Children's Short-term Residential Treatment (SRT) Program

I. Need and Purpose

A Short-term Residential Treatment (SRT) Program is a state-supported acute care 24-hour-a-day, 7-day-a-week residential alternative service, typically with lengths of stay of 90 days or less. It is an integrated part of a designated public receiving facility and is receiving state mental health funds under the authority of Chapter 394, F.S.

The purpose of an SRT is to provide intensive short-term treatment to individuals who are temporarily in need of a 24-hour-a-day structured therapeutic setting in a less restrictive setting than a Statewide Inpatient Psychiatric Programs (SIPP), but longer-stay alternative to crisis hospitalization. These individualized, stabilizing acute and immediately sub-acute care services provide short and intermediate duration intensive mental health residential services on a twenty-four hours per day, seven days per week basis, as provided for in Chapter 65E-12, F.A.C. These services shall meet the needs of individuals who are experiencing an acute or immediately sub-acute crisis and who, in the absence of a suitable alternative, would require hospitalization.

II. Admission Criteria

Mental Health admission to an SRT requires the individual to meet the following criteria:

a. All individuals shall be admitted pursuant to Chapter 394 Part I, F.S., and Chapter 65E-5, F.A.C., and only on the order of a physician or psychiatrist; and be:

    1. 17 years of age or younger and who has not had the disability of nonage removed pursuant to s. 743.01 or s. 743.015

    2. Diagnosed with an emotional disturbance or serious emotional disturbance, with or without co-occurring disorders;

    3. At risk of hospitalization (SIPP), entering the child welfare system, or incarceration for mental health reasons;

    4. Present as acutely mentally ill and in need of intensive staff supervision, support and assistance, as documented in a psychiatric or psychological evaluation;

    5. Continent, ambulatory, or capable of self-transfer.

b. Substance Use admission to the SRT requires the individual to meet criteria pursuant to Chapter 65D-30.

III. Target Population

Program eligibility must be in accordance with 394.674 F.S., and for children and adolescents who are temporarily in need of a 24-hour a day structure therapeutic setting in a less restrictive, but longer-stay alternative to hospitalization.

IV. Eligibility

a. Youth must be referred from a Children's Crisis Stabilization Unit (CCSU), inpatient psychiatric unit (including the Department of Juvenile Justice) or a designated public or private receiving facility.

V. Transfer Process

Admissions to SRT are considered a transfer between Baker Act designated facilities. Therefore, the following, as per 65E-12, is required:

a. Court order or consent pursuant to Chapter 394, Part I, F.S., and Chapter 65E-5, F.A.C.
b. Personal information, including parents or legal guardian, and guardian ad litem (GAL),
c. Previously completed Crisis Stabilization Unit (CSU) intake interview
d. Physical examination,
e. Medication logs,
f. Progress notes,
g. Preliminary discharge or aftercare plan,
h. Complete metabolic panel
i. CBC (including TSH profile)
j. Toxicology Screen
k. Urinalysis
l. Urine pregnancy test (females only)
m. Immunization records, if available.

Medical clearance is established by the transferring facility and ratified by the receiving SRT. Reasonable diagnostic testing requested by the SRT, if appropriate, should not delay the transfer of the minor to the SRT. Structured medical evaluation and medical clearance protocols should be used to enhance the uniformity and prevent unnecessary delays of the admission of the minor to the SRT. If there is disagreement about medical clearance, physicians should communicate regularly without intermediaries to mitigate disagreement. ME support should be sought if medical clearance disagreement delays admission of the minor to the SRT.

VI. SRT Program Management

a. LSF Health Systems (LSFHS), as the primary funder, is the single point of contact for all contractual matters and dispute resolution related to the Children's SRT Program.

b. Referral Packets must include items listed under the "Transfer Process" and a signed authorization for release of information.

c. Authorization for the Receipt of Document Images

1. The Network Service Provider is authorized to accept digital images of the following documents submitted by parents or caregivers for the purposes of verification eligibility into the program, in accordance with the Network Service Provider's policies and procedures, specific instructions, and format guidelines:

- Birth certificates

- Social Security Card
- Insurance Card

2. The documents are to be submitted in accordance with the Network Provider policies, procedures, instructions, and format guidelines. Appropriate security measures are to be implemented and followed to protect the confidentiality and integrity of the received images.

d. Within two business days of the program having received the referral, the SRT representative contacts the referral source to coordinate admission.

e. If the SRT believes that a screening is required for a referral, it must conduct the screening within 72 hours of having received the referral.

f. If the SRT determines that a referred youth is not appropriate for SRT level of care, the SRT must notify the ME and referral source of the denial and reason for denial within 48 hours of screening the referral.

g. The Network Provider shall submit an Template M3 -Continued Stay Request Form, for any admission longer than 90 days to their Network Manager. Continued Stay Requests must be submitted at least 15 days prior to the expiration of the 90-day period. Documentation should clearly indicate the clinical justification and have a completed Level of Care Utilization System (LOCUS) indicating that SRT remains the appropriate level of care.

VII. Bed Availability

a. The Network Service Provider will submit a daily census to include LSFHS's funded bed availability report to the LSFHS Data System.

b. The Network Service Provider shall ensure that admissions are available during regular business hours Monday – Friday, 9:00 A.M. – 5:00 P.M. The Network Service Provider shall review and accommodate on a case-by-case basis, requests for transfers outside of the listed hours.

c. The Network Service Provider shall admit individuals based on the chronological order of the receipt of the referral, unless special circumstances exist that warrant making an exception to this provision.

d. If a placement is not immediately available, the provider informs the referral source that individuals will be placed on a waiting list.

e. If an individual is discharged from the inpatient psychiatric unit, the referral will be cancelled.

