

# **Child Welfare Integration Manual**

## **for Florida's Northeast Region**



**Revised March 2024**

**Lutheran Services Florida Health Systems**

# Florida's Northeast Region Guidelines

## Substance Abuse

### Family Treatment Coordinators

***Family Treatment Coordinators are staff positions of contracted substance abuse providers who engage and support individuals in need of substance abuse assessment, treatment, and recovery in connecting to timely, effective services.***

#### **REGULATIONS – FLORIDA ADMINISTRATIVE CODE**

Services must be performed in compliance with the Substance Abuse Licensure Rule 65D-30, F.A.C. All services shall be provided under the supervision of a qualified professional as defined by Rule 65D-30, F.A.C. Provider sites supervising Family Treatment Coordinators must be licensed for Intervention: General Intervention and Intervention: Case Management and shall adhere to the minimum requirements for intervention programs delineated in Rule 65D-30, F.A.C. Intervention includes activities and strategies that are used to forestall or impede the development or progression of substance abuse problems.

Adult Services Funding Source: Although current funding is appropriated in the adult substance abuse category, there was no intent to limit Family Treatment Coordination services for parents/caregivers under 18 years of age. In fact, this caregiver population may be among those most critical to target, even though it represents only a small percent of the total.

#### **SERVICES FAMILY TREATMENT COORDINATORS PROVIDE**

Family Treatment Coordinators provide adult substance abuse outreach, screening, intervention, and case management. Family Treatment Coordinators do not function as the primary treatment counselor. Their role is to serve as a consultant to, and coordinator with, child welfare and a motivator/supporter for families. Family Treatment Coordinators responsibilities are to:

- ✓ Take referrals;
- ✓ Provide the linkage for further assessment/treatment as indicated;
- ✓ Provide case management;
- ✓ Motivate and support the family and assist in removing barriers to successful substance abuse treatment outcomes;
- ✓ Track and report on the progress of individuals referred;

- ✓ Provide information to child welfare professionals and other appropriate stakeholders on the engagement in services and recommendation for further services as needed

Services are provided, at a minimum, Monday through Friday with flexible hours to meet the needs of the families they support.

## **ELIGIBILITY FOR FAMILY TREATMENT COORDINATION SERVICES**

Eligible Families: Referrals are parents/caregivers, significant others, household residents and their children referred by child welfare case managers or protective investigations. Referred family members are those for whom substance abuse is suspected as a contributing factor to the abuse/neglect situation. Referrals may be made during the initial child abuse/neglect investigation or by the child welfare case manager to assist in the prevention of the need for dependency court ordered shelter and/or supervision. Additionally, if a substance use treatment provider identified an adult receiving substance use treatment at their agency, and that individual is in need of case management services Family Treatment Coordinators may offer case management services provided their caseloads allow for such capacity.

Priority Families: Priority will be given to parents/caregivers in cases where a child is deemed “Unsafe” by CW staff. The Substance Abuse Prevention and Treatment Block Grant regulations also require that priority be given to pregnant women and injection drug users in need of treatment.

Priority on Protective Investigations: Family Treatment Coordinators should prioritize referrals to provide outreach for parent/caregiver referrals in child protective investigation cases.

## **REFERRALS TO THE FAMILY TREATMENT COORDINATORS**

A referral can be made when a child welfare professional suspects that parent(s)/caregiver(s) alcohol and/or drug use/abuse may be contributing factors in a situation where a child's safety or well-being is at risk. These referrals may be made by any child welfare professional to include Child Protective Investigators, Family Navigators, Behavioral Health Consultants, Family Service Counselors, Dependency Case Managers, and other appropriate professionals.

If a person or family is in need of referral, the child welfare professional worker should inform the family member that a recommendation will be made to the provider/Family Treatment Coordinator for a substance abuse screening and obtain the appropriate release of information. If an assessment is done as part of the child welfare professional evaluation to include an assessment or screening done by a Behavioral Health Consultant or Family Navigator, that assessment or screening should be included with the referral to the provider.

The provider agency and the Family Treatment Coordinator are responsible for determining what information is needed for a complete referral and conveying these requirements to the referral agents.

Each Family Treatment Coordinator provider shall have a specific referral email address designated for the Family Treatment Coordinator program.

