



## Solicitation Information

June 1, 2011

### ***Request for Proposals # 7448740***

**TITLE: Rhode Island Partnership for Family and Community System of Care – Phase II  
– Networks of Care – DCYF**

**Submission Deadline: July 28, 2011 @ 11:00 AM (EDT)**

<b>PRE-BID/ PROPOSAL CONFERENCE: Yes    Date: June 9, 2011    Time: 10:00 AM</b> <b>Mandatory: No</b> <b>Location: Department of Administration / Conference Room B, 2<sup>nd</sup> Floor, One Capitol Hill, Providence, RI</b>
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Questions concerning this solicitation may also be e-mailed to the Division of Purchases at Questions concerning this solicitation must be received by the Division of Purchases at <a href="mailto:questions@purchasing.ri.gov">questions@purchasing.ri.gov</a> no later than <b>June 8, 2011 at 12 Noon</b> . Questions should be submitted in a <i>Microsoft Word attachment</i> . Please reference the RFP / LOI # on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.
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**Gail Walsh  
Buyer II**

**Vendors must register on-line at the State Purchasing Website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov)**

Note to Vendors:

Offers received without the entire completed three-page RIVP Generated Bidder Certification Form attached may result in disqualification.

**THIS PAGE IS NOT A BIDDER CERTIFICATION FORM**

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Department of Children, Youth, and Families (DCYF) is soliciting responses from qualified entities to meet the State's requirements for establishing the next phase of an evolving System of Care for children, youth and families involved with DCYF; ensuring that children and youth can be maintained safely within their own homes, reduce out-of-home placement, increase involvement with extended family and natural supports, and enhance coordination of services. The expected outcomes for the System of Care – Phase II: Networks of Care are: an improved rate of sustained reunification, the prevention of maltreatment, timely permanency for children and youth, community safety, educational stability, and successful transitions to adulthood.

This is a Request for Proposal, not an Invitation for Bid: responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Office of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

### **INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:**

- Potential offerors are advised to review all sections of this Request carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
- Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this Request will be rejected as being non-responsive.
- All costs associated with developing or submitting a proposal in response to this Request, or to provide oral or written clarification of its content shall be borne by the offeror. The State assumes no responsibility for these costs.
- Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
- All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
- Proposals misdirected to other State locations or which are otherwise not present in the Division of Purchases at the time of opening for any cause will be determined to be late and may not be considered. The "Official" time clock is in the reception area of the Division of Purchases.

- In accordance with Title 7, Chapter 1.1 of the General Laws of Rhode Island, no foreign corporation shall have the right to transact business in the state until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). *This will be a requirement only of the successful bidder (s).*
- Offerors are advised that all materials submitted to the State of Rhode Island for consideration in response to this Request for Proposals will be considered to be public records, as defined in Title 38, Chapter 2 of the Rhode Island General Laws.
- Also, Submitters should be aware of the State's MBE requirements, which addresses the State's goal of ten per cent (10%) participation by MBE's in all State procurements. For further information, contact the State MBE Administrator at [charles.newton@doa.ri.gov](mailto:charles.newton@doa.ri.gov) or visit the website [www.mbe.ri.gov](http://www.mbe.ri.gov).
- Interested parties are instructed to peruse the Division of Purchases web site on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP / LOI.
- Equal Employment Opportunity (RIGL 28-5.1)  
 § 28-5.1-1 Declaration of policy. – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies in all areas where the state dollar is spent, in employment, public service, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Employment Opportunity Office, at 222-3090 or [Raymond.lambert@hr.ri.gov](mailto:Raymond.lambert@hr.ri.gov) .
- Subcontracts are permitted, provided that their use is clearly indicated in the offeror's proposal, and the subcontractor(s) proposed to be used are identified in the proposal.
- Insurance requirements are as follows:
  1. Commercial General Liability – One million (\$1,000,000) each occurrence and in the aggregate.
  2. Personal and advertising injury - One million (\$1,000,000).
  3. Products / completed operations - One million (\$1,000,000).
  4. Workers' Compensation – Employers liability of \$500,000 each accident, \$500,000 each disease and \$500,000 disease policy limit.
  5. Technology Errors & Omissions Coverage - One million (\$1,000,000) - covering systems failure, security failure, slander/liable resulting from website access).