VIII. Length of Stay

a. As a Baker Act designated facility, length of stay depends on the youth's progress and continued need for level of care and could be up to 90 days. The Network Provider shall submit a Continued Stay Request for any admission longer than 90 days.

IX. Discharge Planning

Discharge planning starts at admission. Prior to discharge or departure from the SRT, the staff with the individual's consent shall work with the individual's support system including family, friends, employers, and case manager, as appropriate, to ensure that all efforts are made to prepare the individual for returning to a less restrictive setting.

The Network Service Provider shall facilitate visits/interviews, in person/virtually, by community-based providers responsible for the outpatient services upon the youth's discharge.

The SRT staff should consider Care Coordination referrals to the corresponding providers in the proximity of the individual's planned residence upon discharge.

X. Performance Metrics

In addition to the performance standards listed in **Exhibit B – Performance Outcome Measures** under the children's mental health programs, the Network Service Provider must meet and report the following metrics for the individuals admitted into the SRT.

The metrics listed below will be reported into the LSFHS Data System Managing Entity on a **Monthly** basis, by the 8th of the month, following the month of service.

a. Baseline Diversion Data

1. The Network Provider shall collect the following baseline data:

- Number of children diverted from a Statewide Inpatient Psychiatric Program (SIPP)/Psychiatric Hospitalization treatment.
- Number of children diverted from the child welfare system/custody.

b. **Performance Metrics**

1. School attendance: Individuals receiving services shall attend an average of 80% percent of school days, according to the following methodology:

- Calculate the percentage of available school days attended by all individuals served during the reporting period. • Include all individuals served age 15 and younger as appropriate. • Include only those individuals age 16 and older who are actually enrolled in a school or vocational program. • For individuals in alternative school settings, such as virtual and home school, school attendance may be estimated based on specific requirements applicable to the setting. Examples include the percentage of work completed within a specified time-period; adherence to a schedule as reported by the parent, caregiver or legal guardian or documentation of a reporting mechanism. • Do not include individuals for whom school attendance in an alternative education setting cannot be determined. • Do not include any days an individual is considered medically excused which includes admission to a crisis stabilization unit.

- The numerator is the sum of the total number of school days attended for all individuals.
- The denominator is the sum of the total number of school days available for all individuals

2. **Child Functioning:** 80% of individuals receiving services shall improve their level of functioning between admission to discharge, as determined by:
    - The Children's Functional Assessment Rating Scales (CFARS) if the individual is under 18 years of age; or
    - The numerator is the total number of individuals whose discharge score is less than their admission assessment score. Measured improvement is based on the change between the admission and discharge assessment scores. Scores are calculated by summing the score for all questions for each person discharged during the current fiscal year-to-date. A decrease in score from the admission score to the discharge score indicates that the level of functioning has improved.
    - The denominator is the total number of individuals discharged during the current fiscal year-to-date.
3. **Family Engagement:** For community children with identified, available parents or caregivers, the parents or caregivers will participate in 70% of available family therapy sessions offered.
    - The numerator is the total number of family sessions attended for all individuals.
    - The denominator is the total number of family sessions available for all individuals.
4. **Recidivism**
    - Percent change in the number of children arrested 30 days prior to admissions versus 30 days post discharge. Minimum Standard: 19.0%
    - Readmission to Crisis Stabilization Unit: no more than 14.5% CSU readmissions within thirty (30) calendar days post Short-term Residential Treatment discharge.
    - Readmission to Juvenile Addition Receiving Facility: no more than 15% detoxification readmissions within thirty (30) calendar days post detoxification discharge services.
5. **Diversions**
    - Number of children diverted from a Statewide Inpatient Psychiatric Program (SIPP)/Psychiatric Hospitalization treatment. Minimum Standard: 65%.

- Number of children diverted from the child welfare system. Minimum Standard: 65%.

6. Stable Housing

- Percent of children who live in a stable housing environment thirty (30) calendar days post discharge. Minimum Standard: 88.4%.

c. Required Annual Number of Clients Served = 40

XI. Other Network Service Provider Responsibilities

The Network Service Provider, in coordination with the corresponding ME, shall conduct at least one outreach/program presentation to each Baker Act designated receiving facility for minors in the Northeast and North Central Region every fiscal year. These engagement attempts will be documented on a quarterly outreach report along with other community engagement and outreach activities.

The Network Service Provider will aim to maintain the program operating at census. If the program falls below 80% utilization for two consecutive months the Network Service Provider will be subject to Corrective Action Plans (CAPs), including but not limited to financial penalties.

XII. Required Reports and Forms

a. Exhibit M3 - Continued Stay Request form: For any admission longer than 90 days. Documentation should clearly indicate the clinical justification and have a completed Level of Care Utilization System (LOCUS) indicating that SRT remains the appropriate level of care.

i. Frequency: As needed

ii. Due Date: At least 15 days prior to the expiration of the 90-day period

b. Performance Metrics Report:

i. Frequency: Monthly

ii. Due Date: By the 8th of the month, following the month of service

c. Outreach Activities Report:

i. Frequency: Quarterly

ii. Due Date: By the 8th of the month, following the end of the quarter