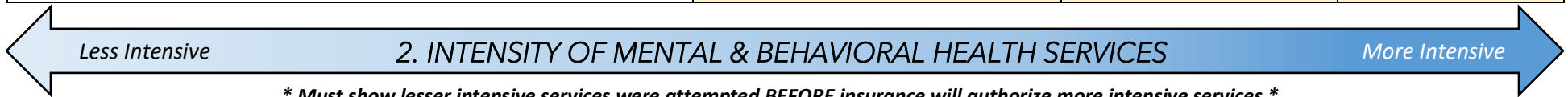


FLORIDA SERVICE NAVIGATION WORKSHEET

PRELIMINARY CONSIDERATIONS

1. HEALTH INSURANCE	2. INTENSITY OF MENTAL & BEHAVIORAL HEALTH SERVICES	3. PAST SERVICES & TRANSITIONS	4. SYSTEMS INVOLVEMENT	5. LEVEL OF CARE & LINKAGES
<ul style="list-style-type: none"> <li>Does child have health insurance?</li> <li>Who is the Legal Caregiver to consent to services?</li> <li>Does child have a pediatrician or primary care doctor?</li> <li>Does the child have a serious/chronic health care need or condition?</li> </ul> <p><i>* Certain services may require a determination of <b>medical necessity</b> from a pediatrician, medical doctor, or psychiatrist.</i></p>	<ul style="list-style-type: none"> <li>Does child have mental/behavioral health diagnosis? Or need one?</li> <li>What are child's specific needs or challenges that may impact or influence services?</li> </ul> <p><i>Examples:</i></p> <ul style="list-style-type: none"> <li>- Adopted</li> <li>- Low IQ</li> <li>- Human trafficking</li> <li>- Medical</li> <li>- Sexual behaviors</li> <li>- Autism</li> <li>- Young Age</li> <li>- Runaway</li> <li>- Substance Misuse</li> <li>- Multiple Baker Acts</li> <li>- Violent</li> <li>- Teen Parent</li> </ul>	<ul style="list-style-type: none"> <li>What services were provided or tried in the past and outcomes?</li> <li>What transition plans were created and outcomes?</li> </ul> <p><i>Examples:</i></p> <ul style="list-style-type: none"> <li>- School-based interventions</li> <li>- Prior Child Welfare contact</li> <li>- Prior Juvenile Justice contact</li> <li>- Counseling</li> <li>- Out-/In-patient treatment</li> <li>- In-home services</li> <li>- Behavior Analyst (ABA) services</li> <li>- Medication- taken consistently; right dose/type?</li> </ul>	<p>What system(s) is/are the child currently involved with:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Health/Health Care/Insurance</li> <li><input type="checkbox"/> Education</li> <li><input type="checkbox"/> Unique Abilities/Disabilities</li> <li><input type="checkbox"/> Mental/Behavioral Health</li> <li><input type="checkbox"/> Juvenile Delinquency</li> <li><input type="checkbox"/> Child Welfare</li> </ul> <ul style="list-style-type: none"> <li>Any evaluations/assessments or treatment plans completed?</li> <li><b>Does the child need an evaluation or assessment?</b></li> </ul>	<p>Based on past/current services &amp; child's specific needs/challenges:</p> <ul style="list-style-type: none"> <li>What additional services are needed to assist the child?</li> <li>What connections are needed with other systems?</li> </ul> <p><b>a. Is Short-Term Respite needed?</b></p> <p><b>b. Is Long-term Respite needed?</b></p> <p>★ <b>Who is the Champion for the child &amp; family</b> ★ that can assist with accessing/navigating services?</p>

1. HEALTH INSURANCE									
YES		NO							
<p><b>Work with the parent(s) or legal caregiver(s) to:</b></p> <ul style="list-style-type: none"> <li>✓ <b>Contact health insurance plan</b> to request Mental/Behavioral Health Care Coordination. If the family needs additional assistance with service navigation, request a referral to Targeted Case Management (TCM).</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>✓ <b>Inform child's pediatrician/primary care doctor</b> of mental/behav. health needs and to provide referrals for evaluations/assessments and additional services.</li> </ul>		<p><b>Work with the parent(s) or legal caregiver(s) to:</b></p> <table border="1"> <thead> <tr> <th>Apply for Insurance</th> <th>Access Community Mental/Behavioral Health Services</th> <th>Access Additional Resource Options</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> <li>• <a href="#">Medicaid</a> and other assistance programs</li> <li>- <a href="#">DCF Community Partner Network</a></li> <li>• <a href="#">Healthy Kids</a> 888-540-KIDS (5437)</li> <li>• <a href="#">HealthCare.gov</a></li> <li>• <a href="#">Supplemental Security Income (SSI)</a></li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• <a href="#">Contact the Local Managing Entity</a></li> <li>• <a href="#">SAMHSA Treatment Locator</a></li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• <a href="#">MyFloridaMyFamily website</a></li> <li>• <a href="#">Florida 2-1-1</a></li> <li>• <a href="#">Benefits.gov</a></li> </ul> </td> </tr> </tbody> </table>		Apply for Insurance	Access Community Mental/Behavioral Health Services	Access Additional Resource Options	<ul style="list-style-type: none"> <li>• <a href="#">Medicaid</a> and other assistance programs</li> <li>- <a href="#">DCF Community Partner Network</a></li> <li>• <a href="#">Healthy Kids</a> 888-540-KIDS (5437)</li> <li>• <a href="#">HealthCare.gov</a></li> <li>• <a href="#">Supplemental Security Income (SSI)</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Contact the Local Managing Entity</a></li> <li>• <a href="#">SAMHSA Treatment Locator</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">MyFloridaMyFamily website</a></li> <li>• <a href="#">Florida 2-1-1</a></li> <li>• <a href="#">Benefits.gov</a></li> </ul>
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**\* Must show lesser intensive services were attempted BEFORE insurance will authorize more intensive services \***

*\* Records collection and 3. Past Services & Transitions (history) are very important to accessing and navigating additional services \**

Outpatient (1 – 2 hours per week)	Intensive Outpatient (3 – 4 hours per week)	Emergency/Crisis	Inpatient Treatment
<p><b>Contact Medicaid or other Health Plan:</b></p> <ul style="list-style-type: none"> <li>• Screenings/Assessments/Evaluations</li> <li>• Individual/Family/Group Counseling</li> <li>• Medication Management (Assisted Treatment)</li> </ul> <p>If no insurance or underinsured, <a href="#">contact the Local Managing Entity</a></p> <p><b>* Check with other agencies involved *</b></p>	<p><b>Contact Medicaid or other Health Plan:</b></p> <ul style="list-style-type: none"> <li>• Intensive Counseling, Home Health Servs</li> <li>• Referral to ABA services</li> <li>• <a href="#">CAT Teams or FACT Teams</a></li> </ul> <p>If no insurance or underinsured, <a href="#">contact the Local Managing Entity</a></p> <p><b>* Check with other agencies involved *</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Mobile Response Team (MRT) 24/7</a></li> <li>• <a href="#">Baker Act (mental health)</a></li> <li>• <a href="#">Marchman Act (substance abuse)</a></li> <li>• <b>Suicide Prev. Lifeline: 800-273-8255</b></li> </ul>	<p><b>Contact Medicaid or other Health Plan:</b></p> <ul style="list-style-type: none"> <li>• Statewide Inpatient Psychiatric Placement (SIPP) [aka Residential Treat. Center (RTC)] – <i>need psychiatric recomd.</i></li> <li>• Substance Use Disorder Treatment</li> </ul> <p>If no insurance or underinsured, <a href="#">contact the Local Managing Entity</a></p> <p><b>* Work with Insurance *</b></p>

FLORIDA SERVICE NAVIGATION WORKSHEET

4. SYSTEMS INVOLVEMENT

(identify all that apply)