***The Family Treatment Coordinator will attempt contact via with the client within three (3) working days of receipt of the complete referral. If a client cannot be reached by the second attempt, the Family Treatment Coordinator needs to notify the referral source. Family Treatment Coordinators shall make themselves available to conduct joint visits with child welfare professionals if requested, to engage families in treatment.***

## **SCREENING**

***The Family Treatment Coordinators will coordinate within their agency to determine the best method of assessment and connection to services as determined by the referral information and their own agencies intake policies and procedures.***

The detail and length of the screening is a matter of professional judgment combined with requirements of the substance abuse provider accepting the referral. Providers should utilize previously conducted assessment by Behavioral Health Consultants or Family Navigators as much as clinically appropriate to avoid any duplication of assessment services or cause undue burden on clients and families.

## **CASE RECORDS**

Case records must be consistent with requirements of Chapter 65D-30, F.A.C. The following are required for clients' case records that are receiving intervention:

- Name and address of client and referral source
- Screening information
- Informed consent for services, or notation of refusal
- Informed consent for alcohol/drug screens, when conducted
- Informed consent for release of information
- Client placement information
- Intervention plan for persons continuing in intervention for more than 30 days
- Summary notes
- Record of attendance and contact, with exception of case management
- Record of ancillary services
- Reports to and from criminal or juvenile justice systems, when provided

- Copies of service-related correspondence, generated or received
- Copies of transfer summary, if transferred
- Discharge plan

## **MAKING REFERRALS**

Family Treatment Coordinators make referrals to community treatment providers or resource agencies that are best suited to providing the appropriate services to the client or family, considering the client's needs, available community resources, and financial situation.

***Following initial engagement and any necessary screening, Family Treatment Coordinators should coordinate client assessment and treatment services seen within seven (7) working days if possible. If the Family Treatment Coordinator is unable to accomplish this within these time frames; attempts to schedule the appointment and justification for why it was not accomplished is documented in the client record.***

Family Treatment Coordinators thoroughly document all referrals in the case record including reasons for the referral, appointment times, referral contact information, appropriate releases of information to provide and obtain information, phone calls to make or verify appointments, and visits as necessary.

The primary referral will be to substance abuse treatment providers for more in-depth evaluation and treatment placement, if needed. Others may include referrals for mental health screenings, assessments or treatment, referrals for medical or physical problems, other social or assistance services, legal, educational, housing, vocational, or employment services.

Upon completion of the client's coordination to services, the Family Treatment Coordinator provides a summary to the referral agent/child welfare professional and may use secure electronic transmissions. The Family Treatment Coordinator must use appropriate safeguards to prevent use or disclosure of protected substance abuse and health information.

Family Treatment Coordinators are responsible for developing and maintaining an up-to-date directory of treatment, prevention, and other community resources that includes contact information, eligibility criteria, and referral procedures.

## **INTERVENTION/SERVICE PLAN**

Family Treatment Coordinators establish and maintain collaborative relationships between the CW/CBC case worker and the substance abuse provider to ensure joint case planning integrating the goals of the CW/CBC case plan and the client's substance abuse treatment process.

Family Treatment Coordinators develop a substance abuse intervention/service plan and provide a copy of the intervention plan to the child welfare case worker.

***The Intervention/Service Plan is developed for the client within 30 days after the screen is completed and placement is made for Family Treatment Coordinator services, if the Family Treatment Coordinator will continue to provide intervention/case management for the family.*** This plan includes goals and objectives that are clearly designed to prevent, halt, or reduce the severity and intensity of factors associated with the progression of substance abuse and its effects on the family, and to encourage abstinence.

The intervention/service plan should be signed and dated by the staff developing the plan, as well as the client.

## **CASE MANAGEMENT**

Family Treatment Coordinators may perform ongoing case management following linkage to initial treatment referral and evaluation. This role may continue as needed throughout the duration of the client's participation in substance abuse treatment services. The Family Treatment Coordinators will make ***at least monthly face-to-face contact with the client. If this is not possible, justification shall be documented in the client record.*** This may include participation in formal staffing or informal contact. Family Treatment Coordinators can provide flexible weekday and weekend hours, as needed, rather than being limited to traditional Monday through Friday hours of 8:00 a.m. to 5:00 p.m, in conjunction with their agency's policies and procedures. Service demand and client needs should reveal the times of availability most needed.

Case management activities shall include (Rule 65D-30, F.A.C.):

- On-going assessment and monitoring of the client's condition and progress
- Linking and brokering for services as dictated by the client's needs
- Follow-up on all referrals for other services
- Advocacy on behalf of clients
- Facilitating client's participation in treatment by removing barriers

## **PROGRESS REPORTING AND STAFFING**

Family Treatment Coordinators will provide regular progress reports to the referring child welfare professional or the CW/CBC currently responsible for protective supervision for the family (no less than monthly) throughout the duration of the Family Treatment Coordinator case management services. All client-related correspondence is to be documented in FSFN (Florida Safe Families Network) within two (2) business days.

