


Special Issues
for Juveniles in
DSS Custody

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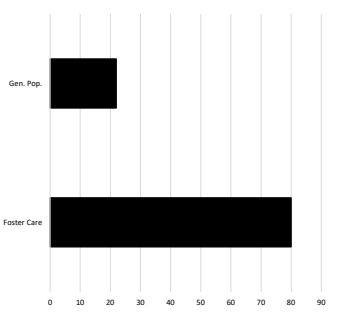
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Why This Topic?

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Higher rate of
significant
mental health
issues



Category	Rate (%)
Gen. Pop.	20
Foster Care	80

National Conference of State Legislatures, 2019

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Different Legal Procedures

G.S.
122C-142.2
7B-903.2

G.S.
122C-224
through
-224.7

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Juvenile in DSS Custody



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Not Medically
Necessary to
Remain at Hospital

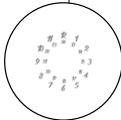
G.S.
122C-142.2

G.S.
7B-903.2

No Available
Appropriate
Placement

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DSS contacts
LME/MCO or prepaid
health plan w/in 24
hours of determination



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w/in 5 Business
Days


LME	<ul style="list-style-type: none"> • Arrange Assessment
DSS	<ul style="list-style-type: none"> • Level 1 or traditional foster home identified • Provide placement/transport
LME	<ul style="list-style-type: none"> • Care require prior authorization • Authorize, identify, assign care coordinator • DSS place when identified/transport
DHHS	<ul style="list-style-type: none"> • Unable, DSS notify Rapid Response Team • Evaluate and coordinate response

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**Emergency Hearing under G.S. 7B-903.2
in the A/N/D Action**

If provisions of G.S. 122C-142.2 not met

- Any party, DHHS, hospital, LME/MCO, PHP has standing to file re: continued stay at hospital
- Rule 5 service (automatically a party)
- Limited appearance/purpose (hearings/comply with orders)




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Burden on petitioner		Clear and convincing evidence G.S. 122C provisions not met
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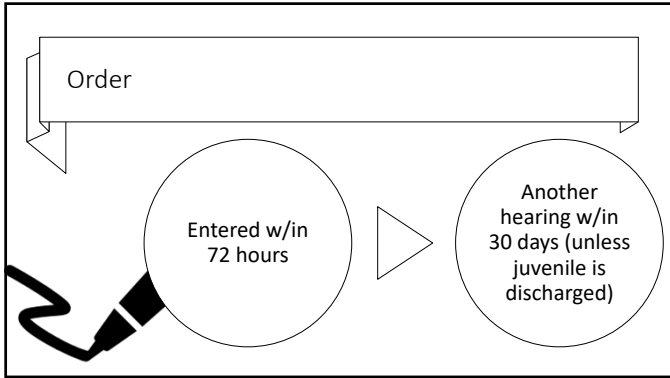
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Findings and Conclusions	
Clear and convincing evidence no medical necessity for hospitalization	Responsible party not satisfied G.S. 122C-142.2(b)-(f)

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Relief <ul style="list-style-type: none">• Responsible party comply with 122C-142.2• Pay reasonable hospital charges• Pay property damage• Any appropriate relief• Parties bear own costs	
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TAKE AWAY

- Limited Application
- A/N/D Court Action Only
- Hospital Emergency Department Admission

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**Placement in PRTF
(with restriction on freedom of movement)**

Made by legally responsible person

- Consent to medical care
- What does this mean when juvenile in DSS custody?

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Consent

G.S. 7B-505.1(c)
G.S. 7B-903.1(e)

North Carolina Department of Health and Human Services | Division of Social Services
General Authorization for Treatment and Medication

Section A - Identifying Information	
Child's Name	Date of Birth
Medical Home Provider	Telephone Number
Other Medical, Dental or Mental Health Provider or Specialist Prescribing or Administering Treatment	Telephone Number

Section B - Care, Treatment, and Parental Consent (N.C.G.S. § 7B-505.1)
When a child is in the custody of the county child welfare agency, the county director may arrange for, provide, or consent to any of the following without obtaining parental consent:

- Routine medical or dental care or treatment (including immunizations in most cases);
- Emergency medical, surgical, psychiatric, psychological, or mental health care or treatment; and,
- Testing and evaluation in exigent circumstances.

I hereby authorize _____ county child welfare agency to consent to the following treatment of the child identified above (include description): _____

DSS 1812

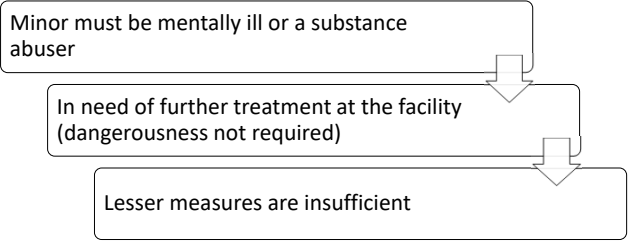
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Judicial Review under G.S. 122C-224 thru -224.7

- Within 24 hours, facility notifies clerk of court
- Within 48 hours, clerk appoints counsel
- Notice to attorney & legally responsible person at least 72 hours before hearing
- Within 15 days (max of 5 day continuance) hearing conducted

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Criteria Authorizing Admission



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Order

Clear, Cogent, Convincing Evidence

- Concurs with voluntary admission
- 90 days max
- Rehearings (up to 180 days)

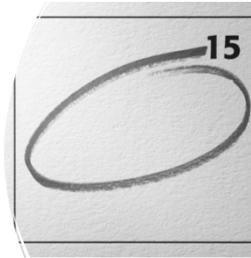


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Order

Reasonable Grounds to Believe

- Additional diagnosis/eval needed
- 1-time up to 15 days stay



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Order

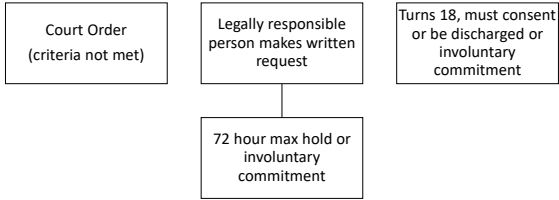
Both conditions not met

- Release of minor



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Discharge



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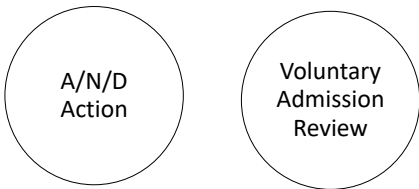
Discharge Planning

- For less restrictive treatment
- Include legally responsible person and family members

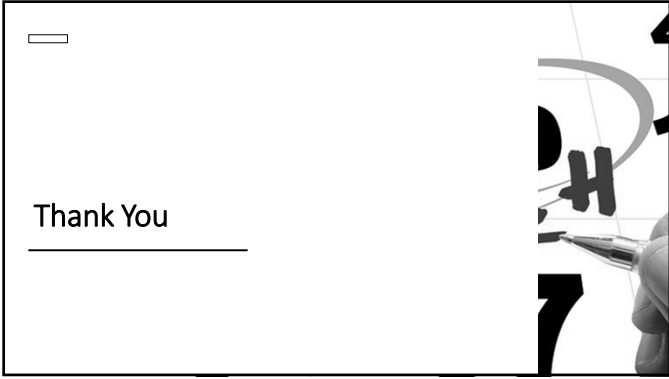


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Separate Court Cases



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