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 of Central Florida (CBCCF) and 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) are a regionally designed program to meet the needs of each circuit and county. Central Florida Cares Health System (CFCHS) is responsible for the implementation and administration of this position, with cooperative planning and development from CBCCF and regional DCF.

The purpose of the BHC is to:

1. Engage and retain child-welfare involved families in behavioral health treatment; and
2. Keep families together, where appropriate, by preventing at-risk children from receiving an out-of-home placement.

BHC principles are:

* A clearly targeted population with Child Welfare involvement will be identified.
* Staff will have the skills and resources needed to motivate and encourage the entire family in ways that support their engagement and retention in treatment.
* The position will enter into FSFN.
* Staff will have the ability make appropriate referrals for services that support and enhance recovery.
* Staff will provide ancillary support to Child Protective Investigator (CPI), CBC Diversion Designee, or CBC Child Welfare Case Manager (CWCM) and SAMH treatment provider in order to ensure that families are engaged and retained in treatment.
* Where possible, co-location with child welfare professionals.
* Data points reported to the Department.
* 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.
* Clearly defined “admission” and “discharge” definitions will be provided.

Please refer to the 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), CBCCF Diversion Designee, or CBCCF Child Welfare Case Manager (CWCM) will ensure that a referral for services is made to appropriately assess the needs of the parent or caregiver. All child welfare referrals for behavioral health services will be made using specific Child Welfare Referral Forms. The following steps will be taken to make the referral:

**For CPI:**

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 the agency Point of Contact email address 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).

*The CPI may also utilize the CBCCF Diversion Specialists to make a referral for services as a designee and will follow outlined process below.*

**For cases referred through Community Based Care of Central Florida Diversion Designee or transferred to Case Management**

1. The Diversion Designee or CWCM will submit a service request to CBCCF Network Support Department.
2. CBCCF staff will review the service request and screen for health insurance (Medicaid and private). If client has health insurance, then CBCCF will ensure that client is referred for services based on coverage.
3. If determined to be eligible for CFCHS services, CBCCF will send Diversion Designee or CWCM the CFCHS Provider contact information and Child Welfare Referral Form (Exhibit B).
4. If ineligible, then CBCCF will follow their internal standard service authorization process.
5. The Diversion Designee or CWCM will obtain clients signature on provider specific releases of information for case management agency and CBCCF. This will allow the provider to communicate with the Diversion Designee or CWCM and CBCCF once the referral is made and throughout the duration of services.
6. The Diversion Designee or CWCM will email the Child Welfare Referral Form (Exhibit B), releases of information, eligibility documents (as appropriate) and other supporting documentation (FFA- Initial and Ongoing, shelter petition, Safety Plan, Progress Updates, etc.) to a single point of entry at the CFCHS Provider.
7. The Diversion Designee or CWCM will copy the agency Point of Contact email address on outgoing referrals for tracking purposes.
8. 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 B).

**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 of appointment date/time. The CFCHS Provider shall prioritize all child welfare referrals.
* The Provider Receipt portion of the Child Welfare Referral Forms will be completed by the CFCHS Provider and returned via email to the referral source.
1. If contact with the family is unsuccessful after three (3) attempts, the CFCHS Provider will notify the referral source 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 DCF/CBCCF point of contact via email.
* If it is determined the referral should be closed, the Provider Receipt portion of the Child Welfare Referral Forms will be completed by the CFCHS Provider and returned via email to the referral source.
1. Each month, the CFCHS Provider will report to CFCHS by the 10th of the month how many Child Welfare Referral Forms were received, how many engaged in services, and outcomes on those services.
2. **COMMUNICATION AND COLLABORATION**

Assessment

The CFCHS Provider is responsible for sending an assessment required timeline based on level of care. 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, CFCHS Provider will schedule treatment appointment or refer to appropriate level of care. CFCHS Provider will also send CPI/Diversion Designee/CWCM and supervisor 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 CPI/Diversion Designee/CWCM and Supervisor 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 CPI/Diversion Designee/CWCM and Supervisor within two (2) business days.

Re-engagement

If the client is not responsive to services, the CFCHS Provider will notify the CPI/Diversion Designee/CWCM within two (2) business days of the second no show. This notification shall be done via email and shall include the assigned CPI/Diversion Designee/CWCM, supervisor and CBCCF Network Support. The CPI/Diversion Designee/CWCM or supervisor will respond within two (2) business days to discuss reengagement plans. If the CPI/Diversion Designee/CWCM doesn’t respond within two (2) business days, the CFCHS Provider will notify DCF/CBCCF point of contact via email.

Staffing Attendance

The CFCHS Provider will be invited to attend staffings conducted by the CPI/Diversion Designee/CWCM to determine the interventions needed to ensure child safety. The CPI/Diversion Designee/CWCM or designee should notify the providers of all upcoming court proceedings so they have the opportunity to attend.

If the CFCHS Provider is unable to attend, they will provide a copy of recommendations to CPI/CWCM prior to the staffing.

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 (CTS) including CFCHS Providers. This staffing occurs within a week of a child being sheltered or when it has been identified that there is impending danger within the home. Once CTS occurs, contact information for the appropriate dependency case management agency will be provided to the CFCHS Provider. The CFCHS Provider will then solicit new releases of information from the parent/caregiver to continue communication with dependency case management.

In Seminole County, the CFCHS Provider will be invited to participate in a Safety Expert Staffing (SES) at Seminole County Sheriff’s Office. These staffings are utilized to help determine an appropriate course of action and will consider child safety, caregiver protective capacities and present/impending danger. These staffings occur as needed.

For CBCCF Diversion Cases:

If the parent/caregiver stops engaging in services, a DCF-required Close the Loop staffing will be scheduled by the Diversion Designee to discuss re-engagement, status of services, safety of the child(ren) and possible options. The Diversion Designee will ensure all relevant parties are invited to the Close the Loop staffing including the CFCHS Providers.

For cases that have been transferred to CBCCF:

Multiple staffings are utilized at different junctures of a case involved with a CWCM. The CFCHS Providers will be invited to staffings and asked to share their perspective and recommendations. Possible staffings include a Multidisciplinary Team (MDT), typically used to coordinate services for children and families with a multitude of service needs; and a Family Services Team (FST) staffing, periodically used to discuss the case plan progress and behavior change of the parent/caregiver.

Monthly Progress Updates

The CFCHS Provider will send monthly progress reports that address aspects of the Family Functioning Assessment and caregiver protective capacities. These progress reports will also to be sent to the CPI/Diversion Designee/CWCM, supervisor and DCF/CBCCF point of contact via email.

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 and supervisor will be required to work in conjunction with the CFCHS provider to develop a Post Placement Supervision Plan which will address relapse/discharge planning and Recovery Support Services.

DCF, CBCCF and the CFCHS Providers will have established points of contact that will be responsible for facilitating on-going communication between the agencies.

1. **CROSS SYSTEM EFFORTS**

The System of Care meeting is held by DCF’s Regional Contract office every other month. Representatives from CBCCF 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 CBCCF, and CFCHS. In addition to these meetings, DCF’s LRTs can be used as a forum to collaborate and communicate on specific cases involving families in need of behavioral health services.

**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 7/1/2017. 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 county-specific protocol regarding LRTs.

1. **EDUCATION OF STAFF AND STAKEHOLDERS**

DCF, CBCCF 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, CBCCF, 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.

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.

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, CFCHS Providers and other 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.

The Seminole County Sheriff’s Office (SCSO) has an in house training supervisor who provides pre-service training for all new hires using the state mandated curriculum. Throughout the year the training supervisor coordinates and provides additional trainings to staff to enhance their skills and improve practice. All employees are encouraged to attend additional trainings and workshops offered throughout the state to further their knowledge and ability to effectively serve the families of our community.

Community Based Care of Central Florida 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 CBCCF sponsored trainings.