

Family Intensive Treatment Team

A practice that is designed to be family focused and integrated across the child welfare, behavioral health and judicial systems



Family Intensive Treatment Team

The Henderson Behavioral Health (HBH) Family Intensive Treatment (FIT) Team, provides team-based, family-focused, comprehensive services for caregivers within the child welfare system, whom have been identified as having a substance use disorder.

The FIT Team provides a combination of Wraparound Care Coordination, Behavioral health services and peer support for approximately six months.

The ten key principles of Wraparound inform and guide the FIT process at every level to ensure quality individualized care is being provided to every client, while understanding need for continual collaboration throughout FIT services. Thus

One Child – One Family - One Plan



Criteria and Eligibility

1. Are eligible for publicly funded substance abuse and mental health services pursuant to s. 394.674, F.S.;
2. Have 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;



Criteria and Eligibility (cont)

4. At the time of referral to FIT, have child welfare involvement as follows:

- a. With children under Non-judicial supervision, deemed unsafe but remains in home with a safety plan and child welfare case management; With children under Judicial supervision in dependency court, deemed unsafe but remains in home (or was returned home) with a safety plan and child welfare case management; or
- b. With children under Judicial supervision in dependency court, deemed unsafe and placed in out of home care as an in-home safety plan was determined to be insufficient; and
- c. Are willing to participate in the FIT Program. However, the parent may be court ordered to participate in FIT services.



SYSTEM OF CARE GUIDING PRINCIPALS

- Family Voice and Choice
- Team Based
- Natural Supports
- Collaboration (and Integration)
- Community Based
- Culturally Competent
- Individualized
- Strengths Based
- Persistence
- Outcome Based and Cost Responsible

FIT TEAM Composition

HOPE
HOLD ON, PAIN ENDS.

Wraparound

The **Specialized Care Coordinator** is a certified high fidelity Wraparound Facilitator and works with the multi-disciplinary team to promote access to a variety of services and supports. The Care Coordinator utilizes the Wraparound process to service provision which involves diligent efforts to engage families who may have historically been resistant to any type of intervention.

Treatments are individualized and include but are not limited to: Behavioral health; Domestic violence services; Medical and dental health care; Basic needs such as housing, food, and transportation; Educational and training services; Employment and vocational services; Legal services; and other therapeutic components of the family's treatment, services, or supports as needed.

FIT TEAM Composition

•Peer support

A peer mentor is available 24 hours per day, seven days per week for support, referrals, and mentoring.

•Substance abuse and Co-occurring Treatment Services

Both substance use disorders and mental health needs are addressed through an array of services, to include, but not limited to: intensive in-home treatment; counseling and related therapeutic interventions in individual, group or family settings; and crisis stabilization and detoxification services.

•Psycho-education

Parenting skills;
family education and family support network development;
behavior management; and
relapse prevention.



Wraparound is...

A facilitated team-based service and support planning process; the team is composed of 4-8 people in the life of the parent/family who know them well and who care.

The team:

- Creates and implements plan that is family driven;
- Includes within plan a mix of formal and natural supports;
- Bases the plan on unique strengths and culture of family.

What is Wraparound

- Initial time to get to know the strengths, needs and culture of the youth (family) (this takes 3 to 5 times longer than workers normally spend estimate of 8 to 10 hours)
- Ongoing effort to identify and engage natural supports (extended family and others who can be there once out of DHS)
- Development of a team to support the parent (family)
- Plan focus on the needs not deficits of the parent (family)
- Development and implementation of an integrated plan through brainstorming and work across needs
- Development of crisis plans
- Consistent and frequent follow-up and communication to all team members to ensure plan is implemented and is working (this is individualized to what works with each team but averages several times a week to monthly)
- If it does not work change the plan
- Transition plan

Who is Wraparound for?

Children and youth with significant emotional and behavioral challenges that families do not understand how to cope with

*******Families with complex and chronic challenges (wraparound gives us the best chance of reunification and demonstrates reasonable efforts to court)**

Youth without supportive permanent living environments and significant emotional or behavioral challenges (to find them the placement)

Compare to Broker Model of Care Coordination

- Wraparound Process is done with and not to (supports self efficacy)
- The focus and amount of time in the assessment (strengths, needs, and culture discovery). The focus is on getting to know the strengths and culture of the youth (family) and their own goals (incorporating court if needed) to identify needs to meet the goals
- Engagement of natural supports and other providers in a team to develop an integrated plan
- Brainstorming options instead of providing “canned services”
- Crisis plans based on functional assessment
- Frequent communication and support to ensure implementation and to success of the plan
- Changing the plan instead of giving up on the family or youth
- Transition planning including how to continue the wraparound process

The FIT Wraparound Process

To assist with integration, our offices are co-located at Childnet.

Services take place in the client's home. Sessions and meetings are set to accommodate work schedules, other provider requests (ie parenting classes), court dates, and client's culture and family values.

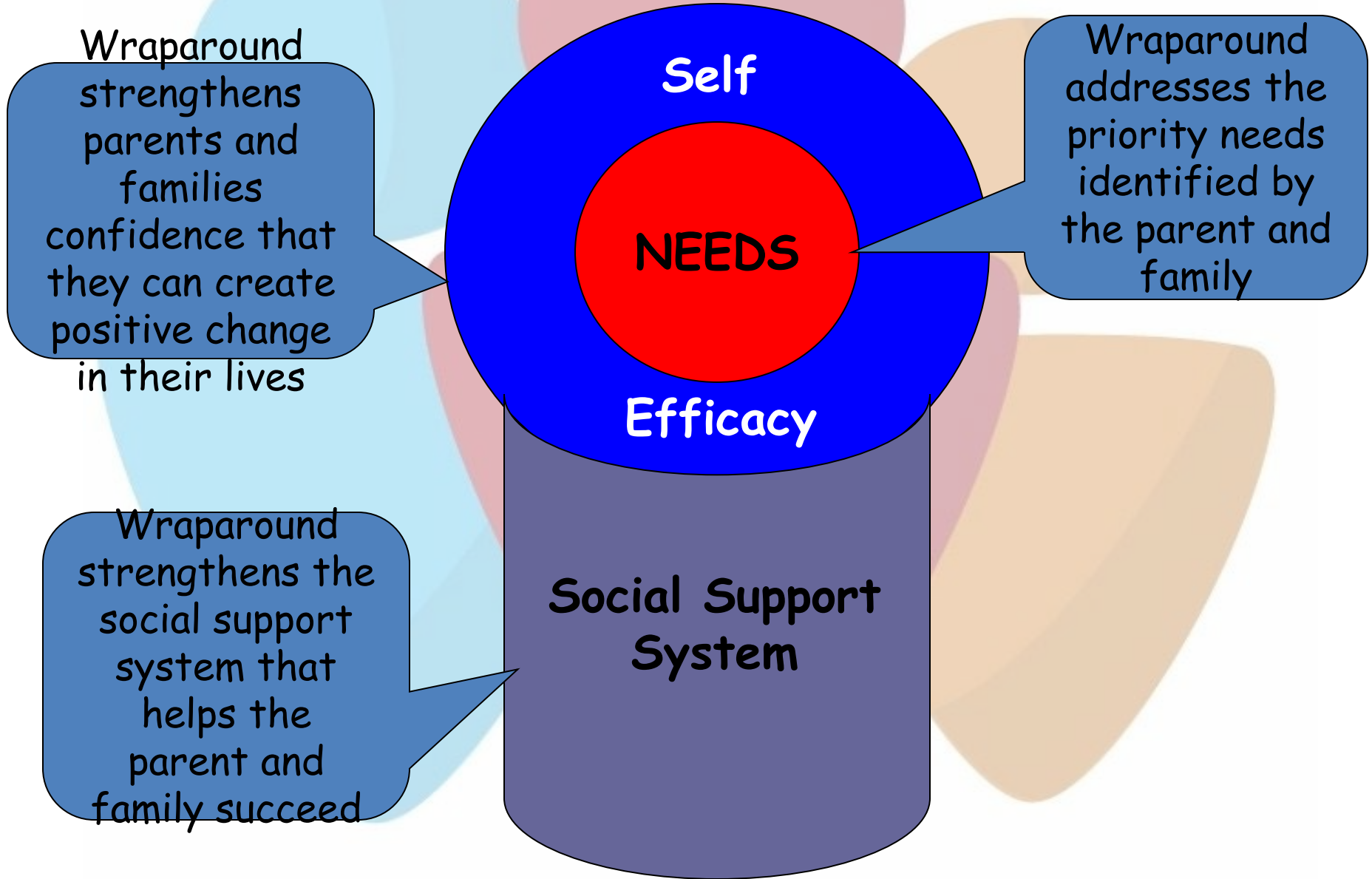
Family Team meetings are held monthly to include the client, all FIT team members and the Child Advocate.

A Wraparound Plan that acts as a master case plan, as it **incorporates the court ordered case plan tasks**, with the clinical plan of care and a relapse prevention plan.



Theory of Change for Wraparound

Why Does Wraparound Work?



The FIT Wraparound Process

Wraparound is a specific method for treatment planning and care coordination.

The theory of change for wraparound, provides rationale for why treatments included in the wraparound plan are likely to be more effective than they might be in the absence of wraparound (due to better treatment acceptability and client engagement, agreement about treatment goals, etc.), and why participation in the wraparound process itself may yield positive outcomes for clients and their families (due to increased optimism, self-efficacy, social support, coping skills, etc.).

*Additionally, Staff receive training in Trauma Informed Care, Motivational interviewing, Seeking Safety, Circle of Security and Parent Child Psychotherapy.

FIT TEAM

Length of Stay

According to the National Institute on Drug Abuse, research shows that most people with a substance use disorder need at least three months in treatment to reduce or stop their drug use and that longer treatment time result in better outcomes.

Recovery from drug addiction is a long-term process that often requires several episodes of treatment and ongoing support from family or community.

The goal of FIT is to provide treatment to families until the time of family reunification and/or child welfare case closure. If additional services are needed upon commencement....discharge will include a “warm hand off” to a treatment provider which means at least one initial appointment has been kept.

Benefits

What are the benefits of the program?

- Increase immediate access to substance use and co-occurring mental health services for parents in the child welfare system;
- Increase children's safety and reduce risks;
- Increase parental protective capacity; and
- Reduce rates of re-abuse and neglect of children with parents with a substance use disorder.
- Reduce the number of out of home placements and the time the children remain in the child welfare system,
- Help substance using parents overcome addictions and improve involvement in recovery services.

Questions & Contact Info



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