Family Partnerships of Central Florida
BREVARD | ORANGE | OSCEOLA | SEMINOLE

PROCEDURE

Series:	**Operating Procedures**	**COA: RPM 2; PQI 4** **CFOP: N/A**
Procedure Name:	Placement Stability Plan	
Procedure Number:	OP-1116	
Review Date:	02/03/12, 11/17/14, 12/03/14, 6/15/15, 4/17/224	
Revision #/Date:	04/01/16, 5/25/2017, 12/12/19, 02/17/21, 05/25/21, 9/29/2025	
Effective Date:	(1)12/30/08	
Applicable to:	Family Partnerships of Central Florida and Case Management Agency	
PURPOSE:	Ensuring the stable placement of children entrusted to FPOCF's care is a chief priority in decision making. To provide guidelines to promote placement stability of children residing in out-of-home care. This operating procedure specifically applies to children under the primary supervision of Family Partnership of Central Florida.	

PROCEDURE:

References

FPOCF Policies/Procedures: GOV 202, GOV203

FPOCF's placement philosophy is based on the following principles:

- FPOCF on-call respondents are available 24 hours per day, 7 days per week.
- Trauma informed and early identification of trauma to ensure access to timely interventions.
- All family foster homes consist of safe, stable environments free of early identifiable indicators of possible placement disruption.
- Each family foster home meets the child's specific needs with the child's safety and wellbeing of primary importance.
- Each family foster home best supports their ties to the family and community.
- Foster homes are trained in healthy adolescent development.
- Each family foster home shares responsibility for the child's educational, medical, social, recreational, and emotional health.
- Each home serves the child's best interests, special needs, and cultural characteristics whenever possible.
- Foster homes promote cognitive and social-emotional competence for the children in their care.
- Foster homes support and encourage youth in their care to create, develop and maintain social connections, and concrete support in times of need.
- All efforts are made to ensure siblings are placed together and are placed within their home county and same school zone to preserve the child's community connections and to allow proximity to biological families and siblings whenever possible.
- Any sibling group that is separated is reviewed on at least a quarterly basis to expedite the facilitation of a placement together.
- Placement ensures that all placement information is current in the internal Argos System which prompts Intake and Eligibility to update Florida SACWIS system known as FSFN.
- Placement works in partnership with expecting and parenting youth, their support system as appropriate, resource parents and other applicable child welfare staff to: Present information

in a manner that will resonate with expectant or parenting youth; address the dual developmental needs of adolescents and young children; promote youths' transition to adulthood while parenting; and facilitate father involvement when appropriate and feasible.

To promote the maintenance of social connections before a child is placed in foster care, non-custodial parents, relatives, and non-relatives/fictive kin will be given first consideration and subsequently will have been ruled out as a placement resource. Once it has been determined that licensed care is required, the FPOCF OOHC Specialists seeks the most appropriate, family-like placement based on the child's need. Through use of the Placement Assessment Tool, children placed are matched to the most appropriate and available home.

To promote and support family foster homes, the Placement team ensures that the placement process is communicated thoroughly; that family foster families are provided with all legally permissible information about the children's history and permanency goals, if available, and allow for a pre-placement phone call or meeting with prospective family foster home and the child. Upon placement, if a placement need or issue were to arise, the Placement team initiate a timely response to address the concern. This response includes coordination with Case Management, Licensing, Behavioral Health and Utilization Management Teams to ensure collaboration and convene a support meeting if appropriate. During the meeting the team will assess the needs, evaluate the foster home's capacity and identify and secure clinically appropriate services to support both the child and the foster family.

Mechanisms to Determine Level of Care

The FPOCF System of Care has an internal leveling system continuum of care in addition to expanded placement alternatives with current Medicaid Managed Care for child welfare children to create a robust system responsive to each child's individualized needs. Each placement level is characterized by the foster parent compensation, placement review frequency, preferred enhanced training of foster parents (in addition to licensure standards) and the criteria of the child. **See Attachment A**. The Comprehensive Behavioral Health Assessment (CBHA) and Adverse Childhood Experience (ACE) questionnaire are examples of additional references to determine alignment with the appropriate tier of the agency matrix. The following family care levels are encompassed with the FPOCF's system of care Placement Matrix:

Tier A (Traditional) - Level II Foster Home (0-5, 6-12, 13-17)

Child has minimal or no impairments in daily living activities. Child requires some outpatient services and community coordination for support and reinforcement. Child is stable in current living environment.

Foster Parent Requirements: One or two parent home, no restriction on employment and training in debriefing process and the impact of separation.

Criteria for child: Child requires out of home care and there are not any relatives or non- relatives within the child's support network that are either willing or able to meet the standards of approved caregiver.

