RHODE ISLAND

DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

Family Care Community Partnership (FCCP)

Practice Guidance

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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) initiative in accordance with federal and state law and nationally recognized practice to promote activities at the community level designed to strengthen and support families who are at risk of becoming or are involved with DCYF. The Department's mission and statutory responsibility are geared toward priority populations: Children who are victims of abuse and/or neglect; children who have a serious emotional disturbance (SED); children in need of behavioral health services; and children who are involved with juvenile justice. Therefore, the FCCP's are established to provide necessary support for families who are at risk for DCYF involvement for child maltreatment; whose children are mentally, emotional, and behaviorally challenged and have specific behavioral health needs; or who are involved with juvenile justice.

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 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, Public Law 101-336
5. Mental Health Parity Act of 2007, Public Law 104-204
6. Every Student Succeeds Act (ESSA), Public Law 114-95
7. Prison Rape Elimination Act (PREA), Public Law 108-79
8. Individuals with Disabilities Education Improvement Act of 2004, Public Law 108-446
9. Fostering Connections to Success and Increasing Adoptions Act of 2008, Public Law 110-351
10. Preventing Sex Trafficking and Strengthen Families Act, Public Law 113-183
11. Health Insurance Portability and Accountability Act (HIPPA) of 1996, Public Law 104-191
12. Health Information Technology for Economic and Clinical Health Act (HITECH), Public Law 111-5

B. Rhode Island General Law (RIGL)

1. RIGL 14-1-11, Services for Youth Exhibiting Wayward/Disobedient Behavior
2. RIGL 28-5-7 et seq, Unlawful Employment Practices
3. RIGL 37-2, Purchasing Power and Rules
4. RIGL 40-11 et seq, Abused and Neglected Children
5. RIGL 40.1-5-5, 40.1-5-6 and 40.1-5-8, Mental Health Law
6. RIGL 42-72 et seq, Department of Children, Youth and Families
7. RIGL 42-72-2, Declaration of Policy (DCYF)
8. RIGL 42-72-5, Power and Scope of Activities (DCYF)
9. RIGL 42-72-5.2, Development of a Continuum of Children's Behavioral Health Programs (DCYF)
10. RIGL 42-72-11, Protective Services (DCYF)
11. RIGL 42-72-15, Children's Bill of Rights
12. RIGL 42-72.1 et seq, Licensing and Monitoring of Child Care providers and Child Placing Agencies
13. RIGL 42-72.1-5, Licensing of Children's Behavioral Health Programs
14. RIGL 42-72.3, Project Early Start
15. RIGL 42-72.9 et. seq, Children's Right to Freedom of Restraint
16. RIGL 42-72.10-1, Foster Parents Bill of Rights
17. RIGL 42-87-1, Civil Rights of People with Disabilities
18. RIGL 42-158 et seq, Freedom from Prone Restraint Act

C. Regulations

1. Family Child Care Home Regulations for Licensure, 214-RICR-40-00-2
2. Foster Care and Adoption Regulations for Licensure, 214-RICR-40-00-3
3. Residential Child Care Regulations for Licensure, 214-RICR-40-00-4

4. Child Placement Regulations, 214-RICR-40-00-5
5. Mental Health Emergency Service Interventions for Children, Youth and Families Regulations for Certification, 214-RICR-40-00-6
6. Group Family Child Care Home Regulations for Licensure, 214-RICR-40-00-7
7. Utilization Review of Health Care Services, 216-RICR-40-10-20

III. Definitions

Agreement to Participate – Is a form signed by a family during the first face to face meeting to agree to participate in FCCP Services. No services are rendered until the family has signed this form.

Breach or Suspected Breach – An acquisition, access, use or disclosure or suspected acquisition, access, use or disclosure of PHI in violation of HIPPA privacy rules that compromises Personal Health Information (PHI) security or privacy. Additionally, a breach or suspected breach may be acquisition, access, use or disclosure or suspected acquisition, access, use or disclosure of PII (Personally Identifiable Information) or Sensitive Information (SI)

Comprehensive Assessment (elements of FCCP Behavioral Health Assessment)
Child and Adolescent Needs and Strengths (CANS) assessment. Either the ages 0-4 version or the 5-20 version.

a. SED/DD Determination section- SERIOUS EMOTIONAL DISTURBANCE (SED) DEFINITION:

Refers to children and youth who have been diagnosed with a behavioral, mental or emotional disorder in the past year that resulted in a functional impairment that significantly interferes with or limits the child's role in family, school, or community activities. The SED definition is based on the Federal Registry and RIGL 42-72-5.

FUNCTIONAL OR INTELLECTUAL DEVELOPMENTAL DISABILITY (IDD) DEFINITION:

Refers to a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior as shown by everyday social and practical skills, such as reasoning, problem solving, planning, judgement, abstract reasoning, academic and experience-based learning. The disability must have an onset before the age of 18.

b. Diagnostic Summary- Diagnostic Assessment: A diagnostic assessment (DA) is a written report that documents the clinical and functional face-to-face evaluation of a recipient's mental health. The report must include the recipient's: Nature, severity and impact of behavioral difficulties, Functional impairment, Subjective distress and Strengths and resources. A diagnostic assessment is necessary to determine a recipient's eligibility for mental health services. Must be complete by an independent License Clinician, (LICSW, LMHC, LMFT or higher Degree). The family Youth and Culture should be taking into consideration when completing this assessment. **Diagnostic Summary Recommendations**: The Independent Licensed Clinician will formulate the Diagnostic summary base on the DSM-5. The Family Service Plan outlining the services needed will be designed based on this Diagnostic assessment along with any other information the family would like to have included in the assessment.

c. Diagnoses

d. Summary with recommendations to establish medical necessity- Medical Necessity:
"Medical **necessity** means a good or service that will, or is reasonably expected to prevent,

diagnose, cure, correct, reduce, or ameliorate the pain and suffering, or the physical, mental, cognitive, or developmental effects of an illness, injury, or disability.

Comprehensive Assessment Continued (requirements of the Behavioral Health Assessment - CANS Plus):

- An independently licensed Master's level supervisor shall oversee and review all CANS Plus assessments.
- An individual with a Bachelor's degree who is certified in completing the CANS may complete the CANS if not rendering a diagnosis, and the CANS assessment is approved or signed off by Independently Licensed Master's level supervisor.
- A recent (within past year for behavioral health diagnosis, within past three years for developmental disabilities diagnosis) diagnosis made by an appropriate third party clinician may be used and documented in the "Diagnostic Summary and Diagnoses" sections of the CANS Plus.
- A diagnosis must be obtained from an Independently Licensed Masters level or above clinician.

The supervisor shall meet with all families, youth and children together with the FSCC at least once. This will enable the supervisor to give tailored and specific direction to the FSCC about how to conduct a more comprehensive assessment and develop more effective interventions.

The FSCC and supervisor shall make referrals for more specialized evaluations and psychological assessments (testing) whenever indicated and as agreed upon by the family.

Assessment data shall be recorded in the Rhode Island Family Information System (RIFIS) statewide database.

Child and Adolescent Needs and Strengths (CANS) – The CANS is a multipurpose tool developed for children services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives and to allow for the monitoring of outcomes of services. Yearly certification is required.

CANS Plus – This comprehensive assessment is consistent with the diagnostic formulation under the current addition of the Diagnostic Statistical Manual (DSM) for individuals over the age of five and current addition of the DC:0-5: Diagnostic Assessment for Young Children. The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-5) is an age-appropriate approach for assessing infants, toddlers and preschool children. This tool classifies mental health and developmental disorders in children from birth through five years old considered in relationship to their families, culture and communities. Additional sections required to be completed shall include SED/DD determination section, diagnostic summary, diagnosis, and summary with recommendations.

Caregiver Protective Capacity - means one's (personal and caregiving) behavioral, cognitive, and emotional characteristics that specifically and directly are associated with caretaker performance. Protective capacities are personal qualities or characteristics including judgement that contribute to the presence or absence of vigilant child protection, influence safe environments and impact the well-being of children.

Child Abuse and Neglect – A child whose physical or mental health or welfare is harmed, or threatened with harm, when his or her parent or other person responsible for his or her welfare:

1. Inflicts, or allows to be inflicted, upon the child physical or mental injury including excessive corporal punishment; or
2. Creates or allows to be created, a substantial risk of physical or mental injury to the child, including excessive corporal punishment; or
3. Commits, or allows to be committed, against the child, an act of sexual abuse; or
4. Fails to supply the child with adequate food, clothing, shelter, or medical care, through financially able to do so or offered financial or other reasonable means to do so; or
5. Fails to provide the child with a minimum degree of care or proper supervision or guardianship because of his or her unwillingness or inability to do so by situations or conditions such as, but not limited to: social problems, mental incompetency, or the use of a drug, drugs, or alcohol to the extent that the parent or other person responsible for the child's welfare loses his or her ability or is unwilling to properly care for the child; or
6. abandons or deserts the child; or
7. sexually exploits the child in that the person allows, permits, or encourages the child to engage in prostitution as defined by the provisions in §11-34.1-1 et seq.; or
8. sexually exploit the child in that the person allows, permits, encourages, or engages in the obscene or pornographic photographing, filming, or depiction of the child in a setting that, taken as a whole, suggests to the average person that the child is about to engage in, or has engaged in, any sexual act, or that depicts any such child under 18 years of age performing sodomy, oral copulation, sexual intercourse, masturbation, or bestiality; or
9. commits, or allows to be committed, any sexual offense against the child such as sexual offenses which are defined in RIGL 11-37; or
10. commits, or allows to be committed, against any child an act involving sexual penetration or sexual contact if the child is under 15 years of age; or if the child is 15 years or older and (1) force or coercion is used by the perpetrator, or (2) the perpetrator knows, or has reason to know, that the victim is a severely impaired person as defined by the provisions of §11-5-11, or physical helpless as defined by §11-37-1(6).

Child Maltreatment - When parenting behavior is harmful or destructive to a child's cognitive, emotional, social or physical development and caregivers are unwilling or unable to behave differently.

Child Protective Services (CPS) - The Child Protective Services division of DCYF responsible for investigations of child welfare complaints.

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.

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 Referral - Referral of a family seeking assistance related to mental health, dependency and lack of supports and resources to the FCCP by DCYF Intake.

DCYF Impending Danger Plan - A written plan that is put into place at the end of the Family Functioning Assessment (FFA) process when a child is confirmed to be in impending danger.

DCYF Service Plan - A time-limited, individualized, and strength-based written document between a family and DCYF that addresses the necessary behavior changes linked to caregiver protective capacities 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.

DSM-5 - The Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association (currently version 5).

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 the 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. Also included are Youth Diversion Program and Wayward Disobedient Program. 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 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 Functioning Assessment (FFA) - is the first face-to-face assessment, done by a DCYF worker, with a family for determining whether children are in Present or Impending Danger. The FFA process includes interacting with a family for the purpose of assessing factors or conditions that are known to result in child abuse or neglect; to make a maltreatment determination or finding; to assess family conditions that create Present Danger and/or create Impending Danger; to identify family strengths; to evaluate enhanced and diminished Caregiver Protective Capacities; to reconcile information contained in the reports about alleged child abuse and neglect and alleged threats to child safety; to make a conclusion regarding the existence of Present and/or Impending Danger; to determine the need to open a case for ongoing FSU Services; and to establish the least intrusive, most effective Safety Plan.

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 Service Plan, while providing support for the family to gain the skills and resources to manage their own coordination and plans.

Family Service 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 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 direct support and connects families to natural and other supports as well which are identified in the Family Service Plan.

Family Stabilization – is a key focus during initial engagement, in the first thirty (30) days, and is directed toward maintaining children in the home and de-escalating crisis situations through risk management. The goal of stabilization efforts is to resolve any issues so that the risk level is reduced and in the case of DCYF referrals, so the Department no longer needs to be involved with the family in any capacity. The FCCP considers what the family identifies as a crisis as well as the DCYF needs and recommendations. Safety factors identified by the Department and the immediate needs of the family such as food, shelter, medical supplies etc. are prioritized. Other examples of stabilization efforts can include services such as wraparound facilitation, case management, and counseling and educational services for children and families. Family Stabilization is always the priority of the FCCPs engagement with the family and continues when necessary including during subsequent Wraparound phases.

FCCP Staff - Any person employed through the FCCP Lead or formal partners and subcontractors responsible for connecting and coordinating 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 Service Plan that do not have a funding source.

Functional Assessment – Action Plan - This assessment is to evaluate the family's situation to help them understand causes and purpose of behaviors. DCYF/FCCP help the family to decrease the problems and the behaviors by building their resilience and enhancing resources. It is composed of clear goals and expectations within timeframes and it outlines the agency and family's responsibilities creating a partnership.

Housing Navigator – FCCP staff member with a background in property management to support families struggling with homelessness or unstable housing to connect families to existing housing resources in the community.

Impending Danger – "Impending Danger" refers to dangerous family conditions that represent situations, circumstances, caregiver behaviors, emotions, attitudes, perceptions, motives, and intentions which place a child in a continuous state of danger. They are unmanaged in the presence of a vulnerable child, and, therefore, likely to have severe effects on a child at any time in the near future. These dangerous family conditions exist within the child's home as a result of caregivers who possess diminished Caregiver Protective Capacities.

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 Master's 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 (informal 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.

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.

Personally Identifiable Information (PII) – any information about an individual maintained by an agency, including, but not limited to, education, financial transactions, medical history, and criminal or employment history and information which can be used to distinguish or trace an individual's identity, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual, such as their name, social security number, date and place of birth etc.

Rhode Island Information System (RIFIS) - a web-based application providing tools for case management, service coordination and reporting that has been configured to automate the requirements and instruments defined by the Department of Children, Youth and Families (DCYF). The lead and partner agencies within the Family Care Community Partnerships (FCCPs) will use RIFIS to track the child, family and service information associated with wraparound service planning and delivery.

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.

Sensitive Information – Information that is considered sensitive if the loss of confidentiality, integrity, or availability could be expected to have a serious, severe, or catastrophic adverse effect on organizational operations, organizational assets or individuals.

Serious Emotional Disturbance (SED) - Any person under the age of 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.

Strengths, Needs, Cultural, Discovery (SNCD) – This is comprehensive assessment stating the family story which highlights all functioning domains, such as identified in the holistic strengths model, e.g., education; social; recreational; safety; psychological emotional needs; spiritual needs; family; employment, etc.

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 – A Direct supervisor, who is responsible for the ongoing clinical and program supervision and practice standards, for the FCCP staff.

Supervisor Coach – A Wraparound certified individual responsible to teach, model and evaluate the Wraparound Planning Team members, including other Supervisors, the Family Service Care Coordinator (FSCC), the Family Support Partner (FSP).

Indicated 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 Practice - 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 Certification – The utilization of the Wraparound facilitation tools and scoring of FCCP Coach Supervisors and staff in order to determine competency implementing and/or managing the Wraparound model with Rhode Island families.

Wraparound Team Meeting – Family Team meeting is a gathering of family members, natural supports, friends, FCCP provider and partner staff who join together to strengthen a family and provide ongoing supportive family prevention planning.

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.

Wayward Disobedient Program (WDP) – The WDP is a community-based program for adolescents whose parents have sought assistance by attempting to file a wayward petition against their disobedient child through the local police department. It is governed by RIGL 14-1-11. The FCCP will attempt to engage the child and family in intervention services to prevent entry into the juvenile court system.

Youth Diversionary Program (YDP) – The YDP is a community-based program for adolescents with the primary goal of diverting youth from the Juvenile Justice System who may be the subject of a Family Court petition or at risk of committing wayward or disobedient acts.

SECTION TWO - ADMINISTRATION AND ORGANIZATION

I. FCCP Region Coverage

A. Communities for People Inc. (East Urban Core) – East Providence, Central Falls, Pawtucket

B. Community Care Alliance (Northern Rhode Island) – Burrillville, Cumberland, Foster, Glocester, Johnston, Lincoln, North Providence, North Smithfield, Scituate, Smithfield, Woonsocket

C. Family Service of Rhode Island Inc. (West Urban Core) – Cranston, Providence

D. Tri-County Community Action Agency (Washington Kent) – Charlestown, Coventry, East Greenwich, Exeter, Hopkinton, Narragansett, New Shoreham, North Kingstown, Richmond, South Kingston, Warwick, West Greenwich, West Warwick, Wakefield, Westerly

E. Child and Family (East Bay) – Barrington, Bristol, Jamestown, Little Compton, Middletown, Newport, Portsmouth, Tiverton, Warren

II. 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. Comply with National Wraparound Initiative (NWI) principles and practices and fulfill the leadership role in establishing and promoting the Wraparound service planning process

with core partnership providers, other community stakeholders and children and families receiving or seeking services.

C. Promote the Wraparound service planning process to engage families to the fullest capacity and to work actively toward a strength-based and family-centered system of care.

D. Develop and maintain a network of other community organizations, service providers and individuals in their region to serve as referral sources for at-risk children and families.

E. 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.

F. Cultivate core partnerships including subcontracting with multiple provider and community partners 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.

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

H. 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.

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

J. Ensure that partners and subcontractors have appropriate licensure~~, certification by COA, JCAHO, CARF.~~

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

L. Establish a housing navigator to find and facilitate families' access to suitable housing in order to minimize the number of families experiencing homelessness and minimize the time families spend homeless.

M. Maintain multiple, regional access points and any additional resources requested by the family in order to deliver family supports and services for children, youth and families who are at risk or may become involved with DCYF.

N. Conduct continuous engagement with community organizations and agencies to elicit referrals of families in the community who are at risk of DCYF involvement. The Department requires DCYF referrals to be given priority, however it is understood that community referrals are equally important, and all efforts must be utilized to accept all referrals.

O. Utilize an emergency response to ensure seamless coordination of services from the initial contact from CPS worker to ensure compliance with the CPS safety plan. The FCCP provider will ensure emergency service availability on a twenty-four hour/seven day a week basis.

P. Provide various avenues for clients to access services including having designated staff at each partner agency as well as having a centralized system, such as a toll-free telephone number, to ensure effective and efficient triaging of referrals and access to appropriate services.

Q. Operate a regional program seven days a week, providing 12-hour coverage per day during the week days, Monday through Friday, and eight hour coverage per day on weekends and holidays. Provide emergency services availability after hours seven days per week in adherence with 214-RICR-40-00-6, Mental Health Emergency Service Interventions for Children, Youth and Families.

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

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

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

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

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

W. 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.

X. 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. FCAB meetings are to be held throughout the year and at times and locations most convenient to the members.

Y. Design and implement a prevention-focused publicity campaign to promote public awareness and support healthy and safe child development and family functioning.

III. Personnel

A. Educational Requirements and Hiring Qualifications

1. The FCCP will have a full-time lead administrator, who is a Licensed Practitioner of the Healing Arts, with at least five years of experience in providing family-based services and with at least five years of experience in supervising or administering a program or programs.
2. The FCCP 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. The FSCC who functions as a Wraparound Team facilitator or who provides in-home intensive care coordination may be bachelor’s level or equivalent based on life experience.
    b. The Supervisor who provides care coordination services must have a master’s degree in psychology, social work, counseling or a related field with a minimum of one year of experience in direct service provision and

either be independently licensed or supervised by a Licensed Practitioner of the Healing Arts.

3. The FCCP ensures there are a sufficient number of Family Support Partner (FSP) staff who ideally 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 will have at least one staff member designated as a Housing Navigator. The Housing Navigator will have a background in property management and assists families who are homeless, at risk of becoming homeless or have housing instability.
    a. The Housing Navigator may perform other functions in addition to housing navigator duties.
    b. The FCCP may have multiple Housing Navigators who are either full time or part time, however funding for this position is limited. All FCCP staff who fulfill the Housing Navigator position must be identified as such.
5. The FCCP is responsible to ensure that there is adequate administrative staff for organizing, coordinating, and monitoring all non-direct FCCP service operations.
6. The FCCP provider ensures 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.
7. The FCCP provider ensures 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.
8. 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 DOPs 100.0215, Criminal Record Checks and 100.0155, Child Abuse and Neglect Registry Check.

B. Personnel Policies

1. The FCCP provider maintains written job descriptions for all positions.
2. The FCCP provider maintains written personnel policies and procedures, which will be provided to staff at the time of hire.
3. The FCCP provider maintains a record of work assignments.
4. The FCCP provider has 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 years from date of termination.

C. Staff Responsibilities

1. The Family Service Care Provider
    a. The FSCC works with families with children and youth who are at risk for abuse and neglect, who have SED and/or who have juvenile corrections involvement in the home and/or school setting.
    b. The FSCC responsibilities include:
        1. Wraparound facilitator functions including:
            a. Family engagement
            b. Facilitate Wraparound process
            c. Support self-efficiency of families
            d. Enhance natural supports
            e. Support and facilitate with the family the wraparound planning team membership

f. Connect families to culturally relevant community-based resources and supports
g. Schedule and facilitate family care plan and Wraparound Planning Team meetings

2. Family Assessments:
   a. with supervision the FSCC will conduct comprehensive assessment and strength-based, culturally competent family needs assessments.
   b. The FSCC also arranges or administers other assessment tools as needed.
3. Documentation Management:
   a. Obtain or ensure collection of required records (e.g. evaluations, assessments, privacy notice, etc.);
   b. Document, revise and develop with the family the family care plan and provide copies to families and other parties as required and with family authorization;
   c. Obtain documentation of required releases and ensure client confidentiality;
   d. Complete data collection as required for system evaluation;
   e. Administer the functional assessments for program evaluation.
4. Service Provision, Coordination and Referral
   a. Link and refer families to appropriate services and informal supports and secure and initiate services identified in the Family Care Plan;
   b. Coordinate team members to ensure all are included and engaged in the Wraparound Planning Team;
   c. Ensure Family Care Plans include transition plans that support families and maintains positive outcomes;
   d. Provide service response and support to families as needed.
   e. Establish emergency protocols with families;
   f. Educate developmentally appropriate child rearing practices;
   g. Make referrals for unmet basic needs (e.g. housing food, clothing, medical and transportation);
   h. Make referrals for job training;
   i. Make referrals for child care services;
   j. Provide access to in-home or agency based direct/clinical services and interventions for families who are not being provided with wraparound facilitation.
5. Advocacy
   a. Advocate for the families during family care planning process and coordinate wraparound process from a strength-based perspective;
   b. Ensure that families and others understand the Wraparound process;
   c. Follow up with wraparound planning team members;
   d. Assist families in accessing parent advocates or peer mentors.

2. Family Support Partner
   a. The FSP involvement with families is by a family choice, as some families may either chose not to have a FSP or may not require it. The length of involvement is different with each family as the FSP role is to empower the family toward self-efficacy.

b. The FSP partners with families and supports the wraparound facilitator to do Wraparound with the family. The FSP may provide direct support and services for some families

c. The FSP responsibilities and duties include:

1. Wraparound functions including:
    a. Support, educate, encourage, empower, and advocate for the family to use their voice and to express their views and choices;
    b. Support the Wraparound Facilitator with family engagement, building trust and orienting family members and others to the Wraparound process;
    c. Support Wrapround team integration and success;
    d. Encourage the process of collaboration;
    e. Connect family to natural resources supports and community-based services that are culturally appropriate; and
    f. Member of the wraparound planning team until the family is able to advocate for their individual needs and choices.
2. Documentation Management
    a. Support data collection needs
3. Service Provision, Coordination and Referral
    a. Link and refer families to appropriate services and informal supports as needed;
    b. Provide basic parent education;
    c. Serve as a coordinator and advocate for timely and individualized service provision to the family within the care planning process
4. Advocacy
    a. Support family empowerment and assist the family and agency representatives with understanding the Wraparound process and the varying perspectives of the team members;
    b. Assist families with access to parent advocacy organizations;
    c. Connect with other families with similar challenges and other supports to encourage success and continues self-efficacy; and
    d. Educate parents on regulations and laws that support the rights of individuals with disabilities.

3. Supervisor/Wraparound Coach

a. The Supervisor/Coach for Wraparound is to teach, model and evaluate the FSCC and FSP for fidelity to the Wraparound model. The Coach is the direct supervisor for the Wraparound Facilitators and clinical supervisor for family support providers.

b. The Supervisor/Wraparound Coach responsibilities and duties include:

1. Wraparound Functions, including:
    a. Providing strength-based supervision to family service care coordinators and family support partners;
    b. Develops and monitors professional development plans for supervisees;
    c. Monitors the wraparound planning team process
    d. Provides problem-solving and develop strategies with teams as needed;
    e. Ensures that culturally competent services, supports and resources are accessed for families;

f. Coach to FSCC and FSP

2. Documentation Management
    a. Ensures collection, completions, and routing of required records by supervisees;
    b. Family Care Plans;
    c. Required releases and client confidentiality forms, functional assessments for program evaluation;
    d. Data collection as required for system evaluation and quality assurance.
3. Supervisor Duties for Services Provision, Coordination and Referrals
    a. Monitors and evaluates the duties and responsibilities of the Family Service Care Coordinator, including the Wraparound facilitation process, the wraparound planning team and care planning and evaluates staff performance;
    b. Monitors and evaluates the duties and responsibilities of the Family Support Partner including direct support offered to families;
    c. Evaluates performance monitors and evaluates all direct/care coordination services provided to families by the FSCC and FSP.
    d. Satisfies requirements for supervisory role in reviewing or completing the CANS Plus assessment information gathered by the FSCC and for making necessary diagnostic formulations using the DSM-V including follow up meetings with the child and family when required.
4. Advocacy
    a. Supports Wraparound team integration and success, family empowerment, family choice and voice;
    b. Employs a strength-based perspective and wraparound principles

4. Housing Navigator
    a. The Housing Navigator assists families who are homeless, at risk of becoming homeless or have housing instability.
    b. The goal of the Housing Navigator is to facilitate families access to suitable housing to minimize the number of families experiencing homelessness and minimizing the time families spend homeless including in shelters, hostels, or hotels.
    c. The Housing Navigators Responsibilities and Duties Include:
        1. Documentation Management
            a. Maintains details of help provided to each family they serve in an activity note.
            b. Documentation of time period (start and end date) they assisted the family in an activity note.
            c. Data collection as required for system evaluation and quality assurance.
        2. Service Provision, Coordination and Referral
            a. Link and refer families to appropriate housing services;
            b. Serve as a mediator and advocate for family;
            c. Coordinates with other regions housing navigators to develop a network and ensure that housing opportunities are available to all families working with the FCCP regardless of location.
            d. Develop better availability of housing units and supports for families in their region by establishing relationships with landlords and property realtors.

D. Staff Training, Development and Evaluation

1. The FCCP maintains a written plan for the orientation, training, on-going development, supervision and evaluation of staff.
2. Each new employee receives 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, FSP and Housing Navigator 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.

E. RIFIS Training

1. All FCCP staff will attend formal RIFIS training before an account will be set up and a RIFIS license is assigned (staff should never share user id's and passwords).
2. Non FCCP staff requests for training and/or licenses will need to go through DCYF for approval.
3. The hiring FCCP Supervisors will fill out and submit a completed Worker Profile Form and scanned signature (with credentials) to the RIFIS System Administrator to begin the coordination of scheduling training.
4. Supervisors will be responsible for reporting to the RIFIS System Administrator any terminated staff in a timely manner to ensure license (access) for the RIFIS application are discontinued immediately. The official termination date is also necessary in order to deactivate their worker profile and keep staff lists current in RIFIS.
5. All trained staff will utilize the RIFIS Manual, training handouts/updates, and the Team Wraparound Manual.
6. All trained staff will report to rifis.support@dcyf.ri.gov for any application tech support, questions, concerns, and ticket descriptions (using the RIFIS id and never including any family sensitive information in the unsecured email).

F. 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.

G. The FCCP must have enough staff to ensure every family is served. In addition, no FSCC may have caseloads over 12 cases per FSCC. Should cases volume exceed 12 per FSCC, the FCCP must hire additional staff to accommodate higher case volume.

H. Utilization of Natural Supports

1. The FCCP is encouraged to utilize 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.

I. Communication

1. The FCCP has a written procedure for communication throughout the Partnership.
2. The procedure provides 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.

IV. Confidentiality

A. FCCP agrees to comply with all DCYF confidentiality policy recognizing a person's basic right to privacy and confidentiality of personal information. Further, all records pertaining to youth and families accessed by the FCCP are confidential by state law.

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

C. The policies must 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.

D. In the event of a breach, the FCCP lead notifies the covered entity within one hour upon the discovery of any breach of security of Personal Health Information (PHI), Personally Identifiable Information (PII), or Sensitive Information (SI) by telephone in addition to email, web form or fax. Within 48 hours, the FCCP lead must notify DCYF's designated security officer of any suspected breach of unauthorized electronic access, disclosure or breach of confidential information; or any successful breach of unauthorized electronic access, disclosure, or breach of confidential information.

E. 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.

F. Written consent must 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.

V. Notice Requirements

A. Any known or suspected child abuse or neglect must be reported to the DCYF Child Protective Services (CPS) Hotline (1-800-RICHILD) in accordance with RIGL 40-11-3 and DOP 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 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 (1-800- RICHILD) 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; or
   4. Death of a child.

C. The FCCP provides 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. The reasons for the decision shall be documented in RIFIS in the General Notes section.

D. The FCCP provides written notice within 30 days to DCYF Administrator and DCYF Contract Manager of changes in administrative staff or professional personnel.

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

VI. 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.

VII. 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.

VIII. Client Rights and Grievance Procedures

A. The FCCP Lead must have written client rights and grievance policy and procedures in place to ensure the rights of every client are honored and respected regarding the client's personal well-being and the provision of services. The policies and procedures must be in compliance with DCYF's applicable regulations and any other applicable state or federal regulations.
1. The client is 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. Upon the request of DCYF, a copy of the FCCP's grievance policy and procedure manual is provided to DCYF within three business days.

C. The client may appeal an FCCP action or decision to the Department in accordance with DOP 100.0040, Complaints and Appeals.

IX. Family and Community Advisory Boards (FCAB)

A. Family and Community Advisory Board
1. Family and Community Advisory Boards (FCAB) will be established in each region for the purposes of supporting and implementing the work of the regional FCCP. The advisory board will serve as a mechanism for community partners, families, youth, faith based-organizations, prevention coalitions, schools, juvenile hearing boards, law enforcement and others to have regular discussions no less than 3 times a year on relevant and timely content discussions relative to each region at times most

convenient for families and other community stakeholders to attend.

2. The regional FCAB's are constituted for the purpose of serving as a quality assurance boards with the responsibility to:
    a. Advise on the 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 Service Plans.
    e. Review data and outcomes and make recommendations to DCYF and the Regional FCAB's.
3. A DCYF data and evaluation and/or program representatives will attend FCAB meetings.
4. The Board works with DCYF to develop FCAB advisory guidelines for communication and decision-making.
5. 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 childcare education and school aged services and supports.
6. The FCAB may request reports from the regional FCCP on quantitative and qualitative data regarding performance, service utilization, resource allocations and quality assurance.
7. The FCCP shall provide written documentation that the FCAB meeting have occurred in accordance with the standards.

SECTION THREE - FISCAL MANAGEMENT

I. Financial and Information System Structure

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

B. All community partners are held to the same accounting and reporting standards that DCYF holds the FCCP.

C. Subcontracting records are subject to DCYF review and audit.

D. All assessment data must be entered into Rhode Island Family Information System (RIFIS) or an alternative DCYF-specific data system. Accurate and timely data collection is imperative.

E. Invoicing guidance
    a. The open date for when families to open to the FCCP's is the first face to face with the family, when the "Agreement to Participate" is signed. In RIFIS this date is the "Agency Intake Open Disposition Date".
    b. The close date when families close to the FCCP's is the last face to face with the family.

c. Unexpected closings due to families disengaging:
    i. FCCP's can bill for up to 14 days after the last face to face with the family if they can show documentation of consistent reengagement efforts.
    ii. If families come back after the 14 days, FCCP's will have to reopen the case.
    iii. There is going to be a column added onto the invoice for unbilled days for when families are participating in services, but not available for services for an extended amount of time (i.e. extended vacations) so that FCCP's are not billing for that time but can keep families open.

d. Flex funds
    i. FCCP's should record gift card expenditures in RIFIS when they are given to the family. FCCP's should also bill DCYF for gift card expenditures when they are given to the family.

III. Payment Rate and Schedule

A. To receive payment for services rendered, the FCCP submits monthly, detailed invoices that line-itemize the services performed, quantities delivered, and rates charged. This invoice must be submitted within five business days after the end of the month within which services were provided.
    1. Within 10 business days of receipt of the invoice, the Department pays the FCCP for services rendered.

B. The first 30 days following the first face-to-face with the family, the FCCP invoices the Department at a Phase I Per Diem Rate for each client served during that time-period.
    1. It is assumed at the first face-to-face with the family they sign the Consent to Participate Agreement. Billing may not begin unless the family has signed the Consent to Participate Agreement.

C. The 31st day following first face-to-face, or when Consent to Participate Agreement is signed, the FCCP invoices the Department at the Phase II Per Diem Rate for each family being served during this period.

D. Annual flex funds are invoiced on a cost reimbursement rate. The Department reimburses only costs demonstrated to be allowable. To be allowable, a reimbursed cost must be allocable to work performed under the contract and must be reasonable in nature.

E. Child abuse prevention campaign funds, community outreach funding, and housing navigator funds are all invoiced on a cost reimbursement basis but have caps on amount to be reimbursed. The Department reimburses only costs demonstrated to be allowable. To be allowable, a reimbursed cost must be allocable to work performed under the contract and must be reasonable in nature.

IV. Annual Financial Statement

A. The FCCP submits an Annual Financial Statement that is certified by an independent auditor.

B. The financial statement shall be submitted in accordance with the contract provisions.

V. Financial Service Provision to Families and Accountability

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

B. The FCCP maintains 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

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VI. Flexible Funding

A. The FCCP serves as the fiscal agent for the administration of flexible funding and works 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 explores 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 is 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. The FCCP 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.

SECTION FOUR - SERVICE PROVISION

Scope of Services

A. The FCCP ensures family stabilization and integrated, family-centered care coordination by implementing a continuum of services, based on the initial intake process and the Wraparound process.

B. The FCCP coordinates formal and informal services which enhance natural supports for families and youth within their own homes and/or communities.

C. FCCP services include, but are not limited to the following:
1. Wraparound facilitation combined with care coordination to coordinate, connect and support clinical, informal, and natural supports for families, children and youth. This population consists of children/youth who are at risk for abuse and neglect, have a serious emotional disturbance (SED) and/or are returning to the community after completing a sentence to Rhode Island’s Youth Detention Center (formally known as the RI Training School).
2. Intensive family support including coordination of services, working in close partnerships with State and local health care providers, behavioral health

providers, schools, infant/toddler home visiting, early intervention, and education programs serving children and families.

3. Family stabilization directed towards maintaining children in the home through de-escalating crisis situations and managing risk in adherence with 214-RICR-40-00-6, 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, along with the safety, risk and protective capacity to maintain children safely at home. These interventions will address any behavioral health issues identified and documented in the Family Service Plan, a comprehensive assessment (CANS Plus) related to a DSM or DC: 0-5 diagnosis.
5. Connect families to other community supports and services based on the family's preferences and choices that emerge from the Wraparound planning process.
6. Connect families to services provided through Rhode Island Departments of Health; Human Services; Healthy Aging; and Behavioral Healthcare, Developmental Disabilities and Hospitals.
7. Assist families with navigating Rhode Island's Youth Diversionary (YDP) and Wayward Disobedient Program (WDP).

Eligibility

A. The FCCP coordinates and connects services for all children, youth and families who are at imminent risk of entering DCYF care and who are at risk for involvement, in specified situations within these standards, and/or are involved with the Department of Children, Youth and Families. Regardless of previous involvement with DCYF. Families do not need to have experienced child abuse, neglect, dependency, juvenile justice involvement or psychiatric hospitalization to be eligible for FCCP services

B. The FCCP staff determines if the family is at risk and what risk factors are present. Families presenting with at least one of the following risk factors may be at risk of DCYF involvement.
   1. Child safety concerns;
   2. Access to food, transportation, or medical services;
   3. Unsanitary or unsafe living conditions, including homelessness;
   4. Child or parent behavioral, mental health or other challenges, concerns or struggles;
   5. Parent cognitive limitations;
   6. Child or parent substance misuse;
   7. Child behavioral challenges including truancy;
   8. Previous or current juvenile justice involvement;
   9. Previous involvement with DCYF, including adoptive families;
   10. Child educational problems;
   11. Parent involved with the criminal justice system;
   12. Current or history of family domestic violence; and
   13. Referral from DCYF to FCCP

C. Families in which there is an imminent or significant safety risk and who have multiple or complex needs requiring multi-agency coordination will receive timely access to FCCP as outlined in the contract.

D. Any family referred from DCYF is automatically deemed at risk of DCYF involvement.

E. A family who receives FCCP services and then opens to DCYF with legal status may continue to remain open to the FCCP and receive services if the child or children remain home and it is deemed in the best interest of the family and child(ren) with authorization by DCYF on a case by case basis in the sole discretion of the Department.

F. Each of the following 5 populations of children and families are 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. Families who are referred by the Department and who are receiving FCCP services, then open to DCYF with legal status where the child(ren) remain at home with services in place can continue with the FCCP services upon sole discretion of DCYF.
   3. Children birth to age 18 years old who meet criteria for having a serious emotional disturbance (SED.)
   4. Children and youth experiencing mental health and behavioral health issues or concerns.
   5. Youth in the community at risk of becoming involved with the Juvenile Justice system including Youth Diversionary Program and Wayward and Disobedient youth.

G. The child and one family member must live in the FCCP region to be eligible for services from that catchment area. Families who move to a new region will be transferred to the FCCP in the region in which they reside and the FCCP's will collaborate and share relevant information for a seamless transition. An exception may be made if the family is asking to continue with the initial FCCP and DCYF agrees it is in the best interest of the family to remain with the original FCCP.

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.
      c. Parents must consent to referrals
   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.
   4. Referrals are also made to Youth Diversionary Program (YDP) and Wayward Disobedient Program (WDP) as outlined in Addendum 1-D and 1-E of the contract.

B. Intake and Screening
   1. Each FCCP will have a centralized intake process ensuring that families and youth have multiple access points in the community.

2. Crisis intervention will be provided by the FCCP 24 hours per day, seven days per week in order to stabilize a family and/or resolve the crisis situation. Crisis intervention will include telephone and face-to-face contact.
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 are connected to an appropriate resource.
    b. Families in need of multiple system interventions 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 5 business days of the referral unless it is a crisis intervention case.
    a. Urgent referrals made by DCYF Child Protective Services will receive initial phone contact within 4 hours of referral.
    b. Certain referrals may require shorter time frame for contact and are specified within these standards.
5. The FCCP notifies the Department Child Protective Services Supervisor, in writing via secure e-mail, within 24 hours of making contact with a DCYF referred family if:
    a. the FCCP determines they are unable to serve the family; or
    b. the family is unwilling to seek services from the FCCP
        i. The FCCP must provide reasoning of either decision
6. If the FCCP is unable to engage the family to discuss services, the FCCP notifies the Department within 14 days.
7. For families referred through DCYF, the FCCP staff will work to stabilize and address immediate concerns.
    a. DCYF may refer families with the following types of DCYF involvement:
        i. Indicated Child Protective Investigations
        ii. Unfounded Child Protective Investigations
        iii. Family Assessment Response
    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 Family Functioning Assessment (FFA), 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.
            a. Mental Health, Substance Abuse and Educational background will be provided to the FCCP dependent on client authorization.
        ii. Agreement to Participate and Family Authorization to Release Information
        iii. Authorizations to Obtain and Release Confidential Information
        iv. Impending Danger Plan
    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 - The FCCP will ensure the provision of emergency services availability after hours 7 days per week to allow families and emergency referral sources access as needed on a 24-hour/7 day per week basis. The FCCP will utilize an emergency response which will coordinate the initial contact with the CPS worker to ensure compliance with the CPS safety plan. Responses during business hours will be staffed by FCCP staff teams which include a supervisor and family service care coordinator. Responses after business hours, including weekend and holidays, will be staffed by clinicians (the

Department understands clinicians may be on call) with rotating on-call family service care coordinator staff in the FCCP. DCYF provides intake information within one business day of the referral. The FCCP develops and provides to DCYF the Functional Assessment and Action Plan within 10 business days of receiving the referral information from DCYF.

ii. Urgent- Urgent referrals made by CPS will receive an initial phone contact with the family within 4 hours of referral. The FCCP will ensure that an alternative plan for initial contact within 4 hours is developed with the referral source in the event a family does not have a telephone. Responders from the FCCP will consist of a supervisor (or clinician if during a weekend/holiday) and family service care coordinator who will be assigned to complete an in-person Intake and initial assessment within 24 hours of the referral. DCYF provides intake information within one business day of the referral. The FCCP develops and provides to DCYF the Functional Assessment and Action Plan within 10 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 5 days for assessment. DCYF provides intake information within one business day of the referral. The FCCP develops and provides to DCYF the Functional Assessment Family Plan within 10 business days of receiving the referral information from DCYF.

8. 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 60 to 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.

C. Emergency and Urgent Response

1. The FCCP maintains a provision of emergency service availability after hours,7 days a week to ensure emergency referral sources access for all families as needed on 24 hour/7 days a week basis.
2. An emergency response is utilized to coordinate with the CPS worker on the initial contact with the family to ensure compliance with the CPS Impending Danger Plan.
    a. During normal business hours, the urgent response is responded to by FCCP staff teams including a supervisor and FSSC.
    b. After business hours, including holidays and weekends, the FCCP may utilize their general 24-hour agency response protocols on the condition that FCCP staff are notified immediately and families are responded to in accordance with all applicable emergency response times.
3. Urgent referrals made by CPS are responded to with an initial phone contact with the family within four hours of the referral. In the event the family does not have a telephone, the FCCP will find an alternative method to contact the family within four hours.
    a. During normal business hours, the emergency response is responded to by FCCP staff teams including a supervisor and FSSC.
    b. After business hours, including holidays and weekends, the FCCP may utilize their general 24-hour agency response protocols on the condition

that FCCP staff are notified immediately and families are responded to in accordance with all applicable urgent response times.

i. In both 2a and 2b, the FCCP completes an in-person intake within 24 hours of referral and begins initial assessment which needs to be signed and complete within 10 business days.

IV. Wraparound Planning Team

A. The Wraparound Team 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 team members including partner agencies such as child protective services, juvenile justice, and education.

B. The team members will include the FSCC as the initial Wraparound facilitator and may include an FSP as a peer mentor, natural supports, case relations and liaison for parent involvement; if applicable.

C. A coach is available to the FCCP staff in order to teach the practice model and ensure fidelity to the Wraparound process.

V. Service Delivery Through Wraparound

A. Every family is assigned a Family Service Care Coordinator (FSCC) who is responsible for guiding the family through the Wraparound program. It is the FSCC's duty to reach out to the family to engage them in services and stabilize any crises that may potentially affect child safety.

B. Within 5 business days from the referral, the FCCP staff meets in a face-to-face meeting with the family. This meeting is for the FSCC to explain the reason for the referral and the Wraparound process that is utilized to assist the family. Ideally, the family, and particularly the parent, guardian, and/or caregiver signs "Agreement to Participate" form. As all FCCP services are voluntary, in order for the FCCP to initiate services, the "Agreement to Participate" must be signed. Once the form is signed, it is considered the families opening date.

C. Once the "Agreement to Participate" form is signed, the FCCP implements the modified version of Wraparound as the practice model and detailed in the **Wraparound Process**[1]**.**

D. Short-Term Assessment and Stabilization (first 30 days)

1. Family Consent and Engagement
    a. Engage the family to make efforts to reduce risk to their children.
    b. Ensure that the family signs all required documentation, including the Agreement to Participate and Family Authorization to Release Information, appropriate HIPAA forms, any authorizations necessary for the release of information to third parties, the Grievance Procedure, and Client's Rights and Responsibilities.
2. Crisis Stabilization
    a. The goal is to resolve any issues to mitigate the risk of DCYF involvement.
    b. Family stabilization is directed towards maintain children in the home and de-escalating crisis situations through risk management. The FCCP develops a crisis plan to mitigate any crises and issues identified by the Department.

c. Safety factors and immediate needs (food, shelter, medical treatment etc.) identified by the Department are the first priority for crisis stabilization.

d. Crisis intervention services are available on a 24/7 basis.

e. The FSCC continually assess child safety and communicates the family's status to the Department. The FCCP is required to make child protection referrals to CPS and ensure a smooth transition in cases where a child's safety requires removal from the home due to abuse or neglect.

3. Assessments

   a. Child and Adolescent Needs and Strengths (CANS) assessment is a widely-used evidence-based standardized assessment tool that enables practitioners to organize information about a child and family to support effective service planning and decision making.

      i. Depending on the age of the child, the CANS assessment is done with either the ages 0-4 version or the ages 5-21 version.

      ii. Additional CANS assessment sections to be completed are:

         a) Demographic information

         b) Seriously Emotionally Disturbed/Development Disability Determination (SED/DD)

         c) Diagnostic Summary

            1) The FCCP can also use a diagnosis from a 3rd party assessment but must incorporate it into this section on the diagnosis page in RIFIS

         d) Diagnosis/Diagnoses

            1) Z-codes may be used in place of a diagnosis. Z-codes are not a mental health diagnosis, but rather a condition that will be the focus of treatment.

            2) Z-codes are part of the criteria to establish medical necessity for Wraparound and other Medicaid-claimable services.

         e) Summary with recommendations

      iii. The CANS score is valid for one year unless there are any significant behavioral changes.

4. Plans

   a. Functional Assessment Action Plan (FAAP)

      i. FAAP is the FCCP's first priority when meeting with a family after getting the "Agreement to Participate" signed.

      ii. The assessment is completed within ten business days of the first face to face meeting with the family.

      iii. The FAAP must be completed for every family that receives any services from an FCCP.

5. Referrals to DCYF (when appropriate)

   1. FCCP may refer families to DCYF for DCYF-funded services. Children and families will only be recommended to DCYF for DCYF-funded services with the consent of the family. Families must meet the eligibility criteria in order to be eligible for DCYF services. These eligibility criteria are:

      a. At present this will be limited to those families who have been referred to the FCCP through the DCYF Child Protective Services (CPS), Rhode Island Family Court, or if the youth is a WD or YDP referral. It is possible that all FCCP families may be able to access these services. It is to DCYF's discretion when this is feasible.

b. Referral forms should be submitted to CRU indicating what type of services are needed.
c. Whether the family can access alternative supports and services through other means, such as third party insurance.
d. Community referrals can be referred on a case by case basis, with DCYF approval

2. All referrals must be submitted to the Department's Central Referral Unit using the home-based services referral form. The FCCP will not recommend specific providers.
3. The FCCP ensures the family is connected to the DCYF-funded services they are referred to. One in-person meeting with the family, service provider and the FSCC will be facilitated by the FCCP.
4. Once the family is connected with DCYF-funded services, the FCCP, at the direction of DCYF:
   a. Continue Wraparound in conjunction with DCYF-funded services
   b. End FCCP services
      i. Certain DCYF-funded services are high intensity and require the family to not receive other services. This is decided on a case by case basis by the Department's Central Referral Unit.

E. Ongoing Care Coordination

1. Family Service Plan
   a. The Family Service Plan is completed within 60 days of the "Agreement to Participate" is signed.
   b. The family and wraparound team create a written plan that records the family vision and team mission as well as outline the services supports and strategies that the family and team have identified will meet their needs.
   c. Care planning is family driven. The family's service-needs, goals and available resources for achieving those goals, in conjunction with the core goals of child safety and well-being drive the process.
   d. The plan includes strategies to help the child and family get involved with activities in their community that they like and do well in and include ways to increase the support the family gets from friends and family members.
   e. The FSCC communicates to the team when the initial plan requires adjustments.
   f. The Family Service Plan is continually updated throughout the Wraparound process. In particular at the following timeframes:
      i. Time frame 1 (Initial – throughout the 60 days, or sooner, from first face to face meeting with family)
      ii. Time frame 2 (Ongoing – reviews of the Plan occur every 90 days, or sooner, from the date of the last review of the Plan – Medicaid requirements)
2. Additional Assessments
   a. Strengths Needs and Cultural Discovery (SNCD) identifies and engages resources both within the immediate and extended family as well as resources that may be available in the community including friends and neighbors. This assessment is completed within 60 days, or less, from the "Agreement to Participate" being signed.
   b. The SNCD is only valid for one year.
3. Behavioral Health Diagnosis
   a. For Medicaid purposes, the FCCP must obtain a behavioral health diagnosis for children continuing with services beyond 30 days.

b. Children behavioral codes are anticipated to be used in accordance, and with direction by the Department, for authorization of families to continue being serviced past the first 30 days.
c. In instances where a behavioral health code is not able to be established for a primary child(ren) or family, the FCCP must notify the Department prior to day 30.

4. Transitional Assessments
    a. The Child and Adolescent Needs (CANS) Plus assessment is done on all families that are open at least 60 days beyond the "Agreement to Participate" being signed. This assessment is utilized to guide transition planning. Located after E8.
    b. A transitional SNCD is completed with updates at time of transition.
5. Transition Planning
    a. FCCP provides services to all children, youth and families until they no longer require services. The family's team plans for the family's transition out of Wraparound that which supports the family in maintaining the positive outcomes achieved in during the wraparound process. The FSCC, along with the family and team, will identify services and supports that will persist past the wraparound process as well as creating a post-Wraparound plan.
    b. The FCCP, along with the family and team, establishes transition criteria for aftercare services for families who complete their Family Service Plan goals and objectives to ensure maintenance of gains in the following areas:
        i. Functional status;
        ii. Safe home environment; and
        iii. Child and family well-being.
    c. The FCCP ensures continued availability for families and service continuity in the event that families who have closed to the FCCP may need additional support and/or services at some time in the future.
6. Coordinating Service
    a. The FSCC and the FSP make and follow-up on necessary referrals, access and address impediments to progress and track progress. The FSCC's also:
        i. Provide and/or coordinate critical services for children and youth
        ii. Make referrals to network of service providers or DCYF-funded services
        iii. Manage and track family team meetings and maintain documentation of plans
        iv. Maintain all confidential documents and ensure all necessary paperwork is completed
7. Home-Based support and behavioral health interventions
    a. This includes the coordination of in-home intensive treatment for families based on a comprehensive assessment of individual and family strengths, needs, culture and the protective capacity of the family to sufficiently reduces any risk to safety and well-being of their child(ren) in order for DCYF to maintain the child(ren) safely in the home.
    b. The FCCP must comply with Medicaid requirements.(FAAP, Plan, Dx, Notes, etc.)

The following information provides guidance for the **minimum documentation** requirements for the FCCP by the department either directly or via a contracted agency. This documentation guidance does not contraindicate any program that must comply with related state licensures and/or national licensures as well as state program standards. For example, an evidence-based model may require more frequent reviews of plan and therefore, the provider would meet the minimum Medicaid requirement of review of plan in reference to time-frame.

1.Evidence that child is at risk of removal or continued out-of-home care.
2.Signed Consent for Treatment/Services.
3.Comprehensive assessment contains the following (assessment is only valid for 1 year):

- Must include a diagnostic impression section using a current DSM +/or ICD to both include narrative descriptors and codes.
- Information gathered directly from child/youth and parent(s) or legal guardian(s).
- Information reported by others such as family members, natural supports, active providers, DCYF, or additional sources.
- Relevant history including: current medical information, updated education, developmental, behavioral, cognitive, social health/well-being, physical description and the strengths and needs of the family.
- Identifies the presence of functional impairment(s) in daily living areas and the services needed to remediate the deficit(s).
- Completed by a qualified provider (either by an independently licensed clinician or under the direct supervision of a licensed clinician) **and** signed by the provider staff and licensed clinician within **30 days** of admission to program.

4. Service plan/Treatment plan documentations contain evidence of the following:

- Active participation of the family and target/primary child by containing evidence of being developed in partnership with parent(s) or legal guardian(s) and target child (if developmentally appropriate).
- Developed with other involved providers and sources of natural support.
- Completed by a qualified provider (either by a licensed clinician or under the direct supervision of a licensed clinician) **and** signed by the provider staff and licensed clinician.
- Signed by the target child (If developmentally appropriate).
- Signed by the parent(s) and/or legal guardian(s).
- Completed within **30 days** of admission to program.
- All parties received a copy of the plan.

5. Review of Service plan/Treatment plan and modification of plan goals and services. Each re-evaluation of the plan contains and documents the following:

- The progress made toward the attainment of the child's and family's goal(s) of the plan.
- Revisions to goal(s) or timeframes and new goal(s), when appropriate.
- Signature by the licensed qualified practitioner who developed/supervised the review of the plan.
- Signature by the parent(s) or legal guardian(s) and the target child if developmentally appropriate.
- Evidence that plan was reviewed every 90 days or more often as needed based on current status of identified needs. This should include a timeframe of anticipated progress towards identified outcome.
- All parties received a copy of the plan.

Initial/Review of Service Plan/Treatment Plan - Goal(s) and Objective(s) must contain the following elements**:**

- Goal(s) to be achieved for the target/primary child.
- Timeframe for achieving each goal.
- intervention(s) and services to be provided to the child and family.
- Methods of delivery of the services.
- Frequency, amount and expected duration of services delivered.
- Provider of each service.

6. Progress Notes/Case Notes contain the following:

- Notes must be present for **all** the dates of services.
- Progress notes/weekly clinical notes signed and dated by staff providing **all** services with title

degree/certification.

- **Monthly documentation that assesses the emotional and physical safety of the target child.**
- **Each note must contain:**
    - **Name, signature, title, credentials/licensure (as applicable) of the providing staff member.**
    - **Identify location of service, type of service, duration, content of service and identify recipient(s) of service.**

8. Non-traditional case management
    a. FCCP is flexible and offers specialized support for families with children and youth who are either:
        i. at risk for abuse and neglect; or
        ii. who have a serious emotional disturbance; or
        iii. who have juvenile corrections involvement such as WDP/YDP

F. 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.

Timelines	Items to Address	Guidance
Day 1 **Opening/ Intake**	**F2F Date** (with family)	Please note the first Face to Face with the family **must** occur within **5** business days of receiving FCCP referral. The first Face to Face and “Opening Date” (below) are ***frequently*** the same.
	Opening Date	The day the FCCP **Agreement to Participate** is signed by the parent, guardian and/or caregiver start the clock as **Day 1** (intake/opening). FCCP’s should enter this date as the **Agency Open Disposition Date** in RIFIS on the FCCP Open/Close Page.
Day 10 **Business days** **From Agreement to Participate/ Agency Open Disposition date being signed.**	**Functional Assessment and Action Plan** (complete for all cases)	The Functional Assessment and Action Plan must be completed and signed by a licensed clinicia within **10 business days** of the **Agreement to Participate/Agency Open Disposition Date** bein signed for the primary child.
Day 30 **From Agreement to Participate/Agency Open Disposition date being signed.**	**Comprehensive Assessment** (CANS-Plus)	The CANS-Plus (Comprehensive Assessment) for stabilization must be completed, signed and entered into RIFIS by a licensed clinician within **30 days** of the **Agreement to Participate/Agenc Open Disposition Date** being signed for the primary child. ****The CANS/CANS Plus must be administered by a CANS trained and certified user.*

	Diagnosis	The **Diagnosis/Z-Code** must be signed by a licensed clinician and marked complete on the RIFIS Diagnosis page within the **30th day** of the **Agreement to Participate/Agency Open Disposition Date** being signed for the primary child. **Z Codes are permitted when appropriate.* 3rd party reports are acceptable, however if having difficulties in obtaining them, start the process reviewing your history and complete your own Diagnosis according to the current DSM and/or ICD which must be updated upon release of the formal 3rd party evaluation to the FCCP. Please provi information as to 3rd party report including: date, who completed assessment, the clinician renderi the diagnosis and the diagnosis. Complete all necessary documentation in RIFIS progress notes/Diagnosis Page, utilize the DAP; D=data, A=assessment and P=plan format or similar approach to include the following in the **Diagnostic Summary**: Referral source, Identifying information, History of presenting issue, Significant past medical/psychiatric history, Psychosocial context and Diagnostic consideration according to the current DSM and/or ICD. If the family should continue past the **30th day** **<u>without a diagnosis</u>**, approval is needed from DCYF**. Make sure there is documentation of the approval made by DCYF in your record**, an then use the diagnosis code "[000.11] No Evaluation / No Diagnosis / Approved for billing by DCY This refers only to CPS cases.
Day 60 **From Agreement to Participate/Agency Open Disposition date being signed.**	**SNCD** *Only for cases who will remain open for FCCP Wraparound services.	SNCD must be completed and signed by Licensed Clinician by **Day 60** from the **Agreement to Participate/Agency Open Disposition Date** being signed for the primary child. ***An up to date SNCD is required at the time of **transition**. *****A SNCD is only valid for one year**, an updated SNCD will be due after the initial **365 days**.
	Initial Family Service Plan *Only for cases who will remain open for FCCP Wraparound services.	Develop initial Family Service Plan for the primary child within **60 days** of the **Agreement to Participate/Agency Open Disposition Date** being signed for the primary child. – this **ONLY** app for those families who will remain open to the FCCP past the initial stabilization period of **30 days** The Initial Family Service Plan will be accompanied by a completed Initial Team Meeting form.
	Team Meeting	Initial Team Meeting form is created and informs the development of the Initial Family Service Pla
***Day 90** **From signed initial Family Care Plan**	**Family Service Plan Review** *Per Medicaid Requirement.	Develop ongoing review(s) of the Family Service Plan with the primary child within **90 days** of the Initial Family Care Plan being signed by a Licensed Clinician. Each Family Service Plan review will be accompanied by a completed Team Meeting form.
	Ongoing Team Meeting	Ongoing/Transitional Team Meeting form(s) are created with updates and further informs the development of the of the Ongoing Family Service Plan.
Transition	**CANS** (CANS portion of the CANS-Plus ONLY)	**For families open *at least* 60 days beyond the first assessment date** a "Transitional Assessment" (CANS only should be completed.) This Transitional CANS should be utilized to info discharge planning. ****To include those cases not opening to wraparound.*
	Transitional Family Service Plan	The Transition plan will be completed on families who have been opened to their services for 60 days after the initial assessment. Must be completed and signed by a Licensed Clinician at the ending of services with the primary child and family.
	Transitional Team Meeting	A Transitional Team Meeting form is created and informs the development of the Transitional Fan Service Plan.
Weekly	**Face to Face**	Page 53 of the contract states that a face to face is to occur **weekly** with the family. Page 63 of the contract states that a face to face is to occur **weekly** with youth in YDP.
7 Days	**Progress Notes**	Complete progress notes in RIFIS by utilizing the DAP format (D=data, A=assessment and P=pla

Youth Diversionary Program (YDP)

A. YDP is a community-based program for adolescents, ages nine to seventeen, and their families who are at risk for involvement with the Juvenile Justice System and/or with DCYF due to first offenses, status offenses or delinquency. Adolescents with legal status with the Department are not eligible for services.

B. The primary goal of the YDP is to divert adolescents from the Juvenile Justice System who may be subject of a Family Court petition or at risk of committing wayward or disobedient acts.

C. The FCCP provides the adolescent and their families services in accordance with these practice standards with same applicable assessments, timelines and rates of pay.

D. Services are limited to a maximum of 90 days involvement, unless the family is deemed to be in need of the full FCCP scope of services. The beginning of the 90 days starts when the family signs the agreement to participate.

E. Referrals and Identification of Eligible Youth

1. Local schools, police departments, and other community agencies are encouraged to identify and refer high-risk youth to the program.
2. The Department and Family Court referral of youth to the YDP program may be made in a manner similar to a community referral.

F. Program Services

1. The FCCP is required to meet face-to-face with the family and youth within 5 business days of referral. The FCCP will meet with the family and youth at least weekly once services commence.
2. Early identification of high-risk youth through linkages with local schools, police departments, and other community agencies.
3. Assessment of the needs of the youth and family to determine which intervention(s) should be employed. Assessments shall be done in accordance with the FCCP Scope of Work described herein.
4. Referral to agencies which can meet the family's needs.
5. Crisis intervention provided by a Bachelor's or Master's level worker.
6. Family mediation to facilitate the family's efforts to resolve issues. When mediation is utilized, there will be a minimum of three (3) sessions with the family. Mediation is provided by a trained mediator. It is understood that wraparound services may be substituted for family mediation through a referral.
7. Short term counseling is provided by a Bachelor's or Master's level worker by referral.
8. Youth/family contact: the program will have face to face contact, at least weekly, with each youth/family receiving services.
9. Outreach: Services shall routinely be delivered as outreach services to ensure engagement with the youth/family. For the purpose of this contract, outreach services are those which take place in the home, school or other community settings. Services may also be provided in agency-based locations according to the family's preference.
10. Case planning: A service plan shall be developed for all families detailing the goals to be addressed. This plan will include objectives, time-frames and the types and quantity of services necessary to achieve objectives. This shall be done in accordance with FCCP program services outlined in this Contract.

G. Family re-engagement

1. In instances where the family disengages at any part of the program and then chooses to re-engage. The family may do so as long as the family has not been a part of the program for longer than 90-days.
    a. All assessments are still valid as long as there have been no significant changes to behavior. The treatment plan is required to be updated at re-entry.

H. Transition and Service Completion
1. After 60 days of services the FCCP determines:
    a. Services are not needed beyond the 90-day program and the case will be closed at 90 days; or
    b. There is a need for services beyond those of the YDP and the agency will assist the family in accessing necessary services.
        i. If this instance, an after-care plan is developed to document the family's long-term goals and how the family will be assisted with referrals for services.
2. At the conclusion of services, the FCCP documents to what extent the adolescent and their family's objectives were achieved.

I. Prior to any hearing on a first offense wayward or disobedient act petition, the Family Court ensures a referral to the local FCCP YDP is made.

Wayward and Delinquent

A. Parents of children who are wayward by virtue of disobedient behavior may file a petition (DCYF Form #197) with their local police department. Prior to filing the petition, the local police department will refer the child and their family to the FCCP for services. The FCCP is required to accept all referrals.

B. In the case which the FCCP receives the referral from the police department (i.e. the filing of DCYF Form #197 with the police department) the FCCP shall contact the family to schedule an intake appointment with the youth and/or the family. If the FCCP does not receive the referral from the police department, it is assumed the parents have the responsibility to contact the FCCP.
1. It is up to the family to engage with the FCCP. If engagement efforts prove unsuccessful within 90 days, the FCCP completes the DCYF Form #197 and returns the form to the parents noting their recommendations for court action or for future service delivery. It is the parent's decision whether to file DCYF Form #197 with the police station. The Services for Youth Exhibiting Wayward/Disobedient Behavior, RI DCYF policy must be complied with.

Wayward Disobedient DCYF fc

C. All youth referred to the FCCP for WDP services are provided FCCP services with the same applicable assessments, timelines, and rates of pay.

D. The FCCP engages the family in an intervention based on an individualized family plan to remediate the families' challenges. The FCCP refers the youth and family to any applicable services or other agencies as necessary. If referring to another local agency, the FCCP monitors the service delivery.
   1. If the family has engaged in recent service delivery, the agency uses the previous treatment history in accordance with these practice standards.

E. At conclusion of services the FCCP either:
   1. Closes the case at conclusion of services;
   2. Closes case and initiates wraparound services; or
   3. Returns the DCYF Form #197 to the parents noting their recommendations for court action or for future service delivery.
      i. If the family choses to submit the petition, the FCCP submits at least one week before the adjudication hearing, a report identifying the family's problems, services provided, progress and outcomes of services, and recommendations for future intervention. This report is part of the Family Court's record in disposing of the petition.

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:
   1. Ensures families receive effective, understandable, and respectful care from all staff members and that it is provided in a manner compatible with families' cultural health beliefs and practices and preferred language.
   2. Implements strategies to recruit, retain and promote a diverse staff that are representative of the demographic characteristics of the service area.
   3. Ensures staff at all levels and across all disciplines, receive ongoing education and training in culturally and linguistically appropriate service delivery.
   4. Offers 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. Provides to families in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
   6. Assures 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. Makes available easily understood materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

8. Develops, implements, and promotes a written strategic plan that outlines clear goals, policies, operational plans and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.
9. Conducts 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. Ensures 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. FCCP programs will be culturally and linguistically competent. The program must demonstrate a defined and organized set of values and principles that address behavior, attitudes, services, policies, and structures to enable providers to work effectively with families of various cultural backgrounds, cultures, and linguistic preferences. These values and principles must guide staff in providing effective, understandable, and respectful services in a manner compatible with the cultural beliefs and practices, preferred languages, and sexual orientation and identity of each child, youth, and family in care. Culturally and linguistically competent will demonstrate expertise and willingness to care for children, youth, and families from varied cultural and socio-economic backgrounds, including but not limited to youth identifying as LGBTQQI. The programs recruit and hire staff able to meet the cultural needs of the children in their care.
12. Develops 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. Ensures that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing and resolving cross-cultural conflicts or complaints.

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, 7 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 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 is collected and reviewed as part of the program's CQI plan.

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.
      i. Agreement to Participate and Family Authorization to Release Information
      ii. Obtain/Release of Information Authorization
      iii. Agency HIPAA form
      iv. Grievance Procedure
      v. Client's Rights and Responsibilities
   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 comprehensive assessment completed for all children within 30 days of enrollment in Wraparound by the FCCP or provided to the FCCP by another competent clinical resource.
   5. Family Service Plan, including goals, strengths, measurable objectives and action steps, a summary of goal and objective attainment, treatment modalities, service scope and duration, performing provider and time frame.
      a. The Plan must be signed and dated 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 comprehensive assessment and diagnostic formulation.
   6. Team Meeting documentation includes:
      a. A list of team members, their attendance at each meeting, team vision, notes brainstorming needs/goals. These are part of the Wraparound Certification and inform the Family Service Plan and must be electronically signed by the FCCP Supervisor.
   7. Functional Assessment Action Plan
   8. FCCP contacts and Family Service Plan approvals
   9. Progress notes, notation of involvement with family and collaterals.
      a. Progress notes must document activities in support of the goals of the Family Service 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 Service Plan.
      d. Progress Notes must have family and child involvement/engagement in the Data Assessment Plan narrative.
      e. Progress Notes must be documented in RIFIS, signed/dated and completed within seven (7) business days of the service occurrence.

10. Recommendations for Family Service 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 in accordance with contract and DCYF regulation requirements.

SECTION FIVE – ACTIVE CONTRACT MANAGEMENT, DATA COLLECTION, AND CONTINUOUS QUALITY IMPROVEMENT (CQI)

I. Active Contract Management

A. The Department actively and regularly collaborates with the FCCP providers and other stakeholders to enhance accountability and contract management, improve results, and adjust program delivery.

B. Reliable and relevant data is necessary to ensure compliance, evaluate program results, and drive program improvements and policy decisions. Regularly sharing data between the Department and the FCCP ensures that the FCCP stakeholders operate with a common understanding of performance and trends regarding the target population that requires action.

C. Regular review and conversations around program performance, results, and data allows the Department to employ real-time information to track performance, identify good practice, and swiftly, collaboratively and effectively address any challenges experienced by the FCCP and the target population.

II. Data Collection and Reporting

A. The FCCP 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 will uniformly collect and enter into Rhode Island Family Information System (RIFIS), an electronic data base, child/family individual-level data elements. Requested data includes, but not limited to, aggregate and individual level information on:
1. Demographic information upon entry into the FCCP and, except for non-modifiable data, at transition.
2. Children/youth/families referred for services, enrolled in services, and discharged from services.
3. Child and family behavioral health characteristics upon entry into the FCCP and, except for non-modifiable data, at transition.
4. Child and family functional assessment as determined by DCYF and the FCCP, at baseline and/or at transition.
5. Activities undertaken by the FCCP to service clients referred for services, and the timeliness of those services.

6. Child/youth/family outcomes during and following service delivery.
7. Utilization and spending of budget.

C. The FCCP will uniformly collect and within 30 days of collection submit into RIFIS 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.

III. 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 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 months to one 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 will submit to DCYF quarterly and annual reports in a format established by DCYF.

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

E. The FCCP and the Department will meet consistently to review program performance and develop strategies to improve program quality. At the meetings the data and reports are reviewed to:
   1. Monitor progress, highlight accomplishment, and identify concerns

2. Collaboratively design and implement operational changes to continuously improve processes and outcomes
3. Develop strategies on broader systems changes to improve service delivery and coordination between services
4. The FCCP will use the Wraparound Fidelity Index, Short Form (WFI EZ) to gather program quality surveyed data.

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