The reports indicate treatment progress and alert the child welfare staff to any barriers or other concerns. A written report is made when there is a major change of status regarding the client's participation, as well as at the close of the case.

## LENGTH OF SERVICE AND DISCHARGE

Decisions about when to close a case or keep it open is made by the Family Treatment Coordinator in consultation with the CW/CBC caseworker as well as within the framework defined by the Family Treatment Coordinator service provider.

The client may be discharged from Family Treatment Coordinator services upon any of the following:

- Engagement in substance abuse service for at least two appointments
- The client refuses to participate in the program

The client should be discharged from Family Treatment Coordinator services upon any of the following:

- The client is incarcerated or moves to another geographic area

A client is considered to have successfully completed services when he/she:

- attains goals and objectives in his substance abuse intervention/service plan, including formal substance abuse treatment;
- continues to demonstrate a willingness to maintain an active program of abstinence/sobriety;
- demonstrates a commitment to comply with the conditions of his treatment plan; if applicable

The Family Treatment Coordinator provider should evaluate the family's situation on an individual case basis to determine whether continued Family Treatment Coordinator involvement is needed after successful completion of two appointments in treatment. Examples of family situations which may warrant consideration for extended involvement and case management are: there is a substance-exposed newborn under 2 years of age; the parents/caregivers have limited natural supports; the client has completed two treatment sessions, but not consecutively, or a parent/caregiver expresses a strong desire for continued support. Clinical considerations shall guide the decision.

A written discharge summary is completed for both clients who finish treatment services, and those who leave prior to treatment completion within seven (7) days of discharge. The discharge summary plan shall include a summary of the client's involvement in services, the reasons for discharge, and a plan for the provision of other services needed by the client following discharge, including aftercare. The discharge summary is signed and dated by the Family Treatment Coordinator. The Family Treatment Coordinator program must utilize its own discharge summary and intervention plan, not rely on another programs.

## **DATA REPORTING REQUIREMENTS**

A Managing Entity approved spreadsheet will capture the following elements:

1. *Provider Client Number (if enrolled as client with provider)*
2. *FSFN Person ID Number*
3. *County of Residence*
4. *Date of Referral*
5. *Date CW opened the investigation*
6. *Primary Drug of Choice*
7. *Date of Initial Engagement Attempt by Family Treatment Coordinator*
8. *Date of Engagement Feedback to Child Welfare Professional*
9. *Date Client Engaged in Assessment and Initial Treatment Services*
10. *Reason Client Refused Services*
11. *Case Closure Reason*
12. *How many Family Treatment Coordinator positions are allocated within the agency and whether each position is vacant or full*

The spreadsheet capturing the above elements is to be submitted to the Managing Entity monthly.



## **TRAINING**

Family Treatment Coordinators are expected to attend all forum/training designated as mandatory by LSF HS for Family Treatment Coordinators and other work-related professional development opportunities that are offered depending on funding available through the provider. The Family Treatment Coordinator provider should seek out training opportunities for cross-training in substance abuse/mental health/child welfare issues and intervention, as well as Family Team Conferencing. Family Treatment Coordinator staff also must receive staff training as required by Rule 65D-30, F.A.C.

## **BARRIERS TO TREATMENT AND INCIDENTAL FUNDS**

The provider must budget at the start of the fiscal year for incidental funds and train staff on the internal procedure to access incidental funds. Funds are used for removing barriers to a person's successful participation and completion of treatment and to support the substance abuse treatment plan. These funds should only be used if no other fund source can be identified. Examples of appropriate use include the provision of childcare, transportation, storage of personal belongings during short-term residential treatment, educational/vocational assistance, support for housing/utility costs, and clothing.

## **FAMILY TREATMENT COORDINATOR PERFORMANCE MEASURES**

### Contact

1. All referrals should be contacted within three (3) business days of referral receipt.

### Feedback to Child Welfare

2. Family Treatment Coordinators should provide timely feedback on client engagement to child welfare professionals. Family Treatment Coordinators should provide documented contact with child welfare professionals to provide them with information about client engagement within 48 hours (2 business days) of initial engagement attempt.

## **ROOT CAUSE ANALYSIS**

If a provider is unable to maintain the timeframes as outlined in the performance measures above, the provider will be asked to complete a RCA (Root Cause Analysis) documenting an internal assessment of barriers to meeting time frames and steps to meet time frames going forward. Routine failures to meet program timeframes may result in a Technical Assistance Plan (TAP) or Corrective Action Plan (CAP).

