STATE OF RHODE ISLAND
DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

TO: **Interested Parties**

FROM: **Trista Piccola, Director**
Department of Children, Youth and Families

DATE: **July 30, 2018**

SUBJECT: **Repeal of Family Care Community Partnership (FCCP) Practice Standards**

In accordance with the Administrative Procedures Act, the Department is issuing public notice to repeal the following DCYF rule. The proposed repeal is accessible on the DCYF website (http://www.dcyf.ri.gov) and through the RI Secretary of State's Proposed Rules and Regulations Database Search (http://sos.ri.gov/ProposedRules/).

The provisions of this rule will be captured in contracts between the Department and providers, and the Department will be issuing practice guidance upon the finalization of such contracts.

RHODE ISLAND GOVERNMENT REGISTER
PUBLIC NOTICE OF PROPOSED RULEMAKING

AGENCY: Department of Children, Youth and Families
DIVISION: Family Care Community Partnership (FCCP) Practice Standards
RULE IDENTIFIER: ERLID # 5468
REGULATION TITLE: Family Care Community Partnership (FCCP) Practice Standards
RULEMAKING ACTION: Repeal
Direct Final: N/A
TYPE OF FILING: *Proposed Repeal*

TIMETABLE FOR ACTION ON THE PROPOSED RULE: Public comment will end on **August 31, 2018.**

COMMENTS INVITED:
All interested parties are invited to submit written or oral comments concerning the proposed regulations by **August 31, 2018** to the address listed below.

ADDRESSES FOR PUBLIC COMMENT SUBMISSIONS:

All written comments or objections should be sent to, Sarah St. Jacques, DCYF Policy Office, Rhode Island Department of Children, Youth and Families
Mailing Address: DCYF, 3rd Floor, 101 Friendship Street, Providence, RI 02903
Email Address: Sarah.StJacques@dcyf.ri.gov

WHERE COMMENTS MAY BE INSPECTED:
Mailing Address: DCYF, 3rd Floor, 101 Friendship Street, Providence, RI 02903

PUBLIC HEARING INFORMATION:
If a public hearing is requested, the place of the public hearing is accessible to individuals who are handicapped. If communication assistance (readers/ interpreters/captioners) is needed, or any other accommodation to ensure equal participation, please call (401) 462-6266 or RI Relay 711 at least three (3) business days prior to the meeting so arrangements can be made to provide such assistance at no cost to the person requesting.

ALTERNATIVE PUBLIC HEARING TEXT:
In accordance with R.I. Gen. Laws § 42-35-2.8, an oral hearing will be granted if requested by twenty-five (25) persons, by an agency or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within ten (10) days of this notice.

FOR FUTHER INFORMATION CONTACT:
Sarah St. Jacques, DCYF Policy Office, Rhode Island Department of Children, Youth and Families, 3rd Floor, 101 Friendship Street, Providence, RI 02903 or Sarah.StJacques@dcyf.ri.gov

SUPPLEMENTARY INFORMATION:
Regulatory Analysis Summary and Supporting Documentation:
There are no new societal costs and benefits in the adoption of this rule.

Authority for This Rulemaking: R.I. Gen. Laws Chapters 42-72-4

Regulatory Findings:
In the development of the proposed regulation, consideration was given to: (1) alternative approaches; (2) overlap or duplication with other statutory and regulatory provisions; and (3) significant economic impact on small business. No alternative approach, duplication, or overlap was identified based upon available information.

~~RHODE ISLAND~~

~~DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES~~

~~Family Care Community Partnership (FCCP)~~

~~Practice Standards~~

~~June, 2009~~

Rhode Island Department of Children, Youth and Families
Family Care Community Partnership (FCCP)
Practice Standards

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SECTION ONE - GENERAL PROVISIONS

I. Statement of Intent

The Rhode Island Department of Children, Youth and Families (DCYF) has established the Family Care Community Partnership (FCCP) as the first phase of the system of care transformation in accordance with federal and state law and nationally recognized practice.

Rhode Island General Law (RIGL) 42-72-5 requires the Department to mobilize the human, physical and financial resources available to plan, develop and evaluate a comprehensive and integrated statewide program of services designed to ensure the opportunity for children to reach their full potential. The federal Family Preservation and Support Services Program Act of 1993 (P.L. 103-66) encouraged states to create a continuum of family-focused services for at-risk children and families and required states to engage in a comprehensive planning process to develop more responsive family support and preservation strategies. Further, the Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89) provides states with the opportunity to continue to build on the reforms of the child welfare system to make the system more responsive to the multiple, and often complex, needs of children and families. This law also establishes the Child and Family Service Review (CFSR) process and reaffirms the need to forge linkages between the child welfare system and other critical systems of support for families, as well as between the child welfare system and the courts, to ensure child safety and permanency and child and family well-being.

The Department has partnered with families and stakeholders, including sister agencies under the Rhode Island Executive Office of Health and Human Services (EOHHS), to develop and implement an integrated family and community system of care for families with children and youth who are at risk for abuse and neglect, who have serious emotional disturbance (SED) and/or who are returning to the community after completing a sentence to the Rhode Island Training School. This first phase of the system of care development, the FCCP, consistent with the CFSR intent, provides a formal collaborative structure for joint planning and decision-making through which community partners take collective responsibility for development and implementation of the Wraparound process as defined by the National Wraparound Initiative. The FCCP provides an integrated service system that is youth guided, family driven, culturally and linguistically competent and community based. The FCCP ensures the provision of high fidelity Wraparound and the expansion of a network of available formal and informal services and natural supports for families. Wraparound is a philosophy and practice of care that includes the development of an integrated and individualized plan of care to address family prioritized needs based on the strengths and culture of the child and family and their support system. Through Wraparound, families develop an effective support network, increase their sense of competence, acquire new skills to ensure the safety and manage the special needs of their children and have

~~timely access to the supportive resources they need to build brighter futures for each member of the family.~~

~~These practice standards provide guidance to assist the FCCP in implementing an integrated system of care that uses a system-level Wraparound approach in the planning, implementation and evaluation of services and supports for families at risk of DCYF involvement. The Department will provide oversight to ensure that these standards assist the FCCP in achieving statewide consistency and established outcomes with Rhode Island's children, youth and families.~~

The Department does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief or handicap. The prohibition against discriminatory practices extends to the agencies, organizations and institutions that contract with the Department.