Tier B - Level II Foster Home (0-5, 6-12, 13-17)

Child has some mild impairment that result in sporadic disobedience and uncooperativeness. Child is capable of being redirected and adhering to behavior and/or treatment plan. Child requires customized behavior and treatment plan.

Foster Parent Requirements (preferred): Foster parents must be specially recruited and trained in intervention to meet children's needs. Preferred training to address trauma, separation and loss; maintaining children's connections; attachment; child development; trauma related behaviors; trauma-informed parenting; effective communication; creating a stable, nurturing, safe environment; cultural diversity.

Criteria for child: Child has a mild emotional disturbance, is a victim of child abuse or neglect and required out of home care as determined via an investigation by DCF or contracted community-based care agency.

Tier C - Level II Foster Home (0-5, 6-12, 13-17)

Child has moderate needs, may have some non-compliant and inappropriate behavior, child demonstrates some difficulty complying with reasonable rules and expectations within the home, typically accepts and processes consequences for undesirable behavior.

Foster Parent Requirements (preferred): It is recommended that at least one parent must be available 24 hours per day to respond to crisis that may require that one of the foster parents does not work outside the home. Two parent households are strongly recommended (a single parent will be given special consideration to parenting experience and availability of support network) Preferred training addresses trauma, separation and loss; maintaining children's connections; attachment; child development; trauma related behaviors; trauma-informed parenting; effective communication; creating a stable, nurturing, safe environment; cultural diversity.

Criteria for child: Child has moderate emotional disturbance or medical/developmental needs. The child is a risk of hospitalization or child has been hospitalized, admitted to residential treatment center or crisis stabilization, the child has a history of abuse or neglect, history of self-injurious behaviors, sexual acting out, history of current maladaptive behaviors marked by elopement episodes, current or past use of illegal substances, current or past frequent need for Mobile Response Team intervention impaired self-control, heightened aggression, stealing, immaturity, failed placements due to behavior history or current delinquency involvement.

Tier D - Level II Foster Home (0-5, 6-12, 13-17)

Child has serious medical, developmental, emotional and/or behavioral disorders and/or severe delinquency. Tier D aims to create opportunities for youth to successfully live with families rather than in group or institutional settings and to simultaneously prepare them or their parents to reunite them with effective parenting.

Foster Parent Requirements (preferred): Provide youth with consistent reinforcing environment where he or she is mentored and encouraged to develop academic and positive living skills and provide daily structure with clear expectations and limits with well specific consequences delivered in a teaching-oriented manner. Foster parents will provide close supervision of the

youth's whereabouts and help and support the youth in avoiding deviant peer relationships and associations while providing them with assistance needed to establish pro social relationships. Preferred training requirements include trauma, separation and loss; maintaining children's connections; attachment; child development; trauma related behaviors; trauma-informed parenting; effective communication; creating a stable, nurturing, safe environment; cultural diversity.

Criteria for child: Youth is non-compliant with treatment and displays ungovernable behaviors such as truancy or runaway involvement. Youth that are pregnant or parenting. History of CSEC with some indicators of current involvement. History or current DJJ involvement. Prior or current history of sexual abuse as victim or perpetrator and require counseling. History of two or more baker act admissions. Documented IQ under 70 but not meeting criteria for APD. Not meeting eligibility for STGH/QRTP/BQRTP/SIPP but has documented behavioral/emotional concerns.

Tier E – Level II Foster Home (0-5, 6-12, 13-17)

Child has complex behavioral/medical or developmental/medical needs and could pose a threat to the child, children in the home and/or the caregiver and meets criteria for at-risk group care, STGH, QRTP, BQRTP, SIPP, Family Care, APD etc. The child requires increased supervision to ensure safety and may have several failed placements.

Foster Parent Requirements (preferred): Provide youth with consistent reinforcing environment where he or she is mentored and encouraged to develop academic and positive living skills and provide daily structure with clear expectations and limits with well specific consequences delivered in a teaching-oriented manner. Foster parents will provide close supervision of the youth's whereabouts and help and support the youth in avoiding deviant peer relationships and associations while providing them with assistance needed to establish pro social relationships. Preferred training requirements trauma, separation and loss; maintaining children's connections; attachment; child development; trauma related behaviors; trauma-informed parenting; effective communication; creating a stable, nurturing, safe environment; cultural diversity.

Criteria for child: The child displays sexualized behaviors or related concerns requiring that he/she is the only child in the home or must have his/her own room. Chronic elopements or CSEC history with current involvement in recruiting other vulnerable children. Discharging from a DJJ program. Approved suitability assessment for STGH/QRTP/BQRTP/SIPP and on wait list or otherwise unable to be placed in the recommended level of residential treatment. Approved placement and services with APD, on the wait list for placement. Habitual episodes of skipping school or suspensions. History or current alcohol/substance use or addiction and may have a DSM V dx related to substance abuse. Refusing interventions such as counseling.

