

Child Welfare Integration Manual

for Florida's Northeast Region



**HEALTH
SYSTEMS**

Revised July 2023

Lutheran Services Florida Health Systems

**Amended from the July 1, 2010, Department of Children and Families Substance Abuse
Program Office's Florida Guidelines for Substance Abuse Family Intervention Specialists
(FIS)**

Table of Contents

The FIS Initiative		Page 2
Minimum FIS Qualifications		Page 3
Regulations		Page 3
Services FIS Provide		Page 4
FIS Position Funding		Page 4
FIS Operating Procedures and Collaboration		Page 5
Co-Location With Child Welfare		Page 6
Eligibility for FIS Services		Page 6
FIS Caseloads		Page 8
Referrals to FIS		Page 8
Screening		Page 9
Use of Saliva/ Rapid Testing		Page 10
Case Records		Page 10
Making Referrals		Page 10
Intervention/Service Plan		Page 11
Case Management		Page 11
Progress Reporting and Staffing		Page 12
Dependency Court Liaison		Page 13
Length of Service and Discharge		Page 13
Data Reporting Requirements		Page 14
Computer Access		Page 15
Training		Page 16
Barriers to Treatment and Incidental Funds		Page 16
Evaluation of FIS Services		Page 17
FIS Performance Measures		Page 18
APPENDIX A: Open Vacancy Form		Page 19

Florida's Northeast Region Guidelines

Substance Abuse Family Intervention Specialists

Family Intervention Specialists (FIS) are staff positions of contracted substance abuse providers who perform linkage to the child welfare system to engage and support substance involved child welfare families in appropriate substance abuse treatment and recovery with a goal of improving both substance abuse treatment and child welfare outcomes.

THE FIS INITIATIVE

The FIS Initiative was funded to support the following joint system goals for Florida's Child Welfare/Community-Based Care (CW/CBC) and Substance Abuse Programs:

1. Protect and ensure the safety of children
2. Prevent and remediate the consequences of substance abuse on families involved in protective supervision, or at risk of being involved in protective supervision, by reducing alcohol and drug abuse
3. Plan for permanency and reunify healthy, intact families
4. Support families in recovery

The FIS Initiative is based on the hypothesis that:

- if caregiver substance abuse is identified, and
- if the caregiver is engaged in successful treatment resulting in abstinence and recovery, and
- if the caregiver's progress in achieving the substance abuse treatment plan is coordinated with child protective investigation and/or the permanency plans, then
- prognosis is improved for the family to stay together or be reunified, and for reducing the probability of future child abuse/neglect in that family.

FIS perform critical support for the General Appropriations Act performance outcome measure to:

"Increase the number and percent of individuals (adults) in protective supervision who have case plans requiring substance abuse treatment who are receiving treatment."

FIS are funded to improve identification of substance abuse treatment need and to support retention and success in substance abuse treatment for CW/CBC cases. They are substance abuse professionals who are employees of contracted substance abuse providers. They work with, and most are co-located with, CW/CBC protective investigation or protective supervision staff.

Co-Occurring (Substance Abusing/Mentally Ill): Many of the individuals and family members referred to substance abuse FIS are dually diagnosed. Consequently, substance abuse FIS should systematically and aggressively screen for co-occurring mental health problems using the FIS screen or another comparable screen approved by the FIS treatment provider. FIS shall link these individuals with services which address their mental health treatment needs and include concurrent mental health services received by the individual in FIS case management and coordination.

Compliance with these guidelines is required for FIS funded through Florida's FIS legislative appropriation and for any additional FIS specifically contracted for by the Managing Entity contract's FIS Exhibit. These guidelines are specific to justification and implementation of the program model presented to the Florida Legislature which resulted in the line-item FIS appropriations. They also are appropriate for use by the circuit or treatment provider for any local FIS initiatives.