II. Legal Basis

A. Federal Law
1. Adoption and Safe Families Act (ASFA) of 1997 (Public Law 105-89)
2. Keeping Children and Families Safe Act of 2003 (Public Law 108-36)
3. Family Preservation and Support Services Program Act of 1993 (Public Law 103-66)
4. American Disabilities Act (ADA), Part II
5. Mental Health Parity Act of 2007

B. Rhode Island General Law (RIGL)
1. RIGL 40.1-5-5, 40.1-5-6 and 40.1-5-8, Mental Health Law
2. RIGL 40-11, Abused and Neglected Children
3. RIGL 42-72-2, Declaration of Policy (DCYF)
4. RIGL 42-72-5, Power and Scope of Activities (DCYF)
5. RIGL 42-72-11, Protective Services (DCYF)
6. RIGL 42-72-5.2, Development of a Continuum of Children's Behavioral Health Programs (DCYF)
7. RIGL 42-72.1-5, Licensing of Children's Behavioral Health Programs
8. RIGL 42-72.3, Project Early Start
9. RIGL 14-1-11, Services for Youth Exhibiting Wayward/Disobedient Behavior

C. Regulations
1. Rhode Island Regulations for Certification - Mental Health Emergency Service Interventions for Children, Youth and Families
2. UR Regulations, R23-17.12 UR, Rules and Regulations for the Utilization Review of Health Care Services

III. Definitions

Bio-Psychosocial Assessment - A comprehensive behavioral health assessment of the current functioning of the child and family, including their strengths, preferences, cultural background and influences and previous involvement in behavioral health or social services. The assessment identifies presenting concerns, current barriers and supports to community placement of the child, family reunification, ensuring community safety and the child's participation in local education.
Bio-psychosocial assessment is consistent with diagnostic formulation under the current edition of the Diagnostic and Statistical Manual (DSM) for individuals over the age of five and the current edition of the Diagnostic Criteria (DC:0-3) for younger children. This

assessment will include a statement of prognosis and identification of medically necessary needs.

Child Abuse and Neglect - The maltreatment of a child as defined by RIGL 40-11-2 and 14-1.

Child Maltreatment - Parenting behavior that is harmful and destructive to a child's cognitive, social, emotional or physical well-being and development.

Child Protective Services (CPS) - The Child Protective Services division of DCYF, including investigative, intake and case monitoring units.

Child Safety - A child is considered safe when there is no threat of danger to a child within the family/home or when the protective capacities within the home can manage threats of danger. A child is unsafe when there is a threat of danger to a child within the family/home and the protective capacities within the home are insufficient to manage the threat of danger thus requiring outside intervention.

Coach - Individual responsible to teach, model and evaluate the Wraparound Planning Team members, including Family Service Care Coordinator (FSCC) and the Family Support Partner (FSP) for fidelity to the Wraparound process.

Collaboration - Agencies are familiar with each other's missions and roles and key staff work with each other at the child/family level, but often retain single system decision making power and planning.

Crisis Intervention - Methods used to offer immediate, short-term help to individuals and families who experience an event that produces emotional, mental, physical and behavioral distress or concern.

Cultural Competence - A demonstration of the capacity to value diversity, conduct a self assessment to improve cultural awareness, manage the dynamics of difference, acquire and institutionalize cultural knowledge and adapt to diversity and the cultural contexts of the communities served.

Culturally and Linguistically Appropriate Services (CLAS) - Services that are respectful of and responsive to cultural and linguistic diversity in identifying and meeting child and family needs.

Culturally and Linguistically Appropriate Services (CLAS) Standards - The collective set of CLAS mandates, guidelines and recommendations, issued by the US Department of Health and Human Services (HHS) Office of Minority Health, intended to inform, guide and facilitate required and recommended practices related to culturally and linguistically appropriate health services.

DCYF Intake Service Referral - Referral of a family seeking assistance related to mental health, dependency and lack of supports and resources to the FCCP by DCYF Intake. These families have not entered or re-entered the DCYF system as the result of CPS investigations. Children are at home, have not been maltreated and are deemed to be safe; however, the family or other source has identified factors or conditions which, if unresolved, are likely to result in maltreatment.

DCYF Safety Plan - An arrangement between a family and the agency that establishes how foreseeable threats to child safety will be managed. The safety plan consists of concrete steps to prevent safety threats and remains active as long as threats to child safety exist and caregiver protective capacities are insufficient to ensure a child is protected.

DCYF Service Plan - A written agreement between a family and DCYF that addresses the necessary behavior changes linked to risk factors that affect child safety, permanency and well-being and identifies the mutual responsibilities and expectations of each parent, child and the Department toward achieving the identified permanency goal. For Juvenile

~~Corrections, the Service Plan incorporates youth conditions of Probation and the major factors that affect community safety.~~

~~**Department of Children, Youth and Families (DCYF)** - The state agency responsible for child welfare, children's behavioral health and juvenile correctional operations in Rhode Island.~~

Department of Human Services (DHS) - The state agency that administers financial, medical, social and rehabilitation programs and serves as the Medicaid Authority for Rhode Island and the payer of medically necessary services for children with Medicaid coverage.

Diversity - A range of characteristics that make each person unique, including age, race, culture, gender identity or expression, sexual orientation, religion, physical ability and disability and other self-defined characteristics.

Executive Office of Health and Human Services (EOHHS) - The state office that serves as the principal agency of the executive branch of state government for managing the Departments of Children, Youth and Families, Elderly Affairs, Health, Human Services and Mental Health, Retardation and Hospitals.

Family Care Community Partnerships (FCCP) - A formal collaborative structure for joint planning and decision-making through which community partners take collective responsibility for development and implementation of system of care and high fidelity Wraparound process for families with children and youth who are at risk for child abuse and neglect, who have serious emotional disturbance (SED) and/or who are returning to the community after completing a sentence to the Rhode Island Training School. The "FCCP" for purposes of these Standards refers to all FCCP providers, including all formal and informal community partners. The "FCCP Lead" refers to the fiscal agent responsible for building partnerships and developing a comprehensive network of available formal and informal services and supports.

Family Care Plan - A comprehensive care plan developed by the Wraparound Planning Team to meet specific family needs and priorities. The Wraparound process puts "Family Voice and Choice" front and center in setting children's goals, identifies the needed services and supports for the child and family and results in a highly individualized family care plan that makes the best use of needed resources, including the family's natural supports.

Family Centered, Neighborhood-Based Practice (FCNB) - An approach to working with children, families and communities, based on the principle that the first and greatest investment in time and resources should be made in the care and treatment of children in their own homes and, when not possible, in their own communities.

Family Centered Practice - A best practice approach that encourages the family's strengths, resources and needs to be identified in partnership with service providers for the purpose of developing Family Care Plans and delivering appropriate services. Family centered practice includes the family members in making the decisions that will affect them and their children and is built upon a set of principles that embrace valuing the family and utilizing the family's community as a core support.

Family Community Advisory Board (FCAB) - Statewide and Regional Boards, with membership that includes youth and families who are or have been served by the FCCP, community partners and stakeholders, which support and guide FCCP implementation and operation towards system of care development and continuous quality improvement (CQI). Each FCCP will have a Regional FCAB and there will be one Statewide FCAB to

~~facilitate statewide collaboration, communication and advocacy for the four local FCAB's.~~

~~**Family Driven** - Families have a primary decision-making role in the care of their own children as well as in the development of policies and procedures governing care for all children in their community, state, Tribe and nation that includes: choosing supports, services and providers; setting goals; designing and implementing programs; monitoring outcomes; partnering in funding decisions and determining the effectiveness of all efforts to promote the well-being of children and youth.~~

Family Service Care Coordinator (FSCC) - Wraparound facilitator responsible for assessing the family's needs and strengths, identifying and referring to appropriately matched services and supports, enhancing supports and ensuring implementation and success of the Family Care Plan, while providing support for the family to gain the skills and resources to manage their own coordination and plans.

Family Support Partner (FSP) - Peer mentor, with a primary role of empowering the family towards self-efficacy, who participates at the request of the family in the Wraparound process and provides the direct supports identified in the Family Care Plan.