Specialized Therapeutic Crisis

Specialized therapeutic foster care services may be used for crisis intervention for an enrollee for whom placement must occur immediately in order to stabilize a behavioral, emotional, or psychiatric crisis. The enrollees must be in foster care or commitment status and meet Level 1 or Level 2 criteria. The Clinical Review process must be utilized to determine the level of specialized therapeutic foster care services required by the enrollee and review each child/adolescent status to reauthorize services no less than every six months. A specialized therapeutic foster home may be used as a temporary crisis intervention placement for a

maximum of 30 days. Any exception to the length of stay must be approved in writing through the Clinical Review Process.

Specialized Therapeutic Level 1

The Agency for Health Care Administration (ACHA) Specialized Therapeutic Services Coverage and Limitations Handbook states that STFC Level 1 is for enrollees who have a serious emotional disturbance, including a mental, emotional, or behavior disorder as diagnosed by a psychiatrist or other licensed practitioner of the healing arts. Without specialized therapeutic foster care, the enrollee would require admission to a psychiatric hospital, the psychiatric unit or a general hospital, a crisis stabilization unit or a residential treatment center or has, within the last two years, been admitted to one of these settings and a history of delinquent acts and has a serious emotional disturbance. The enrollee may exhibit maladaptive behaviors such as destruction of property, aggression, running away, use of illegal substance, lying, stealing etc. The enrollee may display impaired self-concept, emotional immaturity or extreme impulsiveness and immaturity which impairs decision making and places the enrollee at risk in a non-therapeutic community setting or there is a history of abuse and neglect and serious emotional disturbance. The enrollee's emotional and behavioral patterns are marked by self-destructive acts, impaired self-concept, heightened aggression, or sexual acting out. Additional signs of social and emotional maladjustment such as lying, stealing, eating disorders and emotional immaturity may also be identified.

Note that no more than two specialized or traditional foster children committed to the Department of Juvenile Justice may reside in a home being reimbursed for specialized therapeutic foster care services. Only in the case of placement of a sibling(s) of the therapeutic foster care child may the two-child limit be exceeded and only when the specialized therapeutic foster home has the licensed capacity.

Foster Parent Requirements: The specialized therapeutic foster parent(s) serves as the primary agent in the delivery of therapeutic services to the enrollee. Specialized therapeutic foster parents are specially recruited and trained in interventions designed to meet the individual needs of the enrollee. One of the following individuals must serve in the role of specialized therapeutic foster care clinical staff for each enrollee: Psychiatric Nurse, Clinical Social Worker, Mental Health Counselor, Marriage and Family Therapist, Mental Health Professional or Psychologist. Providers of specialized therapeutic foster care services must be certified by ACHA and be enrolled in a Managed Care Medicaid Plan as a specialized therapeutic foster care provider. Providers must be certified annually as meeting specific qualifications to provide these specialized services. Certification will be withdrawn if the provider fails to continue to meet the specific qualifications to provide these specialized services.

The Behavioral Health team must complete a higher level of care review at minimum every 90 days to review the child's progress in treatment, continued medical necessity for this level of care, and efforts toward discharge planning when deemed clinically appropriate. A higher level of care MDT notes must be provided to the treating therapist for inclusion on their claim submission to Medicaid. When able to do so, efforts shall be made by the Behavioral Health Coordinator to include a representative from the insurance plan in the higher level of care review.

Specialized Therapeutic Level 2

Criteria for child: STFC Level 2 is for an enrollee who meets the criteria for Level 1 and who exhibits more severe maladaptive behaviors such as destruction of property, physical aggression toward people or animals, self-inflicted injuries and suicide indications or gestures or an inability to perform activities of daily and community living due to psychiatric symptoms. The enrollee requires more intensive therapeutic interventions and the availability of highly trained specialized therapeutic foster parents.

Note that no more than two specialized or traditional foster children committed to the Department of Juvenile Justice may reside in a home being reimbursed for specialized therapeutic foster care services. Only in the case of placement of a sibling(s) of the therapeutic foster care child may the two-child limit be exceeded and only when the specialized therapeutic foster home has the licensed capacity.

Foster Parent Requirements: The specialized therapeutic foster parent(s) serves as the primary agent in the delivery of therapeutic services to the enrollee. Specialized therapeutic foster parents are specially recruited and trained in interventions designed to meet the individual needs of the enrollee. One of the following individuals must serve in the role of specialized therapeutic foster care clinical staff for each enrollee: Psychiatric Nurse, Clinical Social Worker, Mental Health Counselor, Marriage and Family Therapist, Mental Health Professional or Psychologist. Providers of specialized therapeutic foster care services must be certified by ACHA and be enrolled in a Managed Care Medicaid Plan as a specialized therapeutic foster care provider. Providers must be certified annually as meeting specific qualifications to provide these specialized services. Certification will be withdrawn if the provider fails to continue to meet the specific qualifications to provide these specialized services.

