A “FSFN Position Paper” defines how a child welfare business process is supported with FSFN functionality.

I. Policy Overview
Medical and behavioral health is of the utmost importance to children in the child welfare system. Direction to the field in statute, rule, and CFOP helps to provide the structure for child welfare staff to ensure they are meeting these needs for the children in our system. Below are the links to resources on child medical and behavioral health needs, documented in the medical and mental health tabs within FSFN.

Florida Statutes:
39.407 Medical, psychiatric, and psychological examination and treatment of child; physical, mental, or substance abuse examination of person with or requesting child custody.—
39.6012 Case plan tasks; services.
http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0000-0099/0039/Sections/0039.6012.html
39.701 Judicial Review
http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0000-0099/0039/Sections/0039.701.html

Florida Administrative Code:
65C-28.003 Medical Treatment-
65C-28.014 Behavioral Health Services.
65C-28.015 Residential Mental Health Treatment.
http://www.centerforchildwelfare.org/DCF%20Family%20Safety/65C%20-%20Rules.htm#C28003

CFOP 155-10/175-40:
3-19. Florida Safe Families Network (FSFN) Documentation- This section of CFOP specifically outlines requirements for documentation of psychotropic medications in the Medical/Mental Health module.
CFOP 175-40 - Mental Health/Substance Abuse

II. Practice Overview
The Medical/Mental Health module provides for the collection of a wealth of information concerning the child’s medical and mental health to ensure that the child well-being needs are met throughout the life of a case. The Medical/Mental Health module in FSFN consists of five tabs that are used to document important medical and mental health information about current health care providers, visits to doctors and dentists,
diagnosed disabilities, medications, and basic information which includes health problems, and allergies. There are several elements within the module tabs that are used in reporting on the CBC Scorecard as well as other reports such as reporting on psychotropic medication use for children in out of home care. The information entered into the medical/mental health pages prepopulates into other documents created in FSFN such as the Judicial Review (JR) Worksheet, Case Plan Worksheet, Adoption Information page and the Independent Living (IL) module.

All children available for adoption must have all of their medical and mental health information documented in the Medical/Mental Health Module. The data entered on the Disability tab prepopulates on the Background tab on the Adoption Information page under Special Needs. The Special Needs of a child is one of the AFCAR reporting categories. In addition, this documentation is required for children eligible for subsidy based on this category of special needs.


Detailed ‘FSFN Medical/Mental Health’ information can be found at: [http://centerforchildwelfare.fmhi.usf.edu/FSFNAll.shtml](http://centerforchildwelfare.fmhi.usf.edu/FSFNAll.shtml) under the How Do I, Topic Paper, User Guide, and Reference Data sections.

Detailed ‘FSFN File Cabinet Reference Data’ information can be found at: [http://centerforchildwelfare.fmhi.usf.edu/FSFNAll.shtml](http://centerforchildwelfare.fmhi.usf.edu/FSFNAll.shtml) under the Reference Data sections.

Data Collection Areas

- The CBC Scorecard has well-being measures around medical and dental care for children in an Out of Home Care. The information entered in the medical mental health tabs is used in the algorithms for a scorecard measures. Measures number 9 (percentage of children receiving medical services in the last 12 months) and 10 (percentage of children receiving dental services in the last 12 months) are derived from the medical mental health pages. The memo detailing the scorecard measures and algorithms used can be found at: [http://www.centerforchildwelfare.org/kb/policymemos/CBCScorecard121714.pdf](http://www.centerforchildwelfare.org/kb/policymemos/CBCScorecard121714.pdf)
- The Psychotropic Medications Report provides data on the number of children prescribed psychotropic medication. Data can be viewed by CBC and broken down by placement type, age, gender, and race. The Psychotropic Medications Report is pulled from FSFN weekly and is displayed in the following link: [http://www.dcf.state.fl.us/initiatives/gmworkgroup/reports.asp](http://www.dcf.state.fl.us/initiatives/gmworkgroup/reports.asp)
- The Health Care Service Information for Children in an Out of Home Care Report is pulled from FSFN. The report provides a snapshot of the medical, dental, and immunization information entered in the medical/mental health module in FSFN. The report is available in the following folder in the FSFN Reporting Environment: Public Folders/OCWDRU Reports/Medical Mental Health.

### III. Florida Safe Families Network Utilization

The Medical/Mental Health Module must be completed in its entirety within FSFN. Also, documentation that supports information entered into the module will be uploaded into the file cabinet medical records category. Medical/Mental Health records include, but are not limited to, the following: CBHA,
psychological/psychiatric evaluations, physician medical report form 5339, health check-up/physicals, dental records, hospital records, pre-consent reviews, informed consent/court order for administration of medication, and mental health treatment plans. Below are requirements for the usage of each tab located within the Medical/Mental Health Module.

