State of Florida
Department of Children and Families

Rick Scott
Governor

Mike Carroll
Secretary

DATE: November 15, 2017

TO: Regional Managing Directors
Sheriff's Offices Conducting Child Protective Investigations
Community-Based Care Lead Agency CEOs

THROUGH: David L. Fairbanks, Deputy Secretary

FROM: JoShonda Guerrier, Assistant Secretary for Child Welfare
Vicki Abrams, Assistant Secretary for Operations

SUBJECT: CFOP 170-11, Chapter 5: Residential Mental Health Treatment
Effective date: November 15, 2017

PURPOSE: The purpose of this memorandum is to provide notification that new child welfare operating procedures regarding the placement of dependent children into residential mental health treatment have been finalized and will be effective November 15, 2017. This memo highlights significant changes that will go into effect upon publication.

BACKGROUND: The effort to establish a comprehensive set of child welfare operating procedures began in early 2015. Part of this process is updating and converting policies under other series to the 170 series (Child Welfare). The revised Residential Mental Health Treatment operating procedure replaces Chapter 4 of CFOP 155-10 / 175-40, Residential Mental Health Treatment. Feedback was obtained from CBC Lead Agencies through both the Florida Coalition for Children and Community-Based Care Integrated Health. In addition, the draft CFOP was sent through the Regional Managing Directors and to Children's Legal Services.

This update moves the chapter from the Mental Health and Substance Abuse and Family Safety series to the Child Welfare series and has been rewritten to align with current practice. The most significant change is the clarification and standardization regarding the placement of children out-of-state for the purpose of residential mental health treatment. Some of the key changes include the following topics:

- "Point of Contact" is defined and role delineated
- Removal of obsolete criteria like completion of the Children's Functional Assessment Rating Scale
- Clarification provided for communication with Children's Legal Services
- Description of residential mental health treatment settings added
- Discharge planning expanded

- Expectations for actions preceding the placement of children out-of-state for residential mental health treatment are added
- The approval process for placement out-of-state is clarified and expanded
- Form reference is updated.

Please also note that rule 65C-28.015, Florida Administrative Code (F.A.C.), Residential Mental Health Treatment, was also updated and became effective November 7, 2017. The changes and clarifications to this policy provide the additional detail needed for implementation of the related rule changes.

To review this document in its entirety, please use the following link to the Department's Policies and Procedures website:

http://www.dcf.state.fl.us/admin/publications/policies.asp

ACTION REQUIRED: Please share this memorandum as appropriate with all relevant staff and subcontracted providers so all are aware of the new operating procedure.

CONTACT INFORMATION: If you require additional information or have any questions please contact Tory Wilson, Integration Specialist, Office of Child Welfare at (850) 509-0755 or Tory.Wilson@myflfamilies.com.

cc: Rebecca Kapusta, Assistant Secretary for Operations
John Bryant, Assistant Secretarty for Substance Abuse and Mental Health
Grainne O'Sullivan, Statewide Director, Children's Legal Services
Regional Family and Community Services Directors
Alan Abramowitz, Guardian Ad Litem Executive Director
Center for Child Welfare

STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, November 15, 2017

CF OPERATING PROCEDURE
NO. 170-11

Child Welfare

PLACEMENT

This operating procedure describes requirements related to the appropriate placement of children who need out of home care.

This operating procedure applies to child protective investigators, case managers, and placement, licensure, adoption and independent living specialists.

BY DIRECTION OF THE SECRETARY:

(Signed original copy on file)

JOSHONDA GUERRIER
Assistant Secretary for
Child Welfare

SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL

Added Chapter 5 entitled “Residential Mental Health Treatment.”

This operating procedure supersedes CFOP 170-11 dated May 12, 2017, and Chapter 4 of CFOP 175-40 dated September 13, 2010.
OPR: Office of Child Welfare
DISTRIBUTION: X: OSGC; ASGO; Region/Circuit Child Welfare staff.

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Chapter 3

PLACEMENT IN SKILLED NURSING FACILITIES

3-1. Purpose. This chapter describes the Department's policies and procedures for the placement and oversight of children in the custody of the Department in skilled nursing facilities. It is the policy of the Department of Children and Families that medically complex and medically fragile children are placed in the least restrictive, most family-like, and most nurturing environment that is medically appropriate, together with the necessary supports and services to help them remain in the community. It is also the policy of the Department of Children and Families that when a child is in need of placement in a skilled nursing facility on a temporary basis, the Department, in collaboration with our agency partners at AHCA, DOH and APD, will continually work to transition the child to a less restrictive, medically appropriate environment. The Department's goal is to preserve and strengthen families by enhancing their capacity to care for their medically complex and medically fragile children's needs.

3-2. Scope. The policies and procedures within this operating procedure apply to all staff of the Department, community-based care (CBC) lead agencies and subcontracted providers involved with medically complex and medically fragile children who reside in skilled nursing facilities or who are being considered for placement in skilled nursing facilities. This includes child protective investigators, case managers, Children's Legal Services attorneys, and Department program specialists. Contract providers must be governed by the terms of the contract.

