

Guidance 19 Integration with Child Welfare

Contract Reference: *Sections A-1.1 and C-1.1.2.11*

Frequency: *Ongoing*

Due Date: *Ongoing*

Discussion:

The purpose of this document is to provide guidance to Managing Entities for the planning and delivery of integrated services with Community Based Care Lead Agencies and other child welfare stakeholders. Coordinating efforts between these various contractors, and their network of subcontractors, is essential to ensuring there is access to comprehensive and cohesive publicly-funded child welfare and behavioral health services. There is significant overlap between families served in both systems, and implementation of the following framework will improve continuity of care and positive outcomes.

Managing Entity Responsibilities

1. The Managing Entity shall designate a staff member to serve as the Managing Entity's Child Welfare Integration liaison to ensure consistent coordination and planning between the Managing Entity, Community Based Care Lead Agency and other child welfare stakeholders.
2. The Managing Entity shall annually develop a Working Agreement in coordination with the Department, Community Based Care Lead Agencies, and other child welfare stakeholders. The Working Agreement must include:
 - a. A plan to assess the current array of services available to the population served by Managing Entity and Community Base Care Lead Agency, identify community needs, and realign services and funding to address gaps within available resources.
 - b. A referral and behavioral assessment process that addresses the needs of child welfare. This process must include:
 - A centralized referral route and point of contact,
 - A process to obtain required releases of information,
 - Information to be shared with the behavioral health providers at time of referral, and
 - Established timeframes for assessments to be shared with child welfare.
 - c. A communication protocol to facilitate timely information sharing and concurrent planning between all parties involved in the family's care.
 - d. Service delivery practices that ensure the coordination of care among child welfare, behavioral health providers and other stakeholders in the case.
 - e. A plan to develop and implement child welfare preferred providers with Child Welfare Divisions that are established to focus on behavioral health services for families in the child welfare system. The preferred providers will complete assessment, outreach, engagement, integrated parenting interventions and maximize retention in treatment.
 - f. A plan to ensure continuity of care in the community following child welfare involvement.
 - g. 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.

3. The Department's Regional offices shall convene local 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.
 - a. The Managing Entity must have an active leadership role in the local meetings and follow-up activities.
 - b. The Managing Entity must 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. The Managing Entity must 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.
 - d. Feedback from local meetings shall be addressed in the Managing Entity's Needs Assessment and must be used to update the Working Agreement with the Department, Community Based Care Lead Agencies and other child welfare stakeholders.
4. The Managing Entity is responsible for contracting with Network Service Providers for the implementation and administration of services to assist child welfare professionals with behavioral health consultation, referral, and entry into services for eligible families in the child welfare system who present with behavioral health issues.

The Managing Entity shall designate Network Service Providers to:

- a. Consult with the child welfare 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 Florida Safe Families Network (FSFN) 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.

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. Identify a clearly targeted population with child welfare involvement. To be effective, and to manage expectations, the contract must have a defined population.
- b. Staff will enter information into Florida Safe Families Network (FSFN).
- 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. Staff are co-located with child welfare professionals or dependency courts.

- g. Services are provided primarily in-home, and in the community, including joint response with child welfare professionals when appropriate.
- h. Information and data will be reported to the Department in accordance with agreed upon requirements.
- i. 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.