

Florida
State Level Policy Working Agreement - Memo and Agreement

Florida Department of Children and Families
Office of the Secretary

DATE: August 25, 2004

TO: District Administrators and Regional Director
District Substance Abuse and Mental Health Program Supervisors

FROM: Jerry Regier
Secretary

SUBJECT: Policy Working Agreement Between Substance Abuse and Mental Health (SAMH) and Child Welfare and Community-Based Care (CBC)

Ms Celeste Putnam, Deputy Secretary for Substance Abuse and Mental Health, and Mr. Steve Holmes, Acting Deputy Secretary for Community-Based Care and Family Self-Sufficiency, approved the attached "Policy Working Agreement Between the Substance Abuse and Mental Health Programs and the Child Welfare and Community-Based Care Program." This agreement was referenced in previous documents and in the draft 2004-2005 model contract language as a Memorandum of Understanding, however the title was changed for the final agreement to comply with a request from the Department of Children and Families (DCF) General Counsel's Office.

The purpose of establishing this Policy Working Agreement is for developing and maintaining an integrated and coordinated response to the problems of parental substance abuse, mental illness and child emotional disturbance and/or substance abuse in child maltreatment and neglect cases. Joint issues, system goals and outcomes, and recommendations integral to blending and improving services for families involved in the child welfare system are identified and outlined in the agreement.

The 2004-2005 model contracts with substance abuse and mental health providers and with child welfare community-based care lead agency organizations include a requirement that local policy working agreements be developed this year based on this model. The enclosed document entitled "System of Care Language for SAMH and CBC Contracts" presents this contract language. I am requesting that the District Administrators and the Regional Director, and the District Substance Abuse and Mental Health Program Supervisors distribute this memorandum, with attachments, to all contract managers in their district who manage Child Welfare and Community-Based Care contracts and Substance Abuse and Mental Health contracts. Contract managers should then disseminate to all contractors affected by these provisions.

District Administrators and Regional Director
District Substance Abuse and Mental Health Program Supervisors
August 25, 2004
Page 2

When developing local agreements, consider substance abuse and mental health performance outcomes in the contracts for the targeted number of individuals in child welfare to receive services. Also consider contractual requirements for CBC lead agencies related to the General Appropriations Act (GAA) measure for the number and percent of parents/caretakers identified in child protection case plans as needing substance abuse treatment who receive treatment. Statewide this GAA measure targets performance improvement from 47.6 percent in 2003 to 56 percent in 2004-2005. A sample of 2004 Florida child welfare cases determined that 50.5 percent of the caretakers in the families under child protective supervision had case plans requiring substance abuse treatment.

The November 2003 Florida Senate Interim Report on Substance Abuse and Child Protection identified strengths in Florida's substance abuse and child welfare program collaboration to support improved child welfare outcomes, while emphasizing the need for improvement. One of the Department's priority strategies to address these recommendations is development of local policy working agreements. It is expected that the thoughtful planning, which will be required to develop the agreements and the systematic implementation of the provisions, will result in improved outcomes for families served by all systems involved. The number and percent of caretakers who need and receive substance abuse and mental health treatment in families under protective supervision should increase. Reunification of families could possibly be achieved more quickly, or in many cases, more opportunities may be available to divert children from out of home care.

Please use the attached central office level policy working agreement as a model for developing local working agreements to implement requirements of the 2004-2005 contracts. While you have flexibility for modifying the model to make it more operational, please ensure that provisions are included about each of the major categories listed in the state level agreement. It is critical that the agreements address both substance abuse and mental health services, as well as services for parents, caregivers, children, and adolescents.

Due to delayed execution of a central office Policy Working Agreement, contractors did not have a copy of the final model at the time contracts were signed with the Department as was intended when the original contract language was developed. Therefore, we recognize that contractors may encounter difficulty in complying with finalizing a local agreement within 90 days of the executed contract as stipulated in the contract language. Contractors should obtain confirmation and approval from the DCF contract manager for a revised target date for executing a Department approved policy working agreement that is 90 days following the date of receipt of this model.

