in or return to the home is based solely on their inability to obtain mental health services for the child

The caseworker must make reasonable efforts to avoid removing the child and placing him or her with DFPS. As part of these efforts, the caseworker must refer the child for placement by the parent in a residential treatment center (RTC) bed funded by the Department of State Health Services (DSHS), if the child meets referral criteria.

The caseworker must determine whether the child is eligible for a referral, using the criteria described in [2393.1](#) Referral Criteria. The parents will need to provide the caseworker with information on the child's IQ, mental health diagnosis and citizenship status.

The caseworker consults with the supervisor. If they both agree that the family and child meet the eligibility criteria, the caseworker completes and submits the referral [Form 2037](#) Referral for DSHS Funded RTC Bed (Child Not in DFPS Conservatorship).

DFPS MENTAL HEALTH SPECIALIST ROLES AND RESPONSIBILITIES

The DFPS mental health (MH) specialist oversees and coordinates the referral of the child to DSHS for possible RTC placement by the parents. The specialist is a member of the CPS Branch in State Office and can be contacted via email at SOMH@dfps.state.tx.us.

The caseworker submits the referral and child's psychological evaluation to the DFPS mental health (MH) specialist in State Office. The MH specialist reviews the Form 2037 within 24 hours of receiving it, to determine if the child and family meet initial criteria. The MH specialist may request more information or clarification from the caseworker or supervisor if necessary.

If the MH specialist determines that the child and family meet referral criteria, the MH specialist sends the referral documents to the DSHS RTC Coordinator. The MH specialist also emails the caseworker to inform him or her of the referral's progress and explain next steps.

Throughout the eligibility determination process, the DFPS MH specialist informs the investigation worker within 24 hours of learning any of the following:

- the child is determined ineligible for placement in a DSHS funded RTC bed;
- no DSHS funded RTC will admit the child or has an available bed for the child;
- the parents did not place the child in an RTC funded by DSHS that agreed to admit the child;
- the parents have placed the child in a DSHS funded RTC bed; or
- there is any other significant development in the eligibility determination process

The caseworker continues to communicate with and monitor the family during the referral process, and if a family emergency occurs, the caseworker immediately notifies the MH specialist. The MH specialist helps the caseworker get crisis services for the family, to prevent DFPS removal.

ROLES AND RESPONSIBILITIES OF OTHER AGENCIES IN THE ELIGIBILITY PROCESS

After the DFPS MH specialist refers the case to the DSHS RTC Coordinator, several other agencies or entities become involved in the process of determining the child's eligibility for RTC services.

The following paragraphs describe the various agencies or entities and explain what each does in the process.

DSHS RTC Coordinator

The DSHS RTC Coordinator reviews Form 2037 provided by the DFPS MH specialist.

If the child and family meet eligibility criteria, the Coordinator sends the referral to the Local Mental Health Authority (LMHA) serving the child's county of residence. The LMHA conducts screening and assessment.

Local Mental Health Authority

After being contacted by the DSHS RTC Coordinator, the LMHA schedules an appointment with the parents for the LMHA to conduct an Intake Assessment of the child. A Licensed Practitioner of the Healing Arts or Qualified Mental Health Practitioner at the LMHA completes the Uniform Assessment, including the CANS (Child and Adolescent Needs and Strengths).

The LMHA submits the testing results to the DSHS RTC Coordinator and provides crisis services to the child if the child was in crisis at the time of the assessment.

DSHS RTC Coordinator

The DSHS RTC Coordinator receives the CANS testing results and determines whether the referral meets RTC placement criteria.

POSSIBLE OUTCOMES

The agencies involved and actions taken depend on the results of the CANS scores and the availability of an RTC bed.

CANS Scores Recommend RTC Services and Placement is Available

When the CANS scores indicate the child needs an RTC level of care, the DSHS RTC Coordinator and CPS MH specialist interview the parents and speak with the CPS investigation worker and LMHA worker to determine:

- the family's level of investment in treatment for the child, and
- motivation for the goal of reunification.

If the family has a high level of investment and motivation, DSHS determines if an RTC bed is available. If an RTC bed is available, the RTC placement packet is completed, including a psychological assessment completed within the last six months and a common application.

The DSHS RTC Coordinator helps the family submit the RTC placement packet to the RTC of their choice and coordinates placement between the family and the RTC. The RTC makes the final decision regarding admission.

CANS Scores Recommend RTC Services but RTC Beds are Full

If the CANS scores indicate the child needs an RTC level of care but the RTC beds are full, the child is placed on a waiting list.

