

Guidance 40 Family Support Teams (FST)

I. LEVEL OF CARE DESCRIPTION

This model provides for 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 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 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 or any other child or family serving provider such as a crisis stabilization unit, early childhood provider, or outpatient mental health provider.

Network Service Providers may serve families who exceed the financial eligibility while applying a sliding fee scale in accordance with 394.674 F.S. and Ch. 65E-14.018, F.A.C., if no other option for treatment at this level is available (i.e. rural areas).

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. Community Involvement such as volunteering, extracurricular activities, mentorship, community organizations, internship, etc.

V. MANAGING ENTITY RESPONSIBILITIES AND EXPECTATIONS

The Managing Entity is responsible for:

1. Network Service Providers must adhere to the service delivery and reporting requirements described in this Guidance document;
2. Requirements to submit **Appendix 1** - Persons Served and Performance Measure Report and **Appendix 2** - Quarterly Supplemental Data Report in accordance with the following schedule:
 - a. **Appendix 1**– Monthly submission by the Managing Entity to the Department no later than the due dates established in **Guidance 32** – Community Action Treatment (CAT) Team.
 - b. **Appendix 2** – Quarterly submission by the Managing Entity to the Department no later than the due dates established in **Guidance 32** – Community Action Treatment (CAT) Team.
 - c. **Appendix 1 and Appendix 2** can be found in **Guidance 32** – Community Action Treatment (CAT) Team.
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. A requirement for Network Service Providers to serve a minimum of 50 families per team per year or as negotiated, and approved, by the Managing Entity and Department.