# Policy: Behavioral Health Services for Children In the Custody of the Department of Children & Families

**ChildNet Number: CN 003.042**
**Original Approved Date: June 30, 2003**
**Policy Revised Date(s): September 21, 2007; December 13, 2009; July 9, 2014**
**Policy Sunset Date:**
**COA Standard(s): NET 2.02, 4.01, 4.02, 4.03, 5.04, 5.05, 6.01, 6.02, 6.03, 7.01, 7.03, 7.04, FKC 2.01, 3.01, 3.02, 3.03, 3.04, 3.05, 4.01, 6.07, 8.04, 9.02, 9.03, 10.04, 14.02**

**Statement of Policy**:

The purpose of this policy is to fully integrate services for children in the Department's custody who need services from the Children's Substance Abuse and Mental Health (SAMH) program, its subcontracted Managing Entities, and ChildNet. It provides standards to ensure that children are screened and assessed as to their need for behavioral health services which are provided with ease of entry into a system of accessible, individualized services in support of their permanency goals. ChildNet's intent is that these behavioral health treatment services and supports enable the child to live in the least restrictive setting appropriate to the child's needs, reduce the number of unplanned moves, and to secure a permanent home for the child as soon as possible. The policy provides for a system of accessing and tracking referrals and service provision to ensure timeliness and quality of care and to work toward continuous improvement in service delivery and responsiveness. It applies to, but is not limited to, children in out of home care with mental health issues, serious emotional disturbance, substance abuse disorders, and severe, chronic family and individual problems with multiple or interacting causes. This policy further provides guidance for making appropriate and necessary referrals for residential treatment.

**Board Chair's Signature:** _____ **Date:** 07-29-14

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**Definitions** (If any):

*AHCA*

Stands for "Agency for Health Care Administration," which is the agency of state government that administers Florida's Medicaid program.

*Behavior Analysis Services*

Intervention based on the identification of functional relationships between behavior and environment (i.e., antecedents, behavior and consequences) through direct observations and measurement based on the principles of behavior identified within the experimental analysis of behavior. Behavior analysis involves the design, implementation and evaluation of systematic environmental changes in contextual factors, establishing operations, antecedent stimuli, reinforcement and other consequences, based on these identified functional relationships. The purpose is to produce socially significant improvements in the behavior of children and their caregivers (the most significant "environments" of children). Behavior analysis is a distinct discipline, and it does not rely on cognitive therapies and expressly excludes psychological testing, neuropsychology, psychotherapy, sex therapy, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities.

*Behavioral Review*

Gathering information via interview(s), record review(s) and/or observation(s) in relevant settings to assess the seriousness of a child's behavior and the extent of necessary behavioral interventions. A behavioral review will result in recommendations regarding the necessity for additional services.

*Case Management Activities*

As defined in s. 394.497, F.S., means those mental health and related activities aimed at:

1) Developing and implementing a service plan, as defined in this chapter;

2) Providing advocacy services;
3) Linking service providers to the child and family;
4) Monitoring the delivery of services; and
5) Collecting information to determine the effect of services and treatment.

*Case Plan*

A written and executed time-limited agreement, as described in s. 39.601, F.S., which is negotiated between the Dependency Case Manager and the family and reviewed by the Children's Legal Services attorney. The case plan follows the child from the provision of voluntary services through any dependency, foster care, or termination of parental rights proceeding or related activity or process. The case plan specifies the responsibilities of and actions to be taken by ChildNet, the parents, and other involved parties for the purpose of assuring the health and safety of the child, resolving the problems which necessitated Department and ChildNet intervention and, achieving family reunification or establishing an alternative permanent living arrangement for the child.

*Child*

A person under the age of 18, who is not married or has not been emancipated.

*Certified Behavior Analyst*

A person certified in accordance with section 393.17, F.S., or by the Behavior Analyst Certification Board, Inc.

*Child & Adolescent Needs and Strengths (CANS)*

An assessment tool developed to assist in determining the need and level of intensity and duration of mental health services.

*ChildNet*

The lead agency for Community Based Care in Broward County, Florida responsible for the local administration and management of foster care and related services.

*Children's Functional Assessment Rating Scale (CFARS)*

A tool developed by the Florida Mental Health Institute, University of South Florida, for standardizing results obtained from psychosocial and other clinical assessment that provides a snapshot of client functioning that is sensitive to change. The CFARS, which must be completed by a Certified CFARS Rater, is used by the Department to report to the Legislature on program and provider treatment effectiveness as measured by client functioning. (Detailed information, including the CFARS training course and certification test, is available at the following website: http://outcomes.fmhi.usf.edu.)

*Children's Legal Services (CLS)*

A statewide law firm within the Department of Children and Families. The attorneys are employed by the Department and represent the State of Florida, acting through the Department in its parens patriae role, in fulfilling the duties set forth in Chapter 39, Florida Statutes. Children's Legal Services duties in representing the State are to ensure the

health, safety, and well-being of children and the integrity of families when they come into contact with the department as a result of an allegation of abuse, neglect, abandonment or neglect. In Broward County, CLS contracts with the Office of the Attorney General (OAG) to fulfill the role of Children's Legal Services. For purposes of this definition, for ChildNet, the OAG is part of Children's Legal Services.

*Comprehensive Behavioral Analysis*

The accumulation of information regarding the functional relationships between behavior and environment (i.e., antecedents, behavior and consequences), through record review(s), interview(s), observations and interactions across settings, which is necessary and sufficient to form a reasonable, professional hypothesis of behavioral functions(s), skills and strengths of the child, as well as needs for skill development. These information-gathering methods may include an analogue behavior analysis (also known as an analogue functional analysis). The behavior analysis will result in a written report including hypotheses of function, and will provide the basis for an intervention plan, including behaviors targeted for acquisition, strengthening or weakening and the day-to-day interactions and procedures to obtain these changes.

*Comprehensive Behavioral Health Assessment (CBHA)*

An in-depth, detailed assessment of the child's emotional, social, behavioral, and developmental functioning within the home, school, and community, including direct observation of the child in those settings.

