

**Partnership Agreement
Between
Family Partnerships of Central Florida
and
Central Florida Cares**



I. PURPOSE

The purpose of this Partnership Agreement is to address the needs of families involved in the child welfare system by providing integrated community support and services and outline a framework for communication and resolution of barriers.

II. SHARED VALUES

- a. Understanding and collaboration is essential to the effective integration of child welfare and substance abuse/mental health services.
- b. Timely response to mental health and substance abuse treatment needs is critical to achieving positive outcomes for children and families.
- c. Incorporate Recovery Oriented System of Care (ROSC) core guiding principles within the service delivery:
 - Strength-based approaches that promote hope.
 - Anchored in the community.
 - Person- and family-directed.
 - Supportive of multiple pathways toward recovery.
 - Based on family inclusion and peer culture, support, and leadership.
 - Individualized approaches that are holistic, culturally competent, and trauma informed.
 - Focused on the needs, safety, and resilience of children and adolescents.
 - Approaches that encourage choice
 - Grounded in partnership and transparency.
 - Focused on supporting people with creating a meaningful, fulfilling life in their community.
- d. Coordinated case planning is the primary mechanism for integrating the provision of services.
- e. Prevention strategies serve as viable means to strengthen families and reduce the need for mental health and substance abuse treatment.
- f. Services shall be based on Evidence Based Practices and should be accessible, flexible, consumer focused, family centered, culturally and linguistically competent, gender responsive, trauma-informed, and address co-occurring disorders.

III. PARTNERSHIP AGREEMENT

a. FAMILY PARTNERSHIPS OF CENTRAL FLORIDA (FPOC)

- i. Work collaboratively with Central Florida Cares Health System (CFCHS) to develop, implement and/or maintain a System of Care that is responsive to the need for services for families served by the child welfare system.
- ii. Ensure that FPOC and the case management organizations work collaboratively with CFCHS network providers in planning and facilitating substance abuse and/or mental health services for families served by the child welfare system.
- iii. Ensure that substance abuse and mental health recommendations are incorporated into the family's case plan.
- iv. Ensure that FPOC and the case management organizations work collaboratively with the Behavioral Health Consultants (BHC), Family Intensive Treatment Team (FITT), and Family Well-Being Treatment Team (Aspire Health Partners- DOTT) to ensure appropriate and timely provision of their services.
- v. Provide training in child welfare functions, procedures, and its system of care to Central Florida Cares Health System's network providers on an as needed basis.

b. CENTRAL FLORIDA CARES (CFC)

- i. Develop and implement or maintain a System of Care in collaboration with FPOC that is responsive to the need for services for families served by the child welfare system.
- ii. Commit to work collaboratively for coordination of services on all cases jointly served by the provider network and the child welfare system.
- iii. Support and give preference to eligible children and families involved in the child welfare system with the understanding that Central Florida Cares Health System dollars are the payor of last resort.
- iv. Ensure that the Behavioral Health Consultants (BHC), Family Intensive Treatment Team (FITT), Family Well-Being Treatment Team (Aspire Health Partners- DOTT) work cooperatively with FPOC and the case management organizations to ensure appropriate and timely provision of the BHC and FITT services.
- v. Provide training in mental health and substance abuse functions, procedures, and system of care to FPOC, its case management organizations, providers and foster parents on an as needed basis.

IV. CHILD WELFARE INTEGRATION

In coordination with the Florida Department of Children and Families (Department), CFC and FPOC shall coordinate behavioral health services and supports for parents and caregivers and their children involved in or at-risk involvement with the child and family wellbeing system to prevent entering the dependency system, and reduce repeat maltreatment:

- a. Assess the current array of services available to families involved in the child and family wellbeing system through leadership committees, identify community needs, and realign services and funding to address gaps within available resources.
- b. Improve data integrity that will establish, capture, and measure system components reflective of joint accountability and shared outcomes of integration initiatives. These shared outcomes are defined within the service contract between FPOC and CFC.
- c. Reduce maltreatments and repeat maltreatment in the child and family wellbeing system.
- d. Help families obtain appropriate behavioral health services to keep at risk families intact in the community.
- e. Ensure access to resources needed by families including behavioral health services and support shown to benefit children and families at risk for foster care such as Care Coordination, Mobile Response Teams, crisis intervention and stabilization, peer and community support resources.
- f. Work with stakeholders to identify and implement pilots, programs, and other services that are missing or not adequate within the array.
- g. Establish a process to identify families at risk dependency based on data points, screening or assessment, or local/ regional review team staffing referrals.
- h. Develop and maintain a referral and behavioral assessment process that addresses the needs of child welfare. This process will include:
 - i. A centralized referral route and point of contact.
 - ii. A process to obtain required releases of information.
 - iii. Information to be shared with the behavioral health providers at time of referral.
 - iv. Established timeframes for assessments to be shared with child welfare.
- i. Develop and maintain a communication protocol to facilitate timely information sharing and concurrent planning between all parties involved in the family's care.
- j. Service delivery practices that ensure the coordination of care among child welfare, behavioral health providers and other stakeholders in the case.
- k. A plan to provide child welfare-specific behavioral health services for families in the child welfare system. Network Service Providers with a child welfare focus will complete assessment, outreach, engagement, integrate parenting interventions and maximize retention in treatment for families involved in the child welfare system.
- l. A plan to ensure continuity of care in the community following child welfare involvement.
- m. 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.

In cooperation with the Department and FPOC, CFCHS shall ensure that the contracted Network Service Provider for the Behavioral Health Consultants (BHC) service 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. The BHC will enter information into Florida Safe Families Network (FSFN).

- c. The BHC will have the ability to make appropriate referrals for services that support and enhance recovery.
- d. The BHC 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. The BHC will provide ancillary support to child welfare professionals and behavioral health treatment providers to promote engagement and retention in treatment.
- f. The BHC 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. The network service provider's BHC 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.

V. NOMINATED CONTACTED PERSONS

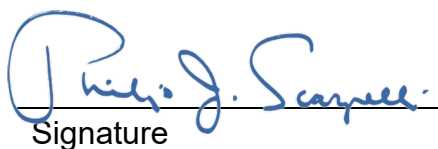
The nominated contact persons to oversee the implementation of this agreement are as follows:

Maria Bledsoe, Chief Executive Officer, Central Florida Cares Health System

Phil J. Scarpelli, Chief Executive Officer, Family Partnerships of Central Florida

VI. SIGNATURES

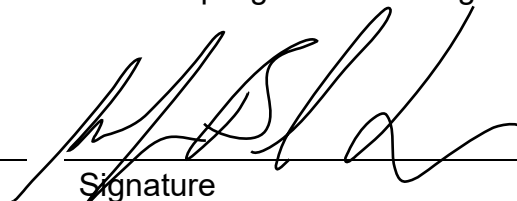
Upon signature, this Partnership Agreement shall remain in effect until modified or terminated by the signatories. If any signatory of this Partnership Agreement determines that its terms will not or cannot be carried out or that an amendment to its terms must be made, that party shall consult with the other parties to develop an amendment to this Partnership Agreement. Any revision will be effective on the date the Partnership Agreement is signed by all the original signatories or their delegates.



10/06/2025

Signature

Date



9/30/2025

Signature

Date

Philip J. Scarpelli

Print Name

Maria Bledsoe

Print Name

President and Chief Executive Officer

Title

Chief Executive Officer

Title

Family Partnerships of Central Florida
Community-Based Care Lead Agency

Central Florida Cares Health System
Managing Entity