Guidance 18
Family Intensive Treatment (FIT) Model Guidelines and Requirements

Contract Reference: *Sections A-1.1, C-1.2.3 and Exhibit C2*

Requirement: *Specific Appropriations within the General Appropriations Act*

Due Date: *Monthly Progress Report using the FIT data report template by the 18th day of the month following service delivery.*

Description: *Annual Specific Appropriations provide funding … "to implement the Family Intensive Treatment (FIT) team model that is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. Treatment shall be available and provided in accordance with the indicated level of care required and providers shall meet program specifications."*

To ensure the implementation and administration of this proviso project, the Managing Entity shall require that Behavioral Health Providers providing FIT services (herein referred to as "FIT Team Providers") adhere to the service delivery and reporting requirements described in this Incorporated Document.

Goals of the FIT Model

1. Provide intensive treatment interventions targeted to caregivers with child welfare cases determined to be unsafe;
2. Establish a team-based approach to planning and service delivery with Community Based Care Lead Agencies, Child Welfare Case Management Organizations, Managing Entities, FIT Team Providers and other providers of services;
3. Integrate treatment for substance use disorders, parenting interventions and therapeutic treatment for all family members into one comprehensive treatment approach. This comprehensive approach includes coordinating clinical children's services, which are provided outside of the FIT Team funding;
4. Provide immediate access to substance abuse and co-occurring mental health treatment services for caregivers in the child welfare system with early engagement strategies, such as at case initiation or case transfer;
5. Identify family-driven pathways to recovery and promote sustained recovery through involvement in recovery-oriented services and supports;
6. Promote increased engagement and retention in treatment;
7. Facilitate program completion and aftercare; and
8. In collaboration with Community Based Care Lead Agencies and Child Welfare Case Management Organizations:
    a. Promote safety of children in the child welfare system whose caregivers have a substance use disorder;
    b. Develop a safe, nurturing and stable living situation for these children as rapidly and responsibly as possible;
    c. Provide information to inform the safety plan, ongoing Family Functioning Assessments (FFA), and any other relevant status updates;
    d. Reduce the number of out-of-home placements when safe to do so; and
    e. Reduce rates of re-entry into the child welfare system.

Client Eligibility

FIT Team Providers shall deliver services to eligible caregivers who meet all the following criteria:

1. Are eligible for publicly funded substance abuse and mental health services pursuant to s. 394.674, F.S.; including persons meeting all other eligibility criteria who are under insured;
2. Meet the criteria for a substance use disorder;
3. Have at least one child between the ages of 0 and 10 years old, with priority given to families with a child between the ages of 0 and 8; and
4. At the time of referral to FIT:
    a. A child in the family has been determined to be "unsafe" and in need of child welfare case management;
    b. For children in out of home care, the family must have a child welfare case management plan with the permanency goal of reunification, or a concurrent case plan that includes reunification as a permanency goal; and
    c. The eligible caregiver(s) are willing to participate in the FIT Program or the caregiver is court ordered to participate in FIT services. In either case, enhanced efforts to engage and retain the caregiver(s) in treatment are expected as a critical element of the FIT program.

Other Adults in the Home

Other adults in the home that do not meet eligibility criteria may receive FIT services, when necessary, but are not included in performance measures. Other adults may include: spouse, paramour, extended family members and adult siblings.

Referral Sources

FIT Team Providers shall accept families referred by the child protective investigator, child welfare case manager or Community Based Care Lead Agency, provider of family intervention services, or the dependency court system.

FIT Process Requirements

FIT Team Providers shall deliver an array of behavioral health services to eligible caregivers and other adults in the home. Once a referral for eligible caregiver(s) is received, the FIT Team Provider shall:

1. Initiate contact with the caregiver(s) to begin the engagement and admission process within two (2) business days of receiving a referral. The FIT Team Provider shall ensure that initial and recurring efforts to contact and engage the referred caregiver(s) are documented.
2. Document the date of admission as the date the caregiver signs consent for services.
3. Determine the family's housing needs at admission and coordinate any need for supportive or stable housing with the Child Welfare Case Management Organization throughout treatment. At discharge, a record of housing stability must be documented. If the referred caregiver(s) disengage, the FIT Team Provider will contact the Child Welfare Case Management Organization to determine the family's last known circumstances.
4. Complete the initial assessments to determine the level of care and severity within fifteen (15) business days of admission and include the following assessments, at a minimum:

a. American Society of Addiction Medicine (ASAM) to assess level of care; and

b. Biopsychosocial Assessment to assess the severity of substance use disorders and other behavioral health needs.