Family Stabilization - A short-term, home-based intervention for families in crisis. Services may include Wraparound facilitation, case management, counseling and educational services for children and families. Services and supports are designed to prevent child abuse and neglect and placement out-of-home, resolve family conflict and rectify dysfunctional aspects of family relations.

FCCP Child Welfare Risk Management Plan (DCYF #024) - A tool utilized by the FCCP to outline a course of action for families referred by DCYF.

FCCP Staff - Any person employed through the FCCP Lead or formal partners and subcontractors responsible for delivering a comprehensive network of available formal and informal services and supports.

Flexible Funds - Funds that can be used to meet needs identified in the Family Care Plan that do not have a funding source. Strategies to create these flexible funds may include the creation of new structures, such as pooled, braided, and blended funding and collapsing out-of-home and community service budget line items so that "savings" in out-of-home spending can be used for home and community services.

Functional Developmental Disability (DD) - Severe, chronic disability, including an autism spectrum disorder, affecting a person under the age of twenty-one (21), which is attributable to a mental or physical impairment or combination of mental physical impairments; is likely to continue indefinitely and results in age-appropriate substantial functional limitations in three (3) or more of the following areas of major life activity: self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living and economic self-sufficiency; and reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of life-long or extended duration and are individually planned and coordinated.

High Fidelity Wraparound - High fidelity refers to Wraparound that is true to the principles and phases and activities of the process and that scores at least 85% on the Wraparound fidelity assessment tools.

Host Home - Host family setting, with resident adults serving as host home parents, that provides temporary, safe and appropriate shelter for youth.

Informal Supports - Natural supports who are compensated through the use of flexible funds or other resources.

Integration - Agencies are familiar with each other's missions and roles, key staff work with each other at the child/family level, sharing decision making in a team format that includes the family, producing a single plan that meets all system mandates and that is owned by the entire team.

Juvenile Correctional Services (JCS) - The Juvenile Correctional Services division of DCYF, including Juvenile Probation and the Rhode Island Training School (RITS).

Licensed Practitioner of the Healing Arts - A Doctoral and/or Masters Level clinician, independently licensed in the State of Rhode Island in the field of medicine, psychology, nursing, social work, mental health counseling or marriage and family treatment, who is required to sign the Family Care Plan.

Linguistic Competence - The capacity of an organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities.

Natural Supports - The people in a person's life who provide support without cost. These include personal associations and relationships typically developed in the community that enhance the quality and security of life for people. Natural supports include, but are not limited to, family members, extended family, friends, neighbors, co-workers, representatives from culturally diverse neighborhoods and others who can provide a more natural and enduring form of support to families and youth than can formal services.

Partnership - The collaboration and sophisticated interagency relationships and uniting of organizations, families, youth and communities for the purpose of achieving common goals that could not be accomplished by any single organization acting alone. Key elements of partnership include working together on agreed upon and common goals, jointly developed structure and shared responsibility, mutual authority and accountability for success and shared resources.

Persistence - The act of perseverence by the Wraparound Planning Team, despite challenges, in working toward the goals included in the Family Care Plan until the team reaches agreement that a formal Wraparound process is no longer required.

Positive Educational Partnership (PEP) - The Positive Educational Partnership is a US Department of Health and Human Services, Substance Abuse & Mental Health Services Administration (SAMHSA) funded cooperative agreement that establishes a statewide system of care that integrates and improves the behavioral health and educational outcomes for all children. PEP focuses on promoting the social and emotional well-being of young children and their families in home, early childhood settings, school and the community.

Protective Capacity - The inherent family capacities and resources that can be mobilized to contribute to the ongoing protection of the child as well as to the ability or motivation of the parents to change. Consideration of the protective capacity of parents/caregivers is relevant for assessment because these factors can mitigate or ameliorate the safety and risk concerns. Protective capacities are the focus of safety planning and ongoing planning for change-oriented interventions.

Provider Network - Encompasses both clinical treatment service providers and natural, social support resources such as mentors and includes both traditional and non-traditional, indigenous providers. The provider network is responsive to the population of focus of the system of care and includes culturally and linguistically diverse providers as well as families and youth as providers of services and supports. The provider network is

~~flexible, structured in a way that allows for additions and deletions from the network as the system needs change over time. The provider network is accountable, structured in a way that makes it clear that it has been organized to serve the needs of children and families participating in the system of care.~~

~~**Risk Assessment** - A process utilized to measure the likelihood of future maltreatment. While safety concerns require immediate interventions to ensure that children are protected, risk of future harm can be addressed over time with services that result in long-term positive behavioral changes.~~

Risk of Maltreatment - The likelihood for parenting behavior that is harmful and destructive to a child's cognitive, social, emotional and physical development by those with parenting responsibility who are unwilling or unable to behave differently. Risk factors, if not controlled may pose threats to child safety.

Safety Assessment - A process utilized to measure whether a child is in immediate or imminent danger of serious harm and shape the interventions currently needed to protect the child. A child is deemed safe when consideration of all available information leads to the conclusion that the child in his or her current living arrangement is not in immediate or imminent danger of serious harm. If the child is not safe, immediate interventions must be taken to assure the child's safety. Safety interventions are responsive to the immediate and imminent danger of harm to the child and are not expected to impact identified risks of future harm.

Serious Emotional Disturbance (SED) - Any person under the age of twenty-one (21) years who has been diagnosed as having an emotional, behavioral or mental disorder under the current edition of the Diagnostic and Statistical Manual or DC: 0-3 and that disability has been ongoing for one year or more or has the potential of being ongoing for one year or more, and the child is in need of multi-agency intervention, and the child is in an out-of-home placement or is at risk of placement because of the disability. For purposes of SED, a child with a disability is unable to function in the family, school or community or in a combination of these settings.

Substantiated Child Protective Investigation Referral - DCYF CPS referral of a family with a child at home who has been maltreated, but is deemed to be safe, where the factors/conditions within the family which led to maltreatment, if unresolved, pose risk for repeat maltreatment.

Supervisor - Direct supervisor, who is responsible for the ongoing clinical and program supervision, for the Family Service Care Coordinators (FSCC) and Family Support Partners (FSP).

System of Care (SOC) - A broad, flexible array of services and supports for a defined population(s) that is organized into a coordinated network, integrates service planning and management across multiple levels, is culturally and linguistically competent, builds meaningful partnerships with families and youth at service delivery, management and policy levels and has supportive management and policy infrastructure. **Values and Principles for the System of Care** (http://www.wyosage.org/attachments/SOCValuesPrinciples.pdf), Stroul, B., & Friedman, R. (1986). A system of care for children and youth with severe emotional disturbances (Rev. ed.) Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.

Temporary Community Placement (TCP) - Placement in the community, authorized by the Family Court, for a youth who is adjudicated wayward/delinquent and committed to the Rhode Island Training School but allowed to live in the community while under sentence.

