

Guidance 20 Local, Regional, and State Review Teams

Contract Reference: *Sections A-1.1 and C-1.2.11.5*

Authority: *2017-2022 Interagency Agreement to Coordinate Services for Children by More than One Agency*

Frequency: *Ongoing*

Description:

The Department of Children and Families is a party to the *2017-2022 Interagency Agreement to Coordinate Services for Children by More than One Agency*. Other parties are the Agency for Health Care Administration, Agency for Persons with Disabilities, Department of Juvenile Justice, Department of Education, Department of Health, Guardian Ad Litem Program, and Florida’s Office of Early Learning. The parties jointly commit to coordinate services and supports for children in Florida; and collaborate to develop necessary local and statewide resources for children being served by multiple agencies through Review Team meetings at the Local (LRT), Regional (RRT) and State (SRT) levels.

I. GOALS

Such services require the coordinated flow of information across multiple child-serving agencies to ensure that policy, procedure, service delivery and resource development are provided in a manner that will maximize the likelihood of positive outcomes. The interagency agreement acknowledges that the safety and well-being of children requires a commitment of agencies to work cooperatively at the state, regional, and local levels to implement the agreement. The Interagency Agreement adopts the following principles:

- A. Services should be family-centered, culturally and linguistically appropriate, and provided in the least restrictive setting. Residential placement should be provided as a last resort with a transition plan to return the child(ren) to the family if possible.
- B. Children and families with multiple needs require the ongoing integrated coordination and collaboration of services from multiple agencies and resources.
- C. Each agency is responsible for its own costs incurred while performing their respective duties under the Agreement.
- D. To ensure compliance with federal and state requirements related to sharing of confidential or personal information, each agency involved in a case review shall follow its respective agency policies.
- E. Agencies should seek to minimize state costs while ensuring appropriate levels of services for children with complex needs.
- F. Interagency coordination should occur as early as possible and as often as necessary to include prevention/early intervention services for children at risk of being served by one or more agencies. These children should be discussed as part of the LRT and RRT meetings.
- G. To the extent possible, the Parties acknowledged and understand the have a duty to and will cooperate with the Inspector General in any investigation, audit, inspection, review, or hearing pursuant to section 20.055(5), F.S.

Personnel from each agency participate in all levels of review teams. All review teams meet at least monthly to staff cases as needed in each local area and meet to discuss local best practices and challenges, defined by reference to the Department’s Circuit.

The LRTs are intended to be a mechanism to resolve case-specific issues that cannot be addressed within the individualized service team(s) and that need to be escalated to the LRT level. Each LRT is responsible for the

resolution of case-specific issues for children who are receiving services from multiple agencies. LRTs must collaborate to identify and develop local resources for children served by, or at risk of being served by, multiple agencies.

The RRTs are intended to create a mechanism for the agencies to regularly engage in dialogue to improve the local system of care and to be a mechanism to resolve cases referred by the LRTs.

The SRT is responsible for resolving cases that have not been resolved at the RRT level and are escalated.

MANAGING ENTITY ROLES AND RESPONSIBILITIES

The Managing Entity shall designate a Children's Care Coordinator, and may designate additional children's care coordination staff; to:

- A. Participate in LRTs and RRTs in their service area. The Managing Entity may designate additional Network Service Provider representatives to participate.
- B. Identify referrals to LRT for children with complex behavioral health issues served by multiple agencies in need of services that:
 1. Demonstrate high utilization. For the purposes of this document, high utilization is defined as: children and adolescents under 18 years of age with three (3) or more admissions into a crisis stabilization unit or an inpatient psychiatric hospital within 180 days;
 2. Have recently resided in, or are currently awaiting admission to or discharge from, a treatment facility for children and adolescents as defined in s. 394.455, which includes facilities (hospital, community facility, public or private facility, or receiving or treatment facility) and residential facilities for mental health, or co-occurring disorders; or
 3. Adolescents, as defined in s. 394.492, who require assistance in transitioning to services provided in the adult system of care.
- C. Provide technical assistance to Network Service Providers on local staffing processes and process for referring cases to the LRT.