## I. Background and Purpose

The Rhode Island Department of Children, Youth and Families (DCYF) is requesting offers from qualified entities to meet the State's requirements for establishing the next phase of an evolving Family and Community System of Care for children, youth and families involved with DCYF. The purpose of this solicitation is to create Networks of Care to ensure that children and youth can be maintained safely within their own homes, reduce out-of-home placement, increase involvement with extended family and natural supports and enhance coordination of services. The expected outcomes for the System of Care – Phase II: Networks of Care are an improved rate of sustained reunification, the prevention of maltreatment, timely permanency for children and youth, community safety, educational stability, and successful transitions to adulthood.

**The contract resulting from this solicitation is expected to be for a four-year term with an option to renew for three additional years.**

## II. Introduction

The Rhode Island Department of Children, Youth and Families, an agency within the Executive Office of Health and Human Services, is the unified state agency with combined responsibility for child welfare, children's behavioral health and juvenile corrections. The Department is statutorily designated (RIGL 42-72-5) as "the principal agency of the state 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. Such services shall include prevention, early intervention, outreach, placement, care and treatment and aftercare programs." The Department's mission emphasizes shared responsibility among families, communities and government for the safety, protection and wellbeing of children and youth.

In partnership with families, communities and government, the Department is committed to promoting and protecting the overall wellbeing of the culturally diverse children and youth of Rhode Island. The Department strongly believes that all children and youth require a safe and nurturing family environment to reach their full potential. Since 1994, the Department has partnered with the US Substance Abuse and Mental Health Services Administration (SAMHSA) to implement a system of care that includes nationally recognized best practices. The US Administration for Children and Families has emphasized since 2003 the critical importance of such an approach for improving child welfare outcomes. In order to maximize effectiveness of services and supports, the Department intends to implement fully an integrated System of Care to address the unique needs of each child, youth and family who is involved or at risk of being involved with the child welfare, children's behavioral health and/or juvenile corrections system. This System of Care requires a strong infrastructure of inter-agency collaboration in our state, as well as open, honest, respectful communication.

In 2009, the Department and its community partners established the Family Care Community Partnerships (FCCP) as Phase I of the System of Care transformation. The primary focus of the FCCPs is to improve the lives of children and families not open to the Department through prevention and the provision of effective community-based services and supports using a wraparound planning model.

With this Request for Proposals, the Department will establish Phase II of the System of Care for children, youth and families active with the Department. Through Phase II, the Department and its partners will maintain children safely in their own homes, reduce out-of-home placement, increase involvement of extended family and natural supports and enhance coordination of services. Working with families to capitalize on strengths and to build strong social networks, Phase II will bolster protective factors and promote self-sufficiency and healthy inter-dependence. The expected outcomes are an improved rate of reunification, the prevention of maltreatment, timely permanency for children and youth, community safety, educational stability and successful transitions to adulthood for every child and youth.

Phase II of the System of Care will utilize blended funding from a range of sources including state general revenue and federal sources, such as Title IV-E, Title IV-B and Medicaid. Within the parameters of this Request for Proposals, the Department will provide money in a flexible manner to the successful offeror to fund services that best match the needs and build on the strengths of each child, youth and family. The successful offeror will present the philosophical commitment, technical expertise and organizational strength to partner with the Department to implement Phase II.