- Any Biopsychosocial Assessment of an eligible caregiver that is completed within 30 calendar days prior to receiving FIT services may be accepted by the FIT Team Provider. Otherwise, a new Biopsychosocial Assessment shall be completed.
- In instances where an eligible caregiver is readmitted to the same provider for services within 180 calendar days of discharge, a Biopsychosocial Assessment update shall be conducted, if clinically indicated. Information to be included in the update shall be determined by the qualified professional. A new Biopsychosocial Assessment shall be completed of an eligible caregiver who is readmitted for FIT services more than 180 calendar days after discharge.
- The Biopsychosocial Assessment shall be updated annually for eligible caregivers who are in continuous treatment for longer than one year.

5. Document and report the most current and appropriate substance use disorder and mental health disorder diagnosis codes, to the highest level of specificity that supports treatment.

6. Complete the Daily Living Activities (DLA-20): Alcohol-Drug Functional Assessment within thirty (30) calendar days of admission. To effectively monitor changes in client functioning over time, the DLA-20 shall be re-administered within sixty (60) calendar days of initial completion and continue to be administered at 60-day intervals throughout the course of FIT services. A final DLA-20 shall be administered at discharge.

7. Complete the Adult Adolescent Parenting Inventory (AAPI-2) Form A (pretest) within thirty (30) calendar days of admission. To effectively monitor change in parenting attitudes, the AAPI-2 Form B (posttest) shall be administered upon completion of the parenting intervention or when clinically appropriate, which may be prior to discharge.

8. Complete additional assessments within thirty (30) calendar days of admission, to include the following at a minimum:

a. A mental health assessment when indicated; and

b. Any other assessments as required by the Department.

9. Complete an initial Adverse Childhood Experience (ACE) Questionnaire within sixty (60) calendar days of admission with each caregiver receiving FIT services and update, as needed, to consider new information related to trauma that may impact the ACE score. This may be completed sooner, if clinically appropriate.

10. Within thirty (30) calendar days of admission, ensure the FIT Team's treatment plan or case management plan guide the provision of services. The FIT Team's treatment plan or case management plan is to be developed with the participation of the family receiving services and reviewed or revised with the family to address changes in circumstances impacting treatment. The FIT Team's treatment plan or case management plan shall:

a. Identify how support services will be provided to caregiver(s);

b. Identify how support will be provided to caregivers to address the child's therapeutic, medical, and educational needs;

c. Align with the child welfare case plan by enhancing caregiver protective capacity and/or support conditions for return. If the child welfare case plan has not been developed at the time of the development of the FIT Team's treatment plan or case management plan, they shall be revised upon completion of the child welfare case plan;

d. Establish a goal to address the coordination of clinical services received by the child(ren), to align with the caregivers' clinical services, in the case management plan; and

e. Have a mix of formal and community support interventions to address needs identified by the family.

11. If caregivers are not engaging in services, immediately notify the assigned child welfare case manager to allow for strategies to be developed jointly. Notification and strategy development efforts must be documented.

12. The FIT Team Provider will provide updates to the child welfare case manager, to include ongoing assessments of caregiver protective capacities and conditions for return, when indicated. The FIT Team Provider, Managing Entities, and Community Based Care Lead Agency will establish a process to promote concurrent planning throughout the case until it has been determined that:

a. The caregivers have enhanced their caregiver protective capacities to the point where there are no longer danger threats within the home and the children are safe; or

b. The children otherwise achieve permanency.

13. Review the family's treatment during a Multi-Disciplinary Team (MDT) meeting no later than seven (7) days prior to a family's transition from the FIT program. The review shall include the caregiver(s) receiving FIT services; other family members or significant others identified by the caregiver(s); and the child welfare case manager and other providers serving the family. If it is not possible to hold an MDT meeting prior to the family's transition from the FIT program; for example, when treatment is interrupted due to factors such as judicial action or a caregiver going to jail; the MDT is optional. However, a process should be established to ensure communication occurs between the FIT provider and the child welfare case manager regarding the status of the family at the time of discharge. The purpose of the MDT meeting is to ensure that:

a. The family will receive behavioral health services that address the behavioral health condition and promote relapse prevention and recovery;

b. The family has in place the services necessary to address their physical health care including a primary care physician for the caregivers and children;

c. The support services put in place while in FIT; such as housing supports, supportive employment, financial benefits, etc. can be sustained;

d. The FIT Team Provider has identified available community services for the caregivers and children to provide for their ongoing well-being such as child care, early intervention programs, therapies, and community-based parenting programs;

e. The family's natural supports have been engaged to the degree possible; and

f. Information about community support programs such as Alcoholics Anonymous, Narcotics Anonymous, a faith-based group or other recovery supports has been provided to the family.

