Guidance 20
Local, Regional, and State Review Teams

Contract Reference: *Sections A.1.1 and C.1.2.16.5*

Authority: *Interagency Agreement Between Agency for Health Care Administration, Agency for Persons with Disabilities, Department of Children and Families, Department of Juvenile Justice, Department of Education, Department of Health, Guardian ad Litem Program to Coordinate Services for Children served by More than One Agency*

Frequency: *Ongoing*

Description:

The Department of Children and Families is a party to the *2023-2028 Interagency Agreement to Coordinate Services for Children served by More than One Agency*. Other parties are the Agency for Health Care Administration, Agency for Persons with Disabilities, Department of Juvenile Justice, Department of Education, Department of Health, Guardian Ad Litem Program, and Florida's Office of Early Learning. The parties jointly commit to coordinate services and supports for children in Florida; and collaborate to develop necessary local and statewide resources for children being served by multiple agencies through Review Team meetings at the Local (LRT), Regional (RRT) and State (SRT) levels.

I. GOALS

Services require the coordinated flow of information across multiple child-serving agencies to ensure that policy, procedure, service delivery and resource development are provided in a manner that will maximize the likelihood of positive outcomes. The interagency agreement acknowledges that the safety and well-being of children requires a commitment of agencies to work cooperatively at the state, regional, and local levels to implement the agreement. The parties jointly commit to coordinate services and supports for childrein in Florida, including participation by health plans and contracted providers. The Interagency Agreement adopts the following principles:

A. Services should be family-centered, culturally and linguistically appropriate, trauma focused, and provided in the least restrictive setting. Residential placement should be provided as a last resort when all least restrictive settings have been explored and exhausted and the child's needs cannot be safely met in other types of placement settings. Children and families with multiple needs require the ongoing integrated coordination and collaboration of services from multiple agencies and resources.

B. Each agency is responsible for its own costs incurred while performing their respective duties under the Agreement.

C. To ensure compliance with federal and state requirements related to sharing of confidential or personal information, each agency involved in a case review shall follow its respective agency policies.

D. Agencies should seek to minimize state costs while ensuring appropriate levels of services for children with complex needs.

E. Interagency coordination should occur as early as possible and as often as necessary to include prevention/early intervention services for children at risk of being served by one or more agencies. These children should be discussed as part of the LRT and RRT meetings.

F. To the extent possible, the Parties acknowledged and understand the have a duty to and will cooperate with the Inspector General in any investigation, audit, inspection, review, or hearing pursuant to section 20.055(5), F.S.

Roles and Responsibilities

A. Personnel from each agency will participate in all levels of review teams. All review teams meet at least monthly to staff cases as needed in each local area to discuss local best practices and challenges, defined by reference to the Department's Circuit. Any agency may call a meeting to assist with case resolution in the event of a crisis or emergency.

The LRTs are intended to be a mechanism to resolve case-specific issues that cannot be addressed within the individualized service team(s) and that need to be escalated to the LRT level. Each LRT is responsible for the resolution of case-specific issues for children who are receiving services from multiple agencies. LRTs must collaborate to identify and develop local resources for children served by, or at risk of being served by, multiple agencies. LRTs shall submit monthly data including tracking and identification of patterns and prevalent issues and recommendations to amend practices and address system changes to improve the delivery of services.

The RRTs are intended to create a mechanism for the agencies to regularly engage in dialogue to improve the local system of care and to be a mechanism to resolve cases referred by the LRTs.

The SRT is responsible for resolving cases that have not been resolved at the RRT level and are escalated.

MANAGING ENTITY ROLES AND RESPONSIBILITIES

The Managing Entity shall participate in the interagency team meetings created as a result of the Interagency agreement for child-serving agencies in accordance with Guidance document 20.

The Managing Entity shall designate a Children's Care Coordinator, and may designate additional children's care coordination staff; to:

A. Participate in LRTs and RRTs in their service area. The Managing Entity may designate additional Network Service Provider representatives to participate. The Managing Entity shall provide electronic staffing data to facilitate the identification of service patterns and the monitoring of resolution timeliness.

B. Identify referrals to LRT for children with complex behavioral health issues served by, or at risk of being served by, multiple agencies, including prevention and early intervention cases that:

1. Demonstrate high utilization. For the purposes of this document, high utilization is defined as: children and adolescents under 18 years of age with three (3) or more admissions into a crisis stabilization unit or an inpatient psychiatric hospital within 180 days;

2. Have recently resided in, or are currently awaiting admission to or discharge from, a treatment facility for children and adolescents as defined in s. 394.455, which includes facilities (hospital, community facility, public or private facility, or receiving or treatment facility) and residential facilities for mental health, or co-occurring disorders; or

3. Adolescents, as defined in s. 394.492, who require assistance in transitioning to services provided in the adult system of care.

C. Provide technical assistance to Network Service Providers on local staffing processes and process for referring cases to the LRT. Utilize LRT discussions to identify and report recurring themes or systemic barriers. These findings shall inform circuit level resource development and broader system improvement efforts.