Threat of Danger - A specific family situation or behavior, emotion, motive, perception

~~or capacity of a family member that is out-of-control, imminent and likely to have severe effects on a vulnerable child.~~

~~**Time Banks Initiative** - A program that supports and coordinates the exchanges of non-monetary informal services between youth, families and their natural supports.~~

~~**Unsubstantiated Child Protective Investigation Referral** - DCYF referral of a family with a child at home who has not been maltreated and is deemed to be safe, where identified factors/conditions within the family, if unresolved, pose risk for future maltreatment.~~

~~**Wraparound** - A team-based planning process intended to provide individualized, coordinated, family-driven care to meet the complex needs of families, children and youth relating to child~~

welfare, children's behavioral health and/or juvenile corrections. The Wraparound process requires that families, providers and key members of the family's social support network collaborate to build a creative plan that responds to the particular needs of the child and family. Identified services are flexibly adjusted as the family's needs change. Wraparound is based on ten principles that focus on persistent care, family voice and choice and individualization based on culture and strengths of the family and community. **Ten Principles of the Wraparound Process** (http://www.rtc.pdx.edu/PDF/TenPrincWAProcess.pdf), *Bruns, E.J., Walker, J.S., Adams, J., Miles, P., Osher, T.W., Rast, J., VanDenBerg, J.D. & National Wraparound Initiative Advisory Group (2004). Ten principles of the wraparound process. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.*

Wraparound Functional Assessment - A tool used as part of the Wraparound process to determine the setting events that lead to crisis, behavior and/or maltreatment, the antecedent behaviors that signal that a crisis, behavior and/or maltreatment situation is beginning and the behavioral functions of these situations.

Wraparound Safety/Crisis Plan - A plan that focuses on predicting and preventing crisis, behavior and/or maltreatment situations from occuring. This plan is part of the Wraparound process and is based on the Wraparound Functional Assessment. The plan includes response to the antecedent behaviors and response to the full crisis situation.

Youth Guided - Encompasses the principles of: youth have rights; youth are utilized as resources; youth have an equal voice and are engaged in developing and sustaining the policies and systems that serve and support them; youth are active partners in creating their individual support plans; youth have access to information that is pertinent; youth are valued as experts in system transformation; youths' strengths and interests are focused on and utilized; adults and youth respect and value youth culture and all forms of diversity; and youth are supported in a way that is developmentally targeted to their individual needs.

SECTION TWO - ADMINISTRATION AND ORGANIZATION

I. FCCP Lead Agency Responsibilities

A. Implement a Wraparound approach at the community level for families with children and youth who are at risk for child abuse, neglect and/or dependency, children who have a serious emotional disturbance (SED) and youth returning to the community who are concluding a Rhode Island Training School (RITS) sentence, including youth leaving the RITS and youth leaving temporary community placement (TCP).

B. Serve as the lead fiscal agent responsible for building partnerships with youth, families and the community to implement family stabilization and Wraparound, develop a comprehensive network of available formal and informal services and supports and promote the use of natural supports in the community.

C. Build partnerships with an array of provider agencies, including pediatric and primary care practices, families, youth and the community to ensure that enrolled children and families have access to a comprehensive array of necessary services and supports across all life domains that are

~~culturally and linguistically appropriate.~~

~~D. Enter into formal partnerships and subcontract, with DCYF approval, with multiple provider network organizations for the delivery and management of comprehensive, individualized service planning and well coordinated family~~

stability, behavioral health and related services and supports for children and their families.

E. Promote a learning-based and evidence-based culture through provider training, fidelity monitoring and flexible approaches to funding best practices.

F. Oversee provider partners to ensure that the recruitment, hiring and training of staff to be employed within the provider network is in accordance with Wraparound and FCCP Practice Standards.

G. Maintain policies and procedures for the provider network and ensure that all subcontract partners adhere to these policies and procedures.

H. Maintain an organizational chart accurately reflecting the service delivery design including lines of authority, communication and accountability.

I. Ensure that partners and subcontractors have appropriate licensure, certification by COA, JCAHO, CARF and/or applicable state agencies and needed contracts with public or private HMO's as behavioral health providers.

J. Operate a regional program seven days a week, providing twelve (12) hour coverage per day during the week days, Monday through Friday, and eight (8) hour coverage per day on weekends and holidays. Provide emergency services availability after hours seven (7) days per week in adherence with **Rhode Island Regulations for Certification - Mental Health Emergency Service Interventions for Children, Youth and Families**.

K. Ensure a timely and responsive intake process that works in collaboration with the community partners and DCYF.

L. Work with community partners to develop innovative approaches to service provision in collaboration with culturally and linguistically competent providers and family oriented organizations.

M. Manage flexible funding for non-traditional community-based services or items that are not reimbursed through existing insurance or other programs.

N. Facilitate the development and utilization of natural supports and healthy social networks within families and communities.

O. Ensure that all agencies providing care coordination services maintain an organized, comprehensive family record keeping system for each family receiving services.

P. Maintain an active comprehensive listing of services and supports with current contact information and provide to DCYF on a quarterly basis.

Q. Collect and report data elements in accordance with the FCCP Practice Standards and participate in program evaluation.

R. ~~Ensure that client rights and grievance procedures are in place and that clients are informed of their rights in a language that they can understand.~~

S. ~~Establish and work in partnership with the Regional Family Community Advisory Board (FCAB), which will advise the FCCP in service array, cultural and linguistic competence, access, quality and outcome of FCCP services.~~

II. Personnel

A. Educational Requirements and Hiring Qualifications

1. The FCCP Lead will have a full-time lead administrator, who is a Licensed Practitioner of the Healing Arts, with at least five (5) years of experience in providing family-based services and with at least five (5) years of experience in supervising or administering a program or programs.
2. The FCCP Lead will ensure that there is a sufficient number of diverse Family Service Care Coordinator (FSCC) staff who either have experience as family members of consumers of FCCP related services or sufficient education and training and certification to meet care coordination expectations.
   a. FSCC who functions as a Wraparound Team facilitator or who provides in-home intensive case management services may be
      Bachelor's level or equivalent based on life experience.
   b. FSCC who provides clinical treatment services must have a Master's Degree in psychology, social work, counseling or a related field with a minimum of one (1) year experience in direct service provision and either be independently licensed or supervised by a Licensed Practitioner of the Healing Arts.
3. The FCCP Lead will ensure there is a sufficient number of Family Support Partner (FSP) staff who have experience raising a child with serious emotional disturbance (SED) or a developmental disability (DD) and have acquired the knowledge and competencies needed to effectively support another parent or caregiver and Wraparound training and certification to meet FSP expectations. This includes parents who may have been involved with children's behavioral health, child welfare and/or juvenile corrections.
4. The FCCP Lead will be responsible to ensure that there is adequate administrative staff for organizing, coordinating and monitoring all non- direct FCCP service operations.
5. The FCCP provider will ensure that the FCCP staff is culturally diverse with competencies in language, culture, religion and sexual orientation to reflect the population served and is familiar with the respective local cultures of communities.
6. The FCCP provider will ensure that ongoing clinical and program supervision is provided by a supervisor, who is a Licensed Practitioner of the Healing Arts, with at least one year of experience supervising or administering a program or programs.
7. The FCCP provider is responsible to ensure that all FCCP staff, interns and volunteers who are subject to criminal and DCYF clearances, are cleared upon hiring in accordance with DCYF Policies 900.0040, Criminal Record Checks and 700.0105, Clearance of Agency Activity.

B. Personnel Policies

1. The FCCP provider will maintain written job descriptions for all positions.
2. The FCCP provider will maintain written personnel policies and procedures, which will be provided to staff at the time of hire.
3. The FCCP provider will maintain a record of work assignments.
4. The FCCP provider will have a personnel file for each employee, which contains evidence of staff credentialing, results of DCYF and criminal clearances and documentation of required training and continuing education.

