

Chapter 5

RESIDENTIAL MENTAL HEALTH TREATMENT

5-1. Purpose. This chapter provides the process for assessing and, if needed, placing children who are in out-of-home care into residential treatment centers, including therapeutic group homes. The process is consistent with s. [39.407](#), F.S., which provides the statutory requirements for such placements. Careful planning is required for such placements 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.

5-2. Scope. This operating procedure applies in all cases where the Department or its contracted service provider requests or provides treatment or placement services for children and adolescents in out-of-home care. This operating procedure also applies to children placed outside the state of Florida under the jurisdiction of a Florida dependency court. The policies and procedures within this operating procedure apply to all staff of the Department, Community-Based Care (CBC) Lead Agencies and their subcontracted providers, Sheriff's Offices conducting child protective investigations, and Children's Legal Services (CLS) attorneys.

5-3. Authority. Relevant statutory provisions relating to residential treatment are as follows:

- a. Section [39.407](#), Florida Statutes (F.S.).
- b. Section [39.01305](#), F.S.
- c. Rules of Juvenile Procedure 8.350.
- d. Section [394.875](#), F.S.
- e. Chapter [395](#), F.S.
- f. Chapter [65C-27](#), Florida Administrative Code (F.A.C.).
- g. Rule [65C-28.015](#), F.A.C.
- h. Chapter [65E-9](#), F.A.C.
- i. Chapter [65E-10](#), F.A.C.

5-4. Explanation of Terms. For the purposes of this chapter, the following definitions shall apply:

a. "Point of Contact" also known as the Behavioral Health Coordinator, and previously known as the Single Point of Access (SPOA), means the person or entity designated by each Community Based Care lead agency as the central point of contact for accessing residential treatment services.

b. "Qualified Evaluator" means a psychiatrist or a psychologist licensed in Florida who has at least three (3) years of experience in the diagnosis and treatment of serious emotional disturbances in children and adolescents and who has no actual or perceived conflict of interest with any inpatient facility or residential treatment center. A Qualified Evaluator is appointed to determine children's suitability for residential treatment, per s. [39.407](#), F.S. The Department contracts with a provider to manage this Qualified Evaluator Network.

c. "Residential Treatment Center" means placement for observation, diagnosis, or treatment of an emotional disturbance in a residential treatment center licensed under s. [394.875](#), F.S., or a hospital licensed under Chapter [395](#), F.S.

d. “Statewide Inpatient Psychiatric Program (SIPP)” means those residential mental health treatment programs enrolled with the Agency for Health Care Administration (AHCA) or contracted with a Medicaid Managed Medical Assistance (MMA) plan.

e. “Suitability Assessment” 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 the criteria for placement in a residential treatment center, pursuant to s. [39.407\(6\)\(c\)](#), F.S.

f. “Therapeutic Group Home” means a 24-hour residential program licensed by AHCA under Chapter [65E-9](#), F.A.C., 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 ss. [394.492\(5\) or \(6\)](#), F.S. The primary mission of a therapeutic group home is to provide treatment of children and adolescents with serious emotional disturbances. A Therapeutic Group Home is considered residential treatment and requires a determination of suitability for placement.

5-5. Point of Contact.

a. Designation. Each CBC Lead Agency will establish a point of contact to serve as the primary contact for child welfare professionals in referring children for suitability assessments.

b. Roles and Responsibilities. For children in out-of-home care, the point of contact provides consultation to child welfare professionals in assessing the need for residential treatment and in scheduling multidisciplinary team (MDT) staffings. In addition, the CBC point of contact is responsible for managing the process of referring children for suitability assessments and continued stay reviews.

5-6. Placement Decision Making for Children with Complex Needs.

a. The Department and contracted service providers that provide behavioral health services shall comply with the requirements of s. [39.407\(6\)](#), F.S., and the Florida Rules of Juvenile Procedure 8.350, whenever a child is considered for admission to a residential treatment center.

b. All behavioral health decision making shall be guided by the principle that it is important to address all the concerns in a child’s life – family, legal, health, education, and social/emotional issues.

c. The behavioral health needs of children and adolescents shall be addressed in the least restrictive setting and in a comprehensive treatment plan.

