Integration with Family and Child Well-Being

Frequency: *Ongoing*

Due Date: *Ongoing*

Purpose: The purpose of this document is to establish expectations for the ongoing integration efforts and cross system collaboration with Child and Family Wellbeing partners. This document provides guidance to Managing Entities for enhancing integration efforts and supportive services relating to:

- Children and families exhibiting behavioral health challenges;
- Navigation of the behavioral health system of care;
- Trauma-related symptoms; or,
- Environmental stressors (e.g., abuse, neglect, poverty).

These challenges often result in frequent Baker Acts, Department of Juvenile Justice (DJJ) involvement, and school disruptions and when left unaddressed can put families at risk for entering the child welfare system.

Integrated planning and coordinated service delivery across behavioral health, child well-being, law enforcement, education, insurers, health plans, and community systems strengthen the network of supports available to children, youth, and caregivers. Through collaborative partnerships and shared planning efforts, systems can better coordinate services for youth, promote early identification and intervention, and strengthen partnerships and processes to quickly resolve crises.

A. Target Family Populations

- Families at risk of entering the child welfare system.
- Families identified for diversion services by a child welfare professional to remain intact.
- Uninsured and under insured adoptive families, including post-adoption cases.
- Families experiencing repeated system contacts (e.g., school disruptions, DJJ involvement, crisis services).
- Families who contend with behavioral health conditions (Mental Health, Substance Use, and Co-occurring Disorders).

B. Network Service Provider Responsibilities

1. The Network Service Provider shall designate a staff member to serve as the children's behavioral health liaison with expertise in behavioral health systems and mental health service delivery and coordination. The liaison is not required to be a full-time FTE but must have expertise in the child and family wellbeing system and the unique needs of the families involved to ensure consistent coordination and planning among stakeholders. Expertise in the child and family well-being system refers to knowledge or training related to the services, programs, and practices that support the safety, stability, and healthy development of children, youth, and families. This expertise may be gained through professional experience, education, or advocacy and includes an understanding of the systems that serve children and families, such as child welfare, behavioral health, juvenile justice, early childhood programs, and family support services
2. The Network Service Provider shall develop a mechanism to identify at-risk children regardless of payor source, proactively coordinate care with system partners; and facilitate navigation of the behavioral health system through referrals or recommendations to services funded by other sources or the Managing Entity.

3. The Network Service Provider shall maintain an itemized contract, charter, or working agreement with the Community Based Care Lead Agency to coordinate behavioral health services and support for target family populations, specified in Section A. The itemized contract, charter, or working agreement, and goals and objectives shall be reviewed, at a minimum, on an annual basis.

   Goal 1: Maintain a leadership steering committee comprised of cross-systems stakeholders that contain established joint practices and provide macro-level oversight for at risk families.

   Goal 2: Improve data integrity that will establish, capture, and measure system components reflective of joint accountability and shared outcomes of integration initiatives.

   Goal 3: Cross train Child and Family Wellbeing and Behavioral Health staff to develop a common language and improve communication within the initiative.

   Goal 4: Help families navigate the behavioral health system of care and obtain appropriate behavioral health and support services to keep families intact in the community.

   a. Ensure access to the following resources needed by at-risk children and families includes, as available within the Managing Entity region:
      - Care Coordination
      - Mobile Response Teams
      - Crisis Intervention and Stabilization
      - Peer and Community Support Resources
      - Family Support Teams
      - Community Action Treatment (CAT) Teams
      - Family Intensive Treatment (FIT) Teams
      - Family Well-being Treatment Programs
      - Evidence-Based Practice Teams

   b. Work with system partners to identify and implement pilots, programs, and other services that are missing or not adequate within the array.

   c. Establish a process to identify at-risk families based on data points known to the Managing Entity as well as through screenings, assessments, local or regional review team staffing referrals that the Managing has participated in.

   d. The referral or recommendation process must include:

      - A designated point of contact for referral oversight and technical assistance. This role can facilitate the referral when needed, without precluding established direct referral paths between Child Welfare staff and Network Service Providers;
      - Documented efforts to obtain written releases of information from the parent or guardian;
      - Verbal parent or guardian consent is acceptable as needed; and,
      - Information to be shared with the behavioral health provider at time of referral

   e. Establish information sharing between behavioral health and child welfare professionals to support the development of concurrent plans for families.

   f. Arrange for behavioral health services with a Network Service Provider or a referral to an out of-network provider that has a focus on child and family well-being to

complete an assessment, outreach, engagement, integrate parenting interventions and maximize retention in treatment.

g. Establish a process to share available data, measure mutual outcomes and mechanisms to track referrals to services, entry to services, length of stay and completion outcomes for families.

4. The Network Service Provider shall participate in local integration meetings (i.e. Alliance, Children's Cabinet, Child Welfare Behavioral Health meetings) at least quarterly to address implementation of the Working Agreement, ongoing communication and resolution of issues for families served by both Community Based Care Lead Agencies and the Managing Entity. During these meetings, the Network Service Provider shall.

    a. Have an active leadership role in the local meetings and follow-up activities.

    b. Be an active partner in collaboration with Community Based Care Lead Agencies, behavioral health providers and other community members to plan for the needs of the population and eliminate barriers to efficient and effective service delivery.

    c. Provide information obtained from input by families, program data and measured outcomes to support and inform the collaborative process and to drive changes in the system.

    Feedback from local meetings shall be addressed in the Network Service Provider's Needs Assessment, Coordinated Children's System Plan, and shall be used to update the Working Agreement with the Community Based Care Lead Agencies and other child welfare stakeholders as needed or at least annually.

5. The Managing Entity shall contract with Network Service Providers for the provision of services to the target population. In cooperation with the Department and Community Based Care Lead Agencies, the Network Service Providers shall adopt the following core principles.

    a. Enter information into the Department's Child Welfare electronic case management system, when access is permitted and appropriate.

    b. A behavioral health contact shall be initiated within 72 hours of referral with documented date of an appointment for a comprehensive assessment.

    c. Make appropriate referrals to community resources that support identified behavioral health needs and enhance recovery.

    d. Support the family and encourage their engagement in treatment through implementation of engagement strategies, flexibility to remove barriers, and the use of Recovery Peer Support. Recommended evidence-based engagement strategies include Motivational Interviewing and the Wraparound Model.

    e. Provide training and technical assistance, as needed, to child welfare professionals to promote engagement and retention in treatment. The Managing Entity will offer training to the CBC on an annual basis, at a minimum.

    f. Services are provided primarily in-home and in the community, where appropriate.

    g. Work with relevant stakeholders to identify and resolve systematic and programmatic barriers to client engagement and retention in treatment in the process.

Required Reports

FTC's are responsible for submitting the following reports to the managing entity in a timely and accurate manner:

1. **FTC Report**: Data points will be reported on a monthly basis in the format provided by the Managing Entity and submitted in the LSF Health Systems data system by the 8th of the month. The Template for this report is incorporated herein.
2. Ad Hoc and additional reporting may be required as determined necessary by LSF Health Systems or the Department of Children and Families.

The Integration with Child Welfare will be administered according to DCF Guidance 19, which can be found at following link using the applicable fiscal year: https://www.myflfamilies.com/services/samh/providers/managing-entities