

2.10 Short Term Emergency Services

Effective 10/1/80

PURPOSE

To allow for up to 72 hours of emergency services, without court order, to a child who is in need of such services.

LEGAL BASE

1. Title 22, MRSA §4023, permits the Department to provide up to 72 hours of short term emergency services to a child who appears to be:
 - a. Threatened with serious harm, or
 - b. Runaway from his parents or custodian, or
 - c. Without any person responsible for him.
2. These services include both services which are also available under other sections (protection services and counseling) and services which are exclusively short term emergency services:
 - a. Emergency shelter care (in accordance with licensing laws, rules and policies for child care facilities).
 - b. Emergency medical treatment, if the Department consents. Providers are immune from civil liability for providing treatment without the informed consent of the child or parent (but could still be liable for the consequences of negligent treatment).
 - c. Emergency caretaker or homemaker services in or outside the child's home when no parent or other responsible adult is available and willing to care for the child.
3. Contacting parents; objectives.
 - a. Prior to or on initiating these services, the Department shall take reasonable steps (see Section II, Legal Procedures policy) to notify a custodian that the child will receive or is receiving the services.
 - b. Services, except for medical treatment, shall not be provided to a child who expresses a clear desire not to receive them.
 - c. If a parent or custodian objects to medical treatment, it shall be discontinued within 6 hours of receiving the objection. This allows time to seek a preliminary protection or emergency medical order if necessary.
4. Support:
 - a. Providing short term emergency services shall not affect a parent's obligation for support of the child.
 - b. The Department may, by agreement or court order, obtain reimbursement from a parent for the support of the child who receives short term emergency services. An agency may obtain reimbursement from a parent subject to its contract or agreement with the Department.

PRACTICE STANDARDS

1. The basic standards of Policy on Child Protective Services (Section) will apply. See especially "red flag indicators" which are vulnerability and risk factors.
2. Services to be provided.
Immediate availability of emergency services will be maintained by the Department, either directly or through contracts or agreements with other agencies. These services could include:
 - a. Twenty-four hour intake system
 - b. Shelter care in a licensed or approved child care facility
 - c. Caretaker or homemaker services in the child's own home
 - d. Medical care prescribed by a physician
 - e. Other appropriate services such as counseling, referral to other services, and advocacy.
3. Upon receipt of a child protection referral, report, or request for short term emergency services, the worker will determine:
 - a. If the situation is an emergency, and
 - b. Whether the custodial parent or another person can take responsibility, and if not
 - c. What services through the Department, from its own staff or agreement with another agency, are necessary to care for and protect the child.
4. Emergency situation:
 - a. An emergency situation in which there is a threat of serious harm which requires action immediately to prevent harm (see definitions in policy on Child Protective Services, Section I).
 - b. An emergency can exist when a child is:
 - (1) Threatened with serious harm - needs emergency food, clothing, shelter, supervision or care, including health care, when such deprivation causes threat of serious physical or mental injury, or impairment, or sexual abuse or exploitation.
 - (2) A runaway from his parents or custodian - has left home without permission, with the intent to reside elsewhere and he has no other safe place to stay.
 - (3) Without a parent or other responsible adult available and willing to care for him, and he has no other safe place to stay.
 - c. In determining whether the situation is an emergency the worker will consider:
 - (1) The credibility and extent of knowledge of the referent of both the nature of the threat and the child's circumstances.
 - (2) The age, physical and mental condition/capacity of the child.
 - (3) The severity of the threat and the time frame in which action must be taken to prevent harm.
Other readily available resources, such as the family, child, relatives, neighbors, other agencies are likely to have information useful to the worker

in evaluating the circumstances, especially agencies currently involved, law enforcement, and medical services.

5. Notifying Parents

- a. If the situation is an emergency the worker will determine whether the custodial parent or another person can take responsibility in the immediate future to prevent serious harm.
- b. Reasonable steps will be taken to notify a custodial parent or person responsible for the child of the child's need for care and protection (see Section II, Legal Procedures policy).