5-7. Threshold Criteria.

a. Each CBC will have a suitability referral process involving a multidisciplinary team (MDT) review of the child’s behavioral health needs and a determination that the child may require the intensity and restrictiveness of treatment in a residential treatment center.

b. Review of the child’s history and needs should include a record review to include:

(1) Current evaluations and/or assessments;

(2) Reports from the family, the child, foster family, school, and the child’s current placement; and,

(3) Reports from mental health treatment, substance abuse and/or co-occurring mental health and substance abuse providers who worked with the child in the community or in less restrictive residential treatment settings, such as Specialized Therapeutic Foster Care, to determine what previous interventions were attempted, what interventions worked, did not work, and why.

5-8. Suitability Assessment.

a. Upon the determination that a residential level of care may be appropriate, or if a referral for Suitability Assessment has been ordered by the Court, the assigned child welfare professional will prepare the referral packet including the Initial Referral for Assessment of Suitability of a Child for Residential Treatment (<https://florida.fhsc.com/Providers/Forms.asp>).

b. The assigned child welfare professional will simultaneously notify CLS that a suitability assessment is being requested so that CLS can file notice with the court and all parties, including the child's Guardian ad Litem (GAL) and attorney, if appointed.

c. If an attorney for the child is not already appointed, CLS shall seek to have one appointed.

d. The point of contact will review the referral form and packet to ensure that it is complete. It is important for referral materials to be representative of recent functioning. A complete referral packet should include pertinent documents such as:

- (1) Comprehensive Behavioral Health Assessment (CBHA);
- (2) Mental health treatment history, to include Therapeutic Foster Care records;
- (3) Psychological or Psychiatric Evaluations;
- (4) Department of Juvenile Justice (DJJ) information;
- (5) Individual Education Plan (IEP);
- (6) MDT staffing notes;
- (7) Court documentation, such as shelter petition/order, case plan; and,
- (8) Family Functioning Assessment and/or Progress Update.

e. Within two (2) business days, the point of contact will fax the Initial Referral for Assessment of Suitability to the Department's contracted Qualified Evaluator Network (QEN) provider. Any additional attachments that the point of contact receives in support of the referral should not be faxed at this time but must be furnished as described in paragraph 5-8g(3) below.

f. Within two (2) business days of receiving the referral, the Department's contracted QEN provider is required by contract to:

- (1) Designate a Qualified Evaluator;
- (2) Schedule the child's appointment with the Qualified Evaluator; and,
- (3) Notify the point of contact of the name, address, and phone number of the selected Qualified Evaluator and the date and time of the appointment.

g. Immediately upon notification from the QEN provider, the point of contact will:

- (1) Notify the assigned child welfare professional of the appointment;
- (2) Confirm that the assigned child welfare professional, or the child's foster parent or another adult who knows the child well, will transport and accompany the child during the appointment; and,

(3) At least one (1) business day before the appointment, ensure that the completed packet, including all required attachments, is delivered to the office of the Qualified Evaluator.

h. Upon notice of the appointment, the assigned child welfare professional will ensure notification to CLS who will then notice the GAL office and other applicable parties, such as the attorney for the child.

i. The assigned child welfare professional shall make efforts to prepare the child or adolescent for the appointment, making efforts to ensure that the youth does not miss important activities. These efforts will facilitate a successful interview.

j. The assigned child welfare professional shall notify the CBC point of contact if there is a need to cancel or reschedule the scheduled suitability assessment.

k. The GAL and the child's attorney are responsible for contacting the Qualified Evaluator to provide input into the assessment process.

l. The Qualified Evaluator must:

(1) Conduct a review of prior treatment records;

(2) Meet with the child face-to-face;

(3) Provide an appropriate explanation as to the nature and purpose of the treatment to the child; and,

(4) Submit a written report with findings and recommendations to the QEN provider within three (3) business days of the appointment.

m. After approving the report, the QEN provider will send the assessment report to the point of contact within three (3) business days of its receipt.

n. The point of contact will provide the completed suitability assessment to the assigned child welfare professional, at minimum. Local protocol will determine further dissemination actions by the point of contact.

o. Upon receipt, CLS will provide the completed suitability assessment to the court and all parties, including the GAL and attorney for the child, if appointed.