3-3. Requirements to Request Approval.

a. All decisions to place children in skilled nursing facilities will require a prior case review by the Office of the Assistant Secretary of Operations.

b. When a child has been identified as eligible for placement in a skilled nursing facility by the Children's Multidisciplinary Team (CMAT), the region and CBC staff must evaluate all of the child's information to determine the placement that is in the child's best interest. The following placements must be considered prior to seeking approval for placement in a skilled nursing facility:

(1) Medical Foster Care with or without wraparound services.

(2) Traditional Foster Care with wraparound services.

(3) Relative or Nonrelative Placement with wraparound services.

(4) Group Home with or without wraparound services.

c. Prior to seeking approval for placement in a skilled nursing facility, region and CBC staff shall discuss the case with the Care Coordinator assigned to the child by the managed care entity in which the child is enrolled or, if the child is a fee-for-service recipient, with the Care Coordinator assigned to fee-for-service recipients. The purpose of this discussion is to ensure that region and CBC staff fully consider and are knowledgeable regarding all placement alternatives and all of the available community resources, medical services, and supports the child would be eligible for if placed in the community.

d. The request for approval for placement of a child in a skilled nursing facility shall include the following information:

(1) Name of the child, date of birth, FSFN identifying number.

(2) Judicial status of the child.

(3) Skilled nursing facility identified for placement.

(4) CBC Case Manager and the case manager's contact information.

(5) Children's Medical Services Case Manager and the case manager's contact information.

(6) Assigned Care Coordinator and the care coordinator's contact information.

(7) CMAT documentation listing the child as eligible for Skilled Nursing Facility placement.

(8) CMAT documentation regarding eligibility for Medical Foster Care.

(9) Description of the medical care required.

(10) A statement regarding whether the Care Coordinator assigned to the managed care entity participated in the CMAT staffing.

(11) Documentation of the region/CBC's discussion with the Care Coordinator regarding placement alternatives, community resources, medical services, and supports available for the child if placed in the community.

(12) A statement from the child's treating physician regarding whether it is medically appropriate to place the child in a less restrictive setting.

(13) Documentation of efforts to place the child in a less restrictive environment, such as those listed above in paragraph 3-3b above.

(14) Statement regarding the opinion of the parent or legal guardian, when they are able and willing to participate in placement planning for the child. If a statement cannot be obtained, a statement regarding the efforts made to include them in the discussion is required.

(15) Statement regarding the status of the child's relationship with the child's biological family.

(16) Statement regarding the opinion of the Attorney ad Litem for the Child. If there is no Attorney ad Litem, a description of the efforts to assign an attorney to the child.

(17) Statement regarding the opinion of the Guardian ad Litem.

(18) Permanency Plan for the child.

(19) List of key contacts from each agency (DCF, CBC, AHCA, DOH, CMS, APD, etc.) working on this child's case.

(20) Transition Plan to move the child to a less restrictive environment within 180 days.

3-4. Approval by the Assistant Secretary for Operations.

a. Any placement of a child into a skilled nursing facility requires the approval of the Assistant Secretary for Operations. Approval will not be granted without compelling evidence showing that the child is in need of the skilled nursing facility placement.

b. If there is compelling evidence showing that the child is in need of placement in a skilled nursing facility, the approval will be granted, but only temporarily. The approval will only be granted for 180 days.

c. Once approval is granted for the 180 day placement in the skilled nursing facility, the CBC case manager shall submit monthly updates to the Office of the Assistant Secretary for Operations regarding the child's transition to a less restrictive environment in the community.

d. Any request for approval for placement in a skilled nursing facility for an additional 180-day period shall comply with the requirements applicable to the initial request for approval.

3-5. Monthly Review of Placements. The placement status of all children placed in skilled nursing facilities will be reviewed monthly. The following information shall be provided to the Office of the Assistant Secretary for Operations every month by the region/CBC:

a. Age of the child and length of time in the skilled nursing facility.

b. Name of Managed Care Plan and summary of updated discussion with the Care Coordinator regarding placement options and Medicaid services the child would be eligible for in the community. The CBC case manager shall communicate with the child's assigned Care Coordinator at least monthly while the child resides in a skilled nursing facility.

c. Educational information for the child.

d. Efforts over the last 30 days to transition the child to a less restrictive environment.

e. Efforts over the last 30 days to reach permanency for the child.

f. Updated Transition Plan.

Chapter 4

CHILD PLACEMENT AGREEMENTS FOR CARE PRECAUTIONS AND BEHAVIOR MANAGEMENT PLANS

4-1. Purpose. This chapter establishes requirements for Child Placement Agreements (Agreement). The child welfare professional will create an Agreement when children that need out-of-home care may pose a *significant* threat to the safety of other children or themselves. The child welfare professional will attempt to keep siblings together and place children with relatives when possible. Child welfare professionals will provide caregivers with guidance and support.