14. A process should be established to ensure communication occurs between the FIT Team Provider and the child welfare case manager regarding the status of the family at the time of discharge. A FIT services Discharge Summary will be completed no later than seven (7) calendar days after discharge from all FIT services, including aftercare. The summary shall, at minimum, include:

a. The reason for the discharge;

b. A summary of FIT services and supports provided to the family;

c. A summary of resource linkages or referrals made to other services or supports on behalf of the family; and

d. A summary of each goal of the FIT Team's treatment plan and case management plan, including the goal of coordinating clinical services to the children.

FIT Programmatic Requirements

1. As part of a comprehensive array of behavioral health services and supports, FIT Team services shall include the following activities, tasks, and provisions:
    - **a.** An emergency contact number for caregivers to reach FIT Team Provider in case of emergency 24 hours a day, 7 days a week;
    - **b.** Peer coaching and support services to promote recovery, engagement and retention in treatment, and skill development;
    - **c.** Case management services to address the basic support needs of the family and coordinate the therapeutic aspects of services provided to all family members regardless of payer source;
    - **d.** Coordination of services and supports with child protective investigators and child welfare case managers;
    - **e.** Individualized treatment provided at the level of care that is recommended by standardized placement criteria;
    - **f.** Intensive in-home treatment, inclusive of individual and family counseling, related therapeutic interventions, and treatment to address substance use disorders, based on individual and family needs and preferences;
    - **g.** Group treatment to address substance use disorders, based on individual and family needs and preferences;
    - **h.** During the first phase of treatment, approximately the initial three to four months, clinical services will occur for approximately three hours a week with additional case management and peer services;
    - **i.** Trauma-informed treatment services for substance use disorders and co-occurring substance abuse and mental health disorders;
    - **j.** Therapeutic services and psycho-education in:
        - Parenting interventions for child-parenting relationships and parenting skills;
        - Natural support development, including the family when appropriate; and
        - Relapse prevention skill development and engagement in the recovery community; and
    - **k.** Care coordination, as reflected in the FIT Team's case management plan, include a multi-disciplinary team to promote access to a variety of services and supports as indicated by the needs and preferences of the family, including but not limited to:
        - Domestic violence services;
        - Medical and dental health care;
        - Basic needs such as supportive housing, housing, food, and transportation;
        - Educational and training services;
        - Supported employment, employment and vocational services;
        - Legal services; and
        - Other services identified in the FIT Team's case management plan.
2. The FIT Team Provider will be trained in the use of substance abuse treatment and evidence-based parenting practices found effective for serving families in the child welfare system.

3. The FIT Team Provider may provide Incidental Expense services, as defined in Rule 65E-14.021, F.A.C. All Incidental Expense services must be document in the family's treatment plan.

Contracting Requirements

1. At minimum, the FIT Team Provider must be licensed for outpatient substance abuse services pursuant to Chapter 65D-30, F.A.C. If additional service components, for which the FIT Team Provider is not licensed, are needed for individualized treatment, the FIT Team Provider must purchase the service from an appropriately licensed provider.
2. FIT Team Providers are responsible for providing or subcontracting for all behavioral health services needed by individuals admitted in FIT that are not directly provided by the team, including: detoxification; residential; crisis stabilization; medication management; aftercare; and other Covered Services as defined in Rule 65E-14.021, F.A.C., as needed. The FIT Team Provider is responsible for immediate access to these services and for coordinating all services provided or purchased.
3. FIT funds should not be used to purchase children's services however the FIT Team Provider must coordinate clinical services with providers serving children in the family.
4. Services provided by the core FIT Team staff and funded by FIT contract dollars cannot be billed to any third-party payers. Services provided outside of the core FIT Team staff may be billed to Medicaid or private insurance, to the extent allowable under these programs. The FIT Team remains responsible for immediate access to services for admitted individuals, regardless of payer.

Administrative Tasks

Staffing for FIT Teams started prior to July 2016

The FIT Team must include the following general functions:

1. Program Management;
2. Clinical services for Substance Use Disorders and co-occurring mental and substance use disorders;
3. Specialized Care Coordination; and
4. Family Support and Peer Services.

