



Series: 200: Medical and Behavioral Health Assessment & Services

Policy Name: Crisis Response, Baker Act and Discharge Planning

Policy Number: 209

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Regulation: 394.459 F.S.
65E-5.400 F.A.C.
6/6/2018 Memorandum Mandatory Multidisciplinary Baker Act Staffing

Policy

It is the policy of Communities Connected for Kids (CCKids) to ensure the safety of children in care, while respecting the rights of parents with regard to notification and decision making regarding medical and psychiatric issues of the child. It is important to ensure the successful discharge from an inpatient facility into the community and to ensure that the youth receives the necessary aftercare services.

Procedure

1. When a child's behavior or verbalizations indicate high risk for injury to self or others, the caregiver, staff, Dependency Case Manager (DCM), and all concerned parties will take all necessary precautions to secure the environment and provide for the safety of the child and others. Whomever is with the child, may consider calling the Mobil Response Team (211) for assistance with de-escalation. If the child does not de-escalate and it is felt that there is a high risk for the child to harm self or others, the caregiver or staff should call emergency personnel through 911.
2. The caregiver or staff will notify the DCM or the staff person on call about the current situation include an admission under a Baker Act, if applicable per Policy 803: Incident Reporting.
3. The caregiver, staff, or DCM will travel to the crisis unit to assure that the facility has all the needed information to admit the child and to ensure that appropriate treatment is received.
4. If it appears that a Baker Act for crisis stabilization is likely, the parents (if prior to TPR) will be contacted by the DCM or by the on-call staff.
5. CCKids Behavioral Health Specialist will schedule and facilitated MDTs as needed to monitor the process and the care coordination to ensure that the prescribed services are in place.

Discharge Planning & Aftercare



- A. Upon admission into a facility, a preliminary discharge plan is established by the Children's Crisis Stabilization Unit (CCSU).

staff in order to begin preparing for the child's discharge into the community. Children who are exiting inpatient care will be assessed for admission into Sunshine Health Care Management services to help manage the child's transition into community services, ensuring continuity of care and preventing subsequent admissions.

1. Upon receiving information that a Baker Act was initiated on a child or adolescent or they were involuntarily admitted for evaluation, the DCM or designee shall contact the receiving or treatment facility immediately and request information regarding the child or adolescent's discharge status.
2. If the child/adolescent has not been discharged from the facility, the DCM or designee shall request notice of, and attend, any scheduled discharge planning or multidisciplinary staffing on the child the facility holds. The DCM or designee should share information with any additional treatment providers that are working with the child/adolescent and notify them of any scheduled staffings as they may be available/invited to participate.
 - a. The DCM or designee shall request that individuals participating in the discharge planning conference or multidisciplinary staffing review, discuss, to the extent possible: factors or circumstances which contributed to, or resulted in the child's hospitalization; recommendations to address any child safety, permanency or well-being needs identified; and develop a plan to ensure on-going therapeutic and placement needs are met.
 - b. When the DCM does not agree with any significant recommendations resulting from the multidisciplinary staffing, or if the team cannot reach consensus on developing a plan, the DCM should consult with her/his supervisor and program director within two business days to determine next steps.
3. If the child has already been discharged from the facility, or the discharge planning conference or multidisciplinary staffing is conducted without the DCM or designee in attendance, the DCM or designee shall complete the following activities:
 - a. Immediately attempt to obtain and review the receiving or treatment facility's discharge plan and/or multidisciplinary staffing notes and any recommendations for aftercare
 - b. Request an MDT through CCKids Clinical team via Urefer as soon as possible, but no later than 72 hours from the child/adolescent's discharge from the treatment facility to review and discuss, to the extent possible, factors or circumstances which contributed to, or resulted in the child's hospitalization; recommendations to address any child safety, permanency or well-being needs identified; and develop a plan to ensure on-going therapeutic and placement needs are met.
 - c. For families under jurisdiction of the court, the DCM or



designee will notify the court of the child/adolescent's emergency mental health admission throughout the judicial review process.

- B. CCKids, along with the Case Manager and/or Dependency Case Manager, provides frequent monitoring of the child's placement and community-based services in order to prevent future inpatient admissions and to keep the child within the identified home/community.
- C. CBCIH has jointly developed the Seven Day Follow up and Rapid Inpatient Readmission Process with Sunshine Health as part of the discharge/aftercare process. CCKids is responsible for ensuring this process is appropriately followed and that seven (7) day follow up appointments are scheduled and attended by enrollees.
- D. CCKids will ensure that the enrollee and his/her parent, guardian or caregiver has all of the necessary resources in order to remain successful in the community, including access to services and necessary medication.

Approved: Carol DeLoach

Carol DeLoach, CEO
4/2/2021