5. Personnel records must be retained for seven (7) years from date of termination.

C. Staff Training, Development and Evaluation

1. The FCCP will maintain a written plan for the orientation, training, on- going development, supervision and evaluation of staff.
2. Each new employee will receive orientation and training consistent with the written plan, including mandatory training and certification requirements.
3. The FCCP clinical supervisor will participate in mandatory training to become a certified Wraparound coach in order be a supervisor of FSCC and FSP staff participating in the Wraparound process.
4. The FCCP will ensure that all staff participate in ongoing DCYF mandated training or certification programs to maintain current competencies in Wraparound and best practice treatment in child welfare, children's behavioral health and juvenile corrections.

D. FCCP providers that utilize volunteer and/or intern services will maintain written procedures regarding their roles and provide these procedures to all volunteers and interns.

E. Utilization of Natural Supports

1. The FCCP will ensure that all natural supports associated with community and faith based organizations and other groups have undergone required background checks and have liability insurance in place, when appropriate, before utilizing these natural supports for children and families.
2. The FCCP may utilize initiatives such as time banks to provide the following:
   a. Support and increased access to appropriate and effective services and resources for all in the community.
   b. Partnership with individual and agency members who can provide natural support exchanges.
   c. Coordination, volunteer liability insurance and criminal and child abuse and neglect clearances.

F. Communication

1. The FCCP Lead will have a written procedure for communication throughout the Partnership.
2. The procedure will provide for the timely and organized transfer of information between partners and treatment components.
3. Develop communication protocols for sharing information for purposes of achieving desired outcomes of screening, assessment and services provided.

III. Confidentiality

A. The FCCP Lead will have written confidentiality policies and procedures, in accordance with federal law, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and state law and DCYF policy, which will be provided to all staff.

B. The policies will ensure the confidentiality of clients, their families and any written and electronic records pertaining to the client. The confidentiality policies and procedures must include explicit protection against disclosure of a person's race, color, national origin, sex, gender identity or expression, sexual orientation,

religious belief, political belief or handicap or any personal information that the family or child specifies should be maintained in a confidential manner.

C. There will be no written, verbal or electronic communication regarding confidential matters unless necessary to ensure safety and treatment consistent with the provisions of RIGL 42-72-8.

D. Written consent will be obtained prior to using any videotape or picture of a child or his family for any form of publicity, media or use external to the program.

IV. Notice Requirements

A. Any known or suspected child abuse or neglect must be reported to the DCYF Child Protective Services (CPS) Hotline in accordance with RIGL 40-11-3 and DCYF Policy 500.0000, Reporting Child Abuse and/or Neglect. Any person who has reasonable cause to know or suspect that any child has been abused and/or neglected or has been a victim of sexual abuse by a parent, third party adult or another child must report that information to DCYF Child Protective Services within twenty-four (24) hours.

B. The FCCP must notify the parent or guardian and DCYF through the CPS Case Monitoring Unit and, if required, the Child Abuse and Neglect Hotline immediately of any of the following relating to a child receiving services through the FCCP.
All reports made during non-standard DCYF working hours (Monday - Friday 4:00 pm to 8:30 am; weekends and holidays) must be made to the Hotline.

1. Serious injury or illness involving medical treatment
2. Any suicidal or homicidal gesture or attempt that requires outside emergency service or evaluation
3. Any situation involving police intervention
4. Death of a child

C. The FCCP Lead will provide written notice to the Department within 24 hours of contact with a family if the FCCP determines that it is unable or unwilling to provide services to the family and reasons for the decision.

D. The FCCP Lead will provide written notice within thirty (30) days to DCYF of changes in administrative staff or professional personnel.

E. The FCCP will notify DCYF in writing of program or site changes, such as change of location or physical expansion.

V. Waiver of Standards

A. The DCYF Director or designee may grant a waiver of a standard upon the submission of a written request setting forth the circumstances requiring the waiver and demonstrating good cause for

~~the waiver to be granted.~~

~~B. A waiver of a standard will not be granted if:~~

~~1. The waiver would diminish the effectiveness and quality of FCCP services or fidelity to the Wraparound process, violate the purposes of the program, place children/youth at risk, adversely affect the health and welfare of children, youth and families or compromise positive family, child/youth outcomes.~~

~~2. The waiver would be inconsistent with family, child/youth rights or federal, state or local laws and regulations.~~

VI. Research

A. Research is permitted for internal evaluation. Research for any other purpose requires prior approval from DCYF and permission of the family.

B. The child's anonymity must be maintained in all phases of the research as dictated by state and federal law.

VII. Client Rights and Grievance Procedures

A. The FCCP Lead will have client rights and grievance procedures in place that ensure that the rights of every client are honored and respected in regard to the client's personal well-being and the provision of services.
   1. The client will be informed of client rights and grievance procedures verbally and in writing in a language that the client can understand.
   2. If the client does not speak English, a bi-lingual staff person or an interpreter who can effectively and appropriately convey the information to the client, must be provided.

B. The client may appeal an FCCP action or decision to the Department in accordance with DCYF Policy 100.0055, Complaints and Hearings.

VIII. Family and Community Advisory Boards (FCAB)

A. Statewide Family and Community Advisory Board
   1. The Statewide Family and Community Advisory Board (FCAB) is constituted for the purpose of serving as a statewide quality assurance board with the responsibility to:
      a. Advise on the Statewide FCCP quality assurance process.
      b. Review regional FCCP program performance and resource allocations.
      c. Make recommendations based on the review of data and information regarding access to services for meeting individual child and family outcomes.
      d. Provide recommendations to address barriers to the provision of effective services and full implementation of Family Care Plans.
      e. Review data and outcomes and make recommendations to DCYF and the Regional FCAB's.
   2. The Statewide FCAB will advise and guide the four Regional FCAB's to promote continuity of planning and communication to ensure a statewide integrated system of care.
   3. The Statewide FCAB will be comprised of fifteen (15) to nineteen (19) members.
      a. At least fifty-one percent (51%) of FCAB members will be family
      and youth representing the cultural and linguistic diversity of the populations served.

b. The membership will also include representation from state agencies, advisory groups and policy organizations and at least one representative from each of the local FCAB's.

c. The FCAB Co-Chairs will be appointed by the DCYF Director.

d. The FCAB members will be appointed by the DCYF Director.

Each will serve a term of two (2) years and will serve until a successor is appointed to carry out the mission and values of the system of care.

4. DCYF data and evaluation and/or program representatives will attend FCAB meetings.

5. The Board will work with DCYF to develop State FCAB advisory guidelines for communication and decision-making.
6. The Board members will receive ongoing training, preparation and support on system of care best practice and continuous quality improvement (CQI).
7. The FCAB will meet at least twice each year.