The Behavioral Health team must complete a higher level of care review at minimum every 90 days to review the child's progress in treatment, continued medical necessity for this level of care, and efforts toward discharge planning when deemed clinically appropriate. A higher level of care MDT notes must be provided to the treating therapist for inclusion on their claim submission to Medicaid. When able to do so, efforts shall be made by the Behavioral Health Coordinator to include a representative from the insurance plan in the higher level of care review.

At-Risk for sex trafficking

Child's behavior is not suited for placement in a family foster home setting or less restrictive placement. This level may also be used as a step-down option for residential treatment or other settings for children and youth who are unable to return home and/or provide consistency for children who experience multiple placements in a short time period.

Group Home Requirements: The child-caring agency will ensure that staff are trained in department-approved human trafficking prevention education to effectively support the youth residing in the home. The home will provide programming aimed at preventing sex trafficking, with a focus on healthy relationships, interpersonal boundaries, community engagement, and related skills. The provider will assess each youth to determine whether a personalized treatment plan is necessary.

Criteria for child: History of running away and/or homelessness. History of sexual abuse and/or sexually acting out behavior. Inappropriate interpersonal and/or social media boundaries. Family

history of or exposure to human trafficking. Out-of-home placement instability demonstrated by repeated moves from less restrictive levels of care.

Maternity Home

Houses teen moms and their babies. This level of care specializes in supporting teen moms to develop the necessary skills to care for their child(ren) through support, education, and resources connection. Youth are provided, parenting classes, life skills, career development, counseling and other means of evidence-based programs and support as we lovingly transition them into adulthood.

Criteria for child: Expectant mother or youth who is providing care for their child.

SAFE HOME

Safe Homes, established for victims of sex trafficking, operate with a staffing ratio of 1:4 and deliver a comprehensive continuum of services, including survivor mentoring, behavioral health interventions, sexual assault treatment, and victim–witness counseling. These homes are structured to provide a safe, supportive environment tailored to the unique needs of each resident.

Criteria for child: A child must have a verified or "likely" indicator on the human trafficking screening tool and/or a documented recommendation on the human trafficking level of placement assessment tool completed during a muti-disciplinary team (MDT) meeting indicating that the child is verified or likely to be a victim of human trafficking.

Specialized Therapeutic Group Home (STGH) or Qualified Residential Treatment Program (QRTP)

The enrollee must be diagnosed by a psychiatrist or other licensed practitioner of the healing arts as having a moderate to serious psychiatric, emotional, or behavioral disorder and due to the emotional or psychiatric symptoms, is exhibiting severe maladaptive behaviors or an inability to perform activities of daily living. The enrollee must require intensive, structured mental health interventions and the availability of highly trained therapeutic group care staff. The enrollees must have reached the maximum health benefit from a more restrictive setting, or a less restrictive treatment option may have been tried or considered and not found sufficient to meet safely the enrollee's treatment needs. The focus of service must be directly related to the enrollee's mental health or substance abuse condition. The intensity and individual utilization of treatment services must be determined by and must be directly related to the enrollee's specific needs as identified in the individualized treatment plan and reflected in the clinical record.

Specialized Therapeutic Group Homes and Qualified Residential Treatment Programs are community based psychiatric residential treatment services designed for children and adolescents with moderate to severe emotional disturbances. They are provided in a licensed residential group home setting serving no more than 12 children and adolescents. Treatment includes provision of psychiatric, psychological, behavioral, and psychosocial services to enrollees who meet the specified clinical criteria. STGH/QRTP is intended to provide a high degree of structure, support, supervision, and clinical intervention in a home like setting.

Services are highly supportive, individualized, and flexible and are designed to maximize an enrollee's strengths and reduce behavior problems or functional deficits stemming from a mental health disorder. The goal of STGH/QRTP is to enable an enrollee to self-manage and work toward resolution of emotional, behavioral, or psychiatric problems towards the long-term goal of returning to a normalized living situation with a family, foster family, in a residential group care setting or an independent living situation. Providers must comply with the regulations listed in the Agency for Health Care Administration (ACHA) Specialized Therapeutic Services Coverage and Limitations Handbook.

To determine eligibility for Specialized Therapeutic Group Care or a Qualified Residential Treatment Program, a higher level of care review must be completed by the Behavioral Health Coordinator. Upon recommendation from the review and collection of supporting clinical documentation a referral must be submitted to Magellan for a suitability assessment to be completed by a Qualified Evaluator. Upon receipt of a suitability recommendation for STGH or QRTP, a court order is subsequently needed to move forward with placement in this level of care. Within 60 days of the initial admission to treatment, an updated suitability assessment must is requested to review the appropriateness of the treatment plan established. Suitability assessments continue to be updated every 90 days thereafter while the child remains in this treatment level of care. The Behavioral Health Coordinator will complete higher level of care reviews at minimum every 90 days prior to pursuing the updated suitability assessment to monitor the child's progress in treatment, medical necessity for this level of care, and efforts toward clinically appropriate discharge planning.