*Department*

Stands for Department of Children and Families.

*Dependency Case Manager*

The case management employee who coordinates all services rendered to dependent children and their families.

*Independent Review*

An assessment by a Qualified Evaluator that includes a personal examination and assessment of the child in residential treatment. The assessment includes evaluation of the child's progress toward achieving the goals and objectives of the treatment plan, which must be submitted to the court.

*Lead Agency*

The licensed private community-based contract provider responsible for coordinating, integrating and managing a local system of supports and services for children who have been abused, abandoned or neglected and their families.

*Least Restrictive*

Treatment and conditions of treatment that, separately and in combination, is no more intrusive or restrictive of freedom than reasonably necessary to achieve a substantial therapeutic benefit or to protect the child or others from physical injury.

*Mental Health Case Manager*

The person assigned to assist the child in gaining access to and coordinate the needed behavioral health and related services and to work with the child, the Department, and the child's natural support system to develop and implement the service plan. For purposes of this operating procedure, the term "mental health case manager" can be used, regardless of whether case management is funded under Medicaid or another funding source.

*Child Specific Staffing*

The group of people brought together to plan and coordinate mental health and related services to meet the needs of the child in the most appropriate, least restrictive setting in the community. Members of the team should include: the child, unless clinically contraindicated; the child's parent or legal guardian and other caregiver, such as the foster parent; the DCM; the child's therapist and/or behavior analyst; and others who may have information or services to offer for the child's service plan.

*Out-of-Home Care*

The placement of a child, arranged and supervised by ChildNet, outside of the home of the child's custodial parent. This includes placement in licensed (i.e.: shelter, foster home, group home) and non-licensed (i.e.: relative) settings.

*Qualified Evaluator*

A psychiatrist or a psychologist licensed in Florida who has at least three years' experience in the diagnosis and treatment of serious emotional disturbances in children and who has no actual or perceived conflict of interest with any inpatient facility or residential treatment center. A Qualified Evaluator is a person who meets this definition and is under contract with AHCA to determine children's suitability for residential treatment, per s. 39.407, F.S.

*Residential Treatment Center*

A program that provides intensive mental health treatment for children with emotional disturbance as defined in s. 394.492(5) or (6), F.S. These programs provide 24-hour staff supervision in a restrictive environment that limits the child's interaction in the community.

*SAMH*

Stands for "Substance Abuse and Mental Health" and is used as an acronym for the two programs, substance abuse and mental health, which are generally managed through a single program office in the circuit.

*Southeast Florida Behavioral Health Network (serves Palm Beach) and Broward Behavioral Health Coalition*

Managing Entities that the Department contracts with through regional contracts to develop, support, and manage an integrated network of substance abuse and mental health services

*Service Plan*

The document developed with the child, the family, and treatment and service program representatives, which addresses the child's individualized mental health treatment and related service needs with a goal of maintaining the child in the most normal environment possible. The service plan must be consistent with the child's case plan. Pursuant to s. 394.496, F.S., the service plan must include:

1. A behavioral description of the problem being addressed;

2. A description of the services or treatment to be provided to the child and family which address the identified problem, including the type of services or treatment; the frequency and duration of services or treatment.

3. The location at which the services or treatment are to be provided

4. The name of each accountable provider of services or treatment; a description of the measurable objectives of treatment, which, if met, will result in measurable improvements of the condition of the child.

5. For students served by exceptional student education, there must be consistency between the service plan and the individual education plan.

6. A professional as defined in s. 394.455(2), (4), (21), (23), or (24), F.S., or a professional licensed under Chapter 491, F.S., must be included among those persons developing the service plan.

7. The service plan shall be reviewed at least every 90 days.

*Statewide Inpatient Psychiatric Program (SIPP)*

Those residential mental health treatment programs selected through a request for proposal and contracted by AHCA to participate in the IMD waiver.

*Suitability Assessment*

For residential treatment means a determination by a Qualified Evaluator, who has conducted a person examination and assessment of the child, as to if the child meets the criteria for placement in a residential treatment center, pursuant to s. 39.407(6)(c), F.S.

*Suitable or Suitability*

For residential treatment means a determination by a Qualified Evaluator, who has conducted a personal examination and assessment of the child, that the child meets each of the following criteria for placement in a residential treatment center, pursuant to s. 39.407(5)(c) F.S.:

1. The child appears to have an emotional disturbance serious enough to require residential treatment and is reasonably likely to benefit from the treatment;

2. The child has been provided with a clinically appropriate explanation of the nature and purpose of the treatment; and,

3. All available modalities of treatment less restrictive than residential treatment have been considered, and a less restrictive alternative that would offer comparable benefits to the child is unavailable.

*Therapeutic Group Home*

A 24-hour residential program providing community-based mental health treatment and extensive mental health support services in a homelike setting to no more than 12 children who meet the criteria in s. 394.492(5) or (6), F. S. Unlike contracted Residential Group Home and Behavioral Health Overlay Services (BHOS) providers whose primary mission is to provide a living environment; the primary mission of the therapeutic group home is to provide treatment of serious emotional disturbances.

*Treatment Plan*

Identifiable document in the medical record that depicts goals and objectives for the provision of services within specific treatment environments. The treatment plan shall be developed by a team consisting of individuals with experiences and competencies in the provision of behavioral health services to children as described in subsection 65E-11.002(10), F.A.C.; including if deemed appropriate by the family, the child and family or family representatives; and other agencies, providers or other persons.

**Statement of Procedure:**

A. ChildNet is to:

1. Facilitate initial and ongoing training on this operating procedure for all levels of ChildNet staff and contracted providers of ChildNet functions.

2. Manage the referral and placement of dependent children into residential treatment centers, and the priority services list for children in the Department's custody.

3. Ensure that children in the Department's custody are referred for a Comprehensive Behavioral Health Assessment, and if the assessment is not completed within 24 days of referral to the provider, ensure the reasons are documented in the child's case file.