B. Regional Family Community Advisory Boards (FCAB)

1. Each FCCP region will have a Family Community Advisory Board (FCAB) that will support and guide FCCP operation towards system of care development and CQI.
2. The Regional FCAB will be comprised of fifteen (15) to nineteen (19) members.
   a. The FCAB will elect Co-Chairs to preside over the FCAB. One Co- Chair must be a parent/caretaker representing the population being served by the FCCP.
   b. At least fifty-one percent (51%) of FCAB members will be family and youth representing the populations served.
   c. Community members must represent the cultural and linguistic diversity of the local population and be reflective of local resources and natural supports identified through continuous community mapping. Community FCAB members may include representatives of primary prevention, infant, toddler and early child care education and school aged services and supports.
   d. Each member will serve a term of two (2) years and will serve until a successor is appointed to carry out the mission and values of the system of care.
3. DCYF data and evaluation and/or program representatives will attend FCAB meetings.
4. FCAB members will develop Regional FCAB Advisory Board guidelines for communication and decision-making that will be approved by DCYF.
5. FCAB members will receive ongoing training, preparation, and support on system of care best practice and CQI.
6. The FCAB is responsible for requesting reports from the regional FCCP on quantitative and qualitative data in regards to performance, service utilization, resource allocations and quality assurance.
7. The FCAB will meet at least on a quarterly basis.

SECTION THREE - FISCAL MANAGEMENT

I. Financial and Information System Structure

A. The FCCP Lead will have the capacity to collect financial and encounter data from FCCP partners and aggregate the data into monthly activity and expenditure reports to DCYF.

B. DCYF will establish reporting parameters and fields for such reporting.

II. Accounting, Information and Records

A. The FCCP Lead will maintain records of subcontracting arrangements with the community partners according to standard business practices outlined in the contract between the FCCP Lead and DCYF.

B. The FCCP Lead will hold its community partners to the same accounting and reporting standards as DCYF holds the FCCP Lead.

C. Subcontracting records will be subject to DCYF review and audit.

III. Annual Financial Statement

A. The FCCP Lead will submit an Annual Financial Statement that is certified by an independent auditor.

B. The financial statement will be sent to DCYF within one hundred twenty (120) days of the close of the agency's fiscal year.

IV. Financial Service Provision to Families and Accountability

A. The FCCP Lead and the FCCP community partners will keep detailed records of all flexible funds used for children and families.

B. The FCCP Lead will maintain accountability to ensure that flexible fund expenditures are only authorized after all other sources of grants, in-kind, insurance, community chest or entitlements have been explored and found unavailable or fully expended for the time requested.

SECTION FOUR - SERVICE PROVISION

I. Scope of Services

A. The FCCP will ensure family stabilization and family service coordination by implementing a continuum of services, based on the initial intake process and the high fidelity Wraparound process.

B. The FCCP will provide formal and informal services and enhance natural supports with families and youth within their own homes and/or communities.

C. FCCP services include but are not limited to the following:

1. Flexible case management and natural and informal supports for families with children and youth, who are at risk for abuse and neglect, who have serious emotional disturbance (SED) and/or who are returning to the community after completing a sentence to the Rhode Island Training School.
2. Intensive family support, coordination and brokerage of services and supports working in close partnership with health care providers, schools, infant and toddler home visiting and other early care and education programs and other programs serving children and families including DCYF Juvenile Corrections.
3. Family stabilization directed towards maintaining children in the home and de-escalating crisis situations and managing risk in adherence with **Rhode Island Regulations for Certification - Mental Health Emergency Service Interventions for Children, Youth and Families**.
4. Home based support and behavioral interventions for families based on an assessment of individual and family strengths, needs, culture and vision and the safety, risk and protective capacity to

maintain children safely at home. These interventions will address any behavioral health issues identified in the bio-psychosocial assessment related to a DSM or DC: 0-3 diagnosis.

5. Community-based family conflict mediation services that include the use of host homes for youth who are in conflict with their parents.

6. Linkage to other community supports and services based on the family's preferences and choices that emerge from the Wraparound planning process.
7. Linkage to services provided through Rhode Island Departments of Health, Human Services, Elderly Affairs and Mental Health, Retardation and Hospitals.

II. Eligibility

A. The FCCP delivers family supports and services for children, youth and families who are at risk for involvement or, in specified situations within these standards, are involved with the Department of Children, Youth and Families (DCYF).

B. Each of the following three populations of children and families is eligible to access services and supports through the FCCP.
1. Families with children and youth who are at risk for child abuse, neglect and/or dependency and DCYF involvement.
2. Children birth to age 18 years old who meet criteria for having a serious emotional disturbance (SED).
3. Youth concluding sentence to the RITS who agree to participate, including youth leaving the RITS and youth leaving temporary community placement (TCP).

C. Families receiving FCCP services, who subsequently become involved with DCYF will be transitioned from the FCCP, except in the following situations:
1. If a youth is adjudicated to the RITS and there is at least one child is at home with no DCYF involvement.
2. If a youth is enrolled with Positive Educational Partnership (PEP).

III. Referral, Intake and Screening

A. Referral to the FCCP
1. DCYF Child Protective Services staff (CPS) will refer:
   a. Families who have been investigated for child abuse and/or neglect and child is determined to be safe, but family is in need of intensive intervention services due to risk of child maltreatment.
   b. Families seeking services through DCYF for issues related to mental health, dependency and lack of supports and resources.
2. Families, community and law enforcement agencies, health care providers, schools, early care and education programs and other programs serving children and families refer children with SED or young children determined to be at developmental, health, social or emotional risk.
3. DCYF Juvenile Correctional Services (JCS) staff will refer families whose children are nearing the end of sentence and returning to the community and agree to participate in aftercare services.

B. Intake and Screening

1. Each FCCP will have a centralized, automated intake process ensuring that families and youth have multiple access points in the community.
2. Crisis intervention will be provided by the FCCP twenty-four (24) hours per day, seven (7) days per week in order to stabilize a family and/or resolve the behavioral health crisis situation. Crisis intervention will include telephone and face-to-face contact and will be provided in adherence with **Rhode Island Regulations for Certification - Mental**

Health Emergency Service Interventions for Children, Youth and Families.

3. The FCCP intake and screening process, ensuring family voice and choice, will determine eligibility, the level of risk and the appropriate level of resource identification and service integration for the family.
   a. Families with short-term needs, such as basic needs and/or single system intervention will be connected at intake to an appropriate resource.
   b. Families in need of multiple systems intervention will be assigned to a Family Service Care Coordinator (FSCC), who will initiate the Wraparound process.
4. Contact with families referred for services must be made within ninety-six (96) hours of the referral unless a shorter time frame for contact is specified for certain referrals within these Standards.
5. For families referred through DCYF CPS, the FCCP Intake staff and/or FSCC will work in partnership to stabilize and address immediate concerns.
   a. DCYF may refer families with the following types of DCYF involvement:
      i. Substantiated Child Protective Investigations
      ii. Unsubstantiated Child Protective Investigations
      iii. Intake Service Referrals
   b. The following information will be provided to the FCCP Intake worker and/or FSCC in accordance with time frames outlined in c. below:
      i. DCYF Intake Summary (DCYF #071), which includes Current DCYF Involvement/Identification of Issues Impacting Family Functioning; Summary of Prior DCYF History; Risk and Mitigating Factors; Safety Summary and Case Disposition.
      ii. DCYF Safety Assessment (DCYF #184) and if appropriate, DCYF Safety Plan.
      iii. Agreement to Participate in FCCP Services (DCYF #024A) and Authorizations to Obtain and Release Confidential Information (DCYF #007A and DCYF 007B).
   c. CPS referrals will be prioritized in accordance with the following criteria for risk management interventions and the FCCP must respond within the following time frames:
      i. Emergency - Child is considered safe; however, child and family require immediate intervention to stabilize the situation as part of the development of a DCYF Safety Plan and the FCCP collaborates with DCYF to stabilize the situation. Face to face contact with the family must occur within two (2)