5-9. Actions Following Suitability Determination.

a. Qualified Evaluators are limited in their scope of recommendations. They may recommend:

(1) Placement in a Specialized Therapeutic Group Home;

(2) Placement for Inpatient Psychiatric Treatment; or,

(3) No residential treatment.

b. If the Qualified Evaluator determines the child does *not* require placement in a residential treatment center or if the recommended level of care is not available or does not exist, the point of contact (or as required in local policy) will offer to assist in developing a plan for necessary treatment and support services for the child in the community.

c. If the Qualified Evaluator was not provided with a significant component of the clinical record prior to the assessment or the child has experienced a significant decompensation in mental health functioning since the assessment, the CBC point of contact may submit a Request for Reconsideration (forms at <https://florida.fhsc.com/Providers/Forms.asp>) to the QEN provider.

d. If the Qualified Evaluator's written assessment indicates that the child requires immediate placement in a residential treatment center or hospital licensed under Chapter [395](#), F.S., and that such placement cannot wait for a court hearing, then the child may be placed, pending a hearing, unless the Court has ordered otherwise.

e. If the Qualified Evaluator determines the child does need treatment in a residential treatment center and the decision to place is made in accordance with this recommendation, the assigned child welfare professional will immediately notify CLS.

(1) Upon notification, the CLS attorney will file a motion for placement of the child with the court and notify the child's GAL, attorney for the child, and all other parties.

(2) This motion shall include a statement as to why the child is suitable for this placement, why less restrictive alternatives are not appropriate, the goals of treatment, and the written findings of the Qualified Evaluator. This motion shall also state whether all parties, including the child, are in agreement with the decision.

(3) CLS shall ensure the court sets the matter for a status hearing within 48 hours, excluding weekends and holidays, and shall provide timely notice of the date, time and place of the hearing to all parties and participants, except that the child's attorney or GAL shall notify the child of the date, time and place of the hearing.

(4) If, at the status hearing, any party disagrees with the recommended placement, then the matter shall be heard by the court within 10 business days.

f. If the motion for placement of the child into residential treatment is approved by the court, the assigned child welfare professional, CBC point of contact, and placement staff, in accordance with local protocol, will coordinate the placement of the child.

g. Placement for inpatient psychiatric residential treatment can occur in the following settings:

(1) Specialized Therapeutic Group Home (STGH);

(2) Inpatient Psychiatric Treatment in a center providing SIPP services funded by Medicaid;

(3) Inpatient Psychiatric Treatment in a center licensed under s. [394.875](#), F.S., or Chapter [395](#), F.S., but not providing SIPP services funded by Medicaid; or,

(4) Inpatient Psychiatric Treatment in a Residential Treatment Center out-of-state (additional information on these placements can be found in paragraph 5-12 of this chapter).

h. Coordination of placement should include the following:

(1) The selection of the residential treatment center must take the child's identified treatment needs into consideration and follow the approval and placement process required for the placement selected, to include the sharing of prior treatment records, suitability assessment, court order for placement, and court order for current psychotropic medication, if applicable.

(2) The CBC point of contact should ensure funding approval for placement from either the child's Medicaid Managed Medical Assistance (MMA) program, the local Managing Entity, or from the CBC.

(3) For placements made into residential treatment centers as described in paragraph 5-9g above, follow-up with the residential treatment provider to ensure that prior authorization is being requested from AHCA for fee-for-service recipients or from the assigned MMA plan and that the treatment protocol is appropriate for the child's needs.