## **SCOPE OF WORK**

### **III. Structure of Networks of Care**

#### **3.1 System of Care Values and Principles**

The successful offeror must describe and demonstrate that the proposed Network of Care incorporates each and all of the following principles and values in all settings, decision-making, service delivery, practice, administration and organization:

Child-centered, youth-guided and family-driven – full participation and voice and choice from youth and families in all decision-making, including that related to services, interventions, supports, policies and operations at every level. Family includes fathers and mothers, legal guardians, siblings, extended family and persons considered kin by the family.

Individualized and Strength-Based – complete appreciation that each child, youth and family has unique strengths and needs that are the foundation of a Family Wrap Plan and all work with families.

Cultural and Linguistic Competence – a defined and organized set of values and principles that address behavior, attitudes, services, policy and structure to enable agencies, networks and systems to work effectively cross-culturally and linguistically. These values and principles guide staff and agencies in providing effective, understandable and respectful services in a manner compatible with the cultural beliefs, practices, preferred language, sexual orientation and identity of each child, youth and family. The *National Standards for Culturally and Linguistically Appropriate Services* ([US Department of Health and Human Services](http://www.hhs.gov/ashrt/docs/standards/CLAS_Standards-508.pdf), the Office of Minority Health) and *Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Two Spirit (LGBTQI2-S) Youth and Families in Systems of Care* (<http://www.rtckids.fmhi.usf.edu>) provide further guidance.

Trauma-Informed – recognition and understanding of trauma and its consequences and the incorporation of this knowledge into all aspects of service delivery. For the purposes of this RFP, the approach outlined by The National Child Traumatic Stress Network (<http://www.nctsn.org>) provides guidance.

Community-Based – the engagement and use of flexible and responsive home, school, neighborhood and community resources in the least restrictive environment to maintain continuity of relationships and supports for children, youth and families. Community-based services are provided in settings that are in geographically proximity and amenable to the child, youth and family.

Collaborative – practice, structure and individual involvement that establishes a process of joint problem solving and consensus building to achieve integrated interventions involving a diverse range of providers and parties throughout the service continuum.

Wraparound – inclusive, team-based planning to ensure that services, interventions and supports are integrated and coordinated across providers and categorical systems, including child welfare, behavioral health, juvenile justice and education. The Planning Team develops an individualized Family Wrap Plan to meet each child and family's unique situation that includes specific, measurable goals and action steps and the parties responsible for implementation.

Accountability – a focus on lasting results and outcomes achieved for children, youth and families. Through a continual review of practice, data, investments, and organizational dynamics, the effectiveness of the system and its individual components is assessed on an ongoing basis.

### **3.2 Governance and Oversight**

The Department will utilize a collaborative, formal, consensus-oriented and deliberative governance model to guide implementation. The Department will retain legal responsibility to ensure safety, permanency and wellbeing, set the standards for core services and conduct quality assurance to ensure programmatically and fiscally effective Networks of Care that comply with state and federal law and regulation. The Department's Community Services and Behavioral Health (CSBH) Division will oversee the performance of each Network of Care in compliance with the contract and federal and state law and regulation.

The established statewide Family and Community Advisory Board (FCAB) of Phase I of the System of Care will be reconfigured and utilized to advise on implementation for all Networks of Care. In keeping with the principles outlined in System of Care Values and Principles, Section 3.1, the FCAB will include representation from the Department, Networks of Care, the Family Care Community Partnerships, youth and families (who are or have been served by the SOC), child advocates, community partners, public employee labor unions, professional service organizations and other stakeholders.

The successful offeror will work with the Department to establish appropriate family and community advisory capacity to guide each individual Network's decision-making, operations, quality assurance and policy consistent with System of Care Values and Principles, Section 3.1.

### **3.3 Service Population**

The service population for this RFP includes children and youth, from birth to age eighteen with the exceptions specified by state law, and their families. The service population will also include youth to age 19 referred because of juvenile justice involvement and children and youth to age 21 who are diagnosed with a serious emotional disturbance (SED). These children, youth and/or their families will be open to the Department and will have service needs not covered by other funding sources.

These children, youth and families will include but not be limited to those under legal supervision or commitment, in temporary custