

Suitability Assessments and Access to Residential Treatment for Dependent Children

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Presenter



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Qualified Evaluator Network (QEN)

Establishment of the suitability assessment



Process was created by a 2000 state legislative initiative intended to:

- Prevent children in the dependency system from being prematurely placed or maintained in residential treatment when it is no longer needed
- Ensure the least restrictive level of care for mental health treatment
- Support the child's due process rights under state law

The QEN program was established in July 2001 and is designed to:

- Provide assessment services for children in the care and custody of DCF
- Comply with all requirements set forth in FS 39.407, JR 8.350, CFOP 170-11, and CH. 5, 65C-28.021 (Qualified Residential Treatment Programs, 65C-27 Suitability Assessments)
- Ensure support of state legislative initiative for the least restrictive level of care

Determining appropriateness for residential treatment - FS 39.407(5)(c)



Under this subsection, before a child is admitted to a residential treatment setting, the child shall be assessed for suitability for residential treatment by a qualified evaluator who has conducted a personal examination and assessment of the child. Written findings include:

1 The child appears to have an emotional disturbance serious enough to require residential treatment and is reasonably likely to benefit from the treatment.

2 The child has been provided with a clinically appropriate explanation of the nature and purpose of the treatment.

3 All available modalities of treatment less restrictive than residential treatment have been considered, and a less restrictive alternative that would offer comparable benefits to the child is unavailable.

Juvenile Rule 8.350



Status Hearing:

Upon the filing of a motion for placement, the court shall set the matter for a status hearing within 48 hours.



Hearing on Placement:

- (A) At the hearing, the court shall consider, at a minimum, all of the following:
 - (1) DCF recommendation for placement of the child and why residential treatment is in the best interest of the child and is the least restrictive available alternative;
 - (2) Recommendation of the guardian ad litem;
 - (3) Written findings of the evaluations and suitability assessment prepared by a qualified evaluator; and
 - (4) Child's views regarding placement in residential treatment that he/she expresses to the court.
- (B) All parties shall be permitted to present evidence and witnesses concerning the suitability of the placement.
- (C) If the court determines that the child is not suitable for residential treatment, the court shall order the department to place the child in the least restrictive setting that is best suited to meet the child's needs.

CFOP 170-11, Chapter 5



Provides the process for assessing and, if needed, placing dependent children into residential treatment centers, including Specialized Therapeutic Group homes. It applies to all staff of the Department, CBC Lead Agencies/subcontracted providers, agencies conducting child protective investigations, and CLS attorneys.

Decision Making

- Planning should address the concerns in a child's life – family, legal, health, education and social/emotional issues.
- Consider residential only when lesser levels of care have been unsuccessful and when those treatment options are not appropriate.
- Utilize effective communication.



Steps

- The child's behavioral health needs shall be addressed in the least restrictive setting.
- Referral process must involve Multidisciplinary Team (MDT) review and recommendation that the child may require residential treatment.
- Upon determination, or if court ordered, the assigned child welfare professional will prepare the initial referral for a suitability assessment and submit to the SPOA.

Understanding residential treatment



“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.

1

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

2

“Specialized 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.

When should a suitability assessment be requested?



Services and supports have been tried in less restrictive settings.

Youth's mental health condition has a high level of acuity (i.e., multiple Baker Act admissions in a short period of time).

The child has a serious emotional or behavioral disorder or disturbance

Multidisciplinary Team (MDT) meeting has been conducted and contains a recommendation the child may require residential treatment.

The child or youth still has a significant mental health disorder that significantly impairs their ability to function in the community.

Best practices after receiving an MDT recommendation for a suitability assessment referral

Best Practices

- Child Welfare Professionals should ensure all required documentation and collateral contact information is included in the submission of the referral to the POC in a timely manner. Refer to CFOP 170-11, Chapter 5 Section 5-8 to review all pertinent documents and information to be included in the packet.
- Once POCs have communicated with all parties regarding the appointment time, date, assigned QE, and Telehealth Contact Representative acknowledge who will be responsible for transport of the child (if applicable), in addition to, the child welfare professional should file a notice of filing with the courts to include all appointment information.

Important Notes

- These children have been identified as having significant mental health disorders that impair their ability to function in the community, therefore time is of the essence, and there should be limited delays in submitting all referral packets within 5 business days from the conclusion of the MDT.
- Additional ways to notify all parties of the scheduled appointments:
 - file status with court
 - secured e-mail information
 - phone call with voicemail (if necessary)

When should a suitability assessment not be requested?



- If the primary purpose of treatment is not for mental health (i.e., substance abuse is the primary diagnosis).
- The child has been in multiple placements with no improvement.
- No identified and/or available community placement.
- The child is doing well in a lesser level of care.
- To obtain a recommendation in case there is a break-down in placement.
- If a child was recently sheltered (i.e., a week ago) and there is limited information/records available regarding mental health and services.
- If a child could not effectively participate/benefit from treatment (i.e., due to age or cognitive ability).

Suitability types + timeframe + components



| Type | Completion Timeframe |
|---------|--|
| Initial | Before a child can be admitted into a residential treatment center. |
| 60-Day | Within 60-days of a child's initial placement into residential treatment. |
| 90-Day | Every 90 days while the child remains within a residential treatment center. |

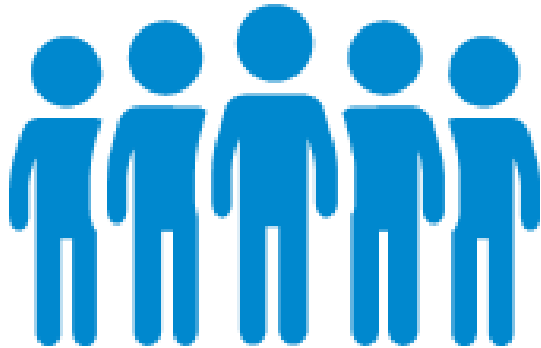
Mandatory Assessment Components

- Clinical Record Review
- Face-to-Face interview
- Collateral Contacts
- Written Summary of Findings
- Recommendation for least restrictive level of care

Communication with collateral contacts



It is important that the QE has the correct contact information for all collaterals as they **play a significant role in the assessment process.**



Examples of collaterals include:

- Assigned Guardian Ad Litem
- Current counselor/therapist
- Current caregiver
- Attorney ad Litem
- Case Manager
- Child's Family Members
- Treating clinical professional
- Permanency Team

Qualified Evaluator (QE) credentials



FS 39.407

“The qualified evaluator must be a psychiatrist, or a psychologist licensed in Florida who has at least 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 or program.”

Independent

Utilize Statute and
Juvenile Rule

Recommend least
restrictive level of
care for mental
health

Recommendation options



- Psychiatric Residential Treatment Center
- Specialized Therapeutic Group Home (STGH)
- Non-Residential

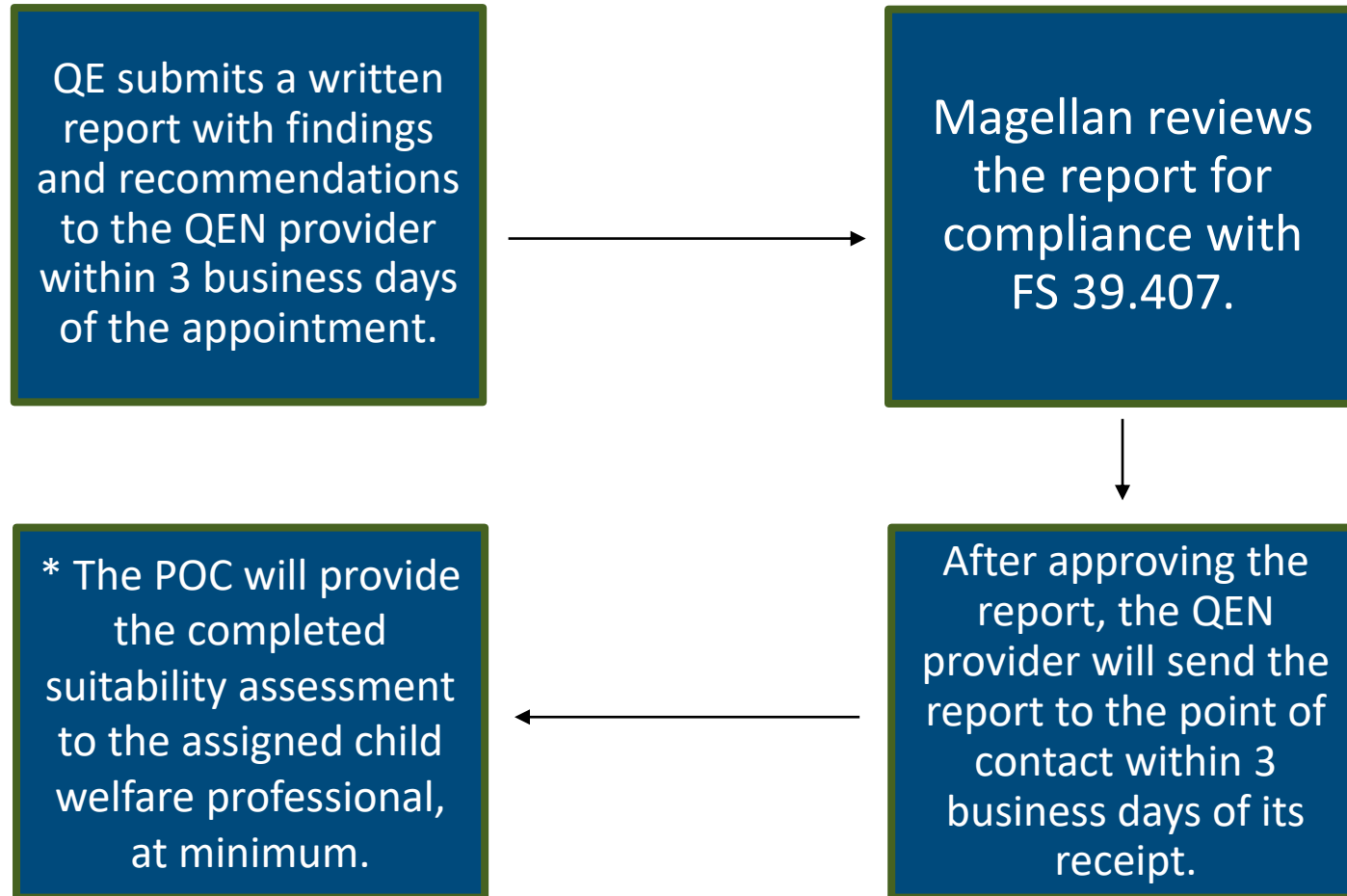
If sufficient supporting clinical documentation is not provided, a recommendation cannot be rendered.

A successful recommendation



| | Components | Impact |
|---|---|---|
| ✓ | Provide complete, up to date clinical records. | The QE will utilize records to make informed determinations based on the treatment planning process in conjunction with current and historical information. |
| ✓ | Provide collateral input prior to the completion of the suitability assessment. | Allows the QE to obtain feedback from interested parties who are familiar with the needs of the child. Input can be provided via phone, email or written summary. |
| ✓ | Explain and prepare the child in advance. | Allows the child to understand and feel a part of the process, which can greatly enhance the quality of the participation with QEs. |
| ✓ | Ensure staff availability, transportation and availability of child for the appointment time. | If not achieved, a child will be unable to attend the appointment and a suitability assessment could not occur, thus delaying care and treatment. |
| ✓ | Assessments should not interfere with valued activities. | This can have an adverse impact on participation in the suitability assessment. |
| ✓ | Communication should exist between all parties. | Allows for a cohesive understanding of the needs and steps to the process. |

After completion of the suitability assessment



*** Local protocol will determine further dissemination actions by the POC.**

Reconsideration



Process established by AHCA and adopted by DCF which addresses an Area request for a second, independent evaluation.

One or both of the following criteria must be met:

1. The Qualified Evaluator was not provided with the clinical record / supporting documentation at the time the suitability was conducted.

2. *The child's mental health has significantly decompensated since the time of the assessment (i.e., Baker Acts, self-injurious, etc.).

* Delinquent/conduct information such as running away, skipping school, arrests, cursing, suspensions, or lack of placement options cannot be considered. It is applicable exclusively to mental health needs.

Communication and agreement should exist between all interested parties regarding a Request for Reconsideration.

Multiple Reconsiderations cannot be conducted.

Continued engagement after a child is placed into residential treatment



Child welfare professionals should have on-going participation in all treatment team meetings while the child is located in the facility. Appearing telephonically or in-person will ensure you have the most up-to-date information surrounding the child's progress. In addition, it would be beneficial to include the child's guardian ad litem in instances in which you are unable to attend.



To be considered for successful step-down to a lower levels of care:

- Identifying placements as soon-as-possible (**do not wait until the 90-Day Review**)
- Communicating with all interested parties including the child
- Once a placement has been identified based on the most appropriate setting, begin the transition process to include timeframes

Q & A

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