Finding a Better FIT

Family Intensive Treatment
What is FIT?

- Intensive
- Team-based
- Family-focused
- Serving families involved in the child welfare system
- 23 Teams serving 43 counties
The FIT Team

- Program Manager
- Behavioral Health Clinician
- Case Manager
- Recovery Peer Specialist
• 24/7 access to parents/guardians 24 hours a day, 7 days a week;
• Recovery peer support services
• Case management services
• Coordination with child welfare professionals
• Individualized treatment provided
• Document in FSFN;
• Intensive in-home treatment
• Group treatment based on individual and family needs and preferences
• Trauma-informed treatment services
• Therapeutic services and psycho-education in:
  o Parenting interventions
  o Natural support development
  o Relapse prevention
Care coordination, 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.
Who We Serve

• **Parent(s)/guardian(s)** who meet all the following criteria:
  • Eligible for publicly funded substance abuse and mental health services
  • Meet the criteria for a substance use disorder
  • Child 0 - 10 years old
  • At the time of referral to FIT:
    • “unsafe”
    • permanency goal of reunification
    • willing or court ordered
Remembering the Why
“Thanks to FIT, I have been reunified with my children and the work I did with FIT and the services they provided helped me to accomplish that. Being reunified has been the biggest blessing in my life and I appreciate my children more than ever.

The FIT Program placed people in my life (my counselor, case manager and the peer) that I connected with and could communicate with no matter what was going on, or what I was struggling with. I didn’t feel judged and was always treated with kindness, respect, and understanding by the team.

Prior to FIT, my life was a total mess and completely chaotic. I was living in darkness. Since having FIT in my life, things have gotten so much better. FIT provided me with the guidance I needed to find the light at the end of the tunnel and advocated for me in court.”
To Be Inspired Is Great,
To Inspire Is Incredible.

You can only save yourself.
Weak people revenge.
Strong people forgive.
Intelligent people ignore.

Everything happens for a reason.

Always remember, you are braver than you believe,
stronger than you seem,
smarter than you think, and
twice as beautiful as you ever imagined.

In house, stay clean.
Help others.

When everything seems to be going against you, remember,
the airplane takes off against the wind
not with it.

It works if you work it.
So work it, you're worth it.

Difficult roads often lead to beautiful destinations.

Live in the moment
and you will see the blessings in each
day.

Self care is important.
Love yourself.

Don't be pushed around by
the fears in your mind,
Be led by the dreams
in your heart.

Fear is a liar.

Never stop believing.
Never lose faith.

No one is ever too broken,
too scarred or too far
alone to create change.
Never stop fighting.

Old thinking: I want;
New thinking: I take.

Taking a minute:
about how being
will hurt me and

Looking for
something,
you have it.
“I am very **appreciative** of what FIT had to offer me. I have been **reunified** with my 2 children since January 24\(^{th}\) with the help of my FIT team.

Before FIT got involved, I lost my dad to stage 4 cancer and was dealing with a lot of grief. I relapsed on drugs and was dealing with domestic violence which also caused me to lose custody of my children. After I entered the FIT program, I can say that I have been clean for 9 months, I no longer struggle with grief, I have a **stronger foundation** and a **healthy recovery network**. I’m so **thankful** for FIT because my journey to recovery was very rocky and I am certain that I would have just given up if I didn’t have FIT in my life.

I believe if not for FIT, I wouldn’t have survived this whole process. My FIT team kept me going and feeling **strong** through each meeting with CPC and in court. You all were **crucial** to my recovery and always there for me when I needed you. I was never receptive to therapy in the past but the FIT team provided me with the much needed therapy that I’ve needed for years.”

SMA Healthcare Volusia
“I’ve been doing my homework, attending sessions, and making better choices with any problems. I have **accomplished** my goal. **Staying focused.**”

“I have gotten a lot of positive information about myself and on the different things I can do to **stay on task** and with a **positive outlook** on things. I enjoy my sessions and the **knowledge** I get from them.”

“I am very **proud** as well as surprised at how much **self-control** I have had over my substance use.”

“This program so far has been **extremely helpful** for me, especially identifying ways to **relieve stress and tension**, remembering to be **safe** and stay away from situations that are unsafe. I am doing well in this program; I really enjoy it.”

“I have been feeling more **positive** about everything. I am **aware of consequences** and I can **avoid drinking and negative thinking.**”

Aspire Health Partners
“I was a single mom of nine kids struggling in addiction... At that time I had lost my kids for several months ... At one point I thought I was able to stop doing drugs and to get it right. My thought was wrong and FITT stood by me and never counted me out and encouraged me ... They save my life and they never gave up on me ... My case manager was awesome she always made me accountable but never doubted me... The Peer that was assigned to me always was encouraging uplifting and motivated me to always do better ... and to hopefully be an inspiration and to help others. The Therapist I was assigned to was always devoted to encouragement and was attentive ... I honestly do not know if I would’ve even gotten through residential without having FITT... They advocated for me... I’m so grateful today being two years eight months sober that I had the opportunity to complete detox residential and the FITT program it save my life and there’s not enough gratitude or words I could ever express to show how thankful I am and how much I appreciate what FITT did for me.

Since then I have had my children for about two years now all home doing well and I work and have my own place and transportation as well before I had nothing... I reentered Gateway to become a part of the team... I have just now reached my six months of working as a peer ...to give that hope encouragement and testimony to others that they may see that there is light at the end of the tunnel and that there is Success as long as you put everything into recovery. Now I get to plant seeds and watch people grow into see how important it is to be in this role and that every life deserves to live a life of freedom from this addiction and mental health issues that encompasses our society. I have enjoyed working as a peer I love it and I’m so grateful that I can be a part of this. Sooo in other words FITT really played a huge part in my life and they continue to play a huge part today and they are what got me through help me be successful and... to now be able to do what they do and help others in recovery there is not enough words or a way to express how thankful and grateful I am but I recommend it because it worked and it worked for me.”

Gateway Community Services
“As of last week, I have been reunified with my children thanks to FIT which was one of the best presents I could have received to bring in the New Year. FIT has changed my life for the better and I feel that I could have not done it without the help of FIT.

Before FIT got involved in my life, I was going in a downward spiral due to my drinking and denial of the real issues. FIT gave me hope and I not want to EVER go down that road again. I will be forever grateful for my FIT team.”

“Now that FIT is in my life, this is the closest I have been to full reunification with my children. I have lost several children in the past to adoption because I couldn’t get off the drugs and didn’t have the fight in me. The FIT team never let me down, never judged me for my past adoptions and they hold me accountable because it’s easy to give up at times (relapse).

This is the first time I have been consistent with a treatment provider and have real faith that I will be reunified soon if I continue to work with FIT, stay clean and visit my children weekly.”
reunified

changed my life

hope

grateful

never let me down, never judged accountable

faith
Two phase quantitative study and a qualitative study

Quantitative
- Phase One – analyzed gains in functioning (FAMHA) and parenting assessments (AAPI) outcomes for parents enrolled in FIT
- Phase Two – comparison analysis of parents involved in the FIT program with similar parents that did not receive FIT services

Qualitative
- Interviews, surveys and focus groups
Quantitative Findings

Phase One Results

- AAPI scores increased by 6.6%, which is comparable to an evaluation of a Nurturing Parenting program
- FAMHA scores increased by 6.8%, with scores increasing for 78% of parents
- FIT program has a greater treatment completion rate than other programs for child welfare involved parents

Phase Two Results

- Families enrolled in FIT:
  - Greater improvements in Caregiver Protective Capacities
  - Fewer new allegations of abuse and verified allegations.
- Permanency outcomes were much better when parents were enrolled in FIT soon after entering child welfare system.
Qualitative Findings

- Consistent and shared goals across stakeholders focused on: parent engagement, recovery, improved parenting capacity, child safety, reunification, and prevention of re-entry into the child welfare system.

- Unique opportunity to serve high-risk families using an intensive and flexible wraparound approach.

- Majority of FIT providers report having an effective process in place to incorporate caregiver protective capacities into treatment.

- FIT providers report using child welfare language in treatment planning.

- FIT providers using concrete and measurable treatment goals to emphasize parental behavior change.

- Emphasize trauma informed approach with parents experiencing substance use issues.

- FIT providers report successful integration of parenting services into treatment approach.
Qualitative Findings

- Referrals to the FIT program would occur early in the child welfare case to allow time for parents to engage in FIT services and promote positive outcomes
- Case management turnover requires continuous education of child welfare about FIT program services and eligibility criteria
- Integration and communication between child welfare and FIT services varied broadly
- FIT team involvement in child welfare-based meetings varied--such as judicial reviews, permanency hearings, case transfer meetings and family reunification planning conferences
Goal of USF Fidelity Tool

- Create consistent quality of practice across the state
- Identify areas of practice excellence
- Identify areas of practice needs
- Identify practice innovation
- Continue to refine the core components of the FIT model
Domains

- Program Staffing
- Staff Education and Training
- Internal Teaming
- Referral
- Parent Outreach and Engagement
- Assessment
- Comprehensive Treatment and Case Management Planning
- Substance Use and Mental Health Services
- Parenting Intervention Services and Supports
- Integration
- Multidisciplinary Staffings
- Discharge Planning
- Quality Assurance
- System-wide Implementation and Collaboration
### Referral to FIT

**Rating**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>The FIT program has an established referral protocol, including specific referral form for child welfare and single route of entry, a designated email address and point of contact, to receive FIT referrals from child welfare professionals and other referral sources. There is a process for the FIT provider to inform the referral source on the status of the referral and when contact is initiated with referred families. The protocol includes closing the loop with the referral source for referrals that do not meet criteria for the program or in the case that the program is at capacity. This process is established and understood by all referring partners.</td>
</tr>
<tr>
<td>2</td>
<td>The referral process contains some elements of the referral protocol but is missing key elements, such as closing the loop with the referral source.</td>
</tr>
<tr>
<td>1</td>
<td>There is not an adequate referral process and/or referral sources are not clear on how to make a referral.</td>
</tr>
</tbody>
</table>

---

### System-Wide Implementation and Collaboration

**Rating**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>A system wide planning group/committee meets on a regular basis to discuss and make decisions based on system-wide outcomes, successes, needs, and strategies for families involved in the child welfare, mental health, substance use, and social support service systems. Parent representatives and advocates are members of the system-wide planning group/committee.</td>
</tr>
<tr>
<td>2</td>
<td>Outcomes, successes, needs, and strategies for families involved in the child welfare, mental health, substance use, and social support service systems are discussed as part of an agenda at other system-wide meetings. Decisions for program changes based on outcomes or needs are not generally made at these meetings. Parent representatives and advocates are not members of the system-wide planning group/committee.</td>
</tr>
<tr>
<td>1</td>
<td>There is no formal discussion/group/committee with system partners to review outcomes, successes, needs, and strategies for families involved in the child welfare, mental health, substance use, and social support service systems.</td>
</tr>
</tbody>
</table>

---
• Permanency outcomes were much better when parents were enrolled in FIT soon after entering child welfare system (Quantitative Phase 2)

• Referrals to the FIT program would occur early in the child welfare case to allow time for parents to engage in FIT services and promote positive outcomes (Qualitative)

• Case management turnover requires continuous education of child welfare about FIT program services and eligibility criteria (Qualitative)

“Referrals can be made by child welfare professionals, including CPIs, CMOs, and the CBC Lead Agency. Providers and stakeholders working with child welfare families, such as engagement programs and the dependency court system, can also refer eligible parents/guardians. Ideally referrals to FIT are timely to the opening of an investigation once all eligibility criteria are identified. Best practices include FIT referrals and participation during Case Transfer Staffings and/or shelter. FIT is intended to be a long-term, treatment program that is initiated at the beginning of a child welfare case. In order for the FIT program to have adequate time for treatment and to demonstrate behavior change with the parent/guardian(s), there are child welfare case management services involved throughout the course of treatment.

FIT teams continually educate the referrals sources on the FIT referral process, including how to make a referral, eligibility criteria, and capacity of the program. The FIT referral process is consistent with a specific referral form for child welfare and single route of entry, including a designated email address and point of contact. If the referral does not meet criteria for the program or the team is at capacity, the case is staffed with the referral source and recommendations and linkage to appropriate services are made and documented. This referral process is established and understood by all referring partners.”
Establish a Communication Protocol
FIT Manual

- Integration and communication between child welfare and FIT services varied broadly (Qualitative)
- FIT team involvement in child welfare-based meetings varied--such as judicial reviews, permanency hearings, case transfer meetings and family reunification planning conferences (Qualitative)

“The EACH FIT Team has communication plan in place with their child welfare team members at the inception of their FIT Program. An essential component to this communication plan is ensuring the appropriate releases of information are signed up front to remove barriers to information sharing. The communication plan will also ensure timely, consistent, and thorough communication between the FIT providers and the child welfare team. Examples of times when this communication can take place are: case staffings, critical, case closures, continued care planning, and judicial reviews. Staffings involve an MDT to offer varied experiences and perspectives. Any party who is providing services to the family, is relevant to the outcome of the case, or can provide subject matter expertise is invited to participate in MDT staffings. Examples include parent/guardian(s), caregivers, foster parents, mentors, teachers, primary health providers, child welfare professionals, and other providers.

Ongoing communication is critical throughout the case and treatment. The child welfare professional enters all notes in FSFN and ensure the FIT team is immediately notified of any changes to the case. Immediate team interventions occur at any critical junctures, such as relapse, court orders, changes to treatment or case plans, etc. FIT teams are not only made aware of the planned child welfare activities in advance of the action but are part of the decision-making process. This expectation must be addressed and coordinated upfront with the CBC Lead Agency and CMOs in order to have a successful and integrated system of care.

A minimum of monthly communication between FIT and the child welfare case manager would be expected through encrypted emails, phone calls and/or face to face meetings. Immediate communication is expected at critical junctures, including disengagement from treatment.

Regarding dependency court, FIT will provide clinical information related to progress, impact of behavior change, communicate safety concerns, and be available to provide support to the family if needed. This will be provided in the form of notes in FSFN, monthly progress notes, or in-person testimony. In-person testimony is prompted through court subpoena or judicial request with appropriate release or court order. FIT team members are not expected to appear at all court hearings; however, the FIT team is aware of all judicial updates and hearings and is encouraged to attend to advocate for and support the best interest of the family.”
V. FIT Programmatic Requirements

“Document FIT activities and family’s progress in Florida Safe Families Network (FSFN)”

IX. FIT Process

1. f. “At time of referral, the FIT Team Provider will... review FSFN for any prior investigations”
Integrated Planning

- Concurrent planning
- Utilizing the Caregiver Protective Capacities
- Common language
- Multidisciplinary Team Staffings
Caregiver Protective Capacities: Review the caregiver protective capacity ratings completed by the child protective investigator or child welfare case manager from the most recent Family Functioning Assessment. The FIT Team Provider will complete a baseline rating of the caregiver protective capacities based on information gathered during the assessment process and integrate the capacities into the treatment plan goals. This will be evaluated by the FIT team monthly in progress updates and during treatment plan reviews and at discharge. These ratings are not to replace the assessment of caregiver protective capacities completed by the child welfare professional, but to align language for more robust discussion of the parent(s)/guardian(s) progress.
Example of Integrating CPCs into Treatment Planning

V. Protective Capacity: The parent/caregiver is stable and able to intervene to protect children.

**Deficiency C:** Parent/caregiver is frequently not able to maintain emotional stability during daily routines, resulting in the child’s needs not being met. Parent/caregiver is aware of instability; however, is immobilized in taking action to access resources or supports to provide for child safety, resulting in child being maltreated and/or unsafe.

**Deficiency D:** Parent/caregiver is not able to maintain emotional stability during daily routines and challenging life events. Parent/caretaker is not aware of instability and has taken no action to access resources and/or supports to ensure for child safety, resulting in child being maltreated and/or unsafe.

<table>
<thead>
<tr>
<th>Long Term Goal</th>
<th>Short Term Objectives</th>
<th>Therapeutic Interventions</th>
</tr>
</thead>
</table>
| Parent/caregiver is motivated in ensuring own mental and emotional stability, and energy is sufficient to ensure that the child is safe. | • Keep all medication management appointments and take medications as prescribed  
• Identify past and present symptoms/behaviors  
• Learn 3 self-care/self-soothing techniques and use them daily (deep breathing, guided imagery, meditation, journaling, exercise, hobbies)  
• Develop an overall health and wellness plan for self-care (nutrition support, establish a schedule, routine sleep, exercise)  
• Have a safety plan in place if feeling overwhelmed or unstable that includes emergency contacts | • Individual counseling  
• Training in emotional regulation techniques |
### Family Intensive Treatment Team
#### Monthly Progress Update

**Client Name:**

**Enrollment Date:**

**Referral Source:**

#### Update for: [Month Year]

<table>
<thead>
<tr>
<th>Caregiver Protective Capacities (CPCs)</th>
<th>Date of Rating</th>
<th>Rating</th>
<th>Justification for diminished CPCs (rated &quot;No&quot;) or changes in rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controls impulses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Takes Action</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sets aside own needs for child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates adequate skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adaptive as a Parent/Legal Guardian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of Protecting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is self-aware</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is intellectually able</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognizes threats</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognizes child’s needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understands protective role</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plans and articulates plans for protection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meets own emotional needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is resilient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is tolerant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is stable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expresses love, empathy, sensitivity to the child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is positively attached with child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is aligned and supports the child</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Summary of Client’s progress towards treatment plan goals:**

**Recommendations:**

- Scope of Change: [ ] Pre-Contemplation  [ ] Contemplation  [ ] Preparation  [ ] Action  [ ] Maintenance

---

**Counselor Signature**

**Date**

**Case Manager Signature**

**Date**

**Peer Specialist Signature**

**Date**
The FIT team participates in or coordinates MDT staffings, requesting participation from child welfare professional(s), parent/guardian(s), and any other relevant parties such as caregiver(s), foster parent(s), mentor(s), teacher(s), primary health provider(s), and other provider(s), following enrollment and at least every 30 days.
Upon treatment completion, 95 percent of eligible parent(s)/guardian(s) served will be living in a **stable housing** environment.

Upon treatment completion, 95 percent of eligible parent(s)/guardian(s) served will have **stable employment**.

Upon treatment completion, 90 percent of eligible parent(s)/guardian(s) served will **improve their level of functioning**, as measured by the Daily Living Activities (DLA-20): Alcohol-Drug Functional Assessment.

Upon treatment completion, 90 percent of eligible parent(s)/guardian(s) served will **improve their Caregiver Protective Capacities** as rated by the FIT Team Provider.
Next Steps: Enhanced Integration

- Child welfare liaisons or points of contacts
- Child welfare units dedicated to FIT
- Expectations set from leadership down
- Forums to discuss barriers
Next Steps:
Improve Data Collection

73 column spreadsheet
↓
Access database
Next Steps: Enhanced Performance Measures

Treatment Completion
Child Welfare Outcomes

• Percent successfully completing treatment
• Percent of children who remain in the home for the duration of FIT services
• Re-abuse rate for parents completing treatment
• Permanency within 12 months
Thank you to the teams that submitted client testimonials and thank you all for the work you do everyday!
Questions?

Shivana Gentry, LMHC
Director of Integration
Office of the Deputy Secretary
Florida Department of Children and Families
(850)404-4961
Shivana.Gentry@myflfamilies.com