1. **PURPOSE**

A 2017 analysis of FSFN data by the Office of the Deputy Secretary of the Department of Children and Families reviewed children entering the child welfare system in Fiscal Years 2014-2015 and 2015-2016. The data indicated that 67% of parents in the child welfare system potentially misuse substances. The National Survey of Substance Abuse Treatment Services (N-SSATS) reports 45% of Americans seeking treatment for substance use disorders have been diagnosed as having a co-occurring mental and substance use disorder. The parents and caregivers involved in the child welfare system often report being victims of abuse and neglect, requiring additional consideration to how trauma may be impacting their behavioral health conditions and ability to parent.

A holistic and integrated approach to serving these families across the child welfare, behavioral health and other keys systems is critical to improve parental protective capacity, and enhance the safety, permanency and well-being of the children and family functioning.

The Department of Children and Families (DCF), Community Based Care Lead Agency, Brevard Family Partnership (BFP), and Managing Entity, Central Florida Health Care System (CFCHS), have agreed to work together to coordinate services and supports for the adult parents and caregivers involved in both the child welfare system and behavioral health system.

1. **SCOPE**

This protocol applies to parents/caregivers who have an open case in the child welfare system and are currently receiving or referred to behavioral health services funded by CFCHS.

1. **GUIDING PRINCIPLES AND OBJECTIVES**
2. To provide services and supports that are family-centered, culturally and linguistically appropriate and in the least restrictive environment
3. To maintain ongoing coordination and collaboration to ensure engagement and retention of parents/caregivers in treatment
4. To increase communication and responsiveness regarding screening, referrals and assessments.
5. To maintain regularly scheduled forums in which to identify families dually served by both systems, determine the family’s needs and ensure linkage to services
6. To inform and train staff in both systems of one another’s roles, processes and responsibilities.
7. To provide mechanisms for the equitable sharing of costs for services to dually served parent/caregivers and their families
8. **SCREENING AND EVALUATION OF NEEDS**

Behavioral Health Consultants (BHC) will assist Child Protective Investigators (CPI) with the identification of behavioral needs of families involved with the child welfare system. BHC consult and collaborate with CPI’s to identify substance use disorders and co-occurring disorders, improve engagement with families and improve access to treatment.

The role of the BHC is to:

1. Support Child Protective Investigators by providing clinical expertise and assist with the identification of parents with substance use disorders in the child welfare system.
2. Engage child welfare involved families in behavioral health services.

BHC responsibilities are to:

* Support the investigative staff in understanding the effects of the behavioral health issue on parent/caregiver behavior.
* Assist investigative staff in identifying the signs and symptoms of substance use disorders and the best practices to engage parent/caregiver in treatment.
* Assist in the field and provide office consultation during pre- or post-commencement when there is an open investigation with a suspected or identified behavioral health need.
* Partner with the investigative staff to provide consultations to assist in identifying danger threats, adult functioning, parental protective capacities (diminished or present), and safety management services.
* Maintain a working knowledge of community mental health and substance use providers.
* Work collaboratively with community service providers and the managing entity to develop contacts, facilitate referrals, and assist investigative staff with engaging clients in recommended services and improving timely access to treatment.
* Track the referrals and entry into treatment for parents with substance use disorders.
* Support investigators in mitigating behavioral issues and crises.
* Participate in legal, multi-disciplinary, and any other meetings that will assist the investigative staff and families.

The BHCs will be co-located with Child Protective Investigators and be available to:

* Provide in-office consult and record review to assist CPI in determining safety actions and further services to meet behavioral needs of the family.
* Accompany CPI in the field to assess the family’s service needs and engage them in recommended services.

Please refer to CFCHS’s BHC Service Delivery Protocol for further clarification on job roles and responsibilities within this program.

1. **REFERRAL PROTOCOL**

When there is reason to believe that a behavioral health disorder (mental health or substance use) may be present, the Child Protective Investigator (CPI) or Child Welfare Case Manager (CWCM) will ensure that a referral for services is made to appropriately assess the parent needs. The following steps will be taken to make the referral:

**For CPI cases**

1. The CPI will inform the family member that a recommendation will be made to participate in mental health/substance abuse services and provide detailed information about the CFCHS Provider.
2. The CPI will obtain clients signature on provider specific release of information. This will allow the provider to communicate with the CPI once the referral is made and throughout the duration of services.
3. The CPI will inform the family of the possible outcomes of non-compliance with the recommendations.
4. The CPI will email the CFCHS Provider the Child Welfare Referral Form (Exhibit A), along with the provider specific release of information, and any other supporting documentation (FFA- Initial and Ongoing, shelter petition, Safety Plan, Progress Updates, etc.).
5. The CPI will copy [**CNR.BrevardReferrals@myflfamilies.com**](mailto:CNR.BrevardReferrals@myflfamilies.com) on outgoing referrals for tracking purposes.
6. All Child Welfare referrals received will be tracked by the CFCHS Providers and reported to referral source via Provider Receipt on Child Welfare Referral Form (Exhibit A).

