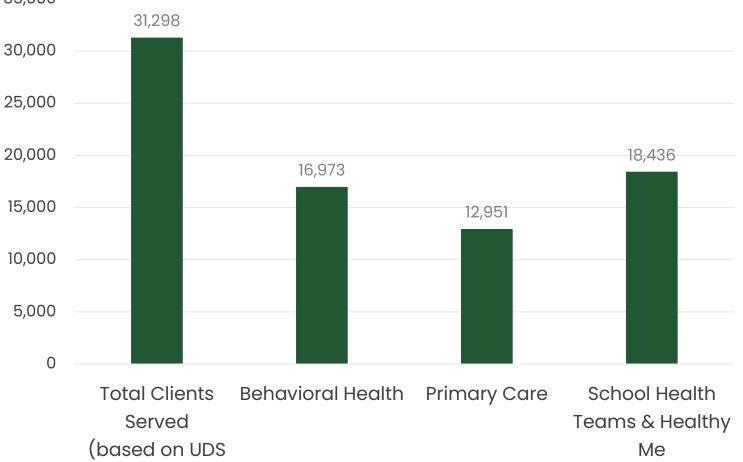


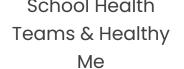
ITTUS HEALTH NETWORK, INC.

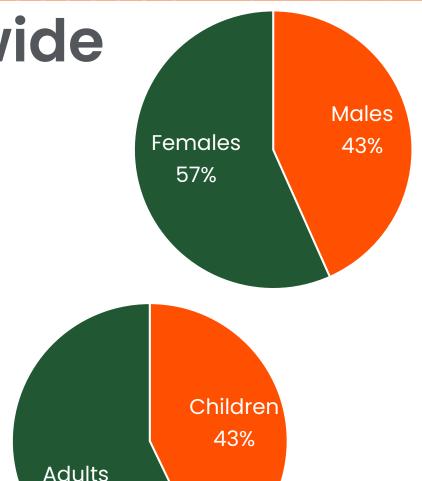
Children and Adolescents
Integrated Continuum of
Behavioral Health
Services

Assessment & Emergency Services General & Internal Crisis Stabilization Units for Adults Medicine & Children **Pediatrics** • Juvenile Addictions Receiving Gynecology & Women's Facility Health Residential Treatment Programs for Psychiatry & Health Adolescents & Adults Psychology • Outpatient Psychiatry & HEALTH NETWORK, INC. Care Coordination Psychotherapy HIV/AIDS Services • Medication Assisted Treatment **Behavioral Primary Care** School-Based Health Targeted Case Management for Health Services Services Adults Services Health Education & Children Community Support Services **FACT Teams** 1979: Family Preservation Adult Community Teams Prevention Children's Community Teams Established as a CMHC Early Childhood Development Intake Placement 2004: Foster Parent Designated as FQHC Emergency & Recruitment & Transitional Supportive Licensing **Child Welfare** 2019: Housing Housing Adoptions **Lead Agency** Homeless **Services** Transitioning Designated as Lead Prevention & Rapid Youth Services Rehousing Agency for Child Oversight of Permanent Prevention Supportive Housing Welfare for District XI Providers & Full **Housing First** Case Management Transitional Agencies Housing for Youth Aging Out of Foster Care & Homeless **Specialized** LGBT Youth Social Support **Foster Care** • Foster Parent Recruitment & **Education &** Services Licensing for Specialty Homes Services **Training** · Specialized Therapeutic Foster Care Psychiatry Residency Program Outpatient Services for Foster 340B Child and Adolescent Psychiatry Children Fellowship Program **Pharmacy** • LGBT Foster Program Psychology Post-Doctoral Residency • CHANCE Program for Program Commercially Sexually Psychology Doctoral Internship Program **Exploited Children** Professionals In Training

Client Population Centerwide 35,000 31,298 30,000







HEALTH NETWORK, INC.

57%

The Business of Helping People.

for CY 2023)

Children's Community Teams

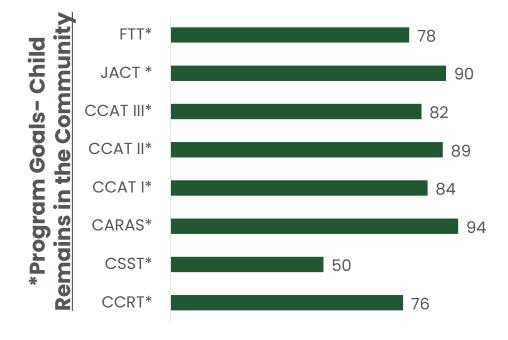
• The Children's Community Teams are multidisciplinary teams that provide services to children, adolescents, young adults (ages 5-21) and families with mental illness, emotional concerns or co-occurring disorders who are in need of more intensive services than a traditional outpatient setting. The Teams provide in home or community services, to youths and their family, assessing, developing and implementing a recovery plan that focuses on stabilization, skill building, and continued participation in the community. There are 8 Children's Community Teams providing intensive in-home services as well as other programs providing specialized services.

During FY 23-24:

92.34%

of all children receiving CCT services were diverted from out-of-home placement or completed treatment goals successfully for discharge.

Clients Served by CCTs (847 total)





Children's Community Teams

• The Children's Community Teams (CCT) are significantly more cost effective to the State of Florida when compared to other levels of care or placements, including child welfare, juvenile justice, and Statewide Inpatient Psychiatric Program (SIPP) Services.

Children's Community Teams Approximate Total Return on Investment Differential for the State of Florida

(FY23-24):

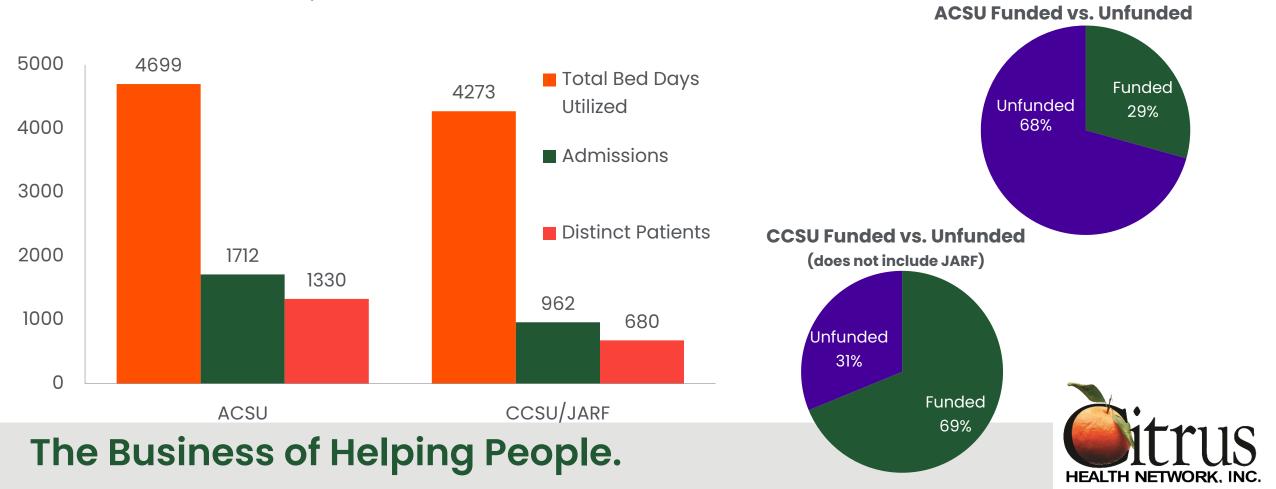
>\$26.9 million

Cost Comparison: CCT vs. Other Levels of Care

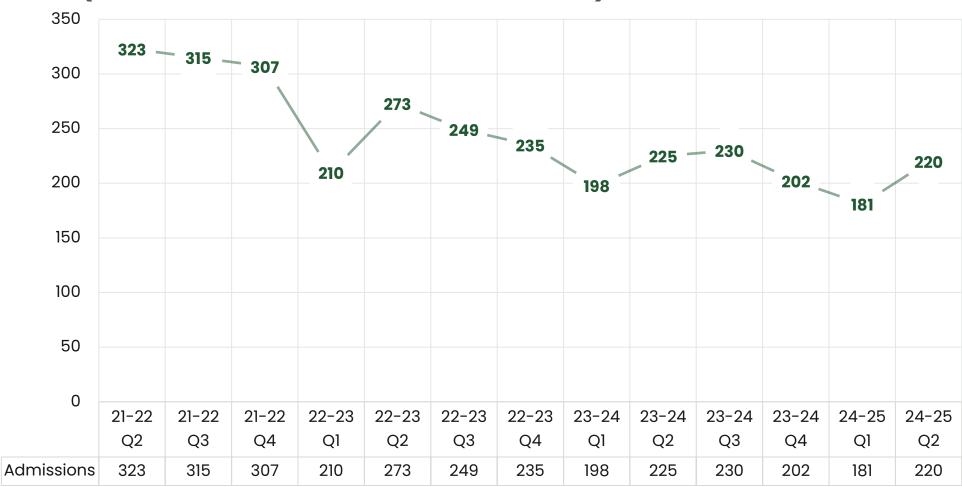


Crisis Stabilization Units

 The Crisis Stabilization Units (CSUs) for adults and children are open 24 hours a day, seven days a week to receive individuals experiencing an acute mental health crisis. The CCSU is co-located with a Juvenile Addictions Receiving Facility (JARF) for adolescents with substance abuse concerns. The ACSU operates 24 beds. The CCSU/JARF operates 16 beds.