There are specific guidelines regarding a child's eligible length of stay in a Qualified Residential Treatment Program. Children under the age of 13 years are eligible for 6 months in Qualified Residential Treatment, consecutive or non-consecutive. Children aged 13-17 are eligible for 12 months consecutive or 18 months non-consecutive in this level of care. Any extension of treatment beyond these timeframes must receive approval from the DCF Office of Substance Abuse and Mental Health. These extension requests are pursued by the Behavioral Health team.

Behavioral Qualified Residential Treatment Program (BQRTP)

Behavioral Qualified Residential Treatment Programs (BQRTPs) provide trauma-informed, family-inclusive care for youth with serious emotional or behavioral disorders. Programs maintain complete child assessments, collaborate with qualified evaluators, and develop individualized treatment plans addressing therapy, behavioral management, psychiatric care, substance use treatment, and psycho-educational services. Staff are trained in trauma-informed care, crisis intervention, motivational interviewing, and family engagement, and are available 24/7. Programs are accredited by recognized agencies and implement structured admission, discharge, and aftercare procedures, including at least six months of family-based support, ensuring youth transition safely to the least restrictive, community-based environment.

To determine eligibility for a Behavioral Qualified Residential Treatment Program, a higher level of care review must be completed by the Behavioral Health Coordinator. Upon recommendation from the review and collection of supporting clinical documentation a referral must be submitted to Magellan for an assessment for BQRTP to be completed by a Qualified Evaluator. Upon receipt of a recommendation for BQRTP, a court order is subsequently needed to move forward with placement in this level of care. Within 60 days of the initial admission to treatment, an updated BQRTP assessment must be requested to review the appropriateness of the treatment

plan established. BQRTP assessments must continue to be updated every 90 days thereafter while the child remains in this treatment level of care. The Behavioral Health Coordinator will complete higher level of care reviews at minimum every 90 days prior to pursuit of the updated suitability assessment to monitor the child's progress in treatment, medical necessity for this level of care, and efforts toward clinically appropriate discharge planning.

Residential Treatment Statewide Inpatient Psychiatric Program: (SIPP)

All admissions are non-emergency and voluntary, medical clearance must be given by a physician or other medical professional. If the recipient has chronic medical problems, the child or adolescent has age-appropriate cognitive ability and under CFR 441.152 Federal Requirements A, B, and C shall meet criteria for admission to SIPP. Ambulatory care resources available in the community do not meet the treatment needs of the recipient (42 CFR 441.152(a). Recipients meet criteria for inpatient psychiatric services. A reasonable course of acute inpatient and/or intensive outpatient services has failed to resolve symptoms to permit placement in a less restrictive setting. Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician (42 CFR 441.152 (a). A Suitability Assessment from an approved Qualified Evaluator that recommends residential treatment level of care.

The following criteria must also be met; recipient has a primary DSM V diagnosis, established through documented comprehensive bio psychosocial diagnostic assessment, that indicates that presence of a psychiatric disorder that is severe in nature and requires more intensive treatment than can be provided on an outpatient basis, the recipient continues to experience problems related to the mental disorder diagnosed above and one of the following categories; self-care deficit, impaired safety threat, impaired through and or perceptual process (reality testing) or severely dysfunctional patterns. The recipient continues to have serious impairment of functioning in one or more major life roles (family, interpersonal relations, self-care etc.) as evidenced by documented presence of deficits in cognition, control, or judgment due to diagnosis, circumstances resulting from those deficits in self-care, personal safety, social/family functioning, academic or occupational performance or prognostic indicators which predict the effectiveness of treatment.

The provider describes a proposed plan of treatment that includes medical, psychiatric, neurological, psychological, social, and educational and substance abuse assessments at an inpatient level of care. The services can reasonably be expected to improve, within a time frame of three to six months, the recipient's condition or prevent further regression so that services will no longer be needed.

To determine eligibility for SIPP/RTC, a higher level of care review must be completed by the Behavioral Health Coordinator. Upon recommendation from the review and collection of supporting clinical documentation a referral must be submitted to Magellan for a suitability assessment for SIPP/RTC to be completed by a Qualified Evaluator. Upon receipt of a recommendation for SIPP/RTC, a court order is subsequently needed to move forward with placement in this level of care. Within 60 days of the initial admission to treatment, an updated suitability assessment must be requested to review the appropriateness of the treatment plan established. Suitability assessments must continue to be updated every 90 days thereafter while the child remains in this treatment level of care. The Behavioral Health Coordinator will complete higher level of care reviews at minimum every 90 days prior to pursuing the updated suitability

assessment to monitor the child's progress in treatment, medical necessity for this level of care, and efforts toward clinically appropriate discharge planning.