Staffing for FIT Teams started after July 2016

For approximately every 20 families served, programs should have a minimum of:

1. 2 Behavioral Health Clinicians;
2. 1 Case Manager; and
3. 1 Peer Specialist.

Programs serving more than 40 families must also have a Program Manager. Adjustments to staff and management ratios must be approved by the Managing Entity.

Minimum Staffing Qualifications for FIT Teams started after July 2016

1. Program Manager - A Master's degree in behavioral health sciences, such as psychology, mental health counseling, social work, art therapy, or marriage and family therapy; and an active license issued by the Florida

Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling; and a minimum of three years working with adults with substance use disorders.

2. Behavioral Health Clinicians - A Master's degree in behavioral health sciences, such as mental health counseling, social work, art therapy, or marriage and family therapy; and a minimum of two years of experience working with adults with substance use disorders (in smaller teams without a program manager one behavioral health clinician must be licensed).

3. Case Manager - A Bachelor's degree with a major in counseling, social work, psychology, criminal justice, nursing, rehabilitation, special education, health education, or a related field which includes the study of human behavior and development; and a minimum of one year of experience working with adults with behavioral health needs and child welfare involvement; or a Bachelor's degree with a major in another field and a minimum of three years of experience working with adults with substance use disorders. This position does not serve as the Dependency Case Manager and the FIT program does not fund the Dependency Case Manager.

4. Peer Specialist - A Recovery Peer Specialist certified by the Florida Certification Board; or an individual who has direct personal experience living in recovery from substance abuse and mental health conditions for at least 2 years with a minimum of one (1) year work experience as a peer. If not certified by the Florida Certification Board, opportunities to receive training toward certification should be provided. Additional opportunities should be provided to peers to enhance and develop their skill sets. Peers can maximize their abilities if given opportunities to receive training that will further complement their lived experience.

Monthly Progress Report

The Managing Entity shall submit FIT data, using **Template 17 – FIT Reporting Template**, by the 18th day of the month following service delivery.

Performance Measures for the Acceptance of Deliverables

Monthly and yearly service targets should be determined by the Managing Entity, taking into account capacity of the FIT Team Provider, needs of families served, as well as geographical considerations. An estimated cost of $10,000 to $12,500 per family may be used to set targets for number of families to be served during a fiscal year, taking into consideration the above factors. The estimates should assume that families will remain in treatment and after care for several months, in some cases over a year. Managing Entities may consider a higher estimated cost and must discuss this recommendation with the Regional SAMH Director and with the FIT headquarters coordinator.

In the event the FIT Team Provider fails to achieve the minimum performance measures, the Managing Entity may apply appropriate financial consequences.

Programmatic Performance Measures and Methodologies

The Managing Entity shall include the following performance measures and methodologies in each FIT Team Provider subcontract:

1. At discharge, 90% percent of eligible caregivers served will be living in a stable housing environment:

- **a.** The numerator is the sum of the number of eligible caregivers discharged during the reporting period who are living in a stable housing environment.
- **b.** The denominator is the sum of the total number of eligible caregivers discharged during the reporting period.

c. The percentage of eligible caregivers living in a stable housing environment at discharge should be equal to or greater than 90%.

2. 80% percent of eligible caregivers served will improve their level of functioning, as measured by the Daily Living Activities (DLA-20): Alcohol-Drug Functional Assessment.

a. Measure of improvement is based on change in the average score of the DLA-20. Improvement is based on the change between results from the initial score to the last recorded score.

b. The numerator is the sum of the number of eligible caregivers receiving FIT services during the reporting period with an overall functioning score that is higher than the initial recorded score.

c. The denominator is the sum of the number of eligible caregivers who completed the DLA-20 and had more than one score during the reporting period.

d. The percentage of eligible caregivers who improve their level of functioning should be equal to or greater than 80%.

3. 80% percent of eligible caregivers served will improve their parenting attitudes, as measured by the Adult Adolescent Parenting Inventory (AAPI-2) Assessment.

a. Measure of improvement is based on the change between results in the AAPI-2 Form A (pretest) to Form B (posttest).

b. The numerator is the sum of the number of eligible caregivers during the reporting period with an overall functioning score that is higher on Form B than Form A.

c. The denominator is the sum of the total number of eligible caregivers with assessment results for both Form A and Form B within the reporting period.

d. The percentage of eligible caregivers who improve their level of functioning should be equal to or greater than 80%.