



## Tennessee Department of Children's Services

# Protocol for Working with Hospitals

### **Supplemental to DCS Policies: 14.2, Screening, Priority Response, and Assignment of Child Protective Services Cases, 14.6, Child Protective Services Case Tasks and Responsibilities, 14.10, Special Investigations Unit Child Protective Services Investigations, 14.13, Non-Custodial Immediate Protection Agreements, 14.18, Family Support Services Program**

The purpose of this protocol is to ensure that hospital staff, who are involved with children and families supported by the Department, are considered team members and therefore, should be included in the planning and decision-making process. This protocol is to be utilized by all Case Managers, including Child Protective Services (CPS), Ongoing Non-Custodial and any custodial services, including foster care and juvenile justice to promote effective communication and support continued involvement.

#### A. Communication

1. a) The CPS Case Manager or supervisor will contact the hospital within twenty-four (24) hours of an intake or when assistance is requested by the hospital regarding a child on an open CPS case.
- b) The Custodial Case Manager or the Family Support Services (FSS) Case Manager will contact the hospital within twenty-four (24) hours when notified of a request for assistance by the hospital regarding a child currently involved with the Department. For purposes of this document, any contract provider Case Manager will be expected to fulfill the responsibilities as outlined for the DCS Case Manager.
- c) Contacts should be made with the hospital social worker or other identified hospital staff and will be used to:
  - ◆ Discuss the initial safety concerns for the child(ren);
  - ◆ Obtain available medical information and discharge planning; and
  - ◆ Coordinate the timely sharing of information between DCS and the hospital staff.
- d) The Child Abuse Hotline will include a notation on the CPS referral indicating contact with the hospital must be made within twenty-four (24) hours. The CAH will page the county on weekends and holidays to ensure timely notification is provided.
2. The Case Manager will contact the hospital staff (social worker, charge nurse, etc.) at a minimum of weekly while the child remains at the hospital, or until the case is concluded, but more often if the circumstances of the case deem it necessary.
3. Regardless of program area, a Case Manager may share confidential information with appropriate hospital staff as long as it is relevant for the safety and /or treatment of the child.
4. Appropriate hospital staff should be invited to the Child and Family Team Meeting (CFTM), when appropriate, to assist in decision-making and discharge planning. If the hospital staff is unable to attend the CFTM, the Case Manager or a Hospital Liaison, may share the child's placement information upon

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discharge from the hospital, in addition to any information related to safety planning for the care and treatment of the child.

- ◆ Additional information may be shared upon authorized release from the parent/custodian (see forms [CS-0559, Authorization for Release of Information and HIPAA Protected Health Information TO and FROM the Department of Children's Services and Notification of Release](#) and [CS-0699, Notice of Privacy Practices](#)).
5. When appropriate, per DCS Policy [14.13, Non-Custodial Immediate Protection Agreements](#), an [Immediate Protection Agreement \(IPA\), form CS-0701](#), may be initiated. The IPA may be communicated to and shared with hospital staff to establish a plan of care. When an IPA is implemented, it must be communicated that the agreement is voluntary between the parent/guardian and DCS, is not a court order and cannot be enforced in the same manner as a court order.

### **B. Safety Planning**

Although a child may appear safe while in the care of the hospital, safety planning is the same as if the child were in a home. A child is not determined to be safe solely because they are located in a hospital and planning should take place to prevent the parents/guardians from removing the child against medical advice. Information is shared that addresses child safety or other concerns including, but not limited to:

- ◆ Restrictions on parental visitation with the child;
- ◆ Copies of any IPA or court order as they relate to the safety, custody, placement, visitation, or treatment of the child;
- ◆ Changes in the guardianship or custody of the child to prevent complications with discharge planning.

### **C. Hospital Discharge/Service Planning**

If it is determined that a removal from the parent/guardian into DCS custody is likely, the DCS Case Manager will:

1. Begin discussions regarding placement options prior to discharge and removal. Early planning allows for the regions to secure an appropriate foster care placement, if necessary. It also allows for any needed training for the foster parents in the adequate care of the child following discharge and placement. Early placement also allows the bonding process to begin between the foster parents and child, which is critical for children hospitalized for extended periods of time. Payment for sitter services may be available for foster parents engaged in the visitation or treatment of the child prior to discharge.
2. The Case Manager or Hospital Liaison, if available, will share pertinent identifying information about the foster parents with hospital staff to ensure timely communication regarding treatment needs. Note: The address or other personal information about the foster parents will not be shared as parents/guardians can access the information.
3. If it is determined that a non-custodial placement is necessary through an IPA, the CPS/FSS Case Manager will begin discussions regarding placement and services prior to discharge to allow for any needed training of the caregiver in the adequate support and care of the child following discharge from the hospital. Early placement identification also allows the bonding process to begin between the caregiver and child.

D. DCS Staff

These internal DCS positions are able to support staff in their interactions with hospitals and providing quality investigations, services and case management to children with medical issues. They may be involved in direct communication with hospital staff, gathering and explaining information, policies and procedures to both hospital and DCS staff and participating in Child and Family Team Meetings. An overview of each role is provided below:

1. Hospital Liaison

The Hospital Liaison can coordinate communication and information sharing between the hospital staff and the DCS Case Manager, which ensures that the safety and treatment of the child is addressed. The Hospital Liaison is not involved in the direct case management, but may be involved in:

- a) Attending meetings at the hospital (e.g. Care Team Meetings);
- b) Assisting hospital staff with contact information for the DCS Case Manager and/or supervisor and follow-up, if necessary;
- c) Communicating any concerns or issues related to case management with supervisory staff; and
- d) Identifying training needs for hospital staff and DCS Case Manager, and serving as a resource for training opportunities.

2. Health Nurse

The Health Nurse assists in developing a plan of care for custody children to maintain and support the medical care of the child when transitioning in or out of the hospital. The Health Nurse is responsible for:

- a) Determining medically fragile status and assist in the placement and monitoring of medically fragile children in foster care;
- b) Consulting with Case Managers and foster, adoptive and biological parents regarding the impact of a child's medical condition and any prescribed medications on the child's care, development, abilities, and behaviors.
- c) Providing informed consent for psychotropic medications and surgical procedures in the absence of the biological parent/guardian for children in custody; and
- d) Interfacing with TennCare for provision of services, equipment, supplies, and case management.

3. Safety Nurse

The Safety Nurse provides technical assistance to front -line CPS investigators and assessment workers for non-custodial children, specifically in circumstances of child death, near death, and medically complex situations. The Safety Nurse is available to assist by:

- a) Collecting current and relevant past health records if the Case Manager has trouble accessing them;
- b) Engaging in internal consultations, CFTMs and coordination with treatment providers;
- c) Providing DCS staff with information regarding medical and mental health conditions, child development and behavior, child trauma and abuse, and child mortality; and
- d) Working closely with Safety Analysts to utilize principles from the field of Human Factors and Systems Safety (HFSS) and applying those principles towards learning from child death's and near deaths.

4. Psychologist

The Psychologist provides clinical insights into the mental health and well-being of the children and families that come into contact with the Department. They can assist with non-custodial and custodial populations. The Psychologist is responsible for:

- a) Consulting when determining need for Level 3 or Level 4 custodial placements;
- b) Being a liaison between the Department and the Centers of Excellence for referrals and services;
- c) Providing interpretation of psychological assessments;
- d) Participating in internal consultations, CFTMs and coordination with external treatment providers, as needed.