District Administrators and Regional Director
District Substance Abuse and Mental Health Program Supervisors
August 25, 2004
Page 3

A single policy working agreement can be developed between the CBC lead agency and its subcontractors and substance abuse and mental health prevention and treatment providers, who provide services to families supervised by the CBC lead agency and its subcontractors. Contracted providers should involve the DCF District or Regional Substance Abuse and Mental Health Program Offices and Regional Child Welfare and Community-Based Care Program Office staff in finalizing the working agreements. Final signed working agreements should be provided to the DCF Contract Manager, who should then forward to the DCF District Administrator or Regional Director.

I look forward to hearing about your progress to improve the lives of the children and families served through our Department.

Attachments

cc: Steve Holmes, Acting Deputy Secretary, Community-Based Care and Family Self Sufficiency
Celeste Putnam, Deputy Secretary, Substance Abuse and Mental Health
Greg Keller, Acting Deputy Secretary, Operations and Technology
Ken DeCerchio, Director, Substance Abuse Program
Ed Miles, Director, Mental Health Program
Beth Englander, Director, Child Welfare and Community-Based Care
Regional Child Welfare and Community-Based Care Coordinators
Florida Alcohol and Drug Abuse Association
Florida Council for Community Mental Health
Florida Coalition for Children

**POLICY WORKING AGREEMENT
BETWEEN THE DEPARTMENT OF CHILDREN & FAMILIES'
SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAM OFFICES
AND
CHILD WELFARE AND COMMUNITY-BASED CARE PROGRAM**

I. PARTIES TO THE AGREEMENT

The parties to this agreement are the Substance Abuse Program Office, the Mental Health Program Office and the Child Welfare and Community-Based Care Program Office, all of the Florida Department of Children and Families.

II. PURPOSE

The purpose of establishing this Policy Working Agreement is to develop and maintain an integrated and coordinated response to the problems of parental substance abuse, mental illness and child emotional disturbance and/or substance abuse in child maltreatment and neglect cases. The Substance Abuse and Mental Health Program Offices and the Child Welfare and Community-Based Care Program Office have identified joint issues, system goals and outcomes, and recommendations integral to blending and improving services for families involved in the child welfare system.

There is a heightened awareness that parental substance abuse is a major contributing factor to child neglect and abuse and is one of the key barriers to family preservation and reunification outcomes. Good child and family outcomes in these situations are especially difficult because of the long-term recovery process, as well as the chronic and relapsing nature of addiction. Substance abuse dangerously compromises the ability of parents to provide a safe and nurturing home for their children.

There is also awareness that some adults who experience the signs and symptoms of serious mental illnesses have children. Many will not have supports within their family to ensure that their children are properly cared for, especially when they are in a mental health crisis. Because mental health treatment is typically focused on the person presenting for treatment, planning for other family members, including children, has not typically been a part of the individual's treatment program. With improved coordination and supports these children may be diverted from entering the child welfare system and will benefit from improved mental health outcomes in the community.

Providing effective interventions to address concurrent substance abuse, mental health and child maltreatment problems in families is essential for accomplishing permanency planning and preventing the re-occurrence of child maltreatment. Further, children and adolescents who have been abused or neglected suffer from trauma which can result in them being among the highest at risk for becoming substance abusers and often manifest with behavioral symptoms of emotional disturbance or serious mental illness. They also develop these problems at a younger age than

others due to familial and genetic factors. This results in the need not only for substance abuse and mental health treatment and supports for the parent, but also significant prevention and intervention by the substance abuse and mental health provider for the children in these homes. Recent national attention has been directed to studying and making changes in the law related to this issue.

The Substance Abuse, Mental Health and Child Welfare and Community-Based Care Program Offices have agreed to a Policy Working Agreement that will outline collaboration initiatives at the state policy level, as well as basic expectations that communities will use to develop local cooperative agreements. This Policy Working Agreement addresses mutual goals, service integration and working relationships among key partners related to individuals who are substance involved or have mental health needs and who are child welfare clients. The agreement not only includes the child welfare, mental health and substance abuse services provided by, or under contract with, the department, but also embraces other departmental programs, public health, the court systems, families, and other critical partners and community stakeholders. From this document, the district/region Child Welfare and Community-Based Care and Substance Abuse and Mental Health Program Offices will jointly draft a cooperative agreement with the participation of local stakeholders.

