

# NWF Health Network Policy & Procedure

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<b>Series:</b>	300: Medical and Behavioral Health Care	
<b>Policy Name:</b>	Crisis Response, Baker Act and Discharge Planning	
<b>Policy Number:</b>	306	
<b>Origination Date:</b>	03/09/2009	<b>Revised:</b> Board Meeting of 10/23/2025
<b>Regulation:</b>	394.459, F.S., 39.407, F.S., 39.01305, F.S., 65E-5.400, F.A.C., 65C-35, F.A.C., CFOP 170-18 Ch. 18	

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## Policy

It is the policy of NWF Health Network (NWFHN), to mandate contracted CMOs 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

- A. 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.
  1. When high-risk behaviors or verbalization occurs, the area will be secured and the other children removed.
  2. All appropriate attempts will be made to de-escalate the child in crisis while contacting other individuals, staff for assistance or Mobile Response Team.
  3. 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 9-1-1.
- B. Law enforcement will provide assistance and transportation to the crisis unit if deemed necessary.
- C. The caregiver or staff will immediately notify the DCM or the staff person on call about the current situation.
- D. The caregiver, staff, or DCM will contact 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.
- E. 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.

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- F. Within twenty-four (24) hours of commitment, the DCM will notify all parties.
- G. The DCM will follow up with an incident report in accordance with NWFHN policy and procedures.
- H. The DCM and NWFHN Behavioral Health Coordinator will collaborate with the provider's clinical staff on transition and discharge planning for all out-of-home care youth to ensure that the plan is comprehensive and includes an array of community-based services that are necessary to maintain the child in a community setting.
- I. The Behavioral Health Coordinator and DCM will monitor the child's placement and services in order to prevent future inpatient admissions.
- J. The Behavioral Health Coordinator and DCM will maintain frequent communication with the Medicaid Plan and others to ensure that relevant and timely follow-up is provided to youth following discharge and during placement.
- K. The Behavioral Health Coordinator will communicate with the DCM to ensure that the youth has a post-discharge follow-up appointment within seven (7) days following a discharge from an inpatient facility.
- L. The Behavioral Health Coordinator will notify the Medicaid Plan within one (1) business day of the scheduled appointment date, time and service provider.
- M. The Behavioral Health Coordinator will communicate with the DCM to ensure that the child and caregiver have been contacted to discuss the provider's plan for treatment and needed resources.
- N. Medicaid Plan, the Behavioral Health Coordinator, and the DCM will monitor the process and the care coordination to ensure that the prescribed services are in place and that the child and family are compliant with the provider's recommendations.