

## Guidance 39

### Family Well-being Treatment Team Model

**Contract Reference:** A.1.1 and C.1.2.6.22.4

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#### 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 to address ineffective coping mechanisms and teach and model strategies to positively manage children while balancing everyday stressors associated with work, legal, financial, and health.

## **Program Goals**

The goals of Family Well-being Treatment Teams are to:

- Provide early identification of unmanaged or undiagnosed mental health, substance use, or co-occurring disorders of parent(s)/guardian(s).
- Provide timely access to intensive behavioral health services to address concerns related to the well-being of families, as well as address food insecurity and housing instability.
- Establish a multidisciplinary approach to community behavioral health treatment services and safety planning.
- Coordinate safety planning, service delivery, and engagement strategies with Child Protective Investigators (or other Department representatives), Behavioral Health Consultants, 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 and supports.
- 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.

## Discharge Reasons

The following are appropriate discharge reasons:

**SUCCESSFUL COMPLETION:** Participant made significant progress toward rehabilitation goals and engagement in community-based care is optimal.

**GOAL CHANGE:** Participant is discharged due to a change in the child welfare case goal. This discharge category is used when the family's child welfare involvement has terminated, and the participant chooses to discontinue treatment. In such cases, this discharge type may be used in lieu of 'Disengaged.'

**TRANSFERRED - ACCURATE CARE OR INPATIENT SETTING:** Participant requires transfer to a higher level of care (such as inpatient care). This reflects that maximum benefit has been achieved at the current level of care and yet a higher level of care is needed. If the participant refuses to transfer and disengages, the discharge will be defined as disengaged.

**DID NOT COMPLETE CARE - TRANSFERRED TO ANOTHER COMMUNITY SERVICE OR PROVIDER:** Participant is discharged due to their transfer to another community service, or provider.

**MOVED OUT OF SERVICE AREA:** Participant moved out of the service area. This discharge definition is used if the participant is not transferring to another level of care or does not successfully complete care.

**INCARCERATION - JAIL/PRISON:** Participant is discharged due to incarceration.

**DISENGAGED:** Participant requests discharge or chooses not to participate, despite best efforts by the Family Well-being Treatment Team.

**DEATH:** Participant is discharged due to death.

## IV. Outcome Measures

The Managing Entity must include the following performance measures in each subcontract:

- 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. On an annual basis, all individuals discharged 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 Department may request ad hoc data from the Managing Entities.

### Template 40: Family Well-being Treatment Program Quarterly Report

This quarterly report displays aggregate census information, waiting list, and other essential data for the Department to determine outputs and outcomes.

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 must 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/>.