Placement Documentation

Florida Safety Families Network (FSFN) is Florida's Statewide Automated Child Welfare Information System (SACWIS) and the official child welfare case record. FSFN entries contain a specific record of all case activities provided by the investigator, care manager or other child welfare professionals working on the case who have FSFN access. Notes create a point-in-time log of the child welfare professional's activities. Case notes and documentation of meetings create an audit trail for compliance with federal and state requirements. Case notes are a vitally important record of activities pertaining to any given case and are used to transfer information about a case within the Department, among care managers and service providers and in court. Up-to-date notes ensure that information known and activities that have occurred are known to any other person who needs to access immediate and relevant information about a case or provider. A child welfare professional's notes may be subpoenaed and used as evidence in legal proceedings.

Each child's movement must be recorded in the FSFN system. Information pertaining to the child's placement should be updated within 24 hours of any change and available to authorized personnel at all times. FPOCF's point of contact is responsible for inputting the information into the FSFN system through the FPOCF movements documented in the Argos system.

Multi-Disciplinary Staffing

This staffing process is facilitated by the Behavioral Health Team MDT (Multi-Disciplinary Staffing) Coordinators. The MDT process is designed to provide an ongoing assessment of the treatment needs of those children with complex needs and/or those who have been identified as in need of specialized services. The MDT is responsible for making level of care and/or treatment recommendations based upon information provided during the meeting and documenting a transition plan when a child moves from one placement to another.

Mechanisms to Assist in the Prevention of Placement Disruptions

Although there are multiple reasons why a child's placement may be disrupted, at times it is a result of the lack of access to identified services. As a result of the child not engaging in services, the child may destabilize resulting in the foster parent's inability to manage the behavior effectively. FPOCF offers robust supports to prevent placement disruption including access to a Clinical Services Specialist, Licensing Specialist, Behavioral Health Coordinator, and the use of the Mobile Response Team, this wraparound team assists foster parents with any unmet needs, challenges or barriers. At the request of any member of the child's team, a Placement Stabilization Meeting can be coordinated to include participants from the wraparound team and the foster parents. This meeting is a forum to identify problem issues and refer and approve supportive services to assist the foster family and the child. Additional support to primary Care Managers to ensure that the minimization of barriers to a child receiving the necessary and required services. Professional contracted providers are also utilized in addition to the community resources that already exist in Brevard, Seminole, Orange and Osceola Counties and with whom working agreements have been prearranged.

Another reason for placement disruption may be a lack of concrete support in time of need deployed to the foster home. This may contribute to the foster parent's inability to effectively manage the child's behavior. FPOCF provides crisis intervention to each foster home through the Mobile Response Team (MRT) 24 hours per day, 7 days per week to provide stabilization support that may otherwise result in placement disruption. In addition, the following supports can be accessed through FPOCF's subcontracted providers:

- Assessments and Written Recommendations
- Psychological Evaluations
- Home Based Interventions
- Paraprofessional Support/Parent Education
- Psychiatric Evaluation/Medication Management
- Behavior Management/Support
- Safety and Crisis Planning
- Home Based Therapy
- Dialectical Behavior Therapy
- Cognitive Behavior Therapy
- Trauma Treatment and Evaluations

Placement Changes:

If a placement change were to occur, the family foster home, families, and children, is provided sufficient advanced notice, when applicable. The Placement team will discuss with the family foster homes any reasons for the placement move or disruption, how the family feels about the move and any interventions that could be in place to prevent and/or to support for future placements. If appropriate, there will be an assessment of the child's needs to achieve safety, well-being, and permanency. Absent of an emergency, a change of placement Multi-Disciplinary meeting will occur to include the current caregivers, future caregivers, case management, placement, behavioral health team, Guardian ad litem office, the child's attorney ad litem if applicable and other additional partners or stakeholders that are involved in the case.

BY DIRECTION OF THE PRESIDENT AND
CHIEF EXECUTIVE OFFICER:

PHILIP J. SCARPELLI
President and Chief Executive Officer
Family Partnerships of Central Florida

APPROVAL DATE: 10/27/2025

Family Partnerships of Central Florida
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Attachment A

