

EMERGENCY AFTER HOURS/ON-CALL/MENTAL HEALTH/HOTLINE CALLS

Procedure Name:	EMERGENCY AFTER HOURS/ON-CALL/MENTAL HEALTH/HOTLINE CALLS
Relevant Policy:	EMERGENCY AFTER HOURS
Domain:	Operations
Policy Location:	
Approved By:	Deputy Director of Operations – Case Management Deputy Director of Operations – Clinical and Support Services
Effective Date:	10/11/2012
Date(s) of Revision:	4/9/2019
References:	List and include links to any additional policies, procedures, tools, or files referenced in the policy.

STATEMENT OF PURPOSE

SOS Illinois believes that all clients and foster parents and/or relief parents should have supports available to them in emergency or unusual incident situations after hours whether it be a medical or psychiatric situation. After Hours is typically anytime that the Administrative Offices are closed which is usually 4:30 pm to 8:30 am, Monday thru Friday, and 24-hours on Saturday, Sunday and Holidays. This is afforded to them by way of On-Call Workers (Case Management team) and On-Call Therapists.

AREAS OF RESPONSIBILITY

The Director of Programs and Services, Case Management Supervisor, On-Call Worker, On-Call Therapist and Clinical Director are responsible for ensuring that emergency after hours procedure is followed. The Deputy Directors of Operations oversees the administrators listed above.

PROCEDURE

1. Whenever there is a significant event/accident which occurs within the Village, the On-Call Worker (Case Management team) or On-Call Therapist **must be immediately notified and should be utilized After Hours**. After Hours are typically anytime that the Administrative Offices are closed which is usual 4:30 pm to 8:30 am, Monday through Friday, and 24-hours on Saturday, Sunday and Holidays.

On-call numbers are as follows:

FOR MENTAL HEALTH INCIDENTS, CALL THE ON-CALL THERAPIST DIRECTLY

- a. **Chicago Village: 312-882-2707**
- b. **Lockport Village: 312- 796-1848**
- c. **Roosevelt Square Village: 312-388-1603**

FOR ALL OTHER INCIDENTS, CALL THE ON-CALL WORKER

- d. **Chicago Village: 312-388-0266**
- e. **Lockport Village: 312-388-0227**
- f. **Roosevelt Square Village: 312-802-2875**

2. Reasons to call the On-Call Therapist:
 - a. Suicidal ideations, gestures or attempts (i.e. a child is verbalizing they want to hurt them self, superficial cutting on their body and/or marking an actual attempt to produce harm);
 - b. Homicidal ideations, gestures or attempts (i.e. a child is verbalizing they want to hurt someone else and/or making a superficial or actual attempt to produce harm);
3. Reasons to call the On-Call Worker:
 - c. Behavioral problems of a child which create difficulty within the home environment and requires consultation with a staff member for possible interventions;
 - d. Elopement or curfew violations of a child in your home or if you are unaware of the current whereabouts of a child placed in your home;
 - e. Any medical concerns that require the medical attention of paramedics or medical professionals and/or required the intervention of 911.
 - f. Anything that falls under any of the following Incident Report categories:
 - a. Abuse & Neglect Of Youth in care
 - b. Sexually Aggressive Or Problematic Behavior Related To a Youth in care
 - c. Confirmed or Suspected Youth in care Victim of Human Trafficking
 - d. Injury Of Youth in care, Either Accidental Or Self-Inflicted
 - e. Medical Or Psychiatric Emergencies
 - f. Problems Related To The Education Of A Youth in care (Suspensions, Expulsions)
 - g. Hospitalization Of Youth in care, Medical Or Psychiatric
 - h. Criminal Act Of Youth in care Or Staff / Foster Parent
 - i. Behavioral Issues Of Youth in care – Specific Concerns Not Noted Above Include:
 - j. Youth in care In Position Of Weapon or Ammunition
 - k. Youth in care Displays Physical Aggression
 - l. Property Damage By Youth in care \$50 Or More
 - m. Alcohol Or Substance Abuse By Youth in care
 - n. Robbery / Burglary Occurred On Premises
 - o. Fire / Natural Disaster - Facility / Home
 - p. Hazardous Physical Condition Discovered
 - q. Serious Incident Resulting In Legal Action
 - r. Kidnapping / Abduction Of Youth in care
 - s. Identification Of Parenting Youth in care
 - t. Discovery Of Youth in care's Pregnancy
 - u. Media Involvement / Media Inquiry
 - v. Youth in care Victim Of Assault
 - w. Threats Made To DCFS/ POS Staff -Facility
 - x. Youth in care Involved In An Accident
 - y. Falsification Of Credentials Or Records
 - z. Misrepresenting Service / Cost Of Service Provided
 - aa. Violation Of A Court Order
 - bb. Report Against DCFS – POS Worker
 - cc. Employee with firearm on premises
 - dd. Bribery or attempted bribery of DCFS
4. What to expect when calling the On-Call numbers:
 - a. On-call service should respond to all calls. If you have not received a phone call within 15 minutes, try calling the supervisors.