4-2. Scope. This chapter applies to all child protective investigators, case managers and placement staff involved with the placement and care of children in out-of-home care.

4-3. Explanation of Terms. For the purposes of this chapter, the following definitions shall apply:

a. "Qualified Assessor" means a clinical professional with specific training and expertise to assess the child's symptoms or behaviors and make recommendations. Recommendations may include interventions, treatment, care, supervision or other specialized services. The CBC Lead Agency may determine that a child's treatment provider is a Qualified Assessor.

b. "Behaviors that are a Significant Threat to Others" include aggressive behaviors such as physically attacking others, fire setting, wounding or killing animals, or active destruction of property on purpose and with severity. The behaviors include a child with a communicable disease, whether or not he/she is symptomatic, who displays behaviors that increase the risk of transmission (e.g., biting, spitting, or the exchange of blood or semen). "Significant threat" means that the disease is life threatening and cannot be cured like other types of more common communicable diseases.

c. "Child Placement Agreement" means that a caregiver and child welfare professional have agreed upon specific care expectations for a child in out-of-home care whose behaviors or circumstances require additional supervision or safeguards. A child welfare professional creates an Agreement to define Care Precautions or a Behavior Management Plan.

d. "Exceptions" means that standard requirements in this operating procedure for Behavior Management Plans are waived or modified based on information received from a Qualified Assessor.

e. "Human Trafficking – Commercial Sexual Exploitation of a Child (CSEC)" per Sections 409.1754, 409.1678 and 39.524, Florida Statutes (F.S.), is the use of any person under the age of 18 for sexual purposes in exchange for anything of value, including money, goods or services, or the promise of anything of value, including money, goods or services.

f. "Juvenile Sexual Abuse" as defined in s. 39.01(7), F.S., means any sexual behavior by a child, which occurs without consent, without equality, or as a result of coercion.

(1) "Consent" means an agreement, including all of the following:

(a) Understanding what is proposed based on age, maturity, developmental level, functioning, and experience.

(b) Knowledge of societal standards for what is being proposed.

(c) Awareness of potential consequences and alternatives.

(d) Assumption that agreement or disagreement will be accepted equally.

(e) Voluntary decision.

(f) Mental competence.

(2) "Equality" means two participants operating with the same level of power in a relationship, being neither controlled nor coerced by the other.

(3) "Coercion" means the exploitation of authority or the use of bribes, threats of force, or intimidation to gain cooperation or compliance.

(4) Juvenile sexual abuse behavior includes:

(a) Noncontact behavior(s) such as making obscene phone calls, exhibitionism, voyeurism, and the showing or taking of lewd photographs.

(b) Direct sexual contact such as frottage, fondling, digital penetration, rape, fellatio, sodomy, and various other sexually aggressive acts.

g. "Problematic Sexual Behavior" means age-inappropriate knowledge about sex and sexual behaviors. This includes a poor knowledge of boundaries, modesty or privacy as to a child's personal physical space. A child may act in a flirtatious or promiscuous way that is not age-appropriate or be preoccupied with sexual themes. Problematic sexual behaviors make adults and children feel uncomfortable in the child's presence. Generally, these behaviors are the result of sexual abuse or the child's premature exposure to adult sexual behavior, and the child's subsequent re-enactment of what they experienced or witnessed. The term "sexually reactive" is often used instead of "problematic sexual behavior."

h. "Prevention Rules" state the expected behaviors of all children and adults in the home to promote the children(s)' safety.

i. "Sexual Abuse" as defined in CFOP 170-4 is sexual contact with a child by the parent(s), legal guardian(s) or caregiver(s), or other persons responsible for the child's welfare.

(1) "Sexual Battery" is conduct involving the oral, anal or vaginal penetration by, or union with, the sexual organ of a child; the forcing or allowing a child to perform oral, anal or vaginal penetration on another person; or the anal or vaginal penetration of another person by any object. This includes digital penetration, oral sex (cunnilingus, fellatio), coitus, and copulation. Section 794.011(1)(h), F.S., and Section 39.01(69)(a-c), F.S.

(2) "Sexual Molestation" is the intentional touching of the genitals or intimate parts, including the breasts, genital area, groin, inner thighs, and buttocks, or the clothing covering them, of either the child or the perpetrator, except that this does not include:

(a) Any act which may reasonably be construed to be a normal caregiver responsibility, interaction with, or affection for a child; or,

(b) Any act intended for a valid medical purpose. Section 39.01(69)(d), F.S.

(3) "Sexual Exploitation" is any other sexual act intentionally perpetrated in the presence of a child, if such exposure or sexual act is for the purpose of sexual arousal or gratification, aggression, degradation, or other similar purpose. (Note that when sexual exploitation has occurred for commercial purposes, it is considered "Human Trafficking.")

j. "Severe Self-Harm Behavior" means that a mental health professional has determined that a child's behaviors may result in significant self-injury. Severe self-harm behaviors include suicide attempts, punching or hitting self to evince pain or injury, self-cutting, sticking objects in skin, eating disorders, runaway behavior or self-inflicted burns.

