

Family Well-being Treatment Team

I. LEVEL OF CARE DESCRIPTION

Family Well-being Treatment Teams are a service delivery model that provides community-based behavioral health treatment and support to families with child welfare involvement and concerns of parental mental health, substance use, or co-occurring disorders that are unmanaged or undiagnosed. Family Well-being Treatment Teams are a multidisciplinary approach to behavioral health intervention in the overall system of care that provides early identification, and coordination of timely access to services and enhances support coordination to families through navigation of the child welfare and treatment processes.

Family Well-being Treatment Teams are an adaptation of Florida's Family Intensive Treatment (FIT) model; however, unlike the FIT model, Family Well-being Treatment Teams allow for flexibility with eligibility and approach.

II. ELIGIBILITY

Family Well-being Treatment Teams serve families that meet the following criteria:

1. Eligible for publicly funded substance abuse and mental health services pursuant to section 394.674, Florida Statutes; including persons meeting all other eligibility criteria who are underinsured:
2. Concerns of parental mental health, substance use, or co-occurring disorder that is unmanaged or undiagnosed at the time of referral; and
3. Active child welfare involvement at the time of referral.

While eligibility is based on at least one parent/guardian in the home meeting criteria, all members of the household may receive and benefit from services and enhanced coordination. This allows for family-focused treatment and ensures that all members of the household are addressing any issue that may impact success from both a behavioral health and child safety perspective. Each parent/guardian that meets the eligibility criteria is counted toward performance measures.

Family Well-being Treatment Teams may serve families who exceed the financial eligibility while applying a sliding fee scale in accordance with 394.76 F.S. and Chapter 65E-14.018, F.A.C., if no other option for treatment at this level is available.

Referrals

Family Well-being Treatment Teams shall accept families referred by Child Protective Investigators (or other Department representatives), Behavioral Health Consultants, Lead Agencies, Child Welfare Case Management Organizations, Managing Entities, and other providers of services. Other stakeholders working with families with child welfare involvement, such as engagement programs and the Dependency Court system, may also refer to Family Well-being Treatment Teams.

III. SERVICE DESCRIPTION

Family Well-being Treatment Teams are implemented by community behavioral health providers that 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 the Family Well-being Treatment Teams also work together to identify other, non-clinical supports needed. This can include coaching parents to address ineffective coping mechanisms and teach and model strategies to positively manage children while balancing everyday stressors like working, legal, financial, and health.

Program Goals

The goals of Multidisciplinary Child Welfare Teams are to:

- Provide early identification of unmanaged or undiagnosed mental health, substance use, or co-occurring disorder of parent(s)/guardian(s)
- Provide timely access to intensive behavioral health services to address concerns related to abuse or neglect, as well as address food insecurity and housing instability.
- Establish a multidisciplinary approach to community treatment services and safety planning.
- Coordinate safety planning, service delivery, and engagement strategies with Child Protective Investigators (or other Department representatives), Community-Based Care Lead Agencies, Child Welfare Case Management Organizations, Managing Entities, and other providers of services.
- Identify family-driven pathways to recovery and promote sustained recovery through cultural and gender sensitive treatment and involvement in recovery-oriented services.
- Promote increased engagement and retention in treatment services.
- Prevent the need for entry into the child welfare system, thus reducing the number of out-of-home placements when safe to do so.

Coordination With Other Entities

Family Well-being Treatment Teams shall accept families referred by the Child Protective Investigators (or other Department representatives), Behavioral Health Consultants, Lead Agencies, Child Welfare Case Management Organizations, and Managing Entities

Family Well-being Treatment Teams 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.

IV. OUTCOME MEASURES

The Network Service Provider shall meet appropriate performance measures in each subcontract addressing:

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

Beginning Fiscal Year 2024-25, the Managing Entities shall collect and analyze baseline-setting data for the following potential performance measures. The Department and the Managing Entities will evaluate

the effectiveness and reasonableness of adopting additional measures for future program implementation.

1. *50 percent successful completion* of treatment or satisfactory progress in recovery of all individuals served.
2. On an annual basis, *75 percent* of all individuals served will either maintain or show improvement in their *level of functioning*, as measured by a valid assessment tool or rating scale.
3. On an annual basis, *75 percent* of all individuals served will either maintain or show improvement in their *parenting capacity*, as measured by a valid assessment tool or rating scale.
4. Upon successful completion, *95 percent* of parent(s)/guardian(s) will live in a stable housing environment:
 - Stable housing environment is defined as: Independent Living (Alone, with Relatives, with Non-Relatives), Dependent Living (with Relatives, with Non-Relatives), Foster Care/Home (including Extended Foster Care for ages 18-21), or Supported Housing.
 - The numerator is the sum of the number of parent(s)/guardian(s) discharged as Successful Completion during the reporting period who are living in a stable housing environment.
 - The denominator is the sum of the total number of parent(s)/guardian(s) discharged as Successful Completion during the reporting period.
5. Upon successful completion, *95 percent* of parent(s)/guardian(s) will have stable employment:
 - Stable employment is defined as: Active military, overseas; Active military, USA; Full-time; Unpaid Family Worker (A family member who works at least 15 hours or more a week without pay in a family-operated enterprise); Part-time; Retired; Homemaker (Manages household for family members); Student; or Disabled. Note: If an individual refuses to work because they are making money through illegal activities, they must be coded as Unemployed.
 - The numerator is the sum of the number of eligible parent(s)/guardian(s) discharged as Successful Completion during the reporting period who have stable employment.
 - The denominator is the sum of the total number of eligible parent(s)/guardian(s) discharged as Successful Completion during the reporting period.
6. All individuals discharged during the reporting period shall have an average length of stay of 120 days or more.
 - The numerator is the total number of days – from the enrollment date to discharge date.
 - The denominator is the total number of individuals discharged during the reporting period.

V. REPORTING REQUIREMENTS

The Network Service Providers are responsible for submitting the following reports to the managing entity in a timely and accurate manner:

- **FIT Lite Report**

This report captures monthly admissions, discharges, primary diagnosis, assessment scores and dates, in order for LSFHS and providers to assess program effectiveness and service delivery.

Network Service Providers must submit due by the 8th of each month following service delivery to the Network Manager and Clinical Department.

- **Template 40 - Family Well-being Treatment Programs Report**

This quarterly report displays aggregate census information, waiting list, and other essential data for the Department to determine outputs and outcomes. Network Service Providers must submit the **Template 40 - Family Well-being Treatment Programs Report** found at following link using the applicable fiscal year: <https://www.myflfamilies.com/services/samh/providers/managing-entities> due by the 8th of each month following service delivery to the Network Manager and Clinical Department.

- Ad Hoc and additional reporting may be required as determined necessary by LSF Health Systems or the Florida Department of Children and Families.

Monthly and yearly service targets should be determined by the Managing Entity, considering the capacity of the Family Well-being Treatment Teams, the needs of the families served, as well as geographical considerations. The targets should assume that families will remain in treatment for several months.

VI. INCIDENTAL EXPENSES

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

Before utilizing Incidentals, the Family Well-being Treatment Teams must explore all other resources with the family, including eligibility for food, cash, and medical assistance through the Department of Children and Families Automated Community Connection to Economic Self Sufficiency (ACCESS) program. More information on ACCESS can be found at <http://www.myflorida.com/accessflorida/>.

Family Well-being Treatment Team Model will be administered according to DCF Guidance 39, which can be found at following link using the applicable fiscal year: <https://www.myflfamilies.com/services/samh/samh-providers/managing-entities>