

**Family Support Teams (FST)
Community Action Treatment (CAT), Tier 4 Variation**

I. LEVEL OF CARE DESCRIPTION

This model provides for subcontracted family-centered services that combines traditional services with warm handoffs, exploring natural supports, and developing family protective capacities. These teams will adopt evidence-based practices (EBPs) to deliver their in-home services to program participants. Network Service Provider adoption of various EBPs may vary.

II. SCOPE OF SERVICES

The FSTs are intended to be an adaptation on Florida's Community Action Treatment (CAT) model and provide family-centered services to children and their parents or caregivers who are frequent utilizers of crisis stabilization units which increase the risk of family disruption and child out of home placement. FST teams provide services to the youth and their families and caregivers designed to promote connection and stabilization of the family unit.

Program Goals

FSTs provide behavioral health services to children and their families with high utilization of crisis stabilization services. Upon completion, the family should have the skills and natural support system to main improvements made during services. Service goals are to:

1. Strengthen the family and support systems for youth and young adults to assist them to live successfully in the community;
2. Improve school related outcomes such as attendance, grades, and graduation rates;
3. Decrease out-of-home placements;
4. Improve family and youth functioning;
5. Decrease substance use and abuse;
6. Decrease psychiatric hospitalizations;
7. Transition into age-appropriate services; and
8. Increase health and wellness.

III. SERVICE DESCRIPTION

FSTs work collaboratively with families to explore their culture, beliefs, and values and work together to identify strengths, as well as family needs. Through that process, goals for treatment are developed and adjusted as needed. The family and FST also work together to identify other, non-clinical supports needed. This can include coaching parents to address ineffective behaviors and teaching strategies to positively manage children while balancing everyday stressors like work, legal concerns, finances, and healthcare. Many families have experienced multi-generational poverty, abuse, neglect, and trauma. Family support services seek to address practical needs of the family that are barriers to engaging in therapy or other needed services.

Eligibility

The FSTs serve children not meeting traditional CAT teams' eligibility and their parents or caregivers with behavioral health conditions. Families to be served must:

1. Be otherwise eligible for publicly funded substance abuse and mental health services pursuant to s. 394.674, Florida Statutes and,
2. Not enrolled in another Department funded team-based service, such as CAT Team services.
3. Include children, parents, or caregivers with behavioral health conditions contributing to the risk of family separation or out-of-home child placement.
4. Be referred by a Managing Entity, a Community-Based Care Lead Agency, a Department Behavioral Health Consultant or a Child Protective Investigation Team.

Coordination With Other Entities

The Network Service Provider must collaborate with the family receiving services to identify and access services available from other child and family serving agencies to address systemic needs including, but not limited to, primary health care, child welfare, juvenile justice, corrections, and education. At a minimum, case management shall continue in the event any family members enrolled in FST services are admitted to a therapeutic placement or in short term crisis stabilization.

Incidental Expenses

Incidental expenses pursuant to chapter 65E-14.021, Florida Administrative Code, are allowable under this program. Network Service Providers shall follow state purchasing guidelines and any established process for review and approval and shall consult the Managing Entity regarding allowable purchases.

Discharge

Network Service Providers are encouraged to implement a discharge planning process that:

1. Begins at admission;
2. Includes ongoing discussion as part of the treatment plan review;
3. Includes active involvement of the individual and family;
4. Includes transition to the adult mental health and other systems, as appropriate; and
5. Includes a transition plan submitted to and developed in collaboration with the individual and family that leverages available community services and supports.

IV. OUTCOME MEASURES

The Managing Entity shall include appropriate performance measures in each subcontract addressing:

1. Successful completion of treatment or satisfactory progress in recovery
2. Improvement in caregiver protective capacities
3. Stable housing environment; and
4. School attendance, gainful employment or other significant indicators of successful community involvement.

V. NETWORK SERVICE RESPONSIBILITIES AND EXPECTATIONS

The Network Service Provider is responsible for:

1. Adhering to the service delivery and reporting requirements described in this Incorporated Document and DCF's Guidance document;
2. Submit required reports as described in Required Reports section below.
3. Participation in all program conference calls, meetings, or other oversight events scheduled by the Department;
4. Requirements for quarterly reporting of actual expenditures, fiscal year-end financial reconciliation of actual allowable expenditures to total payments, and prompt return of any unearned funds or overpayments;
5. Network Service Providers must serve a minimum of 50 families per team per year or as negotiated, and approved, by the Managing Entity and Department.

Required Reporting:

- **Appendix 1 - Persons Served and Performance Measure Report:** A report submitted monthly by the 8th of the month, on the Department's template. The Network Service Provider shall submit the report electronically to the LSF Health Systems Network Manager and Director of Program Operations and include the following attestation: "I hereby attest the information provided herein is accurate, reflects services provided in accordance with the terms and conditions of this contract, and is supported by client documentation records maintained by this agency." The template can be found at following link using the applicable fiscal year: <https://www.myflfamilies.com/services/substance-abuse-and-mental-health/samh-providers/managing-entities>.
- **Appendix 2 - Quarterly Supplemental Data Report:** In order to assist the Department with system-wide programmatic analysis of the CAT model, the Network Service Providers must submit quarterly supplemental data, by the 8th of the month after the completion of each state fiscal year quarter, (10/8, 1/8, 4/8, 7/8), to the LSF Health Systems Network Manager and Director of Program Operations, submitted on the Department's template. The template can be found at following link using the applicable fiscal year: <https://www.myflfamilies.com/services/substance-abuse-and-mental-health/samh-providers/managing-entities>.
- **Exhibit O - Expenditure Reconciliation Report:** A quarterly detailed cumulative reports of program expenses submitted on the Managing Entity's template by the 8th of the month after the completion of each state fiscal year quarter, (10/8, 1/8, 4/8, 7/108 to the LSF Health Systems Network Manager and Director of Program Operations which are used to track all expenses associated with the grant and reconcile these expenditures with the payments made to the grantee. The financial reports track both grant award-funded and match-funded expenses and encourages program expenditure planning and projection.
 - The Managing Entity reserves the right to request monthly **Exhibit O - Expenditure Reconciliation** reports after the third quarter depending on the Network Service Providers rate of spending.
- **Waitlist Report:** In order to assist the Department with system-wide programmatic analysis of the CAT model, the Network Service Providers must submit monthly waitlist data by the 8th of the month to the LSF Health Systems Network Manager and Director of Program Operations on the Managing Entity's template.

- **Monthly CAT Census Report:** A report detailing all children served during the reported month which is to be submitted monthly by the 8th of each month.
- Ad Hoc and additional reporting may be required as determined necessary by LSF Health Systems or the Department of Children and Families.

Family Support Teams (FST), Community Action Treatment (CAT), Tier 4 Variation will be administered according to DCF Guidance 40, which can be found at following link using the applicable fiscal year: <https://www.myflfamilies.com/services/samh/samh-providers/managing-entities>

Appendix 2 Guidance

The following guidelines shall be used by CAT Network Service Providers when reporting the required quarterly data using **Appendix 2**.

1. Discharge placements for individuals identified as admission as at risk of out of home placement

A primary CAT program goal is diverting these individuals from placement within the juvenile justice, corrections, residential mental health treatment or child welfare systems, and enabling them to live effectively in the community. The considerations below are non-exhaustive guidelines by which CAT Network Service Providers can determine if an individual is at high risk of out of home placement at the time of admission.

a. Residential Mental Health Treatment, including therapeutic group homes

- Has a recommendation from a psychologist or psychiatrist for placement in residential mental health treatment center?
- Has a recommendation from a Qualified Evaluator for placement in residential treatment (child welfare)?
- Has previously been placed in residential treatment?
- Is the parent or legal guardian is requesting placement in a residential mental health treatment center?

b. Department of Juvenile Justice (DJJ) Placement

- Are there current DJJ charges or is there a long history of charges?
- Was there previous DJJ commitment placement?
- Does a child aged 12 and under have current or previous DJJ charges?

c. Child Welfare Out of Home Placement

- Is there an open Child Welfare case or investigation?
- Were there previous child welfare cases, investigations or services?
- Were there any previous out-of-home Child Welfare placements?

2. Gainful Activity for Individuals Not Enrolled in School or Vocational Program

Participation in gainful activities by individuals aged sixteen and older who are not enrolled in school or vocational programs is an indicators of program success in fostering self-sufficiency. These activities should focus on employment, continued education, vocation training and certification, work readiness, career planning, and skill development related to obtaining and keeping a job. These activities are opportunities for a therapeutic mentor to assist individuals in identifying personal goals and developing plans.

Examples of enrichment activities include, but are not limited to, employment and supported employment; internships and apprenticeships; linkage to and services from entities such as Vocational Rehabilitation; and activities that support career planning, occupational research and assessment.