	IV-E Foster Care Room and Board Payment Structure **Recommendations for Family Partnerships of Central Florida version effective 07/01/2024**					
	Recommended FSFN Service Type =	**Level ll FH 0-5; Level ll FH 6-12; Level ll FH 13-17**	**Level II FH Tier B**	**Level II FH Tier C**	**Level II FH Tier D**	**Level II FH Tier E**
		Tier A - Standard	**Tier B - Mild**	**Tier C - Moderate**	**Tier D - Serious**	**Tier E - Complex**
	Required Licensure Type =	**Traditional Level II**	**Enhanced Level II**	**Enhanced Level II**	**Enhanced Level II**	**Enhanced Level II**
Current FSFN Service Types	**Foster Parent Requirements**	**Max $150.00**	**Max $150.00**	**Max $150.00**	**Max $150**	**Max $150** ****Any amount above $150 requires regional approval**
LVL ll Foster Home **LVL ll Foster Home 13-17 (Tri-County)**	1. One or two parent home 2. State License Training De-briefing Process impact of separation	**0-5 = $586.90, 6-12 = $601.94, 13+ = $704.56 + 10% supplemental 10% = $70.46**	N/A	N/A	N/A	N/A
Pathway Homes Traditional	1. One or two parent home 2. State License Training De-briefing Process impact of separation	**0-5 = $586.90, 6-12 = $601.94, 13+ = $704.56 + 10% supplemental 10% = $70.46**	N/A	N/A	N/A	N/A
Enhanced	1. One or two parent home 2. State License Training De-briefing Process impact of separation 3. Foster parents are trained through DCF approved content-layered learning with skill-based practice & activities.	N/A	**$22 - $50.00**	**$22 - $50.00**	**$22 - $50.00**	**$51 - $150.00**
Family Ties Sibling Placement	1. Sibling groups of 3 or more remain together in family foster home placement while in foster care. 2. One or two parent home 3. No restrictions on employment	0-17 $25	**N/A**	N/A	N/A	N/A

Family Care	1. Child requires care due to developmental delays, mental retardation, autism, etc. 2. Certified Behavioral Analysis are required to provide support and care 3. Placement in a family care will aid in the abilities to maintain a child or young person 4. A higher and more restrictive level of care	N/A	**0-17 = $23.65 + $146 (CPA rate)**	N/A	N/A	N/A
Connections Enhanced	1. Training that addresses: A. Trauma, separation and Loss; B. Maintaining Children's Connections; C. Attachment; D. Child Development; E. Trauma Related Behaviors; F. Trauma-Informed Parenting; G. Effective Communication; H. Creating a Stable, Nurturing, Safe Environment, I. Cultural Diversity 2. Meets criteria for Pathway Home 3. Foster parents are trained through content-layered learning with skill-based practice & activities.	N/A	**0-11 = $27.00** **12+ = $37.00**	N/A	N/A	N/A
Passages Enhanced	1. Meets criteria for Connections and is recommended that at least one parent be available 24 hours a day to respond to crisis. 2. Two parent households are strongly recommended. 3. Training that addresses: A. Trauma, separation, and Loss; B. Maintaining Children's Connections; C. Attachment; D. Child Development; E. Trauma Related Behaviors; F. Trauma-Informed Parenting; G. Effective Communication; H. Creating a Stable, Nurturing, Safe Environment; I. Cultural Diversity	N/A	N/A	**0-11 = $37.00** **12+ = $47.00**	N/A	N/A

Solutions Enhanced	1. Solutions is a model of foster care treatment for children 12-17 years old with severe emotional and behavioral disorders and or severe delinquency. 2. Solutions aims to create opportunities for youths to successfully live in families rather then in a group or placement to provide them with effective parenting. 3. Four key elements of treatment are: a. Providing youths with a consistent reinforcing environment where he or she is mentored and encouraged to develop academic and positive living skills b. Providing daily structure with clear expectations and limits with well specified consequences delivered in a teaching oriented manner c. Providing close supervision of youth's whereabouts, relationships. 4. Training that addresses: A. Trauma, separation, and Loss; B. Maintaining Children's Connections; C. Attachment; D. Child Development; E. Trauma Related Behaviors; F. Trauma-Informed Parenting; G. Effective Communication; H. Creating a Stable, Nurturing, Safe Environment; I. Cultural Diversity	N/A	N/A	N/A	**12+ = $75.00**	N/A
Complex Enhanced	1. Complex is a placement level for children who have a multiplex array of needs requiring enhanced support, services, and increased supervision. This profile of child will have met the criterion of Passages and/or Solution. 2. In addition, the child has needs that exceed the traditional level of support family foster homes offer to include but are not limited to the following: encopresis and/or enuresis, medical condition requiring parental supervision and support, extensive criminal history, sexually reactive behaviors requiring	N/A	N/A	N/A	N/A	**5+ = $76-$150**