**For cases that have been transferred to Brevard Family Partnership**

1. The CWCM will inform the family member that a recommendation will be made to participate in mental health/substance abuse services.
2. The CWCM will submit a request for services to BFP Clinical Services Coordinator through Mindshare.
3. BFP Clinical Services Coordinator will review the service request and screen for health insurance (Medicaid and private). If client has health insurance, then BFP will ensure that client is referred for services based on coverage.
4. If determined to be eligible for Managing Entity services, BFP will submit referral to the CFCHS provider through Mindshare.
5. If ineligible, then BFP will follow their internal standard service authorization process.
6. Once a provider has been identified, CWCM will provide detailed information about the Managing Entity provider to the family. The CWCM will obtain clients signature on provider specific release of information. The CWCM will also inform the family of the possible outcomes of non-compliance with the recommendations.
7. The CWCM will ensure that TANF eligibility documents (as appropriate) and other supporting documentation, such as the case plan and FFA are uploaded into Mindshare.
8. For direct referrals from Diversion and non-judicial, the Care Coordinator will submit a referral to the Provider via Mindshare and upload the provider specific release of information, and any other supporting documentation (FFA- Initial and Ongoing, shelter petition, Safety Plan, Progress Updates, etc.).
9. All Child Welfare referrals received will be tracked by the CFCHS Providers and reported to referral source via Provider Receipt on Child Welfare Referral Form (Exhibit A).

**Once a referral for an eligible parent(s) is received, the CFCHS Provider shall:**

1. Initiate contact with the parent(s) to begin the engagement and enrollment process within three (3) business days of receiving a referral.
2. If contact with the family is successful, the CFCHS provider will schedule next available appointment and notify referral source, Supervisor, and CPI/BFP Point of Contact of appointment date/time. The CFCHS Provider shall prioritize all child welfare referrals.

* The Provider Receipt portion of the Child Welfare Referral Form (Exhibit A) will be completed by the CFCHS Provider and returned via email to the referral source, Supervisor and CPI/BFP Point of Contact.

1. If contact with the family is unsuccessful after three (3) attempts, the CFCHS Provider will notify the referral source and Supervisor within two (2) business days of the last failed contact. The referral source will respond within two (2) business days to discuss the case and determine whether referral should be closed. If the referral source doesn’t respond within two (2) business days, the CFCHS Provider will notify CPI/BFP Point of Contact via email.

* If it is determined the referral should be closed, the Provider Receipt portion of the Child Welfare Referral Form (Exhibit A) will be completed by the CFCHS Provider and returned via email to the referral source, Supervisor, and CPI/BFP Point of Contact.

1. **COMMUNICATION AND COLLABORATION**

If contact with the family is successful, the CFCHS Provider will complete a face-to-face assessment to determine need for services to address mental health and substance abuse problem(s).

1. If assessment indicates need for services and client is receptive, the CFCHS Provider will schedule treatment appointment or refer to appropriate level of care. The CFCHS Provider will also send the Primary CPI or CWCM, Supervisor, and CPI/BFP Point of Contact a copy of the assessment with recommendations within seven (7) business days after completion of the assessment.
2. If the client refuses services, the CFCHS Provider will notify the Primary CPI or CWCM, Supervisor, and CPI/BFP POC within two (2) business days via email.
3. If the assessment reflects that there is no need for treatment or services, the CFCHS Provider will notify the Primary CPI or CWCM, Supervisor, and CPI/BFP Point of Contact within two (2) business days.

During treatment, the CFCHS Provider will provide monthly progress reports that address aspects of the Family Functioning Assessment and caregiver protective capacities to the Primary CPI or CWCM, Supervisor, and CPI/BFP POC.

When a client becomes non-responsive after previously been engaged in services the CFCHS Provider will notify the Primary CPI or CWCM and Supervisor within two (2) business days of the second no show via email. The Primary CPI or CWCM and Supervisor will respond within two (2) business days to discuss reengagement plans. If the Primary CPI or CWCM and Supervisor doesn’t respond within two (2) business days, the CFCHS Provider will notify CPI/BFP Point of Contact via email.

If the CFCHS Provider is unable to attend a staffing, they will provide written recommendations to Primary CPI or CWCM prior to the staffing. The Primary CPI or CWCM or designee should notify the CFCHS Provider of all upcoming court proceedings so they have the opportunity to attend. DCF, BFP and CFCHS will have established points of contact that will be responsible for facilitating on-going communication between the agencies.

**For CPI Cases:**

When it has been identified that a behavioral health disorder is present and on-going services are needed to assist the family, the CPI will ensure that all relevant parties are invited to the Case Transfer Staffing. This staffing occurs within a week of a child being sheltered or when it has been identified that there is pending danger within the home.

**For cases that have been transferred to BFP:**

Family Team Conference meetings facilitated through BFP case management are available to discuss any current client or family that requires behavioral health servcies. These meetings are comprised of family members, friends, care manager and others in the community who may have a relationship with the family (e.g. teachers, therapists, etc.), this team is created to provide the family with the necessary support to ensure the success of their care plan. It also provides the family with a voice and ownership in their plan. All parties working with these families are invited to attend.