4. Monitor the number and timeliness of referrals for Comprehensive Behavioral Health Assessments and their incorporation into the case plan process.

5. Ensure the integration of behavioral health service planning into the case plan process.

6. Monitor the DCM participation in, CSS, treatment team meetings, visiting children in residential treatment centers and ensure active, timely and appropriate discharge planning is being facilitated.

7. In conjunction with the district/region's Managing Entity, develop strategies to maximize the effective use of funding sources, including those of Medicaid, the Managing Entity, and ChildNet, to meet the behavioral health needs of children in custody.

8. Work closely with the Managing Entity to identify and resolve any local implementation problems.

9. Monitor implementation of this operating procedure throughout ChildNet.

B. Behavioral Health Services Specialists

1. Role - For families under the supervision of ChildNet, the Behavioral Health Services Specialists provide consultation to DCM's in accessing behavioral health screening, professional assessment, and timely, quality treatment at levels appropriate to the severity of the conditions of children, parents, and families. The primary role of the Behavioral Health Services Specialists is to serve as a resource in ensuring that children, parents, and families are assessed as to their need for behavioral health services and provided with individualized treatment and integrated services in support of their permanency goals. ChildNet's Behavioral Health Services Specialists hold a master's degree in a Human Services related field with children's behavioral health experience and training. They are either licensed mental health professionals or supervised by a licensed mental health professional.

2. Responsibilities - The duties of the Behavioral Health Services Specialists include, but are not limited to:

   a. Serve as a consultant to the DCM in making timely, appropriate, and effective referrals to behavioral health services in the community for children, parents, and families served, to include maintenance of comprehensive, up-to-date information about culturally relevant behavioral health community resources so that DCM have access to this information when needed.

   b. Assist DCMs in obtaining clinical case consultations for especially complex cases.

   c. Enter data into ChildNet's internal Comprehensive Behavioral Health Assessment Database, in order to track the required timelines.

   d. Complete monthly reports and submit to ChildNet's Director of Service Coordination on the number, timeliness, and status of Comprehensive Behavioral Health Assessments.

## COMPREHENSIVE BEHAVIORAL HEALTH ASSESSMENTS

A. Purpose. It is the goal of the Department that all children entering out-of-home care, ages 0-17 are provided a Comprehensive Behavioral Health Assessment (CBHA). These assessments are used to provide specific information about behavioral health and related needs and recommendations for services to accomplish permanency planning. The behavioral health needs identified through the comprehensive assessment and the recommendations for services are to be considered for inclusion in the child's case plan, as appropriate. The Department is authorized to have this assessment performed without authorization from the court and without consent from a parent or legal custodian, per FS. 39.407(1), F.S.

B. Reference. Medicaid's Community Mental Health Services Coverage and Limitations Handbook.

C. Assessment goals. As described in the Medicaid Handbook, the goals of the Comprehensive Behavioral Health Assessment are to:

1. Provide assessment of areas where no other information exists;

2. Update pertinent information not considered current;

3. Integrate and interpret all existing and new assessment information;

4. Provide functional information, including strengths and needs, that will aid in the development of long term and short-term intervention strategies to enable the child to live in the most inclusive, least restrictive environment;

5. Provide specific information and recommendations to accomplish family preservation, re-unification, or re-entry and permanency planning;

6. Provide data to support the most appropriate placement, when out-of-home care or residential mental health treatment is necessary;

7. Provide the basis for developing an effective, individualized, strength-based service plan; and,

8. Provide detailed information on each of the Comprehensive Behavioral Health Assessment components as specified in the Medicaid Community Mental Health Services Coverage and Limitations Handbook.

D. Process and Timelines.

1. Within 7 days the Behavioral Health Services Specialist completes the Comprehensive Behavioral Health Assessment Referral and an Authorization for Comprehensive Behavioral Health Assessment and refers the child to an approved provider. The Behavioral Health Services Specialist will input the referral data into ChildNet's CBHA tracking system.

2. As a component of the Comprehensive Behavioral Health Assessment, the assigned assessor is required to conduct an individual meeting with the child, the child's parent(s), and the child's foster parent or other caregiver.

3. Within 24 calendar days of receipt of the authorization, the Comprehensive Behavioral Health Assessment provider is to complete the assessment and send the report of findings to ChildNet's Behavioral Health Services Specialist.

4. Within a timely manner of receipt of the Comprehensive Behavioral Health Assessment report, ChildNet's Behavioral Health Services Specialist is to review the report and, will forward the report to the Dependency Case Manager (DCM) and /Children's Legal Services. Palm Beach sends the CBHA to DCFC15CBHA-SUIT@dcf.state.fl.us

   The Behavioral Health Services Specialist is to review the assessment report for any recommendations for behavioral health services for the child and parent. The DCM/DCMS is to then make appropriate referrals for recommended services in a timely matter, asking ChildNet's Behavioral Health Services Specialist for consultation, as needed.

5. At any point during the assessment process, if the child is determined to have an urgent need for immediate behavioral health treatment, the DCM is to seek appropriate behavioral health services for the child in the community. (A score of 3 in "Risk Behaviors" or "Problem Presentation" areas of the CANS would indicate a high level of urgency for mental health services.) ChildNet's Behavioral Health Services Specialist is to assist the DCM with consultation regarding referrals and accessing these services, as needed.

6. The DCM is to use the results and recommendations of the Comprehensive Behavioral Health Assessment in developing the case plan, including addressing the child's, parent's, and family's culturally relevant mental health/behavioral health service needs.

E. Database. ChildNet is to develop and maintain an internal database designed to track referrals for Comprehensive Behavioral Health Assessments. ChildNet's Behavioral Health Services Specialist will be responsible for:

1. Entering the required data elements into the database;

2. Tracking the timeframes of referrals for assessments; and

3. Producing monthly reports for ChildNet's Director of Service Coordination on the number, timeliness and status of Comprehensive Behavioral Health Assessments.