Where foster care and related services are provided under contract with community-based care lead agencies, the Child Welfare and Community-Based Care, Substance Abuse and Mental Health Program Offices will have cooperative agreements and operating procedures with the participation of these lead agencies to carry out the intent of this Policy Working Agreement.

III. GOALS

The parties to the agreement must strive for success in accomplishing the following goals:

- a. To protect and ensure the safety of children;
- b. To prevent and remediate the consequences of substance abuse and mental health issues for families involved in child welfare or at risk of being involved in child welfare by reducing alcohol and drug use and reducing symptoms of psychiatric disorders;
- c. To plan for family preservation and/or permanency through strengthened engagement of families and improved teaming among the involved professionals; and
- d. To support families in recovery with substance abuse and mental health issues.

IV. TERMS OF AGREEMENT

The terms of this agreement cover procedures for initial contact, on-going contact, cross system communication, confidentiality, training and evaluation. Terms substantially track the key elements (domains) essential for a systems approach to serving substance-involved families and families with serious mental health issues in the Child Welfare system outlined in *SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES SPECIAL CONSIDERATION TO ENSURE INTEGRATION WITH COMMUNITY-BASED CARE*. The parties also agree to implement, as applicable, the products of the in-depth technical assistance work plan.

A. State Level Policy Development

The parties agree to collaborate in the development and analysis of policy and subsequent revisions that will support improved screening, assessment and retention in treatment of families with substance abuse and mental health treatment needs who are also served by the child welfare system. The parties will conduct an analysis of preferred practices for treatment and case management within the substance abuse, mental health and child welfare fields and will develop recommendations for an integrated practice model to be used in Florida. The parties will engage the Dependency Court Improvement Project of the Florida Supreme Court in order to ensure the Court's input and to ensure that juvenile court proceedings will benefit from this collaborative policy development.

B. Co-location

The parties agree to encourage the co-location of substance and mental health screening and initial assessment in the Child Welfare and Community-Based Care Program Offices of staff conducting initial child protection investigations. This co-location of child welfare staff and substance abuse and mental health staff will ensure the linkage and communication between multiple systems and make the gathering of collateral information easier. The parties agree to the mutual development and maintenance of implementing guidelines for a Substance Abuse Family Intervention Specialists who may be collocated with child welfare staff. Additionally, the parties will work together to implement all aspects of CFOP 155-10, Mental Health Services for Children in the Custody of the Department, especially those areas of assessment and service provision targeting parental factors resulting in a child being placed into the custody of the Department.

C. Identification of Alcohol and Other Drug Addiction, Mental Health Needs, and Potential Child Abuse and Neglect

1. Identification of Alcohol and Other Drug Addiction and Potential Child Abuse and Neglect

The Child Welfare and Community-Based Care Program Office agrees to make screening for substance abuse a standard element of every protective service risk assessment. The screening will incorporate collateral contact information, as well as drug testing, when appropriate. A standardized substance abuse risk assessment tool will be developed and offered for use by child welfare providers statewide.

2. Identification of Mental Health Needs and the Potential for Child Abuse and Neglect

The Child Welfare and Community-Based Care Program Office agrees to make screening for mental health disorders a standard element of every child welfare risk assessment. The screening will incorporate the use of a mental status examination and any other collateral information that may be available.

The Mental Health Program Office agrees to identify an existing, published screening instrument that will become a standard part of the screening process. In the event it is determined that existing instruments are not applicable, a standardized instrument will be developed for use in protective service risk assessments.

3. Substance Abuse and Mental Health Provider Responsibilities

Likewise, Substance Abuse and Mental Health Program Offices' contracted providers will identify signs of potential child abuse and neglect as a standard part of the substance abuse family assessment and mental health screening and assessment. As described in the Training Section X of this agreement, training will be provided for protective investigators on screening/identifying substance abuse issues and mental health issues, and training will be provided for substance abuse and mental health providers on screening/identifying child maltreatment.