The LMHA offers the most intensive services for which the child is eligible, pending placement at an RTC.

CANS Scores Do Not Meet RTC Placement Criteria

When CANS scores do not meet criteria for placement in an RTC bed, the LMHA may still offer intensive outpatient services at a level appropriate for the child's score. YES Waiver services may also be available.

Family Has a Low Level of Motivation for Treatment and Reunification

If the family has a low level of motivation for treatment and reunification, CPS must consider removal or other intervention.

SERVICES DURING THE REFERRAL PROCESS

Emergency Services

If there is an emergency in the family during the referral process or while waiting for the placement to be made, the caseworker, MH specialist and DSHS RTC Coordinator work with the family to develop a plan and provide crisis intervention services so the child won't have to go into CPS foster care.

CPS Services

Investigation workers help families maintain safety and stability during the referral process so eligible children can be placed in DSHS funded RTC beds when a placement becomes available. Investigation caseworkers:

- if necessary, establish a safety plan with the family to guide them towards services or actions that help keep the family safe and stable;
- convene a Family Team Meeting to decide how to ensure the safety of the child; or
- take other protective and stabilizing actions as appropriate.

Other Agency Services

When there is an emergency in the family during the referral process, the DFPS MH specialist and DSHS RTC Coordinator gather information to help the family access non-CPS crisis services, such as:

- LMHA-provided counseling, crisis transportation, respite services, children's crisis residential services, and inpatient hospitalization;
- Crisis hotlines linking families to LMHAs; and
- YES waiver services.

See CPS Handbook [2393.2](#) Crisis Services During the Referral Process.

CPS RESPONSE TO THE OUTCOME OF THE REFERRAL PROCESS

The DFPS MH specialist notifies the caseworker once an outcome is determined for the RTC referral. The caseworker and supervisor staff to determine next steps if any of the following occur.

Parents Place the Child in and RTC Funded by DSHS

CPS staff closes the investigation, unless other children in the home require further intervention.

Child is Not Placed in RTC

If the child is not placed in a DSHS funded RTC bed, and DFPS removal does not appear necessary, CPS staff close the investigation unless the children in the home require further intervention.

The DFPS MH specialist informs the caseworker whether the local LMHA will provide community based services to the child and family, including services provided through the YES Waiver program, if available.

If the LMHA provides community mental health services, the caseworker coordinates with the LMHA to provide services. CPS may close the investigation when CPS services are not needed to ensure child safety.

If the child is not eligible for a DSHS funded RTC because his or her IQ is less than 70, DSHS informs the LMHA to provide Intellectual Development Disability (IDD) services. If the LMHA does not offer the family IDD services the caseworker contacts and consults with the regional developmental disability specialist about appropriate referrals.

IF DFPS REMOVAL APPEARS NECESSARY

If a child is not placed in an RTC bed, and DFPS removal seems necessary, the caseworker discusses with the parents the option of asking the court to appoint DFPS and the parents to be Joint Temporary Managing Conservators (JMC) of the child, unless DFPS determines it would not be in the best interests of the child to have joint conservatorship.

JOINT TEMPORARY MANAGING CONSERVATORSHIP

Assessment Criteria

The caseworker determines whether to offer Joint Temporary Managing Conservatorship to the parents, unless it is *not* in the child's best interest. The caseworker must get supervisor and program director approval before discussing this option with the parents.

Criteria for making this determination include, but are not limited to, whether the parents are willing and able to:

- have on-going involvement with the child in conservatorship, such as visiting the child, participating in decision making, and supporting the child by providing child support or providing other items or services to benefit the child, etc.;
- follow the recommendations for the parents, child, and family made by the child's mental health providers while the child is in conservatorship;
- cooperate with CPS and the court in service planning while the child is in care; and
- provide the child with a safe and permanent environment, or arrange for the necessary care for the child, after the child is discharged from mental health services as safe to return home.

For other information regarding assessing the child's best interest, see [5210 The Child's Best Interest](#).

The caseworker documents whether he or she discussed Joint Temporary Managing Conservatorship with the parents, and if not, why it was not in the child's best interests to offer joint temporary managing conservatorship. If the caseworker discusses joint temporary managing conservatorship with the parents, the caseworker documents whether they wanted it and their reasons if they did not want it.

The caseworker must also document if a judge granted joint temporary managing conservatorship.

See [2394.1](#) Discussing the Option of Joint Managing Conservatorship.