4-4. Full Disclosure to Caregivers. Child welfare professionals will provide caregivers with comprehensive information about children being placed per requirements in Rule 65C-28.004, Florida Administrative Code (F.A.C.). The child welfare professional responsible for any placement changes will provide all known information about the child to the new caregiver(s). This includes the following:

a. If the child is a known victim of sexual abuse or human trafficking, when, where, how often, who the perpetrator was and relationship to child, and the specific circumstances involved.

b. If the child has known problem sexual behaviors, engages in juvenile sexual abuse, other significant behaviors that are a significant threat to other children or severe self-harm, when, where, how often, and the specific circumstances involved.

c. Any assessments by a qualified assessor that have been done or that will need to be done.

d. Any specific interventions and/or treatment that the child needs on an ongoing basis.

e. Any specialized education or training that is recommended for the caregiver.

f. Any current treatment including psychotropic medications and progress related to treatment goals.

g. Any court-ordered restrictions on the child's placement including restricted access to specific family members or other persons.

h. What worked or did not work in past placement(s).

i. Should a new incident of self-harming behavior, or physical or sexual assault of another child occurs, the caregiver(s) must provide immediate intervention to ensure the safety of all children in the placement and notify the child welfare professional within 24 hours of the incident.

4-5. Requirements for All Agreements.

a. When a child is placed during a child protection investigation, the CPI is responsible for the following:

(1) Gathering information about the child's behaviors or conditions that would require an Agreement.

(2) Making the child's physical placement and establishing the Agreement with the caregiver(s) per requirements in this chapter.

(3) The Department or Sheriff responsible for investigations and the CBC Lead Agency may establish local protocols related to the CPI's responsibilities in paragraphs (1) and (2) above.

b. The CBC Lead Agency will determine which agencies in the local system of care are responsible for Child Placement Agreement activities. The options include Supervising Agencies (defined in Rule 65C-30.001, F.A.C.), Case Management Organizations or the CBC Lead Agency. Responsibilities include the following:

(1) Identifying qualified assessors.

(2) Establishing the process for granting exceptions.

(3) Establishing local protocols for children being placed with respite care providers.

(4) Developing and reviewing Agreement(s).

(5) Monitoring and modifying all Agreements during ongoing services.

(6) Establishing local protocols for termination of Child Placement Agreements.

c. A child welfare professional must create a Child Placement Agreement for children who need Care Precautions or Behavior Management Plans.

d. The child welfare professional will establish a Child Placement Agreement at the time of placement when there are allegations or as soon as it is known that a child has any of the following:

(1) Problematic Sexual Behavior.

(2) Victim of Sexual Abuse.

(3) Victim of Human Trafficking (CSEC).

(4) Juvenile Sexual Abuse.

(5) Behavior(s) that are a Significant Threat to Others.

e. The CBC Lead Agency will determine whether an Agreement is necessary when:

(1) A child is placed in a facility that is licensed for the specialized treatment, behavior management and protections for other children associated with juvenile sexual abuse, child sexual abuse victims, or children's mental health treatment.

(2) A child has severe self-harm behaviors that are addressed through on-going treatment with a mental health professional and the child's treatment provider does not recommend the need for Care Precautions or a Behavior Management Plan in the child's placement setting.

(3) When a child in care is receiving Behavioral Health Overlay Services (BHOS), the treatment team that develops the "resident specific plan" will make a recommendation to the CBC Lead Agency as to whether an Agreement is needed.

f. The child welfare professional responsible will develop the Agreement in collaboration with the caregiver(s). The child welfare professional should include all persons who will be in a caretaking role, including any respite providers. As appropriate, the child will be included in the development of the plan to provide input as to what house rules will make him/her feel safe and/or help him/her with expressing feelings. Other providers or persons who know the child may be invited to participate in the development of the Agreement.

g. The Agreement does not duplicate or replace the need for the Partnership Plan with licensed caregivers per requirements in Rule 65C-30.011(7), F.A.C.

h. The Agreement does not duplicate or replace the need for a Safety Plan when the child is unsafe per requirements in Section 39.301(9)(a)6a, F.S..

i. The child welfare professional responsible must discuss Prevention Rules with caregivers. These rules are required in all Agreements for Care Precautions or Behavior Management Plans. The

child welfare professional must explain to caregiver(s) that their assistance is necessary to identify circumstances and actions that happen before, or seem to trigger, any child's self-harming or inappropriate behaviors. This information will help to inform ways that household members can help to prevent such behaviors from occurring. Caregivers are expected to discuss and enforce the rules as appropriate on an on-going basis with all children and adults in the home. The Prevention Rules are as follows:

(1) Caregivers will understand and be able to explain what kind of touch is "okay" and that permission should be sought before touching another person or their things. House rules will provide ongoing and positive reinforcement of the need for personal boundaries.