<a href="#">DOH</a> / Priv. Ins. / <a href="#">AHCA - Medicaid HEALTH/HEALTH CARE/INSURANCE</a>	<a href="#">OEL-ELC's / DOE - School Districts EDUCATION</a>	<a href="#">APD DEVELOPMENTAL DISAB.</a>	<a href="#">DCF - SAMH - Managing Entities (ME's) MENTAL/BEHAV. HEALTH</a>	<a href="#">DJJ JUVENILE DELINQUENCY</a>	<a href="#">DCF - Community Based Care (CBC) CHILD WELFARE</a>
INFO TO KNOW	INFO TO KNOW	INFO TO KNOW	INFO TO KNOW	INFO TO KNOW	INFO TO KNOW
<ul style="list-style-type: none"> <li>Child's last physical/well-check? Last dental?</li> <li>Any serious/chronic health care needs or conditions?</li> </ul> <p><b>Clinical Eligibility Screening:</b> To determine special health care needs (birth-21): 1-855-901-5690</p> <ul style="list-style-type: none"> <li>Does child have SSI?</li> <li>Employee Assistance Program (EAP) through parent employer?</li> <li>Family planning services needed?</li> </ul> <p><b>Compare/Enroll or Change Plans:</b> visit <a href="#">FL Medicaid Managed Care</a> or call <b>Choice Counseling</b>- 1-877-711-3662</p> <p><b>Note-</b> all Medicaid plans offer same core services (i.e., transportation), but have different <a href="#">expanded benefits</a>. There are also specialty plans (i.e., Child Welfare).</p> <p><a href="#">Healthy Start CONNECT</a> – for preg. women &amp; parents of young children</p>	<p><b>Developmental Concerns:</b> Age 0-3: <a href="#">FL Early Steps</a> Age 4+: <a href="#">FDLRS</a></p> <p><a href="#">Help Me Grow</a> (parent resource)</p> <ul style="list-style-type: none"> <li>School placement(s) (public, private, virtual, home school)? Need diff. placement?</li> <li>Any in-school mental/behav. health services in place?</li> <li>Assessed for 504 or Indiv. Education Plan (IEP)?</li> <li>✓ <b>YES</b>- what are behavior/academic services?</li> <li>✗ <b>NO</b>- are suspected issues impacting learning? – request eval. or testing</li> </ul> <p><a href="#">PACE Center for Girls</a> – 6-12 grade ed. program for at-risk girls</p> <p><b>Training &amp; Employment Services:</b> for ages 14-21 with documented disability - VR - <a href="#">Rehab Works</a></p>	<p><b>Criteria:</b> includes intellectual, autism, spina bifida, cerebral palsy, Prader-Willi, down syndrome, Phelan-McDermid, and <a href="#">children ages 3-5 at high risk for dev. disability</a>.</p> <p><b>Most families that qualify are on the waitlist - must maximize use of insurance covered services.</b></p> <p><b>Crisis Tool Application:</b> must meet APD eligibility – <a href="#">contact APD regional offices</a>; can provide waiver support coordination (case mgmt.), in-home respite, group home respite (Res-Hab)</p> <p><a href="#">APD Resource Directory</a></p> <p><b>If ASD/Autism</b> – register with <a href="#">Florida Center for Autism Related Disabilities (CARD)</a> for help with service navig.</p>	<ul style="list-style-type: none"> <li>Baker Act history? Any recommended services?</li> <li>Prior Residential or In-Patient Treatment?</li> <li>Aftercare or Discharge Plans?</li> <li>For inpatient treatment, caregiver <b>must</b> work with their health plan &amp; obtain psychiatric recommendation for this level of care.</li> </ul> <p><b>Crisis:</b> contact the <a href="#">Mobile Response Team (MRT)</a></p> <p><b>Intensive In-Home Supports:</b> contact the Community Action Team (CAT)</p> <p>If in need of an evaluation or services, <a href="#">contact the Local Managing Entity</a>.</p> <p><a href="#">SAMHSA Treatment Locator</a></p>	<ul style="list-style-type: none"> <li>Youth's charges?</li> <li>Detention status (<i>home, secure, respite</i>)</li> <li>DJJ status (<i>intake, diversion, cond. release, probation, post commitment</i>)</li> <li>Other counties involved?</li> <li>Next court date(s)?</li> <li>Any conditions or restrictions on youth?</li> <li>Juvenile Incompetent to Proceed (JITP)?</li> <li>DJJ MH services involved or available?</li> <li>Ungovernable youth: <a href="#">Florida Network CINS/FINS</a></li> </ul> <p><a href="#">DJJ Community Resource Guide</a></p>	<ul style="list-style-type: none"> <li>DCF currently involved?</li> <li>Prior DCF involvement?</li> <li>CBC Diversion services involved?</li> <li>If in juvenile dependency system, next court date(s)</li> <li>Does the child have a safety plan?</li> <li>Adopted child? Any post-adoption supports?</li> </ul> <p><a href="#">Connect to a local Post-Adoption Service Counselor</a></p> <p><b>Adoption Services:</b> <a href="#">Adopt Florida:</a> 1-800-962-3678</p> <p>Report <a href="#">Human Trafficking:</a> 1-800-962-2873</p> <p><a href="#">DCF Resource Directory</a></p>
ASSESSMENTS	ASSESSMENTS	ASSESSMENTS	ASSESSMENTS	ASSESSMENTS	ASSESSMENTS
<ul style="list-style-type: none"> <li>Lab work needed?</li> <li>Psychiatric eval? Is child on the right level &amp; types of medication?</li> <li>Need or had a developmental evaluation? (i.e., suspect autism/low cognitive abilities)</li> <li>Need specialty evaluations? (i.e., concerns for sexual behaviors, genetic testing, psychological)</li> </ul>	<ul style="list-style-type: none"> <li>Psycho-educational evaluation (to determine if special education is needed)</li> <li>IQ – WISC Assessment</li> <li>Adaptive Behavior Assessment</li> <li>Speech/language evals.</li> <li>Physical therapy evals.</li> <li>Occupational therapy evals.</li> </ul>	<ul style="list-style-type: none"> <li>Autism Diagnostic Observ. Schedule (ADOS)</li> <li>Childhood Autism Rating Scale (CARS)</li> <li>Gilliam Autism Rating Scale (GARS)</li> <li>Neuropsychosocial evals.</li> <li>Adaptive Behav. Assmt.</li> <li>Developmental Assmt.</li> </ul>	<ul style="list-style-type: none"> <li>Psychiatric Eval. – for medication &amp; level of care needed</li> <li>Referral for Psychological Eval. – personality, IQ, trauma</li> <li>Referral for specialty evaluations needed?</li> </ul>	<ul style="list-style-type: none"> <li>TASC Assessment</li> <li>CAT Assessment</li> <li>Comprehensive Eval. (may request an IQ or psychosexual add-on)</li> <li>Amenability Assmt</li> <li>Human Trafficking</li> <li>MAYSI-2 Assessment</li> <li>Suicide Risk Assmt.</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive Behavioral Health Assessment (CBHA)</li> <li>Suitability Assessment for Residential Inpatient Treatment / SIPP</li> <li>Family Functioning Assessment</li> <li>Human Trafficking tool</li> </ul>
NEXT STEPS	NEXT STEPS	NEXT STEPS	NEXT STEPS	NEXT STEPS	NEXT STEPS
<ul style="list-style-type: none"> <li>Contact health plan to request mental/behav. health care coordination,</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>Contact pediatrician, primary care doctor, or treating psychiatrist.</li> </ul>	<ul style="list-style-type: none"> <li>Work with school or through health insurance plan.</li> <li><a href="#">Child Care Resource &amp; Referral (CCRR)</a> - info on child-care and family assistance.</li> <li><a href="#">SEDNET FL</a> assists with service navigation.</li> </ul>	<ul style="list-style-type: none"> <li>Maximize services through health insurance plan and work with APD.</li> <li><a href="#">Family Care Councils</a> provides info and outreach to families.</li> </ul>	<ul style="list-style-type: none"> <li>Work with Managing Entity (ME)</li> <li><b>NAMI Helpline:</b> 1-800-273-8255</li> </ul>	<ul style="list-style-type: none"> <li>Work with DJJ and/or diversion program.</li> <li><b>Youth &amp; Family Advocacy Helpline:</b> 1-800-757-0634</li> </ul>	<ul style="list-style-type: none"> <li>Work with DCF and/or diversion program.</li> <li><b>Request "Parent in Need of Assistance":</b> 1-800-962-2873</li> </ul>