	monitoring and supervision to ensure safety, supervision needed due to history of extensive CCSU ad. admissions, failed residential placements, failed foster, or group placements. 3. Children and youth may have also met criteria for at-risk group home placements, STGH, SIPP, Family Care, APD placement etc., however, those level of care in which the youth was assessed has denied placement and/or does not have a current opening for immediate placement. 4. The youth have significant placement history and all higher level of care options are no longer viable or accepting the youth for placement.					
Child Specific	1. Child Specific Rate is a placement level for children who have an array of specific needs requiring the foster parent to obtain and provide services, training, and/or a unique skill set to support the child's placement. Children needs may include medical and/or behavioral health support, services & intervention of the child that exceed the expectation of foster parents to include but not limited to single bedroom, medical needs, increased supervision or other identified areas of need. This profile of child will have met the criterion of traditional or higher. 2. Foster parents must have the ability to provide the skill level necessary to meet the specific needs of the child in their care & be documented in a level of care staffing through an MDT, Child Placement Assessment and be uploaded in FSFN. 3. Children and youth may have also met criteria for at-risk group home placements, STGH, SIPP, Family Care, APD placement etc., however, those	**Max $150**	**Max $150**	**Max $150**	**Max $150**	**Max $150**

	level of care in which the youth was assessed has denied placement and/or does not have a current opening for immediate placement. 4. This enhanced level of care is the only viable option for this child.					
Hot Line Home	1. Designed to be short term, immediate availability, placements for children newly sheltered, into care after hours, weekends and holidays or who have experienced a placement disruption. 2. Children and youth may have also met criteria for at-risk group home placements, STGH, SIPP, Family Care, APD placement etc., however, those levels of care in which the youth was assessed has denied placement and/or does not have a current opening for immediate placement. 3. This level of care is the only viable option for this child at that time.	**$50.00**	**$50**	**$50**	**Max $75**	**Max $150**
Characteristics of the Child Needs		No behavioral, medical, or developmental needs identified **Some examples of no behavioral, medical or developmental needs include but not limited to:** Child meets their own basic daily living skills for age Follows direction Attends school	Mild behavioral, medical or developmental needs that require care above basic living skills **Some examples of mild behavioral, medical or developmental needs include but not limited to:** Caregiver receives additional education/training	Moderate behavioral, medical, or developmental needs that require med management, therapeutic services and/or physical & occupational therapy **Some examples of moderate behavioral, medical or developmental needs include but not limited to:** Caregiver needs outside supports to meet the child's needs. Some indicators of alcohol	Serious behavioral, medical, or developmental needs that pose a threat to the child, children in the home, and/or caregiver **Some examples of serious behavioral, medical or developmental needs include but not limited to:** Non-compliant with treatment Child presents with defiant behaviors requiring repeat redirection History or current use of alcohol and/or drug abuse or addiction History of two or more Baker	Complex behavioral, medical, or developmental needs that pose a threat to the child, children in the home, and/or caregiver **Some examples of complex behavioral, medical or developmental needs include but not limited to:** Refuses counseling or has been engaged in counseling multiple times previously with little to no compliance Child displays oppositional defiant behaviors and refuses redirection History or current use of alcohol

		Complete household chores	to meet child's needs Newborns (age 0-3 months) Teens (age 13 and older) Sibling group (3 or more)	and/or drug abuse History of one or more Baker Acts History of skipping school or getting suspended	Acts History or current episodes of skipping school frequently or getting suspended frequently Does not meet eligibility for placement and services with the Agency for Persons with Disabilities (APD) but have a documented IQ of less than 70 Does not meet eligibility for placement and services for STGC/SIPP but have documented behavioral or emotional concerns	and/or drug abuse or addiction and may have a DSM V diagnosis related to substance abuse History of three or more Baker Acts Habitual episodes of skipping school or getting suspended Approved for placement and services with the Agency for Persons with Disability (APD) and are on their wait list for placement Approved by suitability assessment for STGC/SIPP and are on a wait list or otherwise unable to be placed at the recommended level of residential treatment
		No sexual abuse No runaway issues No DJJ involvement No history of commercial sexual exploitation of children (CSEC)	Some indicators of sexual abuse history Sometimes misses curfew but does not have runaway episodes History of DJJ involvement Some indicators of commercial sexual exploitation of children (CSEC) Respite care by a licensed foster parent	Previous sexual abuse history as a victim that requires counseling Often misses curfew and has some runaway episodes for short periods of time History or current involvement with DJJ but meeting all DJJ requirements History of commercial sexual exploitation of children (CSEC) with no current involvement	Previous sexual abuse history or current sexual abuse as a victim or perpetrator that requires counseling Regularly misses curfew and has frequent runaway episodes for short periods of time and some long runaway episodes History or current involvement with DJJ and not meeting DJJ requirements History of commercial sexual exploitation of children (CSEC) with some indicators of current involvement Pregnant/parenting youth	Sexualized behaviors or related concerns requires that he/she is the only child in the home or requires the child(ren) to have his/her own room Chronical runaway Discharging from a DJJ commitment program History of commercial sexual exploitation of children (CSEC) with current involvement in recruiting other vulnerable children to enter CSEC activities