Developing a Best Practice Model for Clinical Integration
History/Purpose

Since 2013 child welfare and behavioral health stakeholders have established multiple forums to collaborate, communicate, share information, leverage resources, develop common cross-system expectations/deliverables, identify systemic barriers and mitigate conflicting needs. Forums consist of stakeholders from the Department of Children and Family, Managing Entities, Child Welfare Community Based Care Providers and Organizations, Child Protective Services, Private Providers and Professionals.
Big Bend Community Based Care - Serving Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington counties.


Central Florida Cares Health System - Serving Brevard, Orange, Osceola and Seminole counties.


Southeast Florida Behavioral Health Network - Serving Indian River, Martin, Okeechobee, Palm Beach and St. Lucie counties.

South Florida Behavioral Health Network, Inc. - Serving Miami-Dade and Monroe counties.

Broward Behavioral Health Coalition - Serving Broward county.
The implementation of the Florida Child Welfare Practice Model establishes:

- Common language for assessing safety for both child protective investigators and case managers.
- A standardized framework for identifying children who are unsafe.
- A common set of constructs that guide safety interventions for unsafe children.
- A common framework for case planning to address child needs and diminished caregiver protective capacities.
## Caregiver Protective Capacities

### Behavioral
- Controls Impulses
- Takes action
- Sets aside own needs for child
- Demonstrates Adequate Skills
- Adaptive as a Parent/Legal Guardian
- History of Protecting

### Cognitive
- Is Self-Aware
- Is Intellectually Able
- Recognizes Threats
- Recognizes Child’s Needs
- Understands Protective Role
- Plans and articulates plans for protection

### Emotional
- Meets own emotional needs
- Is Resilient
- Is Tolerant
- Expresses love, empathy, sensitivity to the child
- Is Stable
- Is positively attached with child
- Is aligned and supports the child
Caregiver Protective Capacities and Treatment Planning

• Utilizing the Family Functioning Assessment (FFA) and Caregiver Protective Capacity scoring to drive the treatment plan goals.

Example

<table>
<thead>
<tr>
<th>Protective Capacity</th>
<th>Best Practice</th>
<th>Intervention</th>
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<tbody>
<tr>
<td>Demonstrates impulse control</td>
<td>CBT, Matrix Model, Living in Balance</td>
<td>Early Schema Exercise</td>
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Goals of Integration

- Joint Accountability with CBC/CMO’s/CPI’s/Providers
- Shared Outcomes
- Information Sharing/Data
- Cross Systems Training and Education
- Communication and Collaboration
- Parent Child Focus
Joint Accountability

Community Based Care/Child Protective Investigations/Case Management Organizations/Providers/Managing Entity/Department of Children and Families

- Quarterly Integration Meetings
- Alliance Meetings
- Lock-Out Calls
- Trainings/Presentations- Pre-service with CPI’s
- Weekly CMO Leadership Meeting
Shared Outcomes

- Contract Measures - CBC/CMO’s/CPI’s/Providers
- Scorecard - CBC/CMO’s/CPI’s/Providers
- Accountability - How does my role effect this outcome?
- Examples: Reunifications, re-entries, re-abuse, etc....
Information Sharing/Data

- Universal Release of Information
- Florida Safe Families Network Access (FSFN)
- Electronic Medical Records Access
- Collaborative Quality Assurance Reviews
Cross Systems Training and Education

- Speaking the same language
- Ongoing Communication
- Pre-Service Training
- Mental Health First Aid
- Florida’s Child Welfare Practice Model for Providers
How the FITT Model Integrates
Comprehensive, Integrated, Family Focused Treatment

- Coordination of services received by all family members
- Alignment with family needs and treatment
- Focus on child-parent relationship
- Treating the whole family
- Shift in focus and moving away from traditional treatment approaches
Peer Support, Case Management, Other Critical Support Services

- **Peer Support**- increase engagement, retention in treatment, involvement in recovery related activities

- **Case Management**- coordination of services

- **Other Support Services**
  - Medical and dental care
  - Domestic violence services
  - Basic needs-food, housing, transportation
  - Educational and Vocational resources
Importance of Behavioral Health Provider and Child Welfare Teaming

• **Coordination at all levels**—emphasis on direct service; Involvement of Child Protective Investigator (CPI) and Case Manager

• **Collaboration**—partnership at front end

• **Communication**—formalized plans for communication across multiple levels
Importance of Behavioral Health Provider and Child Welfare Teaming

- Engagement: building capacity for peer support, higher level of attempts to engage child welfare involved families, MDT staffings

- Critical points of integration: FFA, Progress Updates, Safety Analysis and Planning, Treatment plan reviews, case closure
FAMILY INTERVENTION SPECIALIST (FIS)/MOTIVATIONAL SUPPORT SERVICE (MSS) RE-DESIGN
Integrated Re-Designs

FIS/MSS at reunification:

- In-home services
- Present at reunification and other Permanency Staffing
- FSS/MSS staff trained on co-occurring disorders; co-occurring assessment utilized on all families
- Shared outcomes, i.e. number of cases involved with FIS/MSS that had successful reunifications, percent of recidivism

FIS/MSS during Investigation:

- Quicker response time to families
- FSS/MSS staff trained on co-occurring disorders; co-occurring assessment utilized on all families
- Present at Case Transfer
- Shared outcomes, i.e. number of cases involved with FIS/MSS that had successful reunifications, percent of recidivism

Court Liaison:
BH Consultants

- Mental Health Consolation- A process of interaction between two professional persons – the consultant, who is a specialist, and the consultee, who invokes the consultant’s help in regard to a current work problem with which he [or she] is having difficulty and which he [or she] has decided is within the other’s area of specialized competence.” Gerald Caplan (1970). The Theory and Practice of Mental Health Consultation, p.19.
CHILD WELFARE/BEHAVIORAL HEALTH SELF STUDY
Purpose:
To guide regions and their key stakeholders through a collaborative and structured learning process starting from where they are toward effective integrated practice.

Goal:
To improve and sustain child welfare and behavioral health integration at the practice and system levels.

Five Elements of Integrated Practice and Systems:

I. Daily Practice
   • Parent Screening
   • Referral for Behavioral Health Assessment
   • Parent Engagement and Retention in Care/Treatment
   • Family-Focused Treatment
   • Aligned Planning and Teamwork

II. Joint Accountability and Shared Outcomes

III. Information Sharing and Data Systems

IV. Training and Staff Development

V. Budgeting and Program Sustainability
Questions/Comments

Rachel Brockhouse- Rbrockhouse@cfbhn.org
Erica Smith – Erica.Smith@baycare.org