FLORIDA SERVICE NAVIGATION WORKSHEET

5a. SHORT-TERM RESPITE OPTIONS					
Community Aftercare Programs	Informal Supports	Florida Network Community Respite	In-Home Respite – Home Health/Personal Care Asst.	Mental Health Respite	Medical Respite
<ul style="list-style-type: none"> <li>School-based programs &amp; activities.</li> <li>Community-based programs &amp; activities:                             <ul style="list-style-type: none"> <li>YMCA, Boys &amp; Girls Club</li> <li>Mentoring programs</li> <li>Volunteer/Work programs</li> </ul> </li> <li>Faith-based programs</li> <li>Camps</li> </ul>	<ul style="list-style-type: none"> <li>Other parent(s)</li> <li>Relatives</li> <li>Non-relatives</li> </ul> <p><a href="#">Health Care Surrogate/ Power of Atty Form</a></p>	Residential Shelter/Respite - for children ages 10-17 for 14 to 30 days. <i>Criteria:</i> <ul style="list-style-type: none"> <li>Ungovernable, runaways.</li> <li>Parents must call to complete screening.</li> <li>Bed availability changes daily.</li> </ul> <p><a href="#">Florida Network Residential Shelter Programs by County</a></p>	<p><a href="#">APD Resource Directory</a></p> <ul style="list-style-type: none"> <li>Services may be covered by health insurance plan.</li> <li>Contact provider agencies within directory.</li> <li>Work with provider agency to obtain referral from primary care doctor or psychiatrist.</li> </ul> <p><a href="#">AHCA Provider Locator for Home Health</a></p> <p><b>* Work with Insurance *</b></p>	<p><i>Criteria:</i> Respite for children with mental health diagnosis that may not be suitable for the Florida Network/Community Respite.</p> <ul style="list-style-type: none"> <li>For children ages 10-17 for up to 14 days.</li> </ul> <p><b>* Work with Local Managing Entity for options *</b></p>	<p><i>Criteria:</i> under age 21, medically stable, complex medical needs, non-residential; need PCP script (not emergency services)</p> <p><a href="#">AHCA Provider Locator for Prescribed Pediatric Extended Care (PPEC)</a></p> <p><a href="#">ARCH – National and State Respite Locator</a></p> <p><a href="#">ARCH – Florida Funding and Eligibility Opportunities for Respite</a></p> <p><b>* Work with Insurance *</b></p>
<p><b>Children Under 10 Years Old</b></p> <p><b>Out of Home Respite is difficult to locate for young children; for children under age 10, focus on:</b></p> <ul style="list-style-type: none"> <li>Extracurricular activities</li> <li>In-Home Respite or Supports ( i.e., through DCF-CBC Diversion Services or Personal Care Services through Health Insurance)</li> <li>Non-traditional or play therapy – through Health Insurance</li> </ul> <p><b>Other options:</b> <a href="#">Safe Families-Florida</a> and <a href="#">Better Together</a></p>					



*\* Includes Alternative Placement and Mental & Behavioral Health Options \**

Informal Supports	Florida Assoc. of Christian Child Caring Agencies (FACCCA)	Therapeutic Boarding Schools	Behavioral Health Overlay Services (BHOS) Group Home	Specialize Therapeutic Group Home (STGH)	Statewide Inpatient Psychiatric Placement (SIPP)
<ul style="list-style-type: none"> <li>Other parent(s)</li> <li>Relatives</li> <li>Non-relatives</li> <li><a href="#">Job Corps</a> (Age 16+)</li> </ul>	<p><a href="#">FACCCA website</a></p> <p><i>Types:</i></p> <ul style="list-style-type: none"> <li>Residential Care Homes</li> <li>Maternity Homes</li> <li>Adoption &amp; Substitute Family Homes</li> <li>Restoration Homes</li> </ul>	<p><a href="#">Therapeutic Boarding School Finder</a></p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> <li>Christian Care Center</li> <li>Mount Dora Christian Academy</li> <li>Florida Youth Challenge Academy</li> <li>Rodeheaver’s Boys Ranch</li> <li>Mercy Multiplied</li> </ul>	<p><i>Criteria:</i> Youth at-risk of mental health and/or behavioral issues not related to serious cognitive/developmental disabilities.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> <li>FL United Methodist Children’s Home</li> <li>FL Sheriff’s Youth Ranch</li> <li>St. Augustine Youth Servs</li> </ul> <p><b>*Work w/ Insurance &amp; ME*</b></p>	<p><i>Criteria:</i> Psychiatrist recommend; medical and dental clearance; funded by Medicaid + sliding scale; <b>not emergency placement.</b></p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> <li>Carlton Manors</li> <li>St. Augustine Youth Services</li> <li>Our Turning Point Ranch</li> </ul> <p><b>*Work w/ Insurance &amp; ME*</b></p>	<p><i>Criteria:</i> Psychiatrist recommend; medical and dental clearance; funded by Medicaid; <b>not emergency placement.</b></p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> <li>HT Safe House</li> <li>Acadia Healthcare</li> <li>Perimeter Healthcare</li> <li><a href="#">KidLink</a></li> </ul> <p><b>*Work w/ Insurance &amp; ME*</b></p>

**When service navigation has been exhausted, refer to the Circuit Local Review Team Coordinator**