MINIMUM FIS QUALIFICATIONS

FIS function as substance abuse treatment system experts and representatives to child welfare. At minimum, a FIS should have a bachelor's degree in a social or behavioral science and one year of experience working with substance involved individuals/families. Preference in selecting FIS should be given to individuals who hold a clinical or counseling license or certification, who are certified addictions professionals, and who have both substance abuse and child abuse/neglect knowledge and experience. If an individual hired as a FIS prior to state Fiscal Year 2004-2005 and is functioning effectively in this capacity, yet does not have a college degree, the individual may continue to function as a FIS. The minimum qualifications apply to new hires by the FIS provider.

REGULATIONS – FLORIDA ADMINISTRATIVE CODE

FIS 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. FIS services should be provided consistent with these guidelines and with provisions delineated in the Substance Abuse and Mental Health Model Contract's FIS Exhibit. Provider sites supervising FIS 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 FIS funding is appropriated in the adult substance abuse category, there was no intent to limit FIS 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 FIS PROVIDE

FIS provide adult substance abuse outreach, screening, intervention, and case management. FIS 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. FIS responsibilities are to:

- ✓ Take referrals;
- ✓ Provide initial screening;
- ✓ 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;
- ✓ Report in FSFN
- ✓ Provide information and recommendations for development and case management of the joint family service plan; and
- ✓ Work with the child welfare case worker to ensure compatibility between the substance abuse treatment goals and child welfare's plans and interventions for the family.

Services are provided, at a minimum, Monday through Friday with flexible hours to meet the needs of the families they support. Most of the direct family support services will be provided in the family's home.

FIS POSITION FUNDING

LSF Health Systems allocate funding to the providers to be used for a set number of full-time FIS positions. As of the latest revision to this manual, the provider must follow the number of full-time FIS positions along with the counties which will refer to the designated FIS position on **Appendix D - Negotiated Performance Measure Targets**.

The provider will notify LSF Health Systems of any/all FIS Position vacancies within two business days submitting the “Open Vacancy Form” Reference Appendix A; the provider will not be paid for any time period where the FIS position is vacant for more than thirty days. The provider will have thirty days to fill the position with a new candidate. If at the end of the thirty days, the position is still vacant the provider will not be paid for the position until it is filled. In addition, it is the responsibility of the provider to work with the participants already engaged in FIS services and to continue to accept referrals and link them to services.

This position funding includes training dollars that are built into the unit cost per position. Incidental funds are to be used towards FIS clients if allocated to the provider by LSF Health Systems. FIS contract/program monitoring is a responsibility of LSF Health Systems. When billing for incidental expenses, the Network Service Provider shall follow F.A.C. 65E-14.021(4)(k)4.b.(V).

FIS OPERATING PROCEDURES AND COLLABORATION

FIS assist CW/CBC staff in jointly developing and maintaining local procedures that explicitly define the processes for referral, content of a referral package, follow-up and on-going case management. FIS also mutually support Substance Abuse and CW/CBC staff in the sharing of information regarding mutual clients for the purpose of coordinating the provision of optimal services, and develop operational procedures to address confidentiality issues between their respective program areas.

Additionally, it is vital that the FIS work closely with the Substance Abuse Women’s Intervention Specialist (WIS) in circuits where a WIS exists. WIS focus on substance abusing pregnant/post-partum women and perform functions similar to the FIS, but not specific to families involved in child welfare. A FIS provider, who also is a WIS provider, may want to have the WIS perform FIS functions for pregnant women to reduce the FIS caseload.

FIS maintain a directory of substance abuse treatment resources with contact information and eligibility criteria for referral.

Family Team Conferencing (FTC) is a preferred practice model for joint case planning and management for families involved in child protection services. FIS

providers should seek out FTC training opportunities and participate as a member of the FTC team when this option is available through CW/CBC service partners. It is expected that the CBC staff will provide the lead role on the team and that a FIS will represent substance abuse treatment on the team.

CO-LOCATION WITH CHILD WELFARE

FIS are to be co-located with child protective investigators and/or community-based care staff. The FIS shall make every effort to ensure that the protective investigators and other caseworkers and supervisors know who they are, what they do and how to reach them. FIS and FIS supervisors are required to attend the DCF All Staff Meeting in their area twice a year to present on the program. The provider is required to have an email dedicated to FIS, such as FIS@..... Or ChildWelfare@.....

