

**Family First Prevention Services Act (FFPSA) Teams
Community Action Treatment (CAT), Tier 2 Variation**

I. LEVEL OF CARE DESCRIPTION

This model provides for subcontracted family-centered services aligned with the goals of the Families First Prevention Service Act (FFPSA). These teams will adopt evidence-based practices (EBPs) supported by the FFPSA Clearinghouse. Network Service Provider adoption of various EBPs may vary.

II. SCOPE OF SERVICES

FFPSA Teams 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 with behavioral health conditions, which increase the risk of family disruption and child out of home placement. FFPSA Team services may include parent coaching and education in addition to treatment, case management and traditional behavioral health interventions.

Program Goals

FFPSA Teams provide behavioral health services to both adults and children in families with child welfare involvement. Upon completion, the family should have the skills and natural support system needed to maintain 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.

Ideal length of stay for FFPSA Teams is dependent on the chosen EBP.

III. SERVICE DESCRIPTION

FFPSA Teams 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 FFPSA Team 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.

EBP Model Fidelity

The FFPSA Team provider must document fidelity to the selected FFPSA Clearinghouse model, including:

1. Staffing and caseloads according to the selected model.
2. Successful completion of the model's required staff, supervisory, and administrative trainings.
3. Participation in any staffing, quality reviews, fidelity reviews or similar programmatic audits required by the model.
4. Adoption of any required assessment, service planning, performance measurement, discharge planning, and reporting tools established by the model.

Eligibility

The FFPSA Teams 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 or an ICD 10 Z-code diagnosis (at-risk population and indicating influence of a social determinant of health, i.e., parent-child conflict) contributing to the risk of family separation or out-of-home child placement.
4. Be referred by a Managing Entity, Community-Based Care Lead Agency, the Department of Juvenile Justice, a Department Behavioral Health Consultant or 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 FFPSA Team 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, tailored to the FFPSA model selected, 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. No further law violations or involvement with the Department of Juvenile Justice;
5. 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:

- o **Appendix 1 - Persons Served and Performance Measure Report:** A report submitted quarterly by the 8th of the month after the completion of each state fiscal year quarter, (10/8, 1/8, 4/8, 7/8), on the Department's template. The Network Service Provider shall submit the report electronically to the LSF Health Systems Network Manager and Director of Children's Services and Integration 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."
- o **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 Children's Services and Integration, submitted on the Department's template.
- o **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, 7/8), to the LSF Health Systems Network Manager and Director of Children's Services and Integration 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 encourage 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 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 First Prevention Services Act (FFPSA) Teams, Community Action Treatment (CAT), Tier 2 Variation will be administered according to DCF Guidance 37, which can be found at following link using the applicable fiscal year: <https://www.myflfamilies.com/services/samh/samh-providers/managing-entities>