(4) The assigned child welfare professional shall notify the CLS attorney who will in turn notify the GAL, the attorney for the child, and the court of the child's placement in the residential treatment center.

(5) The assigned child welfare professional shall prepare the child for the placement, including describing the facility and its program and explaining the nature and purpose of the treatment.

(6) The assigned child welfare professional shall inform the child's parents of the child's status and placement arrangements.

(7) The assigned child welfare professional shall give the child and the residential treatment center the name and phone number of the assigned child welfare professional 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, as well as the GAL and child's attorney.

(8) The assigned child welfare professional shall 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.

(9) The assigned child welfare professional shall, in coordination with the residential treatment center, facilitate regular contacts between the child and the significant people in the child's life.

(10) The assigned child welfare professional shall work closely with the CBC point of contact, residential treatment center, MMA Care Coordinator and relevant resources in the community toward a timely and appropriate discharge plan. See paragraph 5-10 of the chapter regarding discharge planning.

i. If the court denies the motion to place the child into a residential treatment facility or orders the placement of the child into a less restrictive setting during a 90-Day Review hearing, the assigned child welfare professional will consult with the CBC point of contact and placement staff, per local protocol, to coordinate the referral and placement of the child into the least restrictive setting that is best suited to meet the child's needs.

5-10. Discharge Planning.

a. Before a child is admitted to a residential treatment center, the assigned child welfare professional and MMA Care Coordinator will coordinate the development of an initial discharge plan that, at a minimum, identifies:

(1) Potential step-down treatment programs in the community such as a therapeutic group home, specialized therapeutic foster care at Level 1 or 2, or a specially recruited foster home, relative, or non-relative.

(2) The family or program that the lead agency anticipates will be providing a home for the child following discharge. At times, the anticipated level of care at discharge may be the only information available; efforts should be made to determine the exact placement prior to discharge in order to facilitate transition planning.

(3) Services that will be offered to the child's identified future caregiver to prepare the caregiver for placement and provide supports following discharge.

b. The assigned child welfare professional will communicate regularly with the child, the child's family/caregiver, the center's treatment team, the CBC point of contact and the CBC placement unit to plan for the child's discharge.

c. The discharge plan shall be reviewed monthly and finalized at least 30 days prior to the child's projected discharge date, as noticed by the residential treatment provider or MMA Care Coordinator.

d. The discharge plan must be provided to the assigned child welfare professional or CBC point of contact and the GAL at least 30 days before the proposed discharge date.

e. As soon as the child's future caregiver is identified, the assigned child welfare professional will work with the center to facilitate phone calls and visits with the caregiver and to address any issues identified by the child, the caregiver, or center staff to ensure a successful discharge.

f. The assigned MMA plan is responsible for coordinating aftercare services 30 days prior to discharge.

5-11. Reviews and Reports. Section [39.407\(6\)](#), F.S., requires certain reports and reviews for children in the Department's custody who are in placements made under s. [39.407\(6\)](#), F.S., which includes hospitals licensed under Chapter [395](#), F.S., and residential treatment centers, including therapeutic group homes, licensed under Chapter [65E-9](#), F.A.C.

a. 10-Day Report. Section [39.407\(6\)\(e\)](#), F.S., requires that:

(1) 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 developed and provided to the assigned child welfare professional and GAL.

(2) The child must be involved in the preparation of the plan to the maximum extent feasible, consistent with his or her ability to understand and participate.

(3) The GAL and the child's current or future caregivers must be involved to the maximum extent consistent with the child's treatment needs. For children for whom reunification remains an option, family involvement is essential in treatment and discharge planning.

(4) 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.

b. 30-Day Report. Section [39.407\(6\)\(f\)](#), F.S., requires that:

(1) 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 from the treatment and whether the child could be treated in a less restrictive treatment program.

(2) The residential treatment program shall prepare a written report of its findings, to include a discharge plan, and submit the report to the assigned child welfare professional and GAL.

