



Southeast Florida
BEHAVIORAL HEALTH NETWORK

Child Welfare Priority Population Protocol

Substance abuse providers will ensure child welfare clients are given priority by providing appointment times for the Southeast Florida Behavioral Health Network (ME) centralized call center and ensure appointment times are maintained by the agency. Mental Health providers will recognize the child Welfare population as a priority and expedite access to services at their agencies. As part of this initiative, the Provider will:

- A.** Ensure child welfare clients are given priority by providing appointment times for the Southeast Florida Behavioral Health Network (ME) centralized call center for substance abuse cases and ensure appointment times are maintained by the agency.
- B.** Collaborate with ME in the development of policy and procedures related to planning and implementation of Child Welfare and Behavioral Health Integration.
- C.** Establish referral protocol that will accept referral on clients who have missed two appointments arranged through the centralized calendar. In addition, provide engagement services to serve clients placed on waiting lists. Ensure all treatment options have been provided to clients including but not limited to Medication Assisted Treatment (M.A.T.) if applicable.
- D.** Provide outreach and engagement strategies to facilitate the client receiving a substance abuse assessment.
- E.** If the client fails to attend the first two scheduled appointments, the provider must attempt to engage the client by at least weekly phone calls, and/or home visits.
- F.** Encourage client to sign consent forms allowing ongoing disclosure of treatment progress to child welfare workers and court professionals.
- G.** Any client that is placed on a provider's waitlist must be engaged and maintained at least weekly, pending provision of services. When the recommended treatment level is not available within established waitlist thresholds, the Providers must enter the clients into the electronic waitlist system.
- H.** Understand their child welfare case plan requirements, meetings, appointments, and expectations for visits or involvement with children;
- I.** When there is an open dependency case, and all the necessary releases of information have been signed, the provider agrees that during the creation of their treatment plans, to share information about parents and children with child welfare staff in order to establish integration of goals and joint accountability to help guide their clients in taking steps to comply with child welfare case plans.

- J. Communicate with child welfare caseworkers to coordinate schedules so that clients do not have conflicting demands that force them to choose between meeting their child welfare case plan goals and expectations and those of their substance abuse treatment plan; and
- K. Facilitate the child welfare workers understanding regarding the difference between treatment lapses and treatment relapses, and communicating clearly how both lapses and relapses are being addressed in treatment.
- L. Comply with **Florida Safe Families Network (FSFN)** entry requirements including:
 - 1. Provider must report attendance of the Substance Abuse Assessment in the FSFN system within 1 business day of the scheduled appointment.
 - 2. Provider must enter the treatment recommendations into the FSFN System within 3 business days of the assessment. Use of the approved Progress Exchange Forms is required.
 - 3. If client returns for services, the provider is responsible for updating FSFN within 3 business days.
 - 4. If the case is referred to the provider and client fails to attend the first two appointments, the provider must update case information on day 15, 30 and 45. If contact is made in between these timeframes, a FSFN case note should be entered each time there is client contact. i.e., telephone, email or face to face contact.
 - 5. Additionally, when a mental health evaluation and/or diagnosis is determined the Progress Exchange Form should be used to enter the treatment recommendations into the FSFN System within 3 business days. Attendance to appointments and ongoing treatment progress should be entered on day 15, 30, 45 in FSFN.
 - 6. Providers must have at least one staff member with access to FSFN. The enrollment and training will be done through SEFBHN.
- M. Comply with **Substance Abuse Call Center (SACC) Line Assessment** requirements including:
 - 1. Substance Abuse Assessments for parents involved in the Child Welfare System will be scheduled using 211# at the earliest point possible in the investigation.
 - 2. Providers will assign 211 assessment appointments each week to ensure the SACC Hotline has a calendar of available appointments for immediate scheduling.

- a. Providers will allow for some non-traditional hours, such as evenings and weekends, 3 out of 7 days to accommodate working parents.
 - b. Accommodations should be made to provide assessments for priority populations to be seen in alternate locations, i.e., hospitals.
 - c. Incorporate the use of telehealth whenever problem solving is needed.
3. Providers will assess referred parents and provide a co-occurring assessment of mental health and substance use issues affecting their ability to maintain stability.
 4. All treatment recommendations, rescheduling, referrals and follow-up must be entered into the FSFN System as per the requirements listed above in section **L**.
*Comply with **Florida Safe Families Network (FSFN)** entry requirements*
 5. SACC assessments will be valid for a minimum of three months.
 6. SACC recommendations for treatment and level of care will be in accordance with standardized level of care tools such as the LOCUS, CALOCUS, or ASAM Continuum.
 7. If a parent or client is involved with a program such as Family Intensive Treatment (FIT) Team and a relapse occurs, there is no need to have another SACC assessment done. The clinicians on the Team can administer a LOCUS and determine the necessary Level of Care.
 8. Advocate for the parent/client to be reunified with their children and be managed at the lowest level of care clinically indicated.
 9. SACC assessments and Mental Health assessments should be copied to SEFBHN in order to maintain continuity of care and connect more complex cases to the Care Coordination Module.
 10. The use of Progress Exchange Form should be utilized throughout the course of treatment and dependency case for joint accountability and continuity of care.
 11. All child welfare serving substance abuse and mental health providers will participate in the monthly DCF integration meetings.
- N.** Ensure the completion of specialized training by direct service staff that addresses the following:
1. State definitions of child maltreatment;
 2. The role of the treatment provider in reporting suspected abuse or neglect;

3. Basic principles of child safety, theories of child development, stages of child development, and impact of parental substance use disorders on children at all developmental stages, including prenatal substance exposure;
 4. On the general assessment tools used by the local child welfare services agency, the limitations of those assessment tools, and how those tools incorporate substance use disorders into the safety and risk assessment process;
 5. The range of possible responses from the child welfare system, including responses such as preventive services that may allow parents to retain custody of their children while they participate in treatment;
 6. To help recognize how their personal beliefs and attitudes regarding child maltreatment may affect their ability to work with families;
 7. It is important to understand the role of courts when children of providers' clients are in foster care. Further to understand the Federal and State statutory requirements that govern child welfare case plans and decisions about families, including the Federal ASFA requirement that permanency hearings be held after children have been in foster care for 12 months.
- O. Training modules are available through the National Center on Substance Abuse and Child Welfare at <https://ncsacw.samhsa.gov/> and FADAA at www.fadaa.org/resource_center/CWI.php.