ELIGIBILITY FOR FIS SERVICES

Eligible Families: Eligible FIS 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.

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.

Strategic Use of FIS Capacity/Waiting Lists:

Ideally, sufficient FIS capacity would be available to handle all eligible substance-involved families in child welfare. However, FIS capacity is significantly less than the number of eligible families. The FIS should stay involved with the case until the client has engaged successfully in treatment for two appointments or for thirty days, whichever occurs first.

Referrals for Adolescents/Teens: When families are referred, FIS should screen any adolescents/teens in these families who are suspected of substance abuse/use and, if indicated by the screen, link them with a resource which will provide an in-depth assessment to identify treatment needs. If the FIS is involved with a family having a parent/caregiver who will receive substance abuse treatment, they should provide case management support for all family members requiring substance abuse treatment, including adolescents/teens. Nonetheless,

given limited FIS capacity, FIS should NOT case manage non-parenting adolescents/teens (exception is pregnant teens) in need of treatment in the absence of having already selected the family for the FIS caseload based on parent/caregiver substance abuse eligibility. It is appropriate and desirable for FIS to provide substance abuse screening and treatment linkage for child welfare referrals of adolescents/teens; in the absence of parental/caregiver referrals for substance abuse screening. This policy is driven by limited capacity and the need to maintain FIS strategic focus on parents/caregivers to reduce alcohol and drug related child abuse/neglect. Adolescents/teens suspected of substance abuse should be referred to the Adolescent FIS if available in their county.

Priority on Protective Investigations: FIS were originally conceived to provide outreach for parent/caregiver referrals in child protective investigation cases.

This focus is to ensure early identification of substance abuse problems, expedite entry into treatment, and to support continued participation and retention in treatment. This early contact and support optimizes the opportunity to reduce the number of families having to experience out-of-home child placements, or reduces the amount of time that the family is not together, by providing immediate substance abuse treatment intervention and support. Front-end involvement maximizes the dependency court judges' access to professional substance abuse treatment provider recommendations about these families who are already opened to FIS services.

Since child welfare law and regulations require that permanency planning must be completed within 12 months, the potential for successful outcomes with the family are improved when substance abuse treatment needs are identified and addressed as early as possible in the child abuse/neglect investigation and protective supervision process. If the circuit chooses to redirect FIS focus for referrals away from child abuse/neglect investigations, it should ensure that alternative substance abuse treatment resources are available to provide substance abuse screening and treatment linkages for protective investigations referrals.

FIS CASELOADS

FIS have a caseload of up to 35 families. The FIS provider should evaluate each FIS caseload individually at periodic intervals to ensure that the workload is manageable and that the FIS has sufficient time to provide necessary support for the families assigned. Examples of some workload factors to consider are: conducting a large volume of screenings weekly; having large numbers of new cases that require high intensity workload; having large numbers of FIS families engaged in residential treatment requiring less FIS time involvement; and travel time for in-home services.

Given limited capacity, the FIS provider should plan for when the FIS caseload will reach maximum capacity and a waiting list for these services will occur. The FIS provider should identify alternative resources within the treatment program for screening, linking and admitting FIS eligible clients within the substance abuse treatment program when FIS are operating at maximum capacity. It is up to the provider to still accept the FIS referrals even at capacity and to have a procedure to refer internally to another department when FIS is at maximum capacity. This helps keep things consistent with the child welfare referring source.

REFERRALS TO THE FIS

A referral can be made when the child welfare investigator/case worker 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.

In the event that a person or family is in need of screening or referral, the CW/CBC worker should inform the family member that a recommendation will be made to the FIS for a substance abuse screening and obtain the appropriate release of information. The case should then be discussed with the FIS and the CW/CBC worker should provide the FIS with a referral packet.

The provider agency and the FIS are responsible for determining what constitutes a complete referral package and conveying these requirements to the referral agents. This will likely include copies of any relevant assessments, contact information, and recommendations or background information that may be of use to the FIS in conducting the substance abuse screening.

The FIS will attempt contact via phone contact and face-to-face contact with the client within three (3) working days of receipt of the complete referral package. If a client cannot be reached by the second attempt, the FIS needs to notify the referral source and conduct a joint visit. If a joint visit is not possible due to the schedule of the child welfare worker, the FIS must document the requested attempt in FSFN.

SCREENING

The FIS will conduct a face-to-face screening within ten (10) working days from the date of the receipt of the referral package. If the FIS is unable to accomplish this screen within 10 days because the client is unavailable, attempts to schedule and complete the screen and justification for why it was not accomplished shall be documented in the client record. If client cannot be reached by the 10 days, the FIS needs to notify the referral source and possibly do a joint visit.

Screening for alcohol and other drug abuse should be a standard element of every protective service risk assessment. The screen should incorporate a standardized or recognized substance abuse risk assessment administered in person with the referred individual(s), as well as collateral contact information and/or drug testing, as appropriate. The detail and length of the screening is a matter of professional judgment combined with requirements of the substance abuse provider accepting the referral.

FIS are required to use a screening instrument approved by the Managing Entity.

The screening should be comprehensive and include demographic data and a good picture of the individual's substance involvement: history of present and past use, attitudes regarding use, risk and protective factors, and barriers to treatment. It should address the extent to which judgment, behavior, and the home environment are affected by substance use/abuse. It should conclude with a preliminary recommendation about the type of treatment program and level of care that would best meet the individual's treatment needs, and recommendations for the need for further assessment. The person conducting the screening shall provide rationale for any actions taken. **THESE RECOMMENDATIONS MUST BE COMMUNICATED TO THE REFERRAL SOURCE VIA EMAIL.**

Required documentation for intervention shall include a record of whether the person is:

1. Not in need of services
2. Appropriate for services
3. Not appropriate for services at the screening site, or
4. Appropriate for referral elsewhere

A toxicology chemical dependency screening may be completed to identify the nature and extent of the substance use and to determine the most appropriate substance abuse treatment referral source. Random drug screens should also be a part of the FIS role in the field. Clients shall give a written consent for a toxicology drug screen release of information (Rule 65D-30, F.A.C.).

A request for an alcohol or drug screen is an appropriate way to verify abstinence. However, the results of this screen alone are not considered sufficient reason for treatment referral in the absence of more detailed information.

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

FIS 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 screening and placement into FIS services, referrals and appointments for substance abuse treatment are scheduled within 48 hours (Rule 65D-30, F.A.C.) and all referrals and appointments are scheduled so that the client can be seen within seven (7) working days if possible. If the FIS 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.

FIS 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 referral, the FIS provides a summary to the referral agent/child welfare case worker and may use secure electronic transmissions. The FIS must use appropriate safeguards to prevent use or disclosure of protected substance abuse and health information.

FIS 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

FIS 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.

FIS 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 FIS services, if the FIS 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

FIS perform ongoing case management related to the substance abuse portion of the child welfare/child protection plan. This role continues throughout the duration of the client's participation in substance abuse treatment services. FIS 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 an informal contact. FIS shall have 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. 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

FIS track the progress of the client and attempt to ensure that appointments are made and kept. Progress reports are obtained from referral resources on a regular basis, including attendance at support group meetings if these are part of the plan. If a client misses appointments, or absconds from treatment, the FIS and CW/CBC staff are notified. Regular, or at least periodic contact with the client, or treatment staff, is maintained. All client related correspondence is to be documented in FSFN (Florida Safe Families Network) within two (2) business days.

Regular progress reports are provided to the CW/CBC staff making the original referral to the FIS, or the CW/CBC currently responsible for protective supervision for the family (no less than monthly) throughout the duration the client is in the FIS Program. 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.

