

Chapter 2

BEHAVIORAL HEALTH CARE

2-1. Purpose. This chapter defines the Department's responsibility to address the well-being needs of children under supervision and to provide children in out-of-home care with timely screening, assessment and treatment for behavioral health needs.

2-2. Scope. This chapter applies to all children served by child welfare professionals and to all staff within the Department and contracted service providers.

2-3. Authority. Relevant statutory provisions relating to medical screening, examination and treatment of children are as follows:

- a. Section [39.407](#), Florida Statutes (F.S.).
- b. Sections [394.455\(9\)](#) and [394.459\(3\)\(a\)](#), F.S., as referenced in s. 39.407, F.S.
- c. Section [39.304](#), F.S.
- d. Sections [743.064](#) and [743.0645](#), F.S.
- e. Chapters [65C-28](#) and [65C-30](#), Florida Administrative Code (F.A.C.).
- f. Specialized Therapeutic Services Coverage and Limitations Handbook, March 2014.

2-4. Guidance: Child welfare professionals are responsible for the oversight of well-being needs of children in out-of-home care. The following guidelines will direct the planning and delivery of behavioral health services for children in out-of-home care:

- a. A child's trauma history should be considered during all interactions.
- b. The Family Functioning Assessment Investigations/Ongoing and Progress Updates provide for the assessment of current or historical child functioning which includes specific indicators of well-being. The indicators, "Strengths and Needs," are assessed continuously during the child's and family's involvement with the child welfare system. (Refer to CFOP 170-9, [Chapter 3](#).) The "Emotion/trauma" and "Behavior" indicators are a method for screening of behavioral health needs of children served. If any screening indicates a possible need for services, a referral for further assessment will be made or the child welfare professional will take action to address the identified need.
- c. Behavioral health needs identified through a Comprehensive Behavioral Health Assessment (CBHA) or other mental health or substance abuse assessment must be considered when developing the family's case plan.
- d. The case plan will include a description of the behavioral health needs being addressed and a description of the services to be provided.
- e. For all children who are also served by the Department of Juvenile Justice, Children's Medical Services Medical Foster Care, and/or the Agency for Persons with Disabilities, child specific planning and service delivery will be coordinated between the agency(ies) and the Department and their contracted providers.

f. The Community-Based Care (CBC) Lead Agency should ensure transition planning in advance of youth leaving out-of-home care that includes identification of providers and source of payment for treatment.

2-5. The Child Resource Record. A child's resource record (CRR) is required to be developed for every child entering out-of-home care according to Rule [65C-30.011\(4\)](#), F.A.C. This document serves to record the medical and behavioral health needs of the child.

2-6. Comprehensive Behavioral Health Assessment (CBHA). All children entering out-of-home care ages birth through 17 years who are Medicaid eligible must be provided a CBHA. These Medicaid funded assessments are used to provide specific information about mental health and related needs.

a. The Department is authorized to have the CBHA performed without authorization from the court and without consent from a parent or legal custodian, per s. [39.407\(1\)](#), F.S. Within seven (7) calendar days after the child is placed in shelter care, the assigned child welfare professional shall ensure that a referral for a CBHA is submitted in accordance with local protocol.

b. The local point of contact will distribute the completed CBHA in accordance with local protocol.

c. The assigned child welfare professional will review the CBHA recommendations and will make referrals as necessary within seven (7) calendar days and ensure linkage of services within 30 business days.

d. The assigned child welfare professional will provide a copy of the CBHA to Children's Legal Services (CLS) upon receipt.

e. New information learned from the CBHA regarding the child's strengths and needs shall be reflected in the Child Functioning Domain of the Family Functioning Assessment-Ongoing or Progress Update, whichever is due next.

f. The needs identified through the CBHA and the recommendations or accommodations for services must be considered when developing or updating the family's case plan. When the CBHA is received after the case plan has been submitted, the child welfare professional shall review the case plan and determine if it should be updated based on the CBHA.

g. All recommendations for further assessment/evaluation identified through a CBHA shall be referred to the appropriate clinician with all required credentials, licensures and expertise to assess and diagnosis the child. This includes, but is not limited to, psychological, psychiatric, neurological, Early Steps, and substance abuse evaluations. When a child is experiencing serious emotional disturbance in out-of-home care, the CBHA may be used to re-assess the child's behavioral health service needs as established in Medicaid Policy.