(2) Caregivers will limit access to bedrooms by establishing and enforcing ground rules on who is allowed to visit whose bedroom and under what conditions. Family members and persons frequenting the home will respect personal space, such as knocking before entering a room.

(3) Caregivers will encourage, model, and support open communication and honesty among family members. This includes encouraging children to express their feelings and any concerns as to privacy or safety.

(4) Caregivers will be responsible for making sure that children only have access to age and developmentally appropriate material (magazines, pictures, internet, or video).

(5) Only one child should be in the bathroom at a time. The bathroom door should be closed for privacy when taking a bath, showering, or using the toilet. All family members bathe, shower, and toilet separately unless a child needs assistance from an adult due to age or disability.

(6) Caregivers will establish a dress code that outlines the type of clothing that is acceptable and under what circumstances.

j. At a minimum, the Child Placement Agreement will document the placement requirements to be followed for a child who needs Care Precautions or a Behavior Management Plan per paragraphs 4-6 or 4-7 of this operating procedure, including any exceptions.

(1) All Agreements will be reviewed by the Supervisor before caregiver signatures are obtained.

(2) The requirements in the Agreement must be accepted by at least one of the primary persons responsible for the child's care at the time the Agreement is created. A verbal agreement may be obtained when:

(a) A child is placed on an emergency basis.

(b) The need for an Agreement is known after a child is in a placement. An Agreement will be established to prevent the need for a placement change whenever it is safe to do so.

k. The child welfare professional will obtain signatures on the Agreement within five business days.

(1) At a minimum, the Agreement will be signed by the investigator or case manager, the child if participating in the development of the agreement, the caregiver(s) and other persons in a caregiving role.

(2) If the child remains in the placement for less than five days, signatures are not required.

(3) Signatures to a current Agreement should be added when there are any subsequent respite care provider(s) or trial placement provider(s).

l. A copy of the Child Placement Agreement must be provided to the caregiver(s) and the signed copy will be uploaded to the Child Placement Agreement Page in FSFN.

m. The child welfare professional will terminate an Agreement based on the requirements in this chapter. The child welfare professional will document the effective termination date, reason and notification to the placement provider.

4-6. Child Placement Agreement Care Precautions.

a. The child welfare professional responsible for the child's placement shall establish Care Precautions in the following situations:

(1) Child exhibits Problematic Sexual Behaviors.

(2) Child is an alleged or known victim of Sexual Abuse.

(3) Child is victim of Human Trafficking (CSEC) and child does not display any Juvenile Sexual Behaviors, Behaviors that are a Significant Threat to Others, or Severe Self-Harm.

(4) Child is known to have exhibited Juvenile Sexual Behaviors or Behaviors that are a Significant Threat to others when:

(a) Behaviors occurred more than a year ago, or,

(b) Child has been in treatment, has had a Behavior Management Plan and, based on child's progress, child's treatment provider recommends stepping down the level of restrictions.

b. An Agreement with Care Precautions will not be established when the relative/non-relative caregiver(s) have extensive knowledge about the child as the result of providing care in the past and there are not any concerns for the child's safety in the home.

c. At the discretion of the CBC Lead Agency, Care Precautions may be required in cases involving severe self-harm or other types of behaviors that may result in harm to other children.

d. A child placed with Care Precautions shall be placed in a private bedroom until the child is known to the caregivers unless:

(1) The child is placed with siblings and there are no concerns for the safety of anyone in the sibling group.

(2) A separate bedroom is not possible and the caregiver(s) agree to careful and frequent monitoring of sleeping arrangements in order to inform ongoing supervision needs.

(3) The child has a treatment provider who indicates a private bedroom is not necessary.

e. Other precautions will be established as necessary based on what is known about the child and any relevant professional recommendations available.

f. Care Precautions will be followed until the supervision and care needs of the child are better known and understood.

g. When a child in care discloses sexual abuse by a perpetrator who does not reside in the current placement setting, and the child has not demonstrated any behaviors that require an Agreement, Care Precautions are not required.

4-7. Child Placement Agreement – Behavior Management Plan.

a. A Behavior Management Plan must be established per Rule 65C-30.011(2), F.A.C., for children who have demonstrated any of the following behaviors within the past twelve months:

(1) Juvenile Sexual Abuse.

(2) Behaviors that are a Significant Threat to Others.

b. At the time of initial placement or when the behaviors occur during out-of-home care, the child welfare professional will take the following actions.

(1) The child welfare professional responsible will seek immediate consultation with a qualified assessor to determine the following actions.

(a) The safety and supervision necessary to allow a child to remain with siblings.

(b) The safety and supervision necessary to allow a child to remain in the current placement setting.

(2) If a qualified assessor is not available or able to provide an immediate assessment and recommendation, all of the following actions are required and must be agreed to by the caregiver(s) responsible.

(a) The child must be the youngest child living in the home unless the following conditions are met:

1. The child is part of a sibling group and the safety of the sibling group can be maintained in the same setting.

2. The placement setting is a licensed home that the lead agency determines can provide the necessary supervision.

3. There has been full disclosure to a relative/non-relative about the behaviors of the child that are a concern, and the relative/non-relative and child welfare professional believe that the safety of the other children in the home can be provided by the caregiver(s) through reasonable supervision measures. The Agreement established with the caregiver will note how the caregiver will achieve supervision and safety needs of children in the home.

(b) A physically or sexually aggressive child must not be placed in a bedroom with a more vulnerable child.

1. The child’s bedroom must have an alarm or other alerting device for the door when there are concerns for the safety of the child or other children in the home during the times when caregivers are sleeping.

2. The child must receive sight and sound supervision during the child's awake hours.

3. Any court-ordered placement restrictions, including contacts, must be followed and documented in the Child Placement Agreement. The Agreement will identify any persons

not included in the child's visitation/family time plan with whom the child is not allowed to contact or reside with.

(3) An assessment by a qualified assessor must be received within 45 days of a child's placement, and the requirements in the Agreement must be modified as necessary.

c. The Behavior Management Plan will document strategies and actions that the caregiver will use to prevent, intervene, and follow-up when the child's behaviors present difficulties or are a threat to self or others. These strategies or actions may include:

(1) Changes to the use of space, routines, and house rules;

(2) Positive reinforcement, de-escalation techniques, and therapeutic activities;

(3) Actions and assistance that will be provided to support the caregiver; or,

(4) The caregiver's agreement to assist in the identification of any triggers or antecedents that appear to be associated with the child's self-harming behavior or inappropriate behaviors towards other children.

d. The caregiver must have access at all times to a case manager, supervisor, or provider agency if the caregiver needs assistance.

4-8. Case Plans for Children with a Behavior Management Plan or Care Precautions. In accordance with Rule 65C-28.004, F.A.C., the case manager will provide referrals for formal assessments, eligibility determinations, and needed supports and services. The child's case plan, when appropriate, will include outcomes for the specific treatment or specialized service that the child needs.

4-9. New Incident of Harm While in Placement. If an incident of severe self-harming behavior, or physical or sexual assault of another child occurs, the caregiver will provide immediate intervention and notification as indicated in paragraph 4-4i of this operating procedure. The case manager will seek an evaluation or recommendations from the child's treatment provider within three business days of such event to determine the need for developing or updating a Behavior Management Plan.

4-10. Monitoring of Child Behaviors during Routine Contacts. During routine contacts, the case manager will review a child's behavior(s) and the interventions used by the caregiver in the ongoing care of the child. Information will be gathered from separate interviews with the child, the caregiver(s), and staff to determine:

a. Input as to how the requirements in the Agreement are working or not working.

b. The implementation of any new house rules, interventions, or treatment.

c. Any new incidents of physical or sexual violence or harm to other children in the home.

d. Whether additional support is needed to maintain conditions in the home that provide safety and well-being and manage a child's behavior.

4-11. Updating Child Placement Agreements.

a. When a new child is placed in the home, a review of any current Agreements will be conducted to determine if any changes are necessary.

b. A new Child Placement Agreement will be established when a child with an Agreement is moved to a new placement setting.

c. Based on recommendations from a qualified assessor or new information learned, an Agreement may be modified to change the requirements.

d. A new respite care or trial placement provider will be added to an existing Agreement. Any care requirements specific only to the new provider may be added to the current Agreement.

e. When an Agreement is modified, documentation will be provided in the Agreement to explain the reason.

f. The following are possible outcomes when a child welfare professional updates an Agreement.

(1) The Agreement type is changed.

(2) The placement requirements are changed.

(3) The child no longer needs an Agreement and it is terminated. This includes situations when the child is placed in a new setting where an Agreement is not necessary per paragraph 4-5e of this operating procedure.

g. When an agreement is modified, new signatures will be obtained to document the caregiver(s)' agreement.

4-12. Supervisory Oversight.

a. The supervisor of the child welfare professional responsible for the Agreement will review all initial and updated Child Placement Agreements, including a decision to terminate an agreement.

b. As part of the review process, the supervisor is responsible for:

(1) Determining that the child is in the least restrive setting. This includes remaining safely with siblings and/or relative/non-relative caregivers.

(2) Preventing placement disruptions unless it is clearly necessary given the unique circumstances of the child, caregiver, or placement setting.

(3) Determing that the requirements for Care Precautions or Behavior Management Plans are met.

(4) Granting and documenting any exceptions to requirements as part of the review process. Exceptions will be granted based on verbal or written information received from a qualified assessor.

4-13. FSFN Documentation.

a. The agreement details section on the Child Placement Agreement Page will be completed any time a Child Placement Agreement needs to be created or modified.

b. The child welfare professional will document any professional recommendations received verbally on the Child Placement Agreement Page within two business days.

c. Copies of any written professional assessments or treatment recommendations received will be scanned into the Child Placement Agreement Page on the Reviews Tab.

d. The child welfare professional will document a caregiver's verbal agreement at the time of placement on the Child Placement Agreement Details tab in the Agreement Comments.

e. The supervisor will document his/her review on the Reviews Tab of the Child Placement Agreement Page.

f. The signed Child Placement Agreement will be uploaded into the Child Placement Agreement Page on the Child Placement Agreement Details Tab.

g. The child welfare professional will document the effective termination date and reason on the Child Placement Agreement Page on the Child Placement Agreement Details Tab. A Child Placement Agreement Page should only be terminated in FSFN when there is no longer a need for a Child Placement Agreement.

h. The following FSFN resource is located on the Center for Child Welfare FSFN "How Do I Guide" page: "Child Placement Agreement User Guide."

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. Section 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. 90 Day Reviews.

(1) The CBC point of contact will submit the 90-Day Assessment 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 assessment 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 three (3) month 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.

d. 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 three (3) months 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 by a child welfare professional with the child every 30 days; and,

(e) 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 5-9 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. 90-Day Reviews are an essential component to this monitoring and have the following requirements:

(1) 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;

(2) 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 90-Day Review shall be filed with the court and CLS shall schedule a 90-Day Review hearing. The same procedures as outlined in pasragraph 5-9 of this chapter apply to these reviews.

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.

Chapter 6

NORMALCY

6-1. Purpose. This chapter describes the Department's policies and procedures regarding the concept of normalcy. It is the policy of the Department of Children and Families to fully support the efforts of caregivers, providers, and Community Based Care (CBC) lead agencies to ensure that children in our care have the opportunity to fully participate in activities in their schools, neighborhoods, and communities.

6-2. Scope. The policies and procedures within this operating procedure apply to all staff of the Department, CBC lead agencies and subcontracted providers involved with children in out-of-home care of all ages. This includes child protective investigators, case managers, Children's Legal Services attorneys, foster families, child caring agency staff, relatives, nonrelatives and Department program specialists. Local policies must not be more restrictive than the policies and procedures outlined in this chapter.

6-3. Authority. The following provide the legal authority for the purpose and scope.

a. Section 409.145, Florida Statutes (F.S.).

b. Section 39.4091, F.S.

c. Section 409.1454, F.S.

d. Chapter 65C-28, Florida Administrative Code (F.A.C.).

6-4. Explanation of Reasonable and Prudent Parent Standard. In accordance with s. 39.4091, F.S., "reasonable and prudent parent standard" means the standard characterized by careful and sensible parental decisions that maintain the child's health, safety, and best interests while at the same time encouraging the child's emotional and developmental growth, that a caregiver shall use when determining whether to allow a child in out-of-home care to participate in extracurricular, enrichment, and social activities.

6-5. Normalcy Overview.

a. A child's right to live a healthy, normal childhood is paramount.

b. A reasonable and prudent parent standard will be applied to decisions regarding a child's participation in normal childhood activities.

c. Out-of-home caregivers shall be supported in their decision making.

d. Normalcy focuses on enabling opportunities for social development, recreation, academic growth and positive life experiences, based on a child's desires and developmental, emotional, physical and other needs. Caregivers are empowered to make decisions using a reasonable and prudent parent standard. Guidelines aimed at also increasing normalcy for caregivers are addressed in Chapters 7 and 8 of this operating procedure.

e. Decisions shall not contradict any existing court order.

f. While caregivers have authority to make decisions about the normal activities of foster children in their care, the caregiver needs to consider known parental wishes in these decisions.

g. The assigned child welfare professional will make diligent efforts to keep the parent(s) informed and involved, including the resolution of differences between the caregiver and parent.

6-6. Overnight / Planned Activities and Outings.

a. The out-of-home caregiver must determine that the activity or outing is safe and appropriate in accordance with the reasonable and prudent parent standard.

b. Children shall be encouraged to participate in normal school, community or social activities and outings, such as employment, school field trips, dating, scout camping trips, and activities with friends, school, and church groups as appropriate for the child based upon a reasonable and prudent parent standard.

c. Background screening is not required for the child's participation in normal childhood activities and outings, like sleepovers with friends, participation in school lock-in's, or team sports.

d. The caregiver may take children placed in their care on vacations and must inform the assigned child welfare professional in advance of the travel. Travel must be in accordance with any existing court orders.

e. The caregiver shall notify the assigned child welfare professional in advance of overnight stays exceeding three (3) nights. Examples of such stays include sleep away camps and school trips.

f. The assigned child welfare professional shall make efforts to accommodate planned activities for the child's participation by assisting in coordination with the family and court, particularly as related to scheduled visitation.

NOTE: See also Chapter 7 ("Babysitting and Overnight Care") and Chapter 8 ("Out of Town Travel / Vacation") of this operating procedure.

6-7. Social Media / Computer Usage / Cell Phones.

a. Children are permitted to participate in social media, computer usage, and have a cell phone as long as permission has been given by the caregiver.

b. Caregivers shall apply the reasonable and prudent parent standard to decision-making regarding social media usage. Caregivers should be sensitive to the risks of the various forms of social media.

c. Children have the right to self-disclose information about themselves on social media. Caregivers should educate children regarding the potential impact and ramifications of such disclosure.

d. Caregivers are permitted to post pictures on social media including children placed in their care. Caregivers may not use the child's last name or identify the child as residing in out-of-home care.

6-8. Driving.

a. Caregivers and child welfare professionals shall assist children in finding a driver's education program.

b. Support of the child's efforts to learn to drive a car, obtain a learner's permit, and driver's license shall be based upon the child's age, maturity, and access to insurance.

c. The Keys to Independence program is available to assist caregivers, youth and child welfare professionals to maximize children's access to learners' permits, driving education and drivers' licenses.

Chapter 7

BABYSITTING AND OVERNIGHT CARE

7-1. Purpose. This chapter describes the Department's policies and procedures regarding children in out-of-home care and babysitting. While normalcy focuses on allowing children to participate fully in normal childhood activities and outings, it is the position of the Department of Children and Families that out-of-home caregivers should be supported to function as normal as possible.

7-2. Scope. The policies and procedures within this operating procedure apply to all staff of the Department, Community-Based Care lead agencies and subcontracted providers involved with children in out-of-home care. This includes child protective investigators, case managers, Children's Legal Services attorneys, foster families, relatives, nonrelatives and Department program specialists. Local policies must not be more restrictive than the policies and procedures outlined in this chapter.

7-3. Babysitting Overview.

a. Babysitting does not include overnight care or daily childcare.

b. Babysitting does not have to occur in a licensed setting and background screening is not required.

c. Caregivers should use the reasonable and prudent parent standard when choosing babysitters for children placed in their care. Caregivers will ensure:

(1) Babysitter is suitable and appropriate for the age, developmental level, and behaviors of the child.

(2) Babysitter receives guidance on handling emergencies, including telephone numbers for themselves, child welfare professional, and physicians.

(3) Discipline and confidentiality policies for the child have been fully explained.

(4) Water safety precautions have been explained.

(5) Babysitters must be age 14 or older.

d. Caregivers shall use the reasonable and prudent parenting standard when assessing a child's ability to stay home alone. Examples of factors to be considered by the caregiver include:

(1) Physical and developmental age.

(2) Child's knowledge of safety rules, emergency contacts and comfort level.

(3) Child's history of trauma and reasons for entry into care.

(4) Child's treatment recommendations and needs.

7-4. Overnight Care.

a. Caregivers may allow a family or person who is well known to them to provide care for children placed in their care overnight.

b. Caregivers shall utilize the reasonable and prudent parent standard when selecting substitute care.

c. Substitute caregivers chosen by the caregiver for babysitting will be background screened for all stays exceeding three (3) nights. When the substitute caregiver is utilized due to unexpected circumstances, background screening will be initiated within one (1) business day.

d. Caregivers shall notify the assigned child welfare professional in advance of all overnight stays exceeding three (3) nights.

e. The assigned child welfare professional shall consult with the supervisor and other involved parties, such as the Guardian Ad Litem, when the overnight stay needs to exceed seven (7) nights. When relevant, agreement by all parties shall be documented by the child welfare professional in Florida Safe Families Network.

f. Caregivers shall ensure that the assigned child welfare professional can contact them at all times regarding the location and needs of the child.

Chapter 8

OUT OF TOWN TRAVEL / VACATION

8-1. Purpose. This chapter describes the Department's policies and procedures regarding children in out-of-home care and out of town travel. While normalcy focuses on allowing children to participate fully in normal childhood activities and outings, it is the position of the Department of Children and Families that out-of-home caregivers should be supported to function as normally as possible. Caregivers are strongly encouraged to include children in all activities while maintaining their right to make reasonable and prudent parenting decisions.

8-2. Scope. The policies and procedures within this operating procedure apply to all staff of the Department, Community-Based Care lead agencies and subcontracted providers involved with children in out-of-home care. This includes child protective investigators, case managers, Children's Legal Services attorneys, foster families, child caring agency staff, relatives, nonrelatives and Department program specialists. Local policies must not be more restrictive than the policies and procedures outlined in this chapter.

8-3. Vacation.

a. Caregivers shall be encouraged to take children placed in their care on planned family vacations.

b. When travel involves visiting with friends or family of the caregivers, background screening is not required. Caregivers shall utilize a reasonable and prudent parent standard when choosing who to visit when traveling.

c. Caregivers will notify the assigned child welfare professional of all out of town travel in advance and in accordance with existing court orders.

d. Travel cannot conflict with orders of the court. Additional court approval may be required prior to travel.

e. While caregivers have authority to make decisions about the normal activities of foster children in their care, the caregiver needs to consider known parental wishes in these decisions.

8-4. Out of Town Travel.

a. Out of town travel must also be in compliance with the above paragraph 8-3 concerning vacation.

b. When caregivers need to travel and taking a child with them is not prudent, such as a family emergency, they may choose to leave the child in their care with a family or person well known to them in accordance with Chapter 7 of this operating procedure.