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- b. If after 15 minutes from your initial call to the on-call service, you have not yet received a response from the on-call worker, than you would call the following back up on-call supervisor depending on the Village:
 - i. Lockport Village: Child Welfare Supervisor (312-388-0176) or Director of Program and Services (312-388-1609)
 - ii. Chicago Village: Child Welfare Supervisor (312-388-0158) or Director of Programs and Services (312-384-0265)
 - iii. Roosevelt Square: Child Welfare Supervisor (773-332-9110) or Director at Roosevelt Square (312-388-0362)
 - iv. Deputy Directors: LV, CV and RSV (312-388-1919) and Clinical & Support Services (312-388-0154)
 - c. The On-call supervisor also has 15 minutes to return the phone call.
5. Responsibilities of the On-Call Worker and On-Call Therapist:
- a. The On-Call Worker and/or On-Call Therapist will respond to the foster parent within 15 minutes of the call and assess the situation
 - b. The On-Call Worker will always consult with the backup supervisor on call regarding the situation before making any critical decision listed below. A critical decision includes the following:
 - i. Injuries requiring Emergency Medical Service (EMS)
 - ii. Police Involvement/Contact
 - iii. Injured Employee
 - iv. Restraint
 - v. Missing Child
 - vi. Placement Changes
 - vii. Visitation changes
 - viii. Permanency goal changes
 - c. The On-Call Worker will email the On-Call Therapist on any non-SASS calls that were clinical in nature (e.g. Behavioral acting out as mentioned in bullet points 3c and 3d).
 - d. The On-Call Therapist will consult the client's assigned Therapist, when time permits, to discuss the critical decision to call SASS.
 - i. When the decision to call SASS is made, contact number for SASS is:
SASS - The number that is utilized is the CARES LINE (#: 800-345-9049).
 - ii. The On-Call Therapist will notify the On-Call Worker, as soon as time permits, of all emergency calls received from Village staff
 - iii. As needed, the On-Call Therapist (or assigned Therapist as appropriate) will report in to respective Village to support/assist the situation (or meet the foster parent at the emergency room). At a minimum, either the On-Call Therapist or assigned Therapist will be available via speaker phone with the foster parent when SASS is at the home and/or emergency room to support the need to have SASS complete the assessment and to help provide any additional information needed.
 - e. The On-Call Worker and/or On-Call Therapist will contact the primary case worker the next morning by 9:00 am either via email or phone message to inform the primary case worker of the call so the primary case worker can follow up with foster parent/child.



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- f. The primary case worker will complete the Incident Report, within 48 hours of the incident.
- g. The primary case worker will attend all hospital staffings.
6. Responsibilities of the Foster Parent:
 - a. The foster parent is responsible to call the On-Call Worker regarding the above-mentioned situations. The only reason that the foster parent would not call the on-call worker first is in a life and/or death emergency type situation. In those cases, call 911 first, then follow SOS procedures about notifying the On-Call Worker of the impending situation.
 - b. The foster parent should follow through with the on-call procedures and call the on-Call Worker after hours and on weekends. After Hours are typically anytime that the Administrative Offices are closed which is usually 4:30 pm to 8:30 am, Monday through Friday, and 24-hours on Saturday, Sunday and Holidays.
 - c. The foster parent needs to complete the SOS internal incident report and submit it to the office within 24 hours of the incident so that the case manager can enter it into the DCFS system within the 48 hour deadline.
 - d. The foster parent should follow up with the primary case manager the next day following the incident, if the primary case worker has not followed up with them.
 - e. Participate in all hospital staffings.
 - f. The foster parent is responsible for visiting with the youth hospitalized in person, every week until discharged.
7. Responsibilities of the clinical team (under the direction of the On-Call Therapist):
 - a. Complete a Crisis Risk Assessment which will determine if SASS should be called.
 - b. Notify the Clinical Director if and when permission to call SASS has been given.
 - c. Notify On-Call Worker, Child Welfare Supervisor and Director of Programs and Services that permission to call SASS has been given.
 - d. Notify the client's assigned therapist of any mental health incidents, including those that did not result in SASS being called.
 - e. The primary case worker will notify the therapist of the child, foster parent of the child, Child Welfare Supervisor, and the Clinical Director of the time and date of the 48-Hour Hospital Staffing once the case worker is notified.
 - f. Within 24 hours (business days) of a crisis event or discharge from a hospitalization, the therapist, clinical director, case management and foster parent will hold a short meeting to discuss the incident and debrief.
 - g. A crisis intervention/debriefing form will be completed to ensure that all necessary services are in place.
 - h. If necessary, identify any follow up tasks and/or meetings.
 - i. Participate in all hospital staffings.
 - j. Primary therapist will initiate an internal planning meeting prior to discharge to assist with a planful return to the home. Those required to attend the meeting are: primary therapist, primary case manager, foster parent, Child Welfare Supervisor and Director of Programs and Services and/or Assistant Director of Programs and Services, if needed.
 - k. Follow up with the hospital at discharge to ensure that a follow up appointment has been made for psychiatry or current psychiatrist.
 - l. The On-Call Therapist will track all SASS calls on the SASS Hospitalization Tracking Sheet and the sheet will be turned in to the Deputy Directors of Operations and Clinical Director every Monday by 4:15 pm.

8. HOTLINE CALLS

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- a. Once a report is made to either the Professional Foster Parent, Clinical Department, Therapist, or case manager, the preferred process is that the person consults with their immediate supervisor to discuss the incident and determine if it is a reportable offense; however, all mandated reporters do have the right to remain anonymous if they so choose. Additionally, SOS Illinois Staff may talk to the parties to have a more accurate description to give to the DCFS Hotline worker. *It is important to note that as a mandated reporter, should there be a difference of opinion on whether to report, it is preferable and better to error on the side of making a call.*
- b. Once determined that the incident is reportable, the DCFS Hotline call needs to be made within four (4) hours of the report and a UIR needs to be completed within twelve (12) hours.
- c. The reporter of the incident must notify Clinical Director, Licensing Supervisor, Child Welfare Supervisor and Assistant Director or Director of the appropriate Village, so the proper investigation begins within a timely manner, depending on whether the call was taken or taken as informational only.

GETTING HELP

Any questions or additional assistance should be referred to the Deputy Directors of Operations.