Summary notes are completed weekly for those weeks when client contacts are made. They will state the client's progress or lack of progress in meeting the conditions of the plan and document services provided (Rule 65D-30, F.A.C.). Each summary note is signed and dated by staff delivering the service and documented in FSFN (Florida Safe Families Network).

FSFN shall be updated with documentation of engagement attempts, interventions, provider discussions, referrals, identification of referral source, reason for case closure, outcome measures and child safety information and indicators.

Contact is maintained with the child welfare case worker, the substance abuse treatment provider, the client, and any other providers to monitor client progress and sustain open communication. This may include participation in formal staffing's or informal contact. The contact and outcome of the contact is documented and entered into the client record. The staffing reports and contacts do not take the place of the monthly reports to the CW/CBC caseworker.

FIS participate in staffing of the family's progress as requested by the child welfare case worker or the substance abuse provider and may facilitate a staffing of the family's progress when there is a major change of status regarding the client's participation in substance abuse treatment. Although it is desirable that the staffing be face-to-face, interested parties may participate through telephone conferencing. FIS ensure that they know the status of the child welfare case plan.

FIS shall meet with his/her agency supervisor to review active cases at a minimum of one (1) session every thirty (30) days. During this supervisory session, cases shall be reviewed to ensure compliance with regulations and FIS protocols in addition to clinical quality for the services rendered.

DEPENDENCY COURT LIAISON

FIS may provide liaison services to the dependency court and inter-agency communication regarding the status and progress of clients in the FIS caseload due to the clients being opened into FIS services prior to any dependency court action being taken. In accordance with 42CFR2.61, FIS may assist child welfare staff in making recommendations to the court regarding family reunification.

FIS may appear in court if the court issues a subpoena to the FIS.

If the court requests a written status report; FIS will provide it. Client/family requests for a FIS to appear on their behalf will be taken into consideration.

LENGTH OF SERVICE AND DISCHARGE

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

The client may be discharged from FIS 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 FIS services upon any of the following:

- Dependency court ordered services are in place/dependency case manager is working with the family
- The client is incarcerated or moves to another geographic area

A client is considered to have successfully completed FIS 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; and
- demonstrates a commitment to comply with the conditions of his intervention/service plan.

The FIS provider should evaluate the family's situation on an individual case basis to determine whether continued FIS involvement is critical after successful completion of two appointments in treatment. Examples of family situations which may warrant consideration for extended FIS involvement 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 FIS 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 FIS. The FIS program must utilize its own discharge summary and intervention plan, not rely on another programs.

****A Client cannot be discharged from FIS before the referral source is notified of impending discharge. There must be documentation of this notification.**

DATA REPORTING REQUIREMENTS

A Managing Entity approved spreadsheet will capture the following elements:

1. *Provider Client Number*
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*
8. *Engagement Attempt Level*
9. *Date of Initial FTF Contact w/Client*
10. *Reason Client Refused Services*
11. *FIS Case Closure Reason*

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

Data are maintained by the provider and submitted to the state Substance Abuse Program Office. Effective October 2005, FIS began reporting with a specific FIS Staff ID in the Substance Abuse and Mental Health client data warehouse. This FIS staff ID provides the ability to produce computer data runs to identify the services provided by each FIS and the clients involved with each FIS at the county, circuit, and service provider levels. (Note: The code space for recording Staff ID on the data forms was previously referenced as Rater ID and is also use by other data sets assigned thru the Florida Mental Health Institute certification process. In the FIS data set, the word "Staff ID" should be used in lieu of "Rater ID".)

All FIS should enter their FIS Staff ID no matter whether they were funded through local initiative or the statewide appropriation specific to FIS. Any WIS functioning as FIS for pregnant/post-partum women should also be assigned a FIS Staff ID.

The FIS should record their 12-digit staff ID number on all applicable substance abuse data sets, especially the Client Specific Service Event, to be constructed as follows:

- The first two digits are for the staff's education level (01 thru 07)
- The third digit is a dash (-)
- The next three digits (4th thru 6th) must always be **FIS**
- The next six digits (7th through 12th digit) can be any alpha numeric number. This is a number assigned and used by the provider to uniquely identify the FIS staff. This can be a position number, a made up assigned number, part of the FIS's name, or whatever the provider chooses to use.