(1) The child welfare professional shall ensure the clinician completing the assessment has all previous evaluations, treatment plans, and pertinent behavioral and medical documentation including previous and the most recent CBHA.

(2) Different assessments may result in different diagnoses. For example, a child admitted to a Baker Act Receiving Facility will be assessed at that point-in-time and it is likely that the clinician will not have access to previous evaluations. Therefore, the diagnosis may not be consistent with previous diagnoses. When this occurs, the child welfare professional should contact either the current therapist or the CBC Lead Agency Behavioral Health Coordinator for assistance in determining next steps.

(3) The required Baker Act staffing process should address questions regarding any diagnosis of the child.

2-7. Comprehensive Placement Assessment.

a. Child welfare professionals shall complete the Comprehensive Placement Assessment, at time of removal or when seeking placement in a new level of care for all children placed in out-of-home care to determine the most appropriate level of care and to prevent children from being placed in a clinical setting when not necessary. The assessment considers the following factors to determine the most appropriate level of care for the child, as per Rule [65C-28.004](#), Florida Administrative Code.

(1) Medical needs.

(2) Developmental needs

(3) Mental health needs

(4) Medical history, including psychotropic medications

(5) Behavioral health needs

(6) Alleged type of abuse or neglect and trafficking history

(7) Family and community ties and school placement, including educational needs.

(8) Current placement decisions related to any siblings, including a sibling that has been previously adopted or is in an adoptive placement. Foster and adoptive parents of a sibling shall be contacted and, if interested, considered for placement.

(9) Child's age, maturity, hobbies or activities and preference for placement.

b. Upon completion of the assessment by the child welfare professional, a placement level of care will be identified. A multidisciplinary team staffing is required if placement in a licensed placement setting has been identified.

c. The Comprehensive Placement Assessment must be updated when a change in the level of care is recommended for each child in out-of-home care and reviewed as often as necessary to ensure permanency for that child.

d. The placement assessment shall be used to assist with ensuring children in out-of-home care are not inappropriately referred for a clinical assessment for the purpose of rendering a diagnosis of mental illness, emotional or behavioral disorders, or for the purpose of satisfying placement requirements in a clinical licensed setting. The assessment shall not be used to formulate a diagnosis. This does not eliminate the procedures regarding children who are Baker Acted as per CFOP 170-5 [Chapter 12](#).

2-8. Behavioral Health Services.

a. Behavioral health services shall be provided to children in out-of-home care without delay once the need for such services is identified in a CBHA or other behavioral health evaluation or if the need for services is clear in the Family Functioning Assessment or Progress Update.

b. Behavioral health services may include, but are not limited to, individual, family and group therapy, behavior analysis and support, and substance use treatment.

c. The assigned child welfare professional will ensure that all behavioral health service needs identified through screening or assessment are integrated into the case plan.

d. The assigned child welfare professional will ensure that all referrals for behavioral health services are made within seven (7) calendar days of identification.

e. The assigned child welfare professional will assist relative and non-relative caregivers in accessing needed behavioral health services.

f. The assigned child welfare professional shall contact the child's health plan provider as needed for assistance in coordinating services.

2-9. FSFN Documentation.

a. The child's behavioral health condition shall be recorded in the Medical/Mental Health section of the child's FSFN record. If the child has been clinically diagnosed with a specific disability, it should be recorded in the FSFN Disability tab. If the diagnosis changes or is determined by a clinical professional to no longer exist, it should be end-dated in FSFN.

b. The child welfare professional will scan the CBHA and any other professional evaluations received into the Medical/Mental Health section of the FSFN file cabinet.

c. The following FSFN resources are located on the [Center for Child Welfare](#) FSFN "How Do I Guide" page:

(1) "[Medical/Mental Health User Guide.](#)"

(2) "[File Cabinet User Guide.](#)"