~~hours for assessment and de- escalating of the crisis. DCYF Intake provides information outlined in 5.b. above within one (1) business day of the referral. The FCCP develops and provides to DCYF the Child Welfare Risk Management Plan (DCYF # 024) within two (2) business days of receiving the referral information from DCYF.~~

~~ii. Urgent - Child is considered safe and the family situation is stable at present but at high risk of becoming unstable without access to urgent intervention. Phone contact with the family must occur within four (4) hours and face to face contact within twenty-four (24) hours for~~

assessment. DCYF Intake provides information outlined in 5.b. above within one (1) business day of the referral. The FCCP develops and provides to DCYF the Child Welfare Risk Management Plan (DCYF # 024) within two (2) business days of receiving the referral information from DCYF.

iii. Routine - Child is currently safe. Services are needed for the family in order to reduce the risk of future child maltreatment. Face to face contact with the family must occur within ninety-six (96) hours for assessment. DCYF Intake provides information outlined in 5.b. above upon referral. The FCCP develops and provides to DCYF the Child Welfare Risk Management Plan (DCYF # 024) within seven (7) business days of receiving the referral information from DCYF.

6. For families referred through DCYF JCS, the FCCP Intake staff and/or FSCC will work in partnership with JCS staff.
   a. The FCCP is contacted by DCYF Juvenile Corrections staff and invited to participate in discharge planning for youth completing sentence sixty (60) to ninety (90) days prior to the anticipated discharge date.
   b. The FCCP assigns an FSCC to attend the discharge planning meeting.
   c. The FSCC will ensure continued participation and compliance with Probation requirements.
7. DCYF CPS Case Monitoring Unit (CMU) staff will be available by phone to the FCCP providers for specific case management consultation for situations, including but not limited to, the following:
   a. Family is declining FCCP services and/or has repeatedly missed scheduled appointments.
   b. Family has not benefited from services and risk has increased.
   c. Family is transitioning from FCCP and there are safety or risk concerns.

IV. Service Delivery Through High Fidelity Wraparound

A. Family Service Care Coordinator (FSCC) will complete the enrollment process and initiate Wraparound.
   1. A brief Wraparound process for families with lower risk and more natural supports.
   2. Wraparound for families with higher risk and fewer natural supports.
   3. The duration of Wraparound can be changed any time later in the process.

B. The FCCP will ensure that children and youth receive a thorough bio- psychosocial assessment that identifies any behavioral health or serious emotional disturbance within thirty (30) days after

~~enrollment.~~

~~C. The FCCP will be responsible to implement high fidelity Wraparound as the practice model as detailed in the **Phases and Activities of the Wraparound Process** (http://www.rtc.pdx.edu/PDF/PhaseActiWAProcess.pdf), Walker, J. S., Bruns, E. J., VanDenBerg, J. D., Rast, J., Osher, T. W., Miles, P., *Adams, J., & National Wraparound Initiative Advisory Group (2004). Phases and activities of the Wraparound process. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health,*~~

Portland State University. (National Wraparound Initiative, Research and Training Center for Family Support and Children's Mental Health).

1. Phase One: Engagement and Team Preparation
   i. Groundwork for trust and shared vision among the family and Wraparound Planning Team is established.
   ii. Initial conversations about strengths, needs, culture and vision, set the tone for teamwork and team interactions that are consistent with the Wraparound principles.
   iii. Activities in Phase One should be completed within 1-2 weeks so that the Wraparound Planning Team can begin meeting and establish ownership of the process as quickly as possible.
2. Phase Two: Initial Plan Development
   i. Team trust and mutual respect are built while the team creates an initial Family Care Plan using a high-quality planning process that reflects the Wraparound principles.
   ii. Youth and family should feel that they are heard, that the needs chosen are ones they want to work on and that the options chosen have a reasonable chance of helping them meet these needs.
   iii. Activities in Phase Two should be completed during 1 or 2 meetings that take place within 1-2 weeks; a rapid time frame is intended to promote team cohesion and shared responsibility toward achieving the team's mission or overarching goal.
3. Phase Three: Implementation
   i. The initial Family Care Plan is implemented, progress and successes are continually reviewed and changes are made to the plan while maintaining or building team cohesiveness and mutual respect.
   ii. Activities in Phase Three are repeated until the team's mission is achieved and formal Wraparound is no longer needed.
4. Phase Four: Transition
   i. Plans are made for a purposeful transition out of formal Wraparound to a mix of informal and natural supports in the community and, if appropriate, to services and supports in the adult system.
   ii. The focus on transition is continual during the Wraparound process, and the preparation for transition is apparent even during the initial engagement activities.

D. The FCCP is responsible to arrange for the transfer of services when the family moves outside of the geographic area of the FCCP or, if the family is moving out of state to a provider located in that area. The FCCP of origin will maintain contact with families, youth/children until the new services are established.

V. Wraparound Planning Team (WPT)

A. The Wraparound Planning Team (WPT) strengthens or builds a natural

~~and community based social support network with the family. The FSCC, with the family, facilitates the identification, engagement and participation of additional family members, close family friends, appropriate clinical expertise and other potential WPT members including partner agencies such as child protective services, juvenile justice and education.~~

~~B. The WPT will include the FSCC as the Wraparound facilitator and may include an FSP as a peer mentor and liaison for parent involvement.~~

C. A coach is available to the WPT to teach model and ensure fidelity to the Wraparound process.

VI. Flexible Funding

A. The FCCP Lead will serve as the fiscal agent for the administration of flexible funding and will work with DCYF and parents/caregivers to equitably determine and monitor family service budget amounts.

B. Flexible funds are intended for the purchase of goods and services that are not reimbursed through existing insurance or other programs or funding sources in order to help meet specific child, youth and/or family needs.

C. During eligibility determination and care planning, the provider will explore other sources of funding for family services and supports including Medicaid, entitlements, daily living supports, such as food stamps or vouchers, third party insurance, and natural supports. Flexible funding will be used as the payment of last resort.

D. Goods and services to be provided using flexible funding must be related to an outcome identified in the Family Care Plan such as:

1. Success in school, work or other occupation.
2. Safe and stable family and home environment.
3. Prevention or reduction of adverse outcomes including recurrence of maltreatment and delinquent behavior.

E. Flexible funding requests must take place promptly and a plan must be in place to assist the family in obtaining needed services in the future without the use of flexible funds.

F. Family flex fund budgets are developed for periods of twelve (12) weeks or less.

G. The annual family flex fund budget must not exceed the rate established in contractual agreements between the FCCP and DCYF without lead FCCP approval.

H. The FCCP Lead must develop policies and procedures and system controls to ensure all payer sources are utilized and that flex funds are not used for services that could be accessed through other sources.

VII. Cultural and Linguistic Competence

A. The FCCP will integrate cultural, spiritual, health and healing practices and beliefs which are acceptable to the family and promote wellness in the assessment, planning, intervention and ongoing review of care.

B. The FCCP will maintain written culturally and linguistically appropriate services (CLAS) policies and procedures incorporating the requirements outlined in this section.