6. Services Not Needed

Short term emergency services will not be needed when:

- a. Parents enter into an independent agreement with a child care facility or another competent person for the care of their child.
- b. Another appropriate agency under different statutory authorizations arranges for or provides shelter and/or other child care (e.g., juvenile court intake worker, or program for mentally retarded or mentally ill children);
- c. Another competent person, on his own volition, provides adequate care to a child when parents are absent or otherwise unable to enter into an agreement (e.g., temporarily mentally or physically incapacitated).

The worker will make it clear to the persons providing care that the worker is not making a placement or approving a case plan, but that he has determined that the current arrangement does not appear to involve serious harm to the child.

- d. Action is taken under another authorization, such as six hour interim care by law enforcement, a child protection order, a medical treatment order.

7. Short term emergency or other services will be needed when the child's custodial parent is unable, unwilling, or unavailable to come for or make other arrangements to protect his child within a time frame to prevent harm, and there is no other responsible adult available who is willing to assume responsibility to protect the child.

- a. A child protection order will be sought when it appears that the child will be in circumstances of jeopardy to his health or welfare during or at the end of:
 - (1) The period of short term emergency services, or
 - (2) A period of voluntary care, in accordance with policy for such care.
- b. Law enforcement will be contacted for consideration of six hour interim care if it appears that the child will be in immediate risk of serious harm before a preliminary protection order can be secured.

8. Refusal of Services by Child

- a. It will be assumed that the child accepts the services if he is made aware of the available options and does not decline the services offered.

- b. Except emergency medical care, (see subsection 15, Emergency Medical Treatment), services will not be provided to any child expressing a clear desire not to receive the services.
 - c. If practical, the refusal will be confirmed by one other reliable adult, who will be identified in the case record.
 - d. If there is in immediate risk of serious harm, a preliminary protection order will be sought and/or contact made with law enforcement for consideration of six hour interim care.
 - e. If the child appears to be in need of admission to a secure facility, a referral will be made to the appropriate resources:
 - (1) Community mental health center, or
 - (2) Law enforcement official
 - f. If neither d. nor e. applies:
 - (1) The child will be responsible for his own plan, and
 - (2) His parent(s) will be notified.
9. If the parent is not assuming responsibility (because of incapacity, inability or unwillingness), he will be informed:
- a. That the Department is the responsible agency, including name, address and phone of contact person.
 - b. Of the services the child is or will be receiving, including contact persons.
 - c. When services will terminate, and probable future plans for the care of the child, depending on plans of parent(s).
10. Acceptance by Parents
- a. Written acceptance will be obtained whenever practical.
 - (1) Form SWSS-40A (Acceptance and Agreement of Responsibility for Emergency Care of Child) is the preferred document for obtaining parental acceptance; letters or other written acceptances can be substituted when it is impractical to utilize the SWSS-40A (e.g., a parent who is out of state).
 - (2) The acceptance must contain:
 - (a) Authorization for the Department to place the child
 - (b) Authorization for the Department to consent to emergency medical treatment if the parent cannot be contacted
 - (c) Amount of support agreed upon, or if none, so specify.
 - b. Verbal acceptance may be accepted when written acceptance is not practical. Verbal acceptance will be confirmed by at least one other reliable adult, other than a parent, and identified in the case record.
11. Objection by Custodial Parent
- If the parent objects to the services he will be advised that:
- a. He may arrange to take responsibility for his child and/or

- b. Alternative steps may be taken, if the child is at immediate risk of serious harm, e.g., worker may:
 - (1) Contact law enforcement regarding six hour interim care (see Interim Care section) and/or
 - (2) Contact the court regarding a preliminary protection order.

Short term emergency services will not be continued over the objection of the parent. If necessary to protect the child from immediate risk of serious harm a preliminary protection order will be sought.

12. Shelter Care

- a. This service will be authorized if lack of shelter would expose the child to inclement weather, exploitation, or other hazardous conditions which would cause risk of serious harm, or if the child is a runaway or without a person responsible for him and he has no safe place to go.
- b. Placement, if needed, will be made in an available facility, suitable to the child's emergency care needs, which must be:
 - (1) A licensed or previously approved placement facility, or
 - (2) A facility which is approvable, using readily available facility as a safe place:
 - (a) Relative homes
 - (b) Non-relative homes, when a child is at least 16 years of age.
- c. Shelter care may include limited counseling by the facility.
- d. Religious preference request (form SWSS-016) will not be required for emergency care under this program.
 - (1) Placement in a facility of a particular religious faith will not be required unless it becomes clear that religious preference is a significant factor.
 - (2) Religious preference will be a factor, in accordance with Departmental policy on religion in foster care, when placement is made for other than emergency care (e.g., V2, C1).
- e. If no placement resource suitable to the child's emergency needs is available, referral will be made to another resource, such as a mental health center or law enforcement.