D. Assessment Process

The parties agree that if substance abuse problems or mental health needs are detected, a timely family assessment will be conducted to determine how drug and alcohol factors or mental health issues are affecting the family across all domains, including health, employment history, legal problems, living arrangements and parenting abilities. The assessment will indicate the severity of the substance abuse or mental health problems and the services needed to be in an initial treatment plan.

Further, the parties agree that substance abuse bio-psychosocial assessments or mental health psychosocial assessments will be integrated with child welfare risk assessments, family plans and legal sanctions. This information will be given to the substance abuse or mental health provider after the parent or guardian signs a consent-to-release-information form that will be included in the assessment. In order to make appropriate decisions about substance abuse and mental health treatment, child safety, reunification and termination of parental rights, the assessment process will also focus on the entire family's needs.

If a Medicaid Comprehensive Behavioral Health Assessment has been completed within the past year, this assessment will be used as part of the assessment required for treatment planning.

E. Referral Process

1. Referral Process for Substance Abuse Services

The Child Welfare and Community-Based Care Program Office will ensure that their investigators use effective motivational strategies, or the leverage that is available, to ensure that these individuals link with the most appropriate treatment provider, including requiring substance abuse treatment tasks for the parent or guardian in case plans and taking appropriate actions when a parent is unable to meet these tasks. Further, the investigators will personally connect individuals to an appropriate treatment program, or share protective services assessment results with the treatment program prior to its assessment of the individual. Additionally,

investigators will use consistency in obtaining follow-up to determine whether an individual actually made contact with a substance abuse provider.

The Substance Abuse Program Office will ensure that their contracted providers communicate promptly with child welfare staff regarding whether an individual referred by child welfare actually made contact with the treatment modality to which they were referred.

The parties agree to strengthen the communication throughout the concurrent substance abuse and child welfare assessment and referral process to ensure that treatment is available to parents with the motivation and support to succeed. To this end, the parties agree to develop local operating procedures and responsibilities that explicitly define the processes for referral, follow-up and on-going case management and to utilize the Substance Abuse Family Intervention Specialists (FIS) for these purposes, if a FIS is available, and in accordance with published FIS guidelines.

2. Referral Process for Mental Health Services

Through the development of the local cooperative agreement, district substance abuse and mental health staff, mental health providers and Child Welfare and Community-Based Care will develop agreements that define the process, responsibilities and contact positions that will document a mental health assessment and any recommended services that are to be provided. The agreement will also include expectations for access to services for both children and adults and their parents or guardian in need of assessment or treatment.

The Mental Health Program Office will advise the districts and region that contracted community mental health providers will be a key partner in identifying and addressing mental health issues that results in contributing factors of child neglect and abuse.

Additionally, the parties agree to coordinate with the districts/region Single Point of Access (SPOA) as outlined in CFOP 155-10, Mental Health Services for Children in the Custody of the Department. This operating procedure is to fully integrate services for children in the Department's custody in the area of screening, assessment for substance use and mental health needs, referral for services and follow-up.

F. Care Coordination/Case Management

The parties and contracted providers agree that cross system collaboration is essential to increase the practice of joint case planning and to integrate the goals of the child welfare case plan in the person's substance abuse or mental health treatment process. To this end, collaborative relationships will be established locally to:

1. Ensure a functional assessment is initiated and an appropriate team is assembled during the investigation;
2. Ensure a timely transfer of cases from investigations to service providers;

3. Enable community-based care lead agencies and providers, substance abuse service providers and mental health service providers to meet a broader range of family needs;
4. Allow agencies to better coordinate their efforts and ensure that they neither overwhelm families with requirements nor impose conflicting demands; and
5. Enable a more efficient use of limited resources and prevent inefficient parallel program development.

The parties agree to establish a joint set of shared expectations regarding services integration and clearly defined roles for each respective system that will enable child welfare staff to evaluate whether a parent or guardian is making sufficient progress in his or her treatment, rehabilitation or support program and to reasonably expect that children placed out-of-home could be returned to the parent or guardian within 12 months or shortly thereafter.

The parties and contracted providers agree to participate in the case planning process, as appropriate or needed, and to facilitate development of the case plan in conference with the parent(s), guardian ad litem, caregiver(s) and the child(ren) as appropriate. For children placed out-of-home, the case planning process must be completed in accordance with federal law, which requires that case plans be prepared within 60 days of the child's removal from the home, and Florida Statute, which mandates that the court approve a case plan by the disposition hearing, or within 30 days thereafter.