C. The FCCP will provide culturally competent care in accordance with **National Standards on Culturally and Linguistically Appropriate Services (CLAS)** (http://www.omhrc.gov/assets/pdf/checked/finalreport.pdf). *Department of Health and Human Services, Office of Minority Health, Culturally and Linguistically Appropriate Services in Health Care: Final Report. [Rockville, MD] US Department of Health and Human Services, 2001*. The FCCP will:

1. Ensure that families receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with families' cultural health beliefs and practices and preferred language.
2. Implement strategies to recruit, retain and promote a diverse staff that are representative of the demographic characteristics of the service area.
3. Ensure that staff at all levels and across all disciplines, receive ongoing education and training in culturally and linguistically appropriate service delivery.
4. Offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each family with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
5. Provide to families in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
6. Assure the competence of language assistance provided to limited English proficient families by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except by request of the families).
7. Make available easily understood materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.
8. Develop, implement and promote a written strategic plan that outlines clear goals, policies, operational plans and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.
9. Conduct initial and ongoing organizational self-assessments of CLAS- related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, family satisfaction assessments and outcome- based evaluation.
10. Ensure that data on the individual family's race, ethnicity, and spoken and written language are collected in records, integrated into the organization's management information systems, and be periodically updated.
11. Maintain a current demographic, cultural and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.
12. Develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family and youth involvement in designing and implementing CLAS related activities.
13. Ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing and resolving cross-cultural conflicts or complaints.

14. Regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

VIII. Service Intensity and Capacity

A. The FCCP will have the capacity to provide multiple contacts per week with children, youth and families who are experiencing acute or crisis situations,

making a life adjustment, adjusting to a new medication, experiencing a health issue or serious life event, enrolling/returning to school or starting a new job, making changes in living situation or employment or having moderate to significant ongoing challenges in daily living.

B. These multiple contacts may be as frequent as twice daily, seven days per week, depending on family circumstances, availability and mutual agreement between family and provider. Various FCCP staff may share responsibility for addressing the needs of children, youth and families requiring frequent contact.

C. Staff will be available for regularly scheduled meetings during evenings and weekends. It is expected that a good portion of the services delivered will occur after school and during early evenings and weekends to accommodate the school and work schedules of families.

D. The FCCP will have the capacity to rapidly increase service intensity to children, youth and families when necessary.

E. Data regarding the frequency of contacts with children, youth and families will be collected and reviewed as part of the program's CQI plan.

IX. Family Record

A. The FCCP will maintain an organized, comprehensive family record keeping system for each family receiving services.

B. The record will be maintained in a management information system that meets HIPAA Privacy regulations and agency accreditation standards.

C. Records must be maintained in a locked, fireproof room or file cabinet and secured against loss, tampering and unauthorized use.

D. The family record will include, but is not limited to:

1. Intake/enrollment forms with date of initial contact.
2. Signed authorizations to release and/or obtain information.
3. All assessment related materials, including delineation of needs and strengths, involvement of key parties.
4. A bio-psychosocial assessment completed for all children within thirty

(30) days of enrollment in Wraparound by the FCCP or provided to the FCCP by another competent clinical resource.

5. Family Care Plan, including goals and objectives, a summary of goal and objective attainment, treatment modalities, service scope and duration, performing provider and time frame.
   a. The Plan must be signed by a Licensed Practitioner of the Healing Arts who has participated in the Wraparound Planning process, the parent and child, if of appropriate age.
   b. The Plan must address needs identified in the bio-psychosocial assessment and diagnostic formulation.

6. Wraparound Functional Assessment and Safety/Crisis Plan.
7. FCCP contacts and Family Care Plan approvals.
8. Progress notes, notation of involvement with family and collaterals.
    a. Progress notes must document activities in support of the goals of the Family Care Plan and periodic reviews required for reimbursement for medically necessary interventions.
    b. Progress notes must be dated and signed by the worker and include the length of time spent in the activity with the child and

the child's response to the activity as it relates to one or more of the treatment goals in the Family Care Plan.

c. Progress notes must be entered for any activity that is considered to be a medically necessary intervention for the child as outlined in the Family Care Plan.

9. Case conference summaries.

10. Recommendations for Family Care Plan modification, transition or continuance.

11. Transition plan.

E. Family record information may be used for quality assurance and accreditation purposes, provided confidentiality laws are followed.

F. The family record will be kept for a minimum of seven (7) years after the youngest child in the family served through the FCCP reaches the age of eighteen (18).

SECTION FIVE - DATA COLLECTION, EVALUATION AND CONTINUOUS QUALITY IMPROVEMENT (CQI)

I. Data Collection and Reporting

A. The FCCP Lead is responsible for on-site data coordination, including meeting with families to collect demographic information, collecting data, generating reports required for grants and funders and maintaining up to date contact information on families. The FCCP will adhere to data collection and reporting procedures required by the Department to measure outcomes consistent with the federal CFSR safety, permanency and well-being outcomes.

B. The FCCP Lead will uniformly collect and within thirty (30) days of collection submit into an electronic database child/family individual-level data elements in accordance with the format established by the Department:

1. Demographic information upon entry into the FCCP and, except for non- modifiable data, at transition.

2. Child and family behavioral health characteristics upon entry into the

FCCP and, except for non-modifiable data, at transition.

3. Child and family functional assessment as determined by DCYF and the FCCP, at baseline and/or six (6) months after service delivery and/or at transition.

C. The FCCP Lead will uniformly collect and within thirty (30) days of collection submit into an electronic database child/family systems-level data elements in accordance with the format established by the Department:

1. Process and service-level data upon entry and throughout FCCP involvement.

2. System-level outcome data at baseline and/or three (3) months after service delivery and/or six (6) months after delivery and at transition.

II. Program Evaluation and Continuous Quality Improvement

A. The FCCP will participate in performance reviews to measure necessary conditions for successful Wraparound at the child and family and systems levels. These conditions include:

1. Philosophy of care

2. Collaboration/partnership
3. Capacity building/staffing
4. Timely access to services and supports
5. Child and family stability and well-being
6. Accountability

B. The FCCP will participate in program evaluation activities through a process of CQI, a central component of the system of care. Key program areas that will be evaluated will include child and family outcomes, satisfaction with services and supports, Wraparound fidelity and system-level outcomes.
   1. Program Evaluation uses statistical analysis of child-level, family-level and system-level data, some of which includes CQI data to evaluate outcomes on these multiple levels. The purpose is to evaluate multi- level process and impact outcomes, as explained by a combination of factors: child, family, program and system-level and inform best practices for subpopulations receiving FCCP services.
   2. CQI refers to a system in which data is monitored and utilized on an ongoing basis to make data-driven decisions for service improvements.
      i. An effective CQI system includes a quality assurance team (DCYF data and evaluation staff in collaboration with program level managers), which collects and reviews performance indicator data on an ongoing basis in relation to identified standards or benchmarks.
      ii. When benchmarks are not achieved, programs develop an action plan that describes the strategies to be used to improve performance on a given indicator. Monitoring of that indicator continues for a designated period, such as three (3) months to one (1) year or more, and is then again reviewed by the team.
      iii. As benchmarks are achieved following program or service modifications, a new action plan is developed to repeat this process of monitoring performance indicators for other outcomes in a cycle of CQI.

C. The FCCP Lead will submit to DCYF quarterly and annual reports in a format established by DCYF.

D. The FCCP Lead will provide any additional reports requested by the Department relative to performance and operations of the FCCP.