

Guidance 37

Family First Prevention Services Act (FFPSA) Teams

Contract Reference: *Sections A.1.1 and C.1.2.6.22*

I. LEVEL OF CARE DESCRIPTION

This model provides for family-centered services aligned with the goals of the Families First Prevention Service Act (FFPSA). These teams will adopt evidence-based practices (EBPs) supported by the FFPSA Clearinghouse. Network Service Provider adoption of various EBPs may vary.

II. SCOPE OF SERVICES

FFPSA Teams provide family-centered services to children and their parents or caregivers with behavioral health conditions, which increase the risk of family disruption and child out of home placement. FFPSA Team services may include parent coaching and education in addition to treatment, case management and traditional behavioral health interventions.

Program Goals

FFPSA Teams provide behavioral health services to both adults and children in families with child welfare involvement. Upon completion, the family should have the skills and natural support system needed to maintain improvements made during services. Service goals should be guided by the selected EBP and may include the following:

1. Strengthen the family and support systems for youth and young adults to assist them to live successfully in the community;
2. Improve school related outcomes such as attendance, grades, and graduation rates;
3. Decrease out-of-home placements;
4. Improve family and youth functioning;
5. Decrease substance use and abuse;
6. Decrease psychiatric hospitalizations;
7. Transition into age-appropriate services; and
8. Increase health and wellness.

Ideal length of service delivery for FFPSA Teams is dependent on the chosen EBP.

III. SERVICE DESCRIPTION

FFPSA Teams work collaboratively with families to explore their culture, beliefs, and values and work together to identify strengths, as well as family needs. Through that process, goals for treatment are developed and adjusted as needed. The family and FFPSA Team also work together to identify other, non-clinical supports needed. This can include coaching parents to address ineffective behaviors and teaching strategies to positively manage children while balancing everyday stressors like work, legal concerns, finances, and healthcare. Many families have experienced multi-generational poverty, abuse, neglect, and trauma. Family support services seek to address practical needs of

the family that are barriers to engaging in therapy or other needed services.

EBP Model Fidelity

The FFPSA Team provider must document fidelity to the selected FFPSA Clearinghouse model, including:

1. Staffing and caseloads according to the selected model.
2. Successful completion of the model's required staff, supervisory, and administrative trainings.
3. Participation in any staffing, quality reviews, fidelity reviews or similar programmatic audits required by the model.
4. Adoption of any required assessment, service planning, performance measurement, discharge planning, and reporting tools established by the model.

Eligibility

The FFPSA Teams serve children and their parents or caregivers with behavioral health conditions. Families to be served must:

1. Be otherwise eligible for publicly funded substance abuse and mental health services pursuant to s. 394.674, Florida Statutes and,
2. Not enrolled in another Department funded team-based service, such as traditional CAT Team services.
3. Include children, parents, or caregivers with behavioral health conditions or an ICD 10 Z-code diagnosis (at-risk population and indicating influence of a social determinant of health, i.e., parent-child conflict) contributing to the risk of family separation or out-of-home child placement.
4. Be referred by a Managing Entity, a Community-Based Care Lead Agency, the Department of Juvenile Justice, a Department Behavioral Health Consultant, a Child Protective Investigation Team or any other child or family serving provider such as a crisis stabilization unit, early childhood provider, or outpatient mental health provider.

Network Service Providers may serve families who exceed the financial eligibility while applying a sliding fee scale in accordance with 394.674 F.S. and Ch. 65E-14.018, F.A.C., if no other option for treatment at this level is available (i.e. rural areas).

Coordination With Other Entities

The Network Service Provider must collaborate with the family receiving services to identify and access services available from other child and family serving agencies to address systemic needs including, but not limited to, primary health care, child welfare, juvenile justice, corrections, and education. At a minimum, case management shall continue in the event any family members enrolled in FFPSA Team programs are admitted to a short-term crisis stabilization unit. Services shall also continue if any family member enrolled in the program are admitted to a therapeutic placement, if the EBP allows for the continuation of services. Otherwise, the family shall be eligible for re-enrollment in the FFPSA Team program upon discharge from the therapeutic placement.

Incidental Expenses

Incidental expenses pursuant to chapter 65E-14.021, Florida Administrative Code, are allowable under this program. Network Service Providers shall follow state purchasing guidelines and any established process for review and approval and shall consult the Managing Entity regarding allowable purchases.

Discharge

Network Service Providers must implement a discharge planning process that:

1. Begins at admission;
2. Includes ongoing discussion as part of the treatment plan review;
3. Includes active involvement of the individual and family;
4. Includes transition to the adult mental health and other systems, as appropriate; and
5. Includes a transition plan submitted to and developed in collaboration with the individual and family that leverages available community services and supports.

IV. OUTCOME MEASURES

The Managing Entity shall include appropriate performance measures, tailored to the FFPSA model selected, in each subcontract addressing:

1. Successful completion of treatment or satisfactory progress in recovery;
2. Improvement in caregiver protective capacities;
3. Stable housing environment;
4. No further law violations or involvement with the Department of Juvenile Justice; and
5. School attendance, gainful employment, or other significant indicators of successful community involvement.

V. MANAGING ENTITY RESPONSIBILITIES AND EXPECTATIONS

The Managing Entity is responsible for:

1. Network Service Providers must adhere to the service delivery and reporting requirements described in this Guidance document;
2. Requirements to submit **Appendix 1** - Persons Served and Performance Measure Report and **Appendix 2** - Quarterly Supplemental Data Report in accordance with the following schedule:
 - a. **Appendix 1**—Monthly submission by the Managing Entity to the Department no later than the due dates established in **Guidance 32** – Community Action Treatment (CAT) Team.
 - b. **Appendix 2** – Quarterly submission by the Managing Entity to the Department no later than the due dates established in **Guidance 32** – Community Action Treatment (CAT) Team.
 - c. **Appendix 1 and Appendix 2** can be found in **Guidance 32** – Community Action Treatment (CAT) Team.
3. Participation in all program conference calls, meetings, or other oversight events scheduled by the Department;
4. Requirements for quarterly reporting of actual expenditures, fiscal year-end financial reconciliation of actual allowable expenditures to total payments, and prompt return of any unearned funds or overpayments;
5. A requirement for Network Service Providers to serve a minimum of 50 families per team per year or as negotiated, and approved, by the Managing Entity and Department.