1) **Medical Profile.** The first tab is the Medical Profile which requires details about the child’s Primary Health Care Provider(s) such as name, address, phone number, etc. Note that other health care status information is also entered here, including any known health problems, allergies, immunization status, the child’s Medicaid number, etc.
   a. All of this information must be completed including documenting that the child has no known health problems or allergies when none are identified. The immunization information must also be completed. Immunization information is used in reports on child well-being.

2) **Medications.** On the Medications tab, all prescribed medications (even if they have since been discontinued) must be entered into FSFN and are summarized here. Information to be entered includes name of medication, whether it is prescribed for psychotropic purposes, purpose of psychotropic medication (psychotherapeutic or medical), quantities and dosages, precautions, warnings, and additional instructions. For each psychotropic medication the date that express and informed parental consent or a court order was obtained must also be entered. Note that all medications that are defined as a psychotropic medication, regardless of the medical use, will be considered a psychotropic medication for documentation purposes in FSFN. Psychotropic medications are required to be documented for all children in out of home care.
   a. The information on medications prescribed will be entered in FSFN within three (3) business days of beginning the medication, based on information provided to the DCM or CPI by the prescribing physician responsible for the child’s treatment.
   b. Any absence of parental express and informed consent or court order must be explained, along with the deadline for securing the necessary post-administration court authorization. Updates, including changes in dosage or physician prescribed cessation of the medication, must also be recorded within three (3) business days.
   c. **No Empty Fields in FSFN.** While FSFN does not force users to complete every data field, every field pertaining to psychotropic medications must be completed. No field pertaining to psychotropic medication should ever be left empty, even if FSFN does not force the user to complete it. Therefore, if the Case Manager entering the data in FSFN does not have the information needed to complete a field, the Case Manager should gather the information.

3) **Mental Health Profile.** The Mental Health Profile tab is used to record the date of the most recent CBHA evaluation. The tab is also used to document inpatient and outpatient treatments, if the CBHA was used as a Safe House Assessment, substance use, and psychiatric or psychological referral(s). The substance abuse information in this tab is used for NCANDS reporting.
   a. All behavioral health actions taken by the DCM, CPI, and CLS will be entered in FSFN within three (3) business days of the action. This includes the information contained in the Medical Report (CF-FSP 5339), as well as receipt of the parental authorization or court order approving the medication.

4) **Medical History.** The Medical History tab is used to document all health-related services provided to the child, particularly initial Child Health Checkup and all subsequent visits with health care providers, including dates, provider information, procedures, diagnoses, and treatment information. Brief descriptions and reason for treatments will be provided (physical treatment or other types such as counseling or other mental health therapies) as well as other information such as whether or not the visit was for monitoring of medication effect, symptom relief progress, if X-rays were taken, etc.
a. The date of the initial and most recent physical exam must be entered. Children are required to see a physician for well child care according to the Academy of Pediatrics periodicity schedule. Beginning at age 3, the recommended frequency is annually.

b. The date of the most recent dental exam must be documented. The child is not required to visit the dentist prior to age 3, however if the child is seen by a dentist, this must be documented in FSFN. The dental exam must be completed by a dentist. Children should see the dentist every 6 months starting at age 3.

5) **Disability Information.** The Disability Information tab is used to document if the child has a clinically diagnosed disability along with the type of disability. The data captured is required for AFCARS reporting. The Disability Information will populate in the Person Management screen. The Medical Mental Health module includes the Disability Information tab which supports the documentation of specific clinically diagnosed medical and mental health conditions. The Disability Information tab also includes the group box "Caregiver(s) Information at Time of Intake". The data in this group box is modifiable and is used for NCANDS reporting.

The Disability Information tab captures information regarding the young adults Medical Mental Health (MMH). The reference value “18+ Other” can only be selected for a participant age 18 or older. If the value of “18+ Other” is selected, the Diagnosed Condition Type text box is required. If the user does not have the appropriate security for MMH records, the entire MMH group box does not display.

a. All children available for adoption must now have all of their medical and mental health information documented in the Medical/Mental Health Module. The data entered on the Disability tab prepopulates on the Background tab on the Adoption Information page under Special Needs.

The Special Needs of a child is one of the AFCAR reporting categories. In addition, this documentation is required for children eligible for subsidy based on this category of special needs. This data must be entered within 10 days after the child has been permanently committed to the Department for the purpose of adoption.

i. When a clinically diagnosed health condition does not populate on the disability information tab, the user must document the health condition using the Adoption Information Page, with the special needs factor of "medically fragile". The staff also must document the type of health condition and clinician diagnosing the condition on the Adoption Information Page in the selection labeled "Description of Child's Condition".

b. Children eligible for Extended Foster Care based upon a documented disability must have this page completed in order for the information to populate in the EFC eligibility determination page.

The [Center for Child Welfare FSFN](#) page provides many resources including the following:

- The [Topic Paper for Medical Mental Health](#) provides details on the designs of these pages in FSFN.
- The [User Guide for Medical Mental Health](#) provides in-depth guidance for users and includes screenshots.
- The "How Do I... Guide" for Medical Mental Health provides specifics steps, tips and guidelines to complete work in the FSFN system.