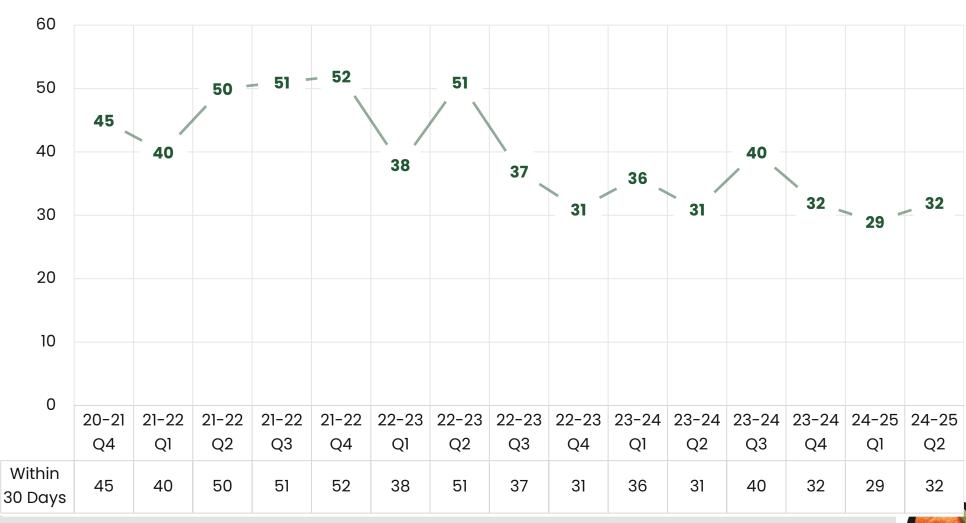


CCSU Admissions (Q2 of FY 21-22 to Q2 of FY 24-25)





CCSU Readmissions (Q2 FY 21-22 to Q2 of FY 24-25)



HEALTH NETWORK, INC





RITS
Adolescent Short
Term Residential
Treatment
Program

Introduction & Overview

RITS



Location

Citrus Health Network Main Center- 3rd Floor 4175 West 20th Ave, Hialeah, FL 33012



Beds

- 16 Beds Total
 - <u>8 Beds for Miami-Dade & Monroe (Thriving Mind)</u>
 - 8 Beds for Broward (Broward Behavioral Health Coalition)



Population

- Youth between the ages of 13-17 years old
- Mental health diagnosis and/or co-occurring substance abuse diagnosis who are experiencing an acute or subacute crisis
- RITS 2 is the first SRT for children in Florida.



Crisis Stabilization & Baker Act



SRTs must be affiliated with a designated Baker Act Receiving Facility, in this case the Citrus Health Network Children's Crisis Stabilization Unit.



SRTs provide a state-supported acute care residential alternative service for patients of CSUs, inpatient units, or designated public or private receiving facilities needing additional treatment for psychiatric conditions.



The youth must be actively admitted to a CSU, inpatient unit, or a designated public or private receiving facility to be eligible for admission to the SRT. A discharge from the CSU, inpatient unit, or a designated public or private receiving facility setting would nullify the referral to RITS.



Court Order



A physician or psychiatrist order is required for admission to RITS.