The parties and contracted providers agree that continued case management is essential to successful outcomes with this population. To this end, both the Child Welfare and Community-Based Care Program Office and the Substance Abuse and Mental Health Districts/Region Program Office will develop protocols to work closely with the family and to monitor progress, after the case is closed and the parent or guardian is discharged from active treatment.

G. Confidentiality

The parties to this agreement acknowledge that working together to assist individuals and families offers the greatest chance of success and that effective case coordination is maximized if workers from all systems have a clear understanding of the confidentiality laws and implement simple practices to secure consent for treatment. This is best accomplished if the parties develop operational procedures to address confidentiality issues between their respective program areas.

The statutory basis that guides confidentiality for substance abuse, mental health and child welfare systems can be found in Chapter 397.501(7), F.S.; 42 C.F.R., Part 2; 42 U.S.C. 1320d, 45 C.F.R., Parts 160 and 164; section 394.4615(1), F.S. and section 39.202, F.S.

The program offices commit to review current operating procedures and to develop a workgroup to address confidentiality issues and procedures. Procedures will include a requirement to obtain a person's consent at the time of referral for the sharing of treatment information between the Child Welfare and Community-Based Care Program, the Substance Abuse Program, the Mental Health Program and Family Court. This will ensure that relevant information from the child

welfare assessment can be considered in the initial substance abuse or mental health assessment, will improve joint case planning and will enable the substance abuse or mental health provider to expeditiously provide the Child Welfare and Community-Based Care Program with results of the substance abuse or mental health assessment and treatment progress. The Substance Abuse Program Office, the Mental Health Program Office and their contracted providers agree to take the lead responsibility for on-going communication and the sharing of information throughout the duration of the person's substance abuse or mental health treatment.

Specifically, the parties agree to the following:

1. The Substance Abuse Program Office, the Mental Health Program Office and the Child Welfare and Community-Based Care Program Office mutually support the sharing of information regarding mutual persons served for the purpose of coordinating the provision of optimal services. The program offices agree to share information about individuals and families served and services provided, contracted or arranged with the understanding that any exchange of confidential information will be accomplished in compliance with applicable federal and state statutes and regulations.
2. Designated staff from the program offices and contracted providers may share information from case records and automated systems about individuals and families when needed for purposes of assessment, case planning, case management, therapeutic services and treatment after securing appropriate consent specifically allowing for his/her health/behavioral health information to be released for this purpose.
3. Information pertaining to groups of individuals, families and services (whether aggregate or files of individual records) may be shared for purposes of program operation, management, planning, budgeting and evaluation after securing appropriate consent specifically allowing for his/her health/behavioral health information to be released for this purpose.
4. Staff from the program offices and contracted providers responsible for the security of automated systems are authorized to provide, as appropriate, direct on-line access to automated Department of Children and Families records to staff who have need for the information to accomplish legitimate business purposes as described in "c" above.
5. The program offices will ensure, via rule or operating procedure that, statutory mandates directed to ensuring the confidentiality of records or materials will be enforced equally as to their own records or materials and as to those of the sharing program office.
6. The program offices will ensure that concerns with possible legal prohibitions on the sharing of information are brought to the immediate attention of their legal counsel and that legal counsel will work together to resolve any such issues in an expeditious fashion.
7. The program offices will ensure that confidentiality training is provided that includes guidance about best practices for referrals, joint case planning and how information can be shared while complying with the confidentiality requirements. This training will be offered to both child welfare staff, substance abuse treatment providers, mental health treatment

providers who specialize in working with families referred from child protection and appropriate staff representing the legal and judiciary systems.

H. Effective and Accessible Treatment Services

Although most families (95%) identified by Child Welfare and Community-Based Care as needing services are not in situations involving the removal of their children, timelines for permanency resolution for those children who are in out-of home care with relatives or foster parents require immediate access to intensive services for parents or caretakers abusing substances or exhibiting the signs and symptoms of serious mental illnesses. Therefore, the Substance Abuse Program Office, the Mental Health Program Office and their providers will make every effort within available resources to increase the availability, access and effectiveness of treatment. Substance abuse treatment providers under contract with the Department will give priority for treatment placement to child welfare referrals, second only in priority to federal requirements for first priority treatment placement of pregnant substance abusing women and injecting drug users. Mental health service providers will give priority to individuals or families referred by child welfare second only to those priorities identified in statute, litigation or administrative rule. Similarly, every effort will be made to include capacity to concurrently serve both the parent or guardian and the children. Additionally, because few treatment programs are able to provide all the identified needs, they will develop collaborative agreements with other agencies to maximize the response to the multiple needs of these individuals. Child Welfare and Community-Based Care will make every effort to improve their ability to engage and retain the individuals they are serving who are in treatment and support their ongoing recovery.

The Substance Abuse Program Office and the Mental Health Program Office, in collaboration with the Child Welfare and Community-Based Care Program Office and key service providers, will develop a 'Model Continuum' of services for this population with recommendations to identify strategies to maximize motivational engagement, retention and treatment of this population. The parties agree to utilize appropriate current and future opportunities to expand and enhance substance abuse and mental health treatment for individuals and families in child welfare through newly available funding such as block grant, general revenue, Medicaid and TANF dollars to close the public treatment gap in serving this population.

To maximize retention in substance abuse treatment of parents involved in the child welfare system, both parties agree to clearly define sanctions, and when appropriate, support their enforcement if possible by the courts' use of therapeutic jurisprudence to reduce and eliminate the non-compliance rate of a parent's non-completion and refusal of treatment.

The parties agree to support strategies to replicate dependency drug court models throughout Florida.

I. Continuing Care

The Substance Abuse Program Office, the Mental Health Program Office and their providers will make every effort within available resources to expand the provision of formalized continuing

care programs that address relapse prevention, individual and family therapy, life skills training, safe and drug-free housing and job training. These services will be culturally competent, convenient, accessible and affordable.

The parties and providers agree to ensure that reunification plans address the issue of relapse prevention and intervention. The Child Welfare and Community-Based Care, Substance Abuse and Mental Health service providers will develop protocols to work closely with the family and to monitor progress after the case is closed and the parent is discharged from active treatment. Interagency collaboration will be facilitated to provide support and services during the transition from 'completion of treatment' and self-sufficiency. Counseling and support referrals will be provided to parents who feel that they cannot cope with parenting or who feel that their children would be better off in the care of someone else. It is desirable that community-based continuing care and in-home support services be provided to these families to enable them to become healthy, safe and self-sufficient.

In addition, the parties agree to work towards enhancing the "System of Care" in their community. A "Continuum of Care" generally connotes a range of services or program components at varying levels of intensity. These are the actual program elements and services needed by children and youth. "System of Care" also has a broader connotation. It not only includes the program and service components, but also encompasses mechanisms, arrangements, structures or processes to ensure that the services are provided in a coordinated, cohesive manner. Thus, the System of Care is greater than the continuum, containing the components and provisions for service coordination and integration" (Stroul & Friedman, A System of Care for Children and Youth with Severe Emotional Disturbances, revised 1994).

J. Prevention and Treatment Services for Children

1. Prevention and Treatment Services for Children of Substance Abusers

When possible, both parties and contracted providers will expand and enhance substance abuse prevention and treatment services for children under child protection that attends to their healthy emotional, social and cognitive development and the high risk of substance abuse and other problematic behaviors as needed, with emphasis on prevention services. Both parties agree to collaborate on the provision of information and educational opportunities for parents, foster parents and other caregivers to prevent future substance abuse, maltreatment and other problems in the children in their care. This is a long-range strategy to address the risk and protective factors that may ultimately lead to future alcohol and other drug use by these children and adolescents.

The Substance Abuse Program Office and its providers will make every effort to encourage the provision of therapeutic services for children, in the context of a parent's substance abuse treatment program, to prevent future maladaptive behaviors in these children. Services for infants and children will be designed to foster healthy development, linking primary health care, prenatal, hospital in-patient and post-natal care and mental health and social services. Activities and services may be provided for the children either on-site or through linkages with other appropriate and qualified community service providers.

2. Mental Health Prevention and Treatment Services for Children

The District/Region Mental Health Program will develop mental health prevention and treatment services through contract with local service providers that target the needs of children served by the Child Welfare and Community-Based Care Program. Services should support healthy emotional, social and cognitive development. The parties agree to collaborate on the provision of information and education opportunities for parents, foster parents and other caregivers to prevent neglect, abuse, maltreatment and other problems in the children in their care. Critical components that must be addressed in local Policy Working Agreements are outlined in SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES SPECIAL CONSIDERATION TO ENSURE INTEGRATION WITH COMMUNITY-BASED CARE and include: collaboration, access, comprehensive behavioral health assessments, strength-based and individualized treatment planning, service array, and coordination of care. Recognizing that 40% of the children that enter the child welfare system are under the age of 5 and are at high risk of continuing the cycle of abuse, neglect, violence dysfunction and mental illness, all parties will work to develop early intervention and prevention services for infants and toddlers.

K. Training

The Substance Abuse Program, the Mental Health Program and the Child Welfare and Community-Based Care Program will utilize pre-service, in-service and cross system training to fill information gaps and improve the ability of administrators and on-line staff to identify and intervene with families involved in each system. Training will focus on the core training to understand how each system functions as well as the development and maintenance of specific skills in interviewing, assessment, decision-making, time management and other important competency areas. It will also focus on learning about the resources that exist at the state and community levels and appropriate referral processes. The parties agree to utilize the Professional Development Centers when appropriate to play a key role in providing on-going, competency-based training to staff from each program office.

Specific cross training will be developed and provided throughout Florida to include such topics as:

1. Screening tools that go beyond a single question approach to include the presence of drug and alcohol problems and the differentiation (DSM IV definition) between use, abuse and dependence;
2. How to identify and intervene w/ substance use and addiction;
3. Treatment modalities and effectiveness, what providers do and their capacity, and what local resources exist and how they differ;
4. Addiction as a family disease, the dynamics of substance abusing families, and impact on parenting;
5. An awareness of the phases of recovery as measures of parents' readiness for child custody;

6. Effective parenting, family support, and family skills training models;
7. Administering a mental status examination;
8. Administering a standardized screening instrument for mental health disorders;
9. Understanding the roles and responsibilities of mental health case managers;
10. Confidentiality laws and regulations;
11. Core training in the child welfare, substance abuse and mental health systems; and
12. Joint case planning.

L. Accountability and Evaluation

The parties agree to work towards modifications in their respective data systems to be able to measure respective and joint outcomes for the families in each system so that all applicable systems can identify target areas and implement strategies to improve outcomes for this population. The parties agree to implement necessary processes to measure applicable performance standards that may be required of affected programs through the General Appropriations Act. Through accountability and collaborative evaluation, each system will be better able to merge data systems and integrate the results. To this end, the parties will work jointly to determine the feasibility of automating their joint performance measure by linking the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW) with the Statewide Automated Child Welfare Information System (SACWIS), known in Florida as HomeSafenet and the ONE FAMILY web-based data system for mental health. Additionally, the parties agree to explore an "on-time" manual reporting system until the data can be automated.

The parties and contracted providers agree to link program performance measurement and improvement to the action items in the state and local Performance Improvement Plans. Program performance will be measured based on data extracted from the Department's information systems and findings from quality assurance reviews conducted by district/region and central office staff.

M. Other Agreed Upon Terms

All terms of this agreement are fully understood and accepted. This agreement becomes effective upon execution by all parties. The signatories of this agreement accept the responsibility for resolving the disputed issues among parties.. After this agreement has been in effect for one year, each program office shall designate staff to review the terms of the Policy Working Agreement and make any recommendations for modification. Changes in law or to the Florida Administrative Code that conflict with any part of this agreement will take precedence upon implementation. These changes will then be incorporated into the agreement upon annual period of review. Unless otherwise stated, each program office shall bear its own costs in carrying out the terms of this Policy Working Agreement.

We, the undersigned, agree to the terms of this Policy working agreement.

Acting Deputy Secretary for Community-Based Care and
Family Self-Sufficiency

Date

Deputy Secretary for Substance Abuse and Mental Health

Date