In regards to reunification planning, the CWCM or Supervisor will be required to notify the CFCHS Provider as soon as a decision is made to initiate reunification planning. Prior to reunification, the CWCM or Supervisor will invite the CFCHS Provider to the Critical Juncture Standing Team Conference.

1. **CROSS SYSTEM EFFORTS**

Currently in Brevard county there are wraparound programs which work with a variety of agencies and programs to meet the needs of families with behaviroal health disorders.

Specifically, BFP has Brevard CARES which is a voluntary child abuse prevention program tailored to protect children, strengthen families and change lives. This program provides a wealth of support and resources to families in times of crisis, to include a Mobile Response Team, Family Team Conferencing, and Wraparound services.

There are currently cross system meetings are available in Brevard county to encourage regular communication and education between BFP and CFCHS.

In Brevard County, the Community Alliance, together in partnership meets every other month and brings together community stakeholders, such as DCF, DJJ, CF, the housing coalition, Career Source Brevard, Brevard CARES, and various community and civic organizations to educate on available resources, new initiatives, and discuss services, gaps, funding issues/grants, etc.

The System of Care meeting is held by DCF’s Regional Contract office every other month. Representatives from BFP Leadership, CFCHS, Child Legal Services (CLS), Agency for Persons with Disabilities (APD), Substance Abuse and Mental Health (SAMH), Guardian Ad Litem (GAL), Child Protection Investigations (CPI) Operations, Child Welfare Licensing and the Family Safety Program Office (FSPO) are all programs that participate in this meeting. The purpose of this meeting is to bring all partners together to communicate program initiatives, educate and provide information on current changes, identify potential gaps and collaborate for innovative solutions for serving children and their families.

DCF’s Regional Director’s office holds a quarterly CEO Leadership meeting to include representatives from DCF and BFP, and CFCHS.

**Local Review Team:**

In cases where it is identified that there is a child in the home that is in need of a higher level of intervention due to a behavioral health condition they can be referred to the Local Review Team (LRT). Any agency or program can refer a child to the team’s point of contact, which is currently the DCF Circuit Community Development Administrator (CCDA). Upon referral, the CCDA will review all available information regarding the youth and determine if the youth should be brought to the LRT as outlined in the Statewide Interagency Agreement, effective July 1, 2017. If it is determined that the youth meets criteria, and all other avenues have been exhausted to meet the needs of the child a staffing will occur at the next regularly scheduled monthly meeting or sooner, if needed.

The agency that referred the child to the Local Review Team will facilitate the staffing, and provide background information concerning the child, to include efforts already made to prevent the child from further entering a system, what barriers or challenges exist to meet the child’s needs, etc. The family should be invited to attend this staffing. Prior to the staffing occurring, the referring agency shall spend some time with the family explaining the purpose of the staffing, what to expect, who will be represented from the various agencies, and engage them in the process to ensure they understand they are part of the review team and to provide youth and family voice and choice. Please refer to Brevard’s specific protocol regarding LRTs.

1. **EDUCATION OF STAFF AND STAKEHOLDERS**

DCF, BFP and CFCHS are committed to cross training in order to improve child welfare and behavioral health integrative practice and outcomes for families. The cross training will include not only the understanding of each other’s systems but include requirements and goals, language and approaches.

The Regional Substance Abuse and Mental Health Office will offer SAMH Summits semi-annually in coordination with DCF Operations, BFP, and CFCHS. The purpose of the summits will be to educate frontline professionals, to include CPI, Case Management, CFCHS providers and other agencies on services available, as well as signs/symptoms of behavioral health disorders.

Each CPI service area has monthly all staff meetings to advise or train staff on program/policy changes, and to also provide opportunities for community providers to update CPIs on program availability and services.  At various times, providers share insight to staff on how to spot and recognize clients in need of substance abuse or mental health services, and ways to better engage clients.

Brevard Family Partnership is committed to providing multiple opportunities for their internal staff and community partners to participate in training focused on behavioral health disorders. This starts with the comprehensive training of all new case managers and extends to a variety of in-service and BFP sponsored trainings.

CFCHS offers Mental Health First Aid trainings to community partners and stakeholders. Participants in the 8-hour course learn how to offer initial help in a mental health crisis and connect persons to the appropriate professional and self-help care. The training also helps individuals identify, understand and respond to signs of mental illnesses and substance use disorders. CFCHS also currently offers Question, Persuade, and Refer (QPR) training to community agencies. This training is a 1 to 2-hour educational program designed to teach lay and professional "gatekeepers" the warning signs of a suicide crisis and how to respond. Gatekeepers can include anyone who is strategically positioned to recognize and refer someone at risk of suicide (e.g., parents, teachers, caseworkers). The process follows three steps: (1) Question the individual's desire or intent regarding suicide, (2) Persuade the person to seek and accept help, and (3) Refer the person to appropriate resources.