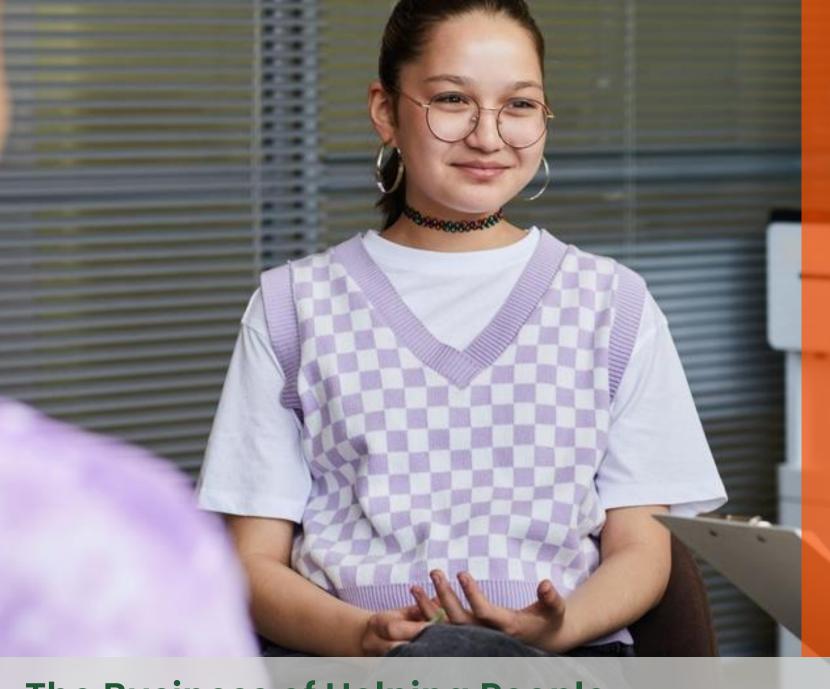


In accordance with 65E-5.270(2), a minor may be admitted on voluntary status with proper assent of the minor and consent of the parent/legal guardian.



In accordance with F.S. 394.467(1) The physician from the SRT or CSU or designated public or private receiving facility where the youth is admitted may petition the Baker Act/Probate court for the youth to be ordered for involuntary placement to RITS.







Average Length of Stay

The average length of stay will be between 30-90 days depending on the court order and physician's clinical opinion.

RITS: SRT Admissions Process

The youth meets Baker Act (BA) criteria and is admitted to a Crisis Stabilization Unit (CSU), inpatient unit, or other designated BA public or private receiving facility in Miami-Dade, Monroe or Broward Counties.

The psychiatrist in the admitting Baker Act facility determines the youth would benefit from Short-Term Residential Treatment (SRT) services. (65E-12.108(1) F.A.C.)

Referring Clinical Team then consults with RITS to determine if clinically appropriate and no primary care medical barriers anticipated. RITS2 may request screening of patient or additional documentation.

Prior to admission, referral forms and psychiatric evaluation and order provided to the corresponding Managing Entity (Thriving Mind or BBHC)

For dependent youth, the corresponding
Community Based Care Lead Agency must
also be notified by the Managing Entity. MiamiDade/Monroe-Citrus Family Care Network,
Broward- ChildNet

Psychiatrist or physician of referral facility orders youth to be admitted to the SRT upon voluntary consent of youth parent/guardian and youth assent. Legal guardian will be asked to complete an admissions packet which must be completed and provided with the order prior to admission.

If cleared, the referral source will receive notification in writing, including an admission date and time.

If no consent, psychiatrist petitions the probate court for involuntary inpatient placement to include SRT.

The Probate judge orders youth for involuntary inpatient placement, to include SRT. (Criminal court order is not sufficient for involuntary placement).

(394.467(3) F.S. & 65E-5.290(1) F.A.C.)

Additional required documentation may be requested and collected (e.g., personal information, CSU records, lab reports, other health and immunization records)

When all materials are successfully completed, the youth is admitted to RITS 2.



RITS Average Length of Stay (Q1 of FY 23-24 to Q2 of FY 24-25)





Center for Adolescent Treatment Services (SIPP)

- Citrus Health Network's Statewide Inpatient Psychiatric Program (SIPP) located at the Center for Adolescent Treatment Services in Pembroke Pines is a locked residential program for adolescent boys and girls that provides a structured treatment environment.
- The program is licensed by the Florida Agency for Health Care Administration and accredited by The Joint Commission.
- The Program serves adolescent boys and girls, ages 13-17 ½ who:
 - Have a history of emotional disturbance and acting out behavior
 - Have not been successful in less intensive community-based services
 - Would potentially benefit from mental health services in a structured, residential setting

