

Multidisciplinary Baker Act Staffing (BA MDT)

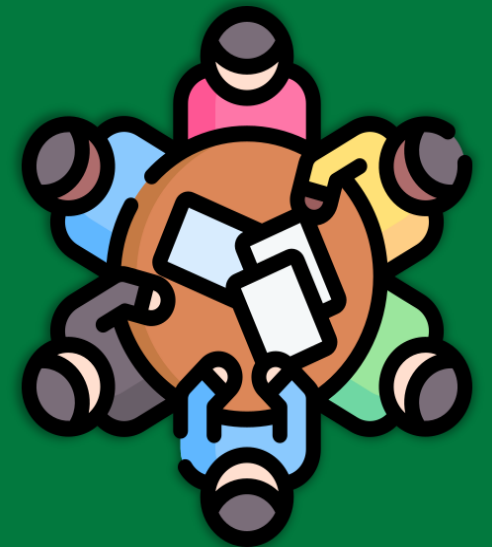
Behavioral Health Specialist (BHS) is notified of Baker Act via BakerActPB@childnet.us

- Sunshine notification
- Incident report
- Email from DCM or other applicable party

If applicable, BHS will then reach out to hospital to schedule BA MDT and inquire when the child will be released from Baker Act. BHS will schedule staffing to discuss:

- Factors or circumstances contributing to or resulting in child's hospitalization
- Prescribed medications
- Discharge recommendations
- Plan to ensure ongoing services are in place
- Diagnosis
 - During staffing the BHS will inquire if the hospital diagnosis matches the child's diagnosis
 - BHS will invite the DCM, DCMS, PD, Sunshine representative, & hospital

NOTE: For Out-of-Home children this staffing will be documented on the Child Placement Agreement & for In-Home children, this staffing will be documented in a FSFN note as a Mental Health Staffing/Meeting



Child Placement Agreement Overview

For initial out-of-home placements: If a history related to problematic behaviors is reported, Intake and Placement will create a child's profile & submit to Service Coordination for review. If CPA is applicable, a copy of the CPA is provided to the Comprehensive Behaviors Health Assessment Assessor (aka qualified assessor) to obtain clinical input regarding the CPA. Service Coordination reviews all initial CPAs within 45 days after clinical input has been obtained by a qualified assessor. CPA Requirements: Child exhibits behaviors or has circumstances that involve the following:

- Juvenile Sexual Behaviors
- Significant Behaviors/Threats to other children
- CSEC Victim or Victim of Sexual Abuse
- Severe Self-Harm & no current treatment
- Significant Behaviors/Threats to others: aggressive behaviors/physically attacking others, fire setting, wounding/killing animals, or purposeful & severe property destruction

Subsequent Reviews: Service Coordination will schedule reviews every 6 months or as needed and notify case management. DCM invites the parties/participants to the case, which may include, but are not limited to, Guardian Ad Litem, Attorney Ad Litem, caregivers, Targeted Case Manager, current placement, and therapist working with the child. DCM may request staffing sooner to discuss modification of current CPA

CONFIDENTIAL
Child Placement Agreement

Behavior Management Plan

Child Name: Viktor, Christian R. Case ID: 100146 Agreement Effective Date: 06/15/2026
Provider Name: XXXX

I. Child Behaviors or Circumstances
The following are the child's current behavior(s) or circumstance(s) that explain the purpose for creating or updating the Agreement.
XXXX

II. Reason Placement Agreement Needed

Reason Category	Reason Type
Behavior that are a Significant Threat to Others	Aggravated Assault
Sexual Behaviors	Exhibits Inappropriate Sexual Behavior
Severe Self-Harm	Exhibits Self-Harm
Severe Property Destruction	Exhibits Property Destruction

III. Placement Requirements
Child has placement limitations with categories:
XXXX
Additional information necessary to implement the identified placement requirements:
XXXX

IV. Caregiver Support
XXXX

V. Emergency Contact Information
XXXX

Provision Rules
The caregivers will assist in the identification of circumstances and actions that happen before, or occur to trigger any self-harm or inappropriate behavior, and what happens after such instances. This information will help to inform the professionals involved as to ways that caregivers can help to prevent such behaviors from occurring.
Caregivers will enforce and discuss the following provision rules with all family members living in their home:

- Caregivers will understand and be able to explain what kind of touch is "okay" and that children should seek permission before touching another person's body parts.
- Caregivers will limit access to bedrooms by establishing and enforcing ground rules on child visitation in bedrooms. Family members will ensure personal items, such as bedding, are kept in bedrooms.
- Caregivers will encourage, model and support open communication and honesty among family members. This includes encouraging children to express their feelings and any concerns to the parent or adult.
- Caregivers will be responsible for making sure that children only have access to age and developmentally appropriate material (magazines, pictures, internet or video).
- Only one child should be in the bathroom at a time. The child should close the bathroom door for privacy when taking a bath, showering or using the toilet. All family members (adults, children, and teens) must wait until the child needs assistance from an adult due to age or disability.
- Caregivers will establish a dress code which outlines the type of clothing that is acceptable and under what circumstances.
- The caregivers will assist in the identification of circumstances and actions that happen before, or coincide to, sexual, self-harm or inappropriate behavior. This information will help to inform ways that household members can help to prevent such behaviors from occurring.

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Human Trafficking Tracking & Human Trafficking Screening Tool

Intake and Placement & Service Coordination will designate liaisons to work together to ensure victims of Human Trafficking are placed and receiving the proper treatment. Intake and Placement will check FSFN file cabinet to see if the Human Trafficking Screening Tool was administered and uploaded. If the child is placed into substitute care, Intake and Placement will coordinate with Service Coordination to complete a Child Placement Agreement.

HT Identification: DCM will complete the tool & call Hotline if the child is suspected or confirmed to be a HT victim (only CPI verifies child as HT victim). DCM requests CPA Staffing. Service Coordination will schedule and notify DCM, DCMS, & Intake and Placement. Completed HT Tool must be provided.

HT Indicators:

- Child's HT acknowledgement
- HT report by parent/guardian, law enforcement, medical/service provider, teacher, CPS, and/or DJJ probation officer
- History of running away or getting kicked out (4+ times)
- Child is 12 or older & history of sexual abuse allegations (with or without findings) or a disclosure of sexual abuse
- Current incident or history inappropriate sexual behaviors (not limited to prostitution)
- Child known to associate with confirmed or suspected CSEC youth
- Child recovered from runaway episode in a hotel or known area of prostitution
- Child has no knowledge about the community located in
- Child is not allowed or unable to speak & may be extremely fearful
- Child has no personal items or possessions (including identity documents if foreign born - labor trafficking)
- Child appears to have material items that they cannot afford (cell phones, expensive clothing)
- Child shows signs of being groomed (hair done, nails done, new clothing)
- Suspicious tattoos or other signs of branding (tattoos of trafficker's names, dollar signs, diamonds, stars, certain designs/logos on nails, jewelry)
- Child associates and/or has relationships with age-inappropriate friends, significant others
- Child has inappropriate, sexually suggestive activity on social media/websites/chat apps

HT Verification: Once child is verified to be a victim of HT (only CPI verifies child as HT victim), child must be assessed for placement in a safe house. Level of HT Placement Tool will be completed. This tool must be uploaded into FSFN and re-administered every 180 days (may be completed during CPA Staffing.) Document must be included in the next Judicial Review. Service Coordination's HT POC will check in to ensure each child is linked to appropriate services and confirm child is placed in appropriate placement for their needs.



Human Trafficking Tracking & Human Trafficking Screening Tool

Placement: Intake and Placement will make all efforts to place child in a Human Trafficking Program and provide information pertaining to attempts and results to Service Coordination liaison. Service Coordination will report back Intake and Placement's efforts and compile a monthly DCF report. If for any reason a child is not placed in HT program, all efforts must be reported and entered in FSFN. Child's Placement (foster home or safe house) will establish and maintain a security design that promotes ongoing supervision. Placement requirements include:

- External electronic video monitoring of home/facility
- Alarms on all external doors
- Emergency response agreements with local law enforcement
- Access to array of services (consistent with applicable licensing status & regulations)
- Evidence-based trauma-informed care
- Treatment & intervention for sexual assault, including appropriate health care
- Psychosocial skill development
- Resiliency skills
- Positive youth development services
- Life skills
- Mentoring
- Education that will transfer back to the child's home school district for credits
- Substance abuse screening & treatment if necessary
- Recreation therapy & personal development
- Discharge planning consistent with services received at facility
- All client phones, tablets, social media accounts, & computer usage shall be monitored by program staff
- All off-site activities supervised by program staff
- All persons allowed to visit the child must be pre-approved by the case manager and shall occur offsite Safe House