13. Caretaker or Homemaker Services

- a. Plan for this service will be based on:
 - (1) Need of child to remain in his own home.
 - (2) Suitability of the environment for the caretaker or homemaker
 - (3) Safety of the caretaker or homemaker
- b. Request for service may be made of:
 - (1) Established agency formally providing this service.
 - (2) Another professional willing to provide this service in the scope of his employment (e.g., public health nurse, law enforcement official, Child Protective Services worker).

c. Scope of Service

- (1) Forcible entry cannot be used by Department staff to provide this service. If indicated, call law enforcement.
- (2) The welfare of the children must be the primary concern.
- (3) Respect for the privacy of the parents will be maintained, in so far as possible.
- (4) Placement of a caretaker or homemaker is not an authorization to search for evidence of criminal behavior.
- (5) If there is reason to believe that criminal behavior is an issue:
 - (a) Referral will be made to law enforcement officials who may wish to obtain a search warrant.
 - (b) The Assistant Attorney General will be consulted for advice, if necessary and practical.

14. Emergency Medical Treatment

- a. Parents, when available, can consent directly to the medical care provider.
- b. The Department, when parents are unavailable, can consent if the treatment is prescribed by a physician, and is necessary during the period of short term emergency services:
 - (1) Based on the parent(s) written acceptance of services, specifically including consent for medical treatment, or
 - (2) Under this statute, if the parent is unavailable.
- c. If the parent objects, the medical treatment will be discontinued within six hours unless authorization is obtained under another section, e.g., Medical Treatment Order (Title 22, §4071) or Preliminary Protection Order (Title 22, §4034).
- d. Even though the child objects, the treatment will be continued until the termination of emergency services or authorization under another section, if the attending physician prescribes the treatment to prevent serious harm.

15. Services for Runaways

- a. When the child is at a shelter, the office covering the geographic area where he usually resides, will assume responsibility to determine what services, if any, are to be provided.
- b. When the child is not at a shelter, the office covering the geographic area where he is found will assume initial responsibility:
 - (1) Unless instructions to the contrary are given to relevant intake units, including Statewide Intake Unit, by the regional office located where the child normally resides, or
 - (2) Until the office where the child resides is contacted and can assume responsibility.

16. Financial Responsibility

- a. Parents will be asked if they can assume costs of short term emergency care at the time they are contacted.
 - (1) Partial payment or waiver of payment may be accepted when parents have financial hardship.
 - (2) Parents able but unwilling to pay for care may be referred to Support Enforcement and Location Unit for consideration of possible court action, if appropriate to the case plan (see support section).
- b. Appropriate services funded through departmental contracts or other resources will be utilized as needed.
- c. The Department will assume remaining costs of care:
 - (1) Board payments according to policy
 - (2) Medical coverage at Title XIX rates, if needed, for the 3 day period
 - (3) Clothing orders for emergency needs
 - (4) Other appropriate services permitted by departmental policy and funding.

17. Termination of Services

- a. Services per incident may not extend beyond 72 hours from the time the Department assumes responsibility for the child.
- b. Emergency medical care prescribed by a physician will be terminated within six hours, if a parent or custodian objects to the treatment. Such care could be continued under a different authorization (see Section XIV, Medical Treatment Order, Legal Procedures Policy; and Section VII, Petitioning for a Protection Order (PC53), policy on child protective services).
- c. Other short term emergency services will terminate immediately:
 - (1) If parent(s), when contacted, object to the emergency services, or
 - (2) If the child clearly indicates he no longer desires emergency services, unless services are emergency medical services, or
 - (3) If services appropriate to the child's needs are provided under another authorization such as voluntary or court ordered care, six hour interim care, or a medical treatment order.