(3) The assigned child welfare professional must provide the report to CLS upon receipt for filing with the court.

(4) The residential treatment program must continue to evaluate the child's treatment progress every 30 days thereafter and must include its findings in a written report submitted to the assigned child welfare professional.

(5) The assigned child welfare professional must provide the 30-Day Report regarding the child's progress to CLS for filing with the court at the beginning of each month.

c. 60-Day Reviews.

(1) The CBC point of contact will submit the 60-Day Review of Suitability of a Child for Residential Treatment (forms at <https://florida.fhsc.com/Providers/Forms.asp>) to the QEN provider no earlier than 30 days from the child's admission to the facility.

(2) The Department's contracted QEN provider will direct one of its registered Qualified Evaluators to conduct the 60-Day review.

(3) The Qualified Evaluator will conduct these reviews at the treating residential treatment center, if applicable, on an appointment basis and the treating facility will provide pertinent clinical records for review. The CBC point of contact is responsible for coordinating with the facility to obtain any missing clinical records not available at the treating facility during the time of the appointment and provide all remaining documentation to the qualified evaluator upon receipt. If records are not available upon the conclusion of the review, the child welfare professional will notify CLS immediately, and request that an extension be requested to the courts prior to the 60-day court review.

(4) 60-Day Reviews shall be conducted on children placed out-of-state in residential mental health treatment centers. See requirements for out-of-state 60-Day Reviews in paragraph 5-12 of this chapter.

(5) Section [39.407\(6\)\(g\)2](#), F.S., requires that:

(a) The court must conduct a hearing to review the status of the child's residential treatment plan no later than 60 days after the child's admission to the residential treatment program.

(b) An independent review of the child's progress towards achieving the goals and objectives of the treatment plan must be completed by a Qualified Evaluator and submitted to the court before its (60) sixty-day review.

(c) For any child in residential treatment at the time a judicial review is held pursuant to s. [39.701](#), F.S., the child's continued placement in residential treatment must be a subject of the judicial review.

(d) If at any time the court determines that the child is not suitable for continued residential treatment, the court shall order the Department to place the child in the least restrictive setting that is best suited to meet his or her needs.

(e) After the initial 60-day review, the court must conduct a review of the child's residential treatment plan every 90 days.

d. 90-Day Reviews.

(1) The CBC point of contact will submit the 90-Day Review of Suitability of a Child for Residential Treatment (forms at <https://florida.fhsc.com/Providers/Forms.asp>) to the QEN provider no earlier than 60 days from the prior review date and with sufficient time to allow the scheduling of the 90-Day Review prior to its expiration.

(2) The Department's contracted QEN provider will direct one of its registered Qualified Evaluators to conduct the 90-Day review.

(3) The Qualified Evaluator will conduct these reviews at the treating residential treatment center, if applicable, on an appointment basis and the treating facility will provide pertinent clinical records for review. The CBC point of contact is responsible for providing any clinical records not available at the treating facility directly to the assigned evaluator.

(4) 90-Day Reviews shall be conducted on children placed out-of-state in residential mental health treatment centers. See requirements for out-of-state 90-Day Reviews in paragraph 5-12 of this chapter.

(5) Sections [39.407\(6\)\(g\) and \(h\)](#), F.S., requires that:

(a) The court must conduct a 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.

(b) An independent review of the child's progress towards achieving the goals and objectives of the treatment plan must be completed by a Qualified Evaluator and submitted to the court before its three (3) month review.

(c) For any child in residential treatment at the time a judicial review is held pursuant to s. [39.701](#), F.S., the child's continued placement in residential treatment must be a subject of the judicial review.

(d) If at any time the court determines that the child is not suitable for continued residential treatment, the court shall order the Department to place the child in the least restrictive setting that is best suited to meet his or her needs.

(e) After the initial 60- Day Review, the court must conduct a review of the child's residential treatment plan every 90 days.