## BEHAVIORAL HEALTH TREATMENT SERVICES IN THE COMMUNITY

A. Service Descriptions - An array of Behavioral Health services is available and can be provided flexibly in the child's home, foster and group care settings, schools, or other community settings. Service Plans are developed with the full participation of children and the families served. These services, include the following:

1. Behavioral Health Overlay Services, or BHOS, is a Medicaid program component that enables eligible children placed in designated ChildNet contracted residential group care programs to receive medically necessary behavioral health services.

2. Mental Health Case Management is provided primarily for children with more complex needs requiring coordinated services. Mental Health Case Management Services consist of activities aimed at identifying the child's needs, planning services, linking the service system with the person, coordinating the various system components, monitoring service delivery and evaluating the effect of services received.

3. Crisis Stabilization Units provide short-term residential evaluation and crisis stabilization for persons experiencing an acute mental or emotional crisis. Children admitted to these facilities are those who are believed to meet the criteria for involuntary treatment under Florida's Baker Act (Chapter 394, Part 1, F.S.) and who require inpatient psychiatric care during a period of crisis. The purpose of this service is to evaluate the child's condition, stabilize the child, and provide recommendations for appropriate follow-up treatment upon release. These facilities may be free-standing or may be hospital-based. In some districts, crisis stabilization units serve both children and adults, but the facilities are in compliance with statutory requirements for keeping children separated from adults.

4. Mobile Crisis Response Team is a service operated locally by a community mental health center that travels into the community, where the child is located, to provide emergency crisis mental health interventions.

5. Day Treatment is an integrated program of academic, therapeutic, and family services, staffed by multi-disciplinary teams. Educational services are usually delivered by local public school teachers and should be individualized. Therapeutic services include individual and group counseling, interpersonal skill building, and therapeutic behavioral training. Family services may include family counseling, parent training and assistance with specific family problems. The treatment team is expected to

coordinate the services they provide for the child and family. Day treatment programs may be school-based or provided at other community sites.

6. Individualized Wrap-Around Services are "packages" of treatment and related services designed to enable the child to remain in the child's own home, foster home, or other community setting. The services are for the child and the family and may include both traditional and highly individualized services, including the purchase of needed goods and services identified in the service plan.

7. Outpatient Treatment/Outpatient Medical is the provision of individual, group or family therapy by mental health professionals, including psychiatrists, psychologists, and mental health counselors. Treatment settings may include community mental health centers and private offices. Therapeutic Behavioral Overlay Services (TBOS) allows for these therapeutic services to be provided in the child's home or school, and other community settings. Other in-home behavioral services and supported community activities, such as therapeutic friends or community support aides, are also considered outpatient treatment. Assessment of psychiatric mental status and medication administration can also be provided, to improve the functioning or prevent further deterioration of children with serious emotional disturbance.

8. Behavior Analysis Services are interventions based on the identification of functional relationships between behavior and environment (i.e., antecedents, behavior and consequences) through direct observations and measurement based on the principles of behavior identified within the experimental analysis of behavior. Behavior analysis involves the design, implementation and evaluation of systematic environmental changes in contextual factors, establishing operations, antecedent stimuli, reinforcement and other consequences, based on these identified functional relationships. The purpose is to produce socially significant improvements in the behavior of children and their caregivers (the most significant "environments" of children). Behavior analysis is a distinct discipline, and it does not rely on cognitive therapies and expressly excludes psychological testing, neuropsychology, psychotherapy, sex therapy, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities.

9. Respite Care is a planned period of relief for parents caring for a child with serious emotional disturbance. Respite may be used for any eligible child's family, including biological, adoptive and foster parents. Respite care providers assume the duties of caregiving for several hours, overnight or even several days to relieve the family from the constant demands of parenting a child with often-difficult behaviors and special needs. Respite may be provided in the child's home or in the home of the respite care provider.

10. Specialized Therapeutic Foster Care is a Medicaid-funded program of intensive mental health treatment provided in specially recruited foster homes. The program is designed to provide the supervision and intensity of programming required to support

children with moderate to severe emotional and/or behavioral problems and to avoid the need for admission to an inpatient psychiatric hospital or residential treatment center.

a. Specialized therapeutic foster homes must be licensed under Chapter 65C-13, Florida Administrative Code, and no more than two children requiring this level of care, in addition to the foster parents' own children, may be placed in a home except when a child has a sibling, and it is determined necessary to keep them together. Approval for the over-capacity placement of a child's siblings must be approved in writing by ChildNet's Executive Director or designee in accordance with 65C-13.032(3), F.A.C.

b. The level of therapeutic foster care refers to the level of supervision and training of the foster parents and the intensity of program supports needed to treat the child. Level I homes are for children who are seriously emotionally disturbed, Level II homes are for children with more severe emotional and/or behavioral problems, requiring a higher degree of structure, support and clinical services.

c. ChildNet Broward - A child specific multidisciplinary team, consisting of a representative of ChildNet Service Coordination, ChildNet Case Management, Sunshine Health and the identified STFC Provider, must assess whether the child requires specialized therapeutic foster care services and must determine the level of services required. The following may also participate – CBCIH, Targeted Case Managers,' GAL, AAL and family members. The team must review each child's status to re-authorize services no less than every six months. (Specific policy and procedures are outlined in Chapter 2, Section 3, of Medicaid's "Community Mental Health Services Coverage and Limitations Handbook.")

d. Therapeutic Foster Care provides mental health services for children with emotional and behavioral disturbances living in a foster family home. Each home is managed by trained foster parents who provide specialized care for children needing a therapeutic setting. Each home must be licensed under Chapter 65C-13, Florida Administrative Code, and supervision of the child's treatment is provided by mental health professionals. The child and family receive support services, as necessary. In this program, the therapeutic foster parent is considered the key therapeutic agent. Typically, each home is licensed to serve one or two children.

B. Mental Health Case Management.

1. Case management services should not be duplicated or fragmented and should promote continuity and stability of case management services for the child and family.