The complete FIS ID should look like this: **02-FIS000000** or **03-FIS123456**

COMPUTER ACCESS

It is desirable for FIS to have assigned laptop computers with security controls and procedures to ensure confidentiality of client data, since their jobs require movement among multiple sites: e.g., homes, child welfare offices, and substance abuse treatment provider facilities. This supports efficiency and accuracy in maintaining entry of information about contacts and clinical information, and provides them with ready access to information about the families they support when working with others involved with the family. Internet access and private email addresses also should be a regular resource to FIS for the purposes of case management coordination, performing clinical research, and networking with other FIS throughout the state.

TRAINING

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

The FIS must complete the following trainings within 90 days of start date:

- Child Welfare Safety Methodology

The FIS must complete the following trainings within six months of start date:

- Motivational Interviewing
- Cultural Competency

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. The provider must notify LSFHS of the amount of incidental funding budgeted for the fiscal year within 30 days of receipt of contract. There are limited incidental funds in each circuit to be used to support successful outcomes for families receiving FIS services. 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.

Determination about the use of incidental funds should be made on an individual basis. Some clients are especially needy of this type of support and may require a greater share of the available funds from this resource than other families in the FIS caseload. Any expenditure of incidental funds should be documented in the individual's clinical record.

Procedures and criteria for accessing and using incidental funds and the method to account for expenditures are developed cooperatively between the FIS service provider and the Managing Entity's contract manager. The contract should require development of operating procedures, incorporating these criteria and procedures with provisions for monthly reporting. Operating procedures shall be approved by the contract manager.

Each month, a report will be made which details year-to-date expenditures and the balance of the FIS provider's incidental fund account, along with the corresponding incidental request form submitted to the substance abuse contract manager for reimbursement. (The form is attached to the model contract's FIS exhibit/FIS provider contract.) The expenditure of the FIS incidental funds will be reflected in the incidental expense cost center on the monthly invoice.

The following minimal information must accompany requests for incidental funds:

- Name of FIS accessing funds
- Funds spent on behalf of (client name)
- Referral type (protective investigation/supervision)
- Date of request
- Description of goods/services requested
- How the purchase is related directly to the FIS intervention plan
- Goal/reason for purchase amount requested
- FIS and approving authority signature with date

EVALUATION OF FIS SERVICES

The FIS provider should work with the local CW/CBC to evaluate the effects of FIS services on the joint system goals presented at the beginning of these guidelines. It is critical that the FIS provider ensures that FIS enter their Staff ID on data forms submitted to the SAMH Data Warehouse, so data can be collected about clients served and services provided by FIS. Intervention services provided by FIS can be captured even if the individual does not enter substance abuse treatment. CBCs should work cooperatively and strategically with FIS service providers to improve entry into and retention in substance abuse treatment for their families with an identified substance abuse treatment need. Successful implementation of the FIS function and initiative is critical to successful outcomes on these measures.

The Department and Managing Entity will also conduct The Real Time Rapid Feedback Quality Assurance Review on a sample of FIS cases on a weekly basis. Reference Appendix B and C.

FIS PERFORMANCE MEASURES

Contact

1. Attempts to contact referral made within three (3) business days of referral receipt – 80% of all referrals received

Assessment

2. Assessment is completed - 50% of all referrals received

Treatment Enrollment

3. For clients completing assessment and referred to services, first appointment is attended- 50% of all clients recommended for services

Performance measures will be monitored on a quarterly basis and the Managing Entity and the provider will develop a performance improvement plan.

Note: Treatment appointments are defined to include but are not limited to the following: individual outpatient, outpatient group, intensive outpatient, medical services, detox, residential, day-night, and medication assisted treatment.



HEALTH
SYSTEMS

Open FIS Vacancy Position

Provider Name and County of Vacant Position:
Contract Number:
Date of Open Position:
Plan to Cover Referrals and Services During Vacancy Period: