Guidance 19
Family and Child Wellbeing

Contract Reference: *Sections A.1.1.2 and C.1.2.16.1*

Frequency: *Ongoing*

Due Date: *Ongoing*

Discussion:

Scope; describe improved collaboration outside of ME/CBCs.

This document provides guidance to Managing Entities (MEs) for enhancing early intervention efforts targeting children and families exhibiting behavioral challenges, trauma-related symptoms, or environmental stressors (e.g., abuse, neglect, poverty, inadequate parenting). These challenges often result in frequent Baker Acts, Department of Juvenile Justice (DJJ) involvement, school disruptions, or family dysfunction. Without coordinated intervention, families may reach crisis points that result in the relinquishment of custody to the dependency system.

Integrated planning and service delivery across behavioral health, child welfare, and other systems is essential to ensuring child safety, family preservation, and long-term wellbeing. Managing Entities must take an active leadership role in coordinating services, strengthening partnerships, and improving access to timely, appropriate care for Florida's most vulnerable children and families.

Target Population (bullet the below)

- Families at risk of entering the child welfare system
- Families currently deemed unsafe but remaining intact
- Adoptive families and post-adoption cases
- Families experiencing repeated system contact (e.g., school, DJJ, hospitals)

For families involved with Community Based Care Lead Agencies and other child welfare stakeholders this shall include planning and delivery of integrated services. Coordinating efforts between these systems is essential to ensuring there is access to comprehensive and cohesive child welfare and behavioral health services. The intent is to improve communication, continuity of care, and outcomes for families served.

Managing Entity Responsibilities

1. The Managing Entity shall designate a staff member to serve as the Children's Behavioral Health liaison with expertise in the child and family wellbeing system and the unique needs of the families involved to ensure consistent coordination and planning between the Managing Entity, Community Based Care Lead Agency, county government, local law enforcement, DJJ, schools, Guardian ad-litem, Medicaid managed care plans, other child welfare stakeholders.
2. The Managing Entity shall develop a mechanism to identify at risk children, regardless of payor source, to proactively coordinate care with system partners and navigate the behavioral health system by providing a closed loop referral to services that can be paid for by other funding sources or the Managing Entity.
3. Each Managing Entity's Children's Behavioral Health System of Care plan, as required by s.394.493, F.S. shall address the current array of services available to the target population, identify community needs and promising or evidence- based practices that demonstrate effective outcomes. The Managing Entity shall realign their service array to include these services and supports to address gaps within available resources.
4. The Managing Entity shall maintain a working agreement in coordination with the Department and Community Based Care Lead Agencies, with input from local law enforcement, DJJ, schools, providers, and other child and family wellbeing stakeholders to coordinate behavioral health services and supports for parents and caregivers and their children involved in or at risk of involvement with the child and family

wellbeing system and who reside in the community, who have behavioral health (Mental Health, Substance Use, and Co-occurring Disorders) needs, to prevent families from entering the dependency system, and reduce repeat maltreatment. The Working Agreement shall be reviewed, at a minimum, on an annual basis,

a. This agreement shall include goals and objectives for the following areas at a minimum:

Goal 1: Maintain a leadership steering committee comprised of cross-systems stakeholders that contains established joint practices and provide macro-level oversight for at risk families.

Goal 2: Improve data integrity that will establish, capture, and measure system components reflective of joint accountability and shared outcomes of integration initiatives.

a. Data point 1:
b. Data point 2:
c. Data point 3:

Goal 3: Cross train Child and Family Wellbeing and Behavioral Health staff to improve communication and the development of a common language within the initiative. Develop measurable expectations for effective information and documentation sharing by review of the Child and Family Wellbeing data system.

Goal 4: Reduce maltreatments and repeat maltreatment in the child and family wellbeing system.

Goal 5: Help families obtain appropriate behavioral health services to keep at risk families intact in the community.

- Ensure access to resources needed by families including behavioral health services and supports shown to benefit children and families at risk for foster care such as
  - Children's Care Coordination,
  - Mobile Response Teams,
  - crisis intervention and stabilization,
  - peer and
  - community support resources..
- Work with stakeholders to identify and implement pilots, programs, and other services that are missing or not adequate within the array.

b. Establish a process to identify families at risk dependency based on data points, screening or assessment, or local/ regional review team staffing referrals.

c. The closed loop referral process must include:

- A centralized referral route and point of contact,
- Required releases of information signed by parent or guardian, and
- Information to be shared with the behavioral health providers at time of referral.

d. referral.

e. Information shall be shared between behavioral health and child and family wellbeing professionals and concurrent planning between all parties involved in the family's care.

f. The Managing Entity shall arrange for behavioral health services with a Network Service Provider that has a focus on child and family wellbeing to complete an assessment, outreach, engagement, integrate parenting interventions and maximize retention in treatment.

g. Ensure continuity of care in the community throughout any child and family wellbeing involvement.

h. A process to share data, measure mutual outcomes and mechanisms to track referrals to services, entry to services, length of stay and completion outcomes for families.

5. The Managing Entities shall convene or participate in local integration meetings at least quarterly to address implementation of the Working Agreement, ongoing communication and resolution of issues for families served by both Community Based Care Lead Agencies and the Managing Entity. During these meetings, the Managing Entity shall:
    a. Have an active leadership role in the local meetings and follow-up activities.
    b. Be an active partner in collaboration with Community Based Care Lead Agencies, behavioral health providers and other community members to plan for the needs of the population and eliminate barriers to efficient and effective service delivery.
    c. Provide information obtained from input by families, program data, and measured outcomes, etc. to support and inform the collaborative process and to drive changes in the system.

    Feedback from local meetings shall be addressed in the Managing Entity's Needs Assessment, Coordinated Children's System Plan, and shall be used to update the Working Agreement with the Department, Community Based Care Lead Agencies and other child welfare stakeholders mentioned in number 4 above, as needed or at least annually.
6. The Managing Entity shall contract with Network Service Providers for the provision of services to the target population. In cooperation with the Department and Community Based Care Lead Agencies, the Managing Entity shall ensure that Network Service Providers adopt the following core principles:
    a. Enter information into the Child and Family Wellbeing Database
    b. A behavioral health contact by NSP shall be initiated within 72 hours of referral with documented date of an appointment for a comprehensive assessment.
    c. Staff will have the ability make appropriate referrals for services that support and enhance recovery.
    d. Staff will have the skills and resources needed to motivate and encourage the entire family in ways that support their engagement in treatment. Implementation of engagement strategies, flexibility to remove barriers, and the use of Recovery Peer Support are recommended.
    e. Staff will provide ancillary support to child welfare professionals and behavioral health treatment providers to promote engagement and retention in treatment.
    f. Services are provided primarily in-home, and in the community, including joint response with child welfare professionals when appropriate.
    g. Information and data will be reported to the Department in accordance with agreed upon requirements.
    h. Staff will work with all relevant stakeholders to identify and resolve all systematic and programmatic barriers to client engagement and retention in treatment in a process of continuous quality improvement.
7. The Managing Entity shall designate Network Service Providers to:
    a. Consult with the child and family wellbeing professionals regarding behavioral health conditions of family members,
        i. The consult will include elements that satisfy the requirements of Department CFOP 170-5, Chapter 11 and Chapter 12.
        ii. The consult will be documented in Child and Family Wellbeing Database within 24 hours for Present Danger cases and within 72 hours for cases with Impending Danger,
    b. Assist in referrals to behavioral health providers,

c. Provide priority access to services, and

d. Engage child welfare-involved families in behavioral health treatment.

e. Staff are co-located with child welfare professionals or dependency courts.