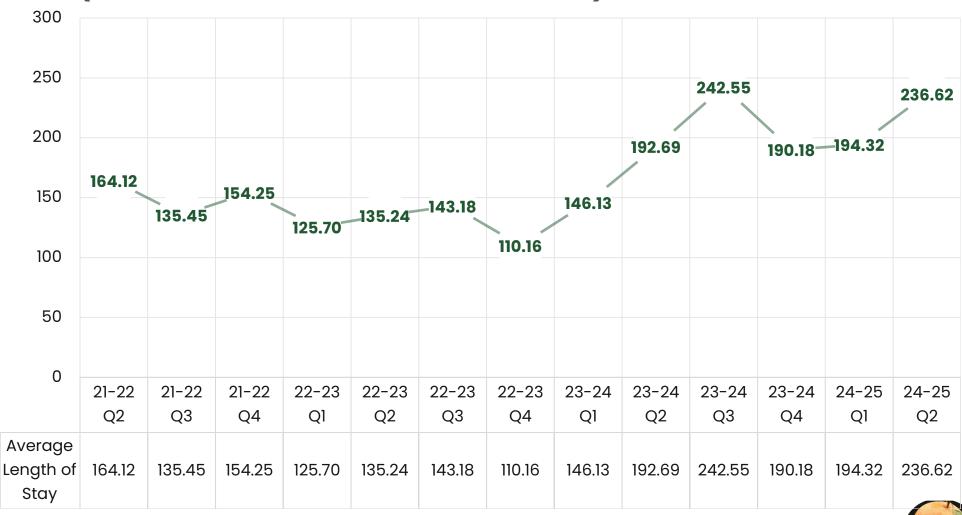


Center for Adolescent Treatment Services (SIPP)

- Services at the Center for Adolescent Treatment Services include:
 - Psychiatric and Medical Services, including medication management and primary care
 - Intensive individual, group, and family therapy
 - Individualized behavior modification programs
 - Individualized treatment planning and aftercare planning with linkages to community resources
 - Peer support, group interaction and recreational activities
 - Individualized educational services provided by certified teacher from Broward County



CATS Average Length of Stay (Q2 of FY 21-22 to Q2 of FY 24-25)



HEALTH NETWORK, INC.

Differences Between SRT and SIPP

	Short Term Residential Treatment (SRT)	Statewide Inpatient Psychiatric Program (SIPP)
Required for Admission	A physician or psychiatrist order and Court order from Baker Act Probate Court if child is involuntary.	Suitability Assessment for youth in DCF custody. Psychiatrist recommendation for youth in parent/guardian custody.
Approximate Length of Stay	30-90 days, based on court order and physician's clinical opinion. (394.467(6)(b) F.S.)	6 months or longer
Treatment Setting	SRT provides a high level of care for individuals who are no longer experiencing an acute or immediately subacute crisis but need additional stabilization services prior to community placement or admission to a SIPP facility.	Intensive Residential Setting



- Placement of a child in a qualified residential treatment program (BQRTP) is for the specific purpose of addressing the child's emotional and behavioral health needs through observation, diagnosis, and treatment in a treatment setting.
- Admission Criteria:
 - The primary reason for placement in a BQRTP is based on:
 - Serious emotional or behavioral disorders, or
 - Significant demonstrated behaviors, with or without a formal mental health diagnosis.
- Exclusionary Criteria
 - Emergency placements
 - Secure (long-term/temporary) shelter for the child
 - Children requiring services and placement for acute emotional or behavioral disorders or disturbances; children needing this level of care should be referred to a residential treatment center licensed under 65E-9, F.A.C.



- Basic Service Requirements.
 - 1. Substance abuse and mental health screening and treatment, if applicable;
 - 2. Family/group/individual therapy;
 - 3. Behavioral management;
 - 4. Psychiatric services;
 - 5. Support groups;
 - 6. Specialized intervention services;
 - 7. Social & rehabilitative services; and
 - 8. Psycho-educational services.
- Emphasis on participation of family members in the child's treatment program including:
 - 1. Inclusion in family therapy;
 - 2. Outreach to family members, including siblings;
 - 3. Documenting how family members are integrated into the treatment process for the child, including post-discharge; and
 - 4. Documenting how sibling connections are maintained.



- For placement in a behavioral qualified residential treatment program (BQRTP) licensed pursuant to Rule 65C-46.0211, F.A.C. the assessment must be completed by the Qualified Individual (QI).
- A Qualified Individual is:
 - The child's treating licensed clinical professional, or
 - A Qualified Evaluator outlined in s. 39.407(6), F.S., or
 - A Comprehensive Behavioral Health Assessor who meets the qualifications as required in the Agency for Health Care Administration, "Specialized Therapeutic Services Coverage and Limitations Handbook,"



Length of Stay

A child may not be placed in a BQRTP for more than 12 consecutive months or 18
nonconsecutive months, or in the case of a child who has not attained age 13, for more than
six consecutive or non-consecutive months, without approval of the Department.

Discharge and Aftercare Support

- Aftercare support must be provided for a minimum of six months post discharge. Aftercare support is not required for youth who discharge to another QRTP setting or higher level of care such as a residential treatment program, also known as Statewide In-Patient Psychiatric Program (SIPP), or therapeutic group home which are defined in s. 39.407(6), F.S.
- The BQRTP must provide after care support to all children discharged if placed within a 50-mile radius of the BQRTP. The child-welfare professional is responsible for aftercare support when a youth is discharged to a placement setting outside a 50-mile radius of the BQRTP.