(6) The CBC point of contact or assigned child welfare professional, dependent upon local protocol, will provide a copy of the child's 90-Day Review to the CLS attorney who will provide it to the court and all other parties at least 72 hours prior to the child's review hearing.

e. Rule 8.350, Florida Rules for Juvenile Procedures, also requires the court to review the status of the child's residential treatment plan no later than 60 days after admission to the residential treatment center and every three (3) months thereafter, until the child is placed in a less restrictive setting.

5-12. Out-of-State Placements. It is the policy of the Department that children will not be placed out-of-state for mental health treatment. Exceptions to this policy must meet the requirements of this chapter.

a. The Department will consider granting an exception for the placement of children and adolescents into mental health residential treatment out-of-state when the requirements outlined in paragraphs (1) or (2) below are met:

(1) The reunification plan is for the child to join family who lives in the other state, and:

(a) The home study on the family in the other state is complete and approved;

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) The CBC Lead Agency has attempted to meet the placement and treatment needs of the child within state and in-state placements have failed. The CBC must document:

(a) Efforts to locate alternate treatment options 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 with the child every 30 days;

(e) The CBC may contract with a licensed clinical social worker or a licensed child placing agency provider to complete the required face-to-face contact if an ICPC request for monthly visitation is denied.

(f) An initial discharge plan.

b. The CBC 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:

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

(2) The RMD shall present the case to the Department's Assistant Secretary for Operations.

(3) The Assistant 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) The CBC shall seek to resolve conflicts with the Deputy Secretary of the Department.

c. The CBC must comply with the requirements of the Interstate Compact for the Placement of Children (ICPC) and shall provide documentation of compliance with this chapter as part of its request to the ICPC office. The ICPC office will not process the request without this information.

d. The CBC will notify CLS so that proper notice to and approval from the court can be obtained prior to such placement. Requirements listed in paragraph 5-9e and paragraph 5-9f of this chapter also apply.

e. Upon placement out-of-state for residential treatment, it is critical for the assigned child welfare professional and CBC point of contact to remain involved in the child's treatment and discharge planning. 60-Day Reviews and 90-Day Reviews are an essential component to this monitoring and have the following requirements:

(1) 60-Day Reviews to determine a review of the child's progress towards achieving goals and objectives of the current treatment plan. These reviews must be conducted by an independent evaluator who is a psychiatrist or psychologist licensed in the State of Florida who has at least three years of experience in the diagnosis and treatment of serious emotional disturbance in children and adolescents. At minimum, these reviews must include:

(a) A record review of the treatment plan;

(b) A review of the treatment record and progress notes to determine the child's/adolescent's progress toward achieving the goals and objectives of the treatment plan;

(c) An evaluation of the child/adolescent via telephone, secure video teleconference, or face to face;

(d) Whether the child/adolescent has been provided with a clinically appropriate explanation of the nature and purpose of the treatment; and,

(e) A written report of the independent evaluator's findings, including recommendations, submitted to the CBC point of contact or designee.

(2) 90-Day 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 three (3) years of experience in the diagnosis and treatment of serious emotional disturbances in children and adolescents. At a minimum these reviews must include:

(a) A record review of the treatment plan;

(b) A review of the treatment record and progress notes to determine the child's/adolescent's progress toward achieving the goals and objectives of the treatment plan;

(c) An evaluation of the child/adolescent via telephone, secure video teleconference, or face to face;

(d) Whether the child/adolescent has been provided with a clinically appropriate explanation of the nature and purpose of the treatment; and,

(e) A written report of the independent evaluator's findings, including recommendations, submitted to the CBC point of contact or designee.

(3) The results of each 60-Day and 90-Day Review shall be filed with the court and CLS shall schedule a review hearing. The same procedures as outlined in paragraph 5-9 of this chapter apply.

5-13. Forms. The forms referenced in this chapter are available on the QEN provider's website at <https://florida.fhsc.com/Providers/Forms.asp>.