2. Not every child receiving services under this policy and procedure will need to have a "mental health case manager" assigned, and for those who do, the decision as to who

should be responsible for guiding the mental health treatment aspects of the child's service plan should be determined individually.

3. For some children, the DCM may be the person designated to coordinate, manage, and monitor all aspects of the child's care and treatment.

4. For other children, especially those with complex clinical needs, the DCM, with the assistance of ChildNet's Behavioral Health Services Specialist, may refer for mental health targeted case management. Mental health targeted case management activities are governed by the Medicaid Mental Health Targeted Case Management Coverage and Limitations Handbook. The mental health targeted case manager should assist the Dependency Case Manager by providing coordination of mental health services for a child who meets the current certification criteria for Children's Mental Health Targeted Case Management as stated in the Medicaid Handbook. The services they provide must be coordinated with and not duplicate those of the DCM. When a child is referred for mental health targeted case management, the DCM and mental health targeted case manager are to have a joint plan that will delineate each of their responsibilities. This plan will be in the child's case file.

5. For children placed into a residential treatment center the following applies:

    a. If the child is admitted to a SIPP, case management is one of the required services provided by the SIPP. However, targeted case management may be billed to Medicaid by another provider 6 months before the child's discharge in order to facilitate discharge planning for the child.

    b. Regardless of who is designated as the case manager, children who meet the following criteria will be provided with case management to ensure that the mental health services are planned, coordinated, and monitored in conjunction with the child's case plan:

        - Is enrolled in a DCF mental health target population;
        - Has a disability that requires advocacy for and the coordination of services to maintain or improve the child's level of functioning;
        - Requires services to assist in attaining self-sufficiency and satisfaction in living, learning, work and social environment of choice;
        - Lacks a natural support system with the ability to access needed medical, social, educational and other services;
        - Requires ongoing assistance to access or maintain needed care consistently;

- Has a disability duration that, based upon professional judgment, will last a minimum of one year;

- Is in out-of-home mental health placement or at documented risk of out of home mental health treatment placement;
- Is not receiving duplicate case management services from another provider;

- Has relocated from a DCF district where he or she was receiving mental health Targeted Case Management services; and,

- The child is approved and waiting for placement in a residential treatment center.

C. Referrals to Behavioral Health Services in the Community.

1. Children with Medicaid coverage, which should include most children in foster care, are eligible for an extensive array of Medicaid-funded behavioral health services. Upon request, ChildNet's Behavioral Health Services Specialist is to assist DCM in determining the types of services that would be most beneficial to children in custody with behavioral health care needs and to their family members when needed, allowing for a choice of qualified service providers.

2. The DCM is to refer the child to community behavioral health services, based on the recommendations in the child's Comprehensive Behavioral Health Assessment within one. To the extent possible, the child should be provided a choice of service providers which would meet the child's needs.

3. ChildNet's Behavioral Health Services Specialist is to be available to consult with the DCM in identifying the most appropriate community mental health services, in making effective referrals, and in exploring the feasibility of a variety of treatment options and service providers, including:

   a. Individualized "wraparound" service packages;

   b. Therapeutic Behavioral Overlay Services (TBOS);

   c. Treatment by a therapist with specialty training and experience;

   d. Behavior Analysis Service interventions designed and monitored by a Certified Behavior Analyst or Assistant Certified Behavior Analyst supervised by a Certified Behavior Analyst.;

   e. Treatment in a Specialized Therapeutic Foster Care program;

4. Broward Family Services Planning Team (FSPT) – FSPT is a multi-disciplinary team of local behavioral health experts that is available to the general community, as a forum to staff children with complex behavioral health needs and then provides related service recommendations.

5. The Child Specific Staffing (CSS) shall include all parties involved have knowledge of and/or a relationship with the child, such as the child's therapist, parents, DCM, Legal Aid attorney and/or Guardian Ad Litem. Additionally, all children brought to CSS are dependent children.

    a. CSS meets weekly or scheduled as needed and is facilitated by ChildNet's Senior Behavioral Health Services Specialist/Asst Director of Service Coordination.

    b. Children can be placed on the staffing schedule by the DCM, child's attorney, ChildNet's behavioral health or intake and placement staff, child's placement or service providers, etc.

    c. The mission of the CSS is to assess the child's need for a higher level of care and/or discuss supports to assist the child in their current placement.

6. While the child is receiving behavioral health services, it is imperative for the child's therapist to know about significant changes in the child's life, such as decisions affecting the child/parent relationship, where the child will live and attend school, and other important events. The DCM is to keep the child's therapist informed of major decision points and ongoing legal status, including pending judicial actions (e.g., adjudication of dependency, termination of parental rights) so that treatment can be responsive to the child's real-life needs. The service provider must be informed about the issues contained in the child's case plan and the child's permanency goals. The treatment plan developed by the service provider must support the case plan.

7. Inter-Agency Agreement Case Staffings – A statewide Inter-Agency Agreement including the Department of Children and Families, the Department of Juvenile Justice, The Agency for Persons with Disabilities, the Guardian Ad Litem Program, the school board, and the Agency for Health Care Administration exists to allow for the provision of inter-agency case staffing for especially complex cases where systemic issues may present as barriers to the child accessing services. Therefore, in cases where systemic barriers may arise, and resolution cannot be met by any of the above-mentioned steps, the following is to occur:

    a) The assigned DCM, DCMS, or Manager is to request an Inter-Agency Staffing by contacting ChildNet's Director of Service Coordination.

## RESIDENTIAL MENTAL HEALTH TREATMENT

A. This section provides the process for assessing and, if needed, placing children that are in the Department's custody into residential treatment centers, including therapeutic group homes. The process is consistent with Section 39.407, F.S., which provides the statutory requirements for such placements. Such placements must be carefully planned and should be considered only when a child has not been responsive to mental health treatment in the community and less restrictive treatment interventions are not currently appropriate or available. Residential treatment must not be used for emergency placements; if a child is experiencing an acute psychiatric crisis, the child should be referred to the local Baker Act receiving facility for emergency screening and stabilization. It applies to children in the Department's custody who have a serious emotional disturbance and who may need, and are likely to benefit from, treatment in a residential treatment center.

B. Reference - Section 39.407, F.S., Rule 8.350, FL R. Juv. P

1. Resources that should be sought in reviewing the child's current condition are:

   a. Current evaluations or assessments;

   b. Reports from the family, foster family, school, and child's current placement;

   c. The results of recent case staffing(s);

   d. Staff observations of the child; and,

   e. Reports from behavioral health treatment providers who worked with the child in the community or in less restrictive residential treatment settings, such as Specialized Therapeutic Foster Care.

2. Each child being considered for referral for a suitability assessment must meet one or more of the CFARS problem severity ratings in Section B of Appendix C, and one or more of the following situations, as described in Section A of Appendix C:

   a. Comprehensive treatment in the least restrictive settings has been ineffective; and/or,

   b. The child was placed in a Specialized Therapeutic Foster Home program or other community-based therapeutic setting for treatment and the placement was not successful in treating the child's condition; and/or,

   c. The child's psychiatric condition is so severe that treatment cannot be safely attempted in the community.

C. Suitability Assessment - If it is determined that the child meets the threshold criteria:

1. The DCM is to work collaboratively with ChildNet's designated Service Coordination staff to prepare the referral packet (the Referral for Mental Health Services and supporting clinical documentations, including all required attachments, obtain the signatures of the immediate supervisor and next level supervisor), and forward the packet and all attachments to ChildNet's designated Service Coordination staff.

2. ChildNet's ADSC or Senior Behavioral Health Services Specialist is to review the referral packet to ensure that it is complete and, within two working days, is to send the referral (Assessment for Suitability Assessment of a Child for Residential Treatment) minus the attachments to DCF's contracted provider or Magellan's Point of Contact.

3. Within two working days of receiving the referral from ChildNet's ADSC/Senior Behavioral Health Services Specialist, DCF's contracted provider is required by contract to:

   a. Designate a Qualified Evaluator;

   b. Schedule the appointment with the Qualified Evaluator; and,

   c. At least three working days before the appointment, notify ChildNet of the name, address, and phone number of the selected Qualified Evaluator and the date and time of the appointment.

4. Immediately upon notification from DCF's contracted provider, the ADSC/Senior Behavioral Health Services Specialist is to:

   a. Notify the DCM of the appointment;

   b. Ensure that the completed packet, including all required attachments, is delivered electronically to the Magellan's SharePoint site

5. The Qualified Evaluator, after completing the evaluation and suitability assessment, is to submit the report and any supporting information to DCF's contracted provider for approval. This report must include written findings that the child has been provided with a clinically appropriate explanation of the nature and purpose of the recommended treatment.

6. After approving the report, DCF's contracted provider is to send the report to ChildNet's ADSC/Senior Behavioral Health Services Specialist, who is to forward the report to the DCM. DCF's contracted provider has agreed to forward this report of the findings within 14 working days of receipt of the referral.

7. The DCM is to provide a copy of the Suitability Assessment report to the CLS attorney who will provide it to the court and all parties, including the Guardian Ad Litem and Attorney Ad Litem, if assigned.

8. If, at any point during the Suitability Assessment process, the child or family member appears to have an urgent need for immediate mental health services, the DCM is to access appropriate mental health services in the community, requesting assistance as needed from ChildNet's Behavioral Health Services Specialist.

D. Actions Following Suitability Determination

1. For Palm Beach upon receipt of the Suitability Assessment, the assessment is forwarded to Children's Legal Services designated email address (SER.C15.MH@myflfamilies.com).

2. If the Qualified Evaluator determines the child does not require placement in a residential treatment center, ChildNet's Behavioral Health Services Specialist is to assist the DCM in developing a plan for necessary behavioral health treatment and support services for the child in the community.

3. If the Qualified Evaluator determines the child does need residential treatment, the ADSC/Senior Behavioral Health Services Specialist is to immediately inform the DCM who is to notify the CLS. The ADSC/Senior Behavioral Health Services Specialist will also consult with the DCM to identify less restrictive placement options, services, and supports for the child as alternative to residential treatment in the event that the court orders that the child be placed in a less restrictive setting.

4. Upon notification from the DCM that the Suitability Assessment recommends residential treatment, the CLS attorney is to file a motion for placement of the child with the court and notify the child's Guardian Ad Litem and Attorney, if assigned, and all other legally interested parties. This motion shall also state whether all parties, including the child, are in agreement with the decision. The CLS should request that the court sets the matter for a status hearing within 48 hours, excluding weekends and holidays, and should provide timely notice of the date, time, and place of the hearing to all parties and participants, except that the child's attorney or Guardian Ad Litem is to notify the child of the date, time, and place of the hearing. If, at the status hearing, any party disagrees with the recommended placement, then the matter shall be heard by the court within 10 working days (Rule 8.350, FL R. Juv. P).

5. If the Qualified Evaluator's written assessment indicates that the child requires immediate placement in a residential treatment center or hospital, and that such placement cannot wait for a court hearing, then the child may be placed, pending a hearing, unless the court orders otherwise.

6. If the motion for placement of the child into residential treatment is approved by the court during the status hearing, the CA/DCM and ChildNet's ADSC/SBHSS are to coordinate the placement of the child.

7. If the court approves the motion for placement of the child into residential treatment, and if resources are immediately available for placing the child in a residential treatment center:

8. a. ChildNet's ADSC/Senior Behavioral Health Services Specialist is to: \

- In consultation with the child's team (attorney, Guardian Ad Litem, etc.) and Dependency Case Manager, referrals are made to select a residential treatment center, in most instances a Statewide Inpatient Psychiatric Program (SIPP) in the region that is designed to meet the child's identified treatment needs.

- Submit a complete referral package to the SIPP that includes, at a minimum, all attachments and supporting clinical documentation, and the suitability assessment by the Qualified Evaluator.

- Follow-up with the SIPP to ensure that prior authorization is being requested from AHCA's contracted provider of SIPP utilization management.

- Upon notification from the SIPP that the child has been authorized for admission, notify the DCM, and AHCA's contracted provider for independent evaluations of the child's admission, the date of admission, and the name, address and phone number of the facility.

- If authorization is denied, an appeal may be submitted per the process outlined in AHCA's "Utilization Management Procedures for Statewide Inpatient Psychiatric Program" manual.

b. Upon notification from the ADSC/Senior Behavioral Health Services Specialist that the child will be placed in the SIPP/residential treatment center, the DCM is to:

- Immediately notify the CLS who is to in turn notify the Guardian Ad Litem and the court of the child's placement in the residential treatment center.

- Provide the facility with a copy of the court order that currently authorizes administration of psychotropic medications (see policy and procedure CN 003.054).

- Provide the facility with the appropriate legal consent to treatment and a copy of the court order approving placement of the child, if available.

- Prepare the child for the placement, including describing the facility and its program and explaining the nature and purpose of the treatment.

- Ensure that the child has suitable clothing and arrange in advance with the residential treatment center for the child to bring allowable personal possessions.

- If parental rights are still intact, inform the child's parents of the child's status and the SIPP placement arrangements.

- Give the child and the residential treatment center the name and phone number of the DCM and Supervisor, including an after-hours contact for urgent situations, and the phone number of the child's foster parents, parents and/or other relatives that the child has permission to contact unless contraindicated. Names and phone numbers of the child's Guardian Ad Litem and/or Attorney Ad Litem are to be provided as well, if appointed.

- Monitor the child's safety, care, and treatment while in the residential treatment center by maintaining regular contact with the child and the child's treatment team, including monthly visits with the child.

- In coordination with the residential treatment center, facilitate regular contacts between the child and the significant people in the child's life.

- Work closely with the facility and relevant resources in the community toward a timely and appropriate discharge plan.

- Follow through to ensure appropriate treatment and support services are provided upon discharge.

9. If the court denies the motion to place the child into a residential treatment facility or orders the placement of the child in a less restrictive setting during a 90-day review hearing, the DCM is to consult with the ADSC/Senior Behavioral Health Specialist to coordinate the referral and placement of the child into the best suited setting to meet the child's needs.

10. If the child cannot be placed immediately in a residential treatment center, the ADSC/Senior Behavioral Health Services Specialist is to:

    a. Ensure that a mental health case manager is designated to develop, implement, and monitor a service plan for the child.

    b. Monitor to ensure the child is receiving the needed behavioral health services.

11. Should the court order a child for a Suitability Assessment or into Residential Treatment, and the above conditions and criteria are not met, then the ADSC/Senior Behavioral Health Services Specialist is to convene a meeting to include Director of Service Coordination, the DCM, the DCM Supervisor, and ChildNet's Legal Department. At this meeting the child's behavioral health functioning, threshold criteria, and legal circumstances will be reviewed in order to determine if further legal action should be taken.

E. Discharge Planning

1. Before a child is admitted to a residential treatment center, the DCM is to coordinate the development of an initial discharge plan that at a minimum identifies:

   a. The individual or family or program that ChildNet anticipates will be providing a home for the child following discharge. Because this may not be firmly established at the time of admission to the facility or may be subject to future court approval, contingency plans should also be discussed with the child and included in the initial discharge plan.

   b. Services that will be offered to the child's identified future caregiver during the placement and following discharge. These services should be designed to prepare the caregiver to work effectively with the child and ensure stability in the discharge environment.

   c. Potential step-down treatment programs in the community that may be explored, depending on the intensity of the child's needs for continued structured treatment at the time of discharge. Such programs might include a therapeutic foster home, Specialized Therapeutic Group Home, Specialized Therapeutic Foster Care at Level 1 or 2, a specially recruited foster home that has been specially trained to work with children with emotional and/or behavioral health concerns, or a BHOS group home.

2. While the child is in the facility, the DCM and the child's designated mental health case manager (if assigned) are to communicate regularly with the child, the facility's treatment team and the ChildNet placement unit to plan for the child's discharge. The discharge plan will be finalized in a timely manner prior to the child's projected discharge date.

3. As soon as the child's future caregiver is identified, the DCM is to work with the facility to facilitate phone calls, visits, and home visits with the caregiver and to address any issues identified by the child, the caregiver, or facility staff to ensure a successful discharge.

F. Reviews and Reports.

1. Section 39.407(5), F.S., requires certain reports and reviews for children in the Department's custody who are placed into residential treatment centers or hospitals. It is imperative that circuits track compliance with these requirements and ensure timely receipt and distribution, including requirements for filing reports with the court.

2. The following reports and reviews are required for placements made under Section 39.407(5) F.S., to hospitals licensed under Chapter 395, F.S., or residential treatment centers, including therapeutic group homes, licensed under 65E-9, F.A.C.

   a. 10-Day Report. Subsection 39.407(5)(e), F.S., requires that:

   - Within 10 days after the admission of a child to a residential treatment program, the director of the residential treatment program or the director's designee must ensure that an individualized plan of treatment has been prepared by the program and has been explained to the child, to the Department, to ChildNet and to the Guardian Ad Litem, and submitted to the Department and ChildNet.

   - The child must be involved in the preparation of the plan to the maximum feasible extent consistent with his or her ability to understand and participate, and the Guardian Ad Litem and the child's foster parents must be involved to the maximum extent consistent with the child's treatment needs.

   - The plan must include a preliminary plan for residential treatment and aftercare upon completion of residential treatment. The plan must include specific behavioral and emotional goals against which the success of the residential treatment may be measured.

   - A copy of the plan must be provided to the child, to the Guardian Ad Litem, to ChildNet and to the Department.

   - 30-Day Report. Subsection 39.407(5)(f), F.S., requires that:

     - Within 30 days after admission, the residential treatment program must review the appropriateness and suitability of the child's placement in the program. The residential treatment program must determine whether the child is receiving benefit towards the treatment goals and whether the child could be treated in a less restrictive treatment program.

     - The residential treatment program shall prepare a written report of its findings and submit the report to the Guardian Ad Litem, to ChildNet.

- The Department or ChildNet must submit the report to the court through the assigned OAG/CLS attorney. The report must include a discharge plan for the child.

- The residential treatment program must continue to evaluate the child's treatment progress every 90days thereafter and must include its findings in a written report submitted to the Department.

- The Department or ChildNet, through the assigned OAG/CLS attorney, must submit, at the beginning of each month, to the court having jurisdiction over the child, a written report regarding the child's progress towards achieving the goals specified in the individualized plan of treatment.

b. 90 Day Reviews

- DCF's contracted provider will direct one of its registered Qualified Evaluators to conduct the 90-day independent reviews, initially for children in Department custody in facilities licensed under Chapter 395, F.S. and 65E-9, F.A.C. for children in residential treatment centers licensed under s. 394.875, F.S., including therapeutic group homes.

- ChildNet's ADSC/Senior Behavioral Health Services Specialist is to provide ongoing notification to DCF's contracted provider of children in Department custody placed in these facilities to ensure that the reviews are scheduled timely. The Authorization of Suitability Assessment by a Qualified Evaluator is to be used to authorize access to the child by the Qualified Evaluator for these reviews.

  - To comply with Subsection 39.407(5)(g) and (h), F.S., the Dependency Case Manager is to file the legal request for the timely hearing to review the status of the child's residential treatment plan no later than three months after the child's admission to the residential treatment program.

  - ChildNet's ADSC/Senior Behavioral Health Specialist is to complete the referral for the independent review of the child's progress towards achieving the goals and objectives of the treatment plan which must be completed by a qualified evaluator and submitted to the court before its 90-day review.

  - In Palm Beach, Children's Therapeutic Court is the means to accomplish this.

G. Visitation

1. Within three working days of placement in a residential treatment center, the DCM will contact the child, by phone or in person, and the facility's treatment staff to assure the program is meeting the child's needs.

2. The DCM will visit the child at least –every 30 days while the child is in the placement to monitor the child's condition and progress and will document the visits through the SACWIS (Statewide Automated Child Welfare Information System). During the visit, the DCM is to ensure that services are being provided that address all domains of the child's life and document that in the case record.

3. If the child is placed out of circuit, ChildNet will formally request the receiving circuit to visit the child at least monthly, document the visits through SACWIS, and provide the home circuit with regular written updates on the child's adjustment and condition.

H. For Out-of-State Placements Prohibited. It is the policy of the Department that the circuit will not approve or participate in funding out-of-state placements for mental health treatment of children. Exceptions to this policy must meet the below outlined requirements.

1. The Department will consider granting an exception for the placement of children and adolescents in mental health residential treatment out-of-state when the requirements of the below are met:

   a. The reunification plan is for the child to join family who lives in the other state, and:

   b. Placement in residential treatment is for a transitional period not to exceed three months. Special circumstances requiring additional time in treatment shall be considered by the Department.

2. ChildNet Agency has attempted to meet the placement and treatment needs of the child within state and in-state placements have failed. ChildNet must document;

   a. Efforts to locate an alternate treatment option in state;

   b. The reasons the out-of-state residential treatment center was selected;

   c. A current suitability assessment recommending placement into a residential mental health treatment center;

d. A plan for face-to-face contacts by a child welfare professional with the child every 30 days; and,

e. An initial discharge plan.

3. ChildNet's CEO or designee must obtain approval from the Department prior to the placement of any child or adolescent out-of-state in accordance with this operating procedure:

   a. The Regional Managing Director (RMD) must approve placement of the child out-of-state. The RMD shall consider the above required documentation.

   b. The RMD shall present the case to the Department's Assistance Secretary for Operations.

   c. The Assistance Secretary for Operations shall seek the approval of the Secretary of the Department who can approve out-of-state placement for children in need of more intensive mental health treatment.

4. ChildNet shall seek to resolve conflicts with the Deputy Secretary of the Department.

5. ChildNet must comply with the requirements of the Interstate Compact for the Placement of the children (ICPC) and shall provide documentation of compliance with this process as part of the request to the ICPC office. The ICPC office will not process the request without this information.

6. ChildNet will notify CLS so that proper notice and approval from the court can be obtained prior to such placement.

7. Upon placement of out-of-state for residential treatment, it is critical for the assigned child welfare procession and ChildNet point of contact to remain involved in the child's treatment and discharge planning. 90-day reviews are an essential component to this monitoring and have the following requirements:

   a. 90 days reviews to determine the suitability of continued placement in residential treatment must be conducted by an independent evaluator who is a psychiatrist or psychologist licensed in the State of Florida who has at least (3) years of experience in the diagnosis and treatment of serious emotional disturbances in children and adolescents.

   b. The results of the 90-day review shall be filed with the court and CLS shall schedule a 90-day review hearing.

I. Relinquishing Custody - It is the position of the Department and ChildNet that parents or other custodians must not be compelled or encouraged to relinquish custody of their children to the Department in order to access mental health services. No family should have to place their child into the Department's custody in order to receive treatment, nor should any suggestion ever be made to a family or to a court to do so.

J. ChildNet staff must ensure compliance with ChildNet's Child Welfare Specialty Plan (CWSP) Manual, which includes guidelines that must be followed for all children enrolled in Sunshine Health CWSP. This procedure applies to ChildNet staff and addresses care coordination activities that are provided on behalf of all CWSP plan enrollees. The guidelines outline the process that Community Based Care Integrated Health (CBCIH) has implemented to effectively monitor the activities conducted by ChildNet and the overall implementation and coordination of activities related to the Child Welfare Specialty Plan. This procedure only applies to ChildNet children enrolled in the Child Welfare Specialty Plan. The ChildNet CWSP Manual is located in Resource Links.

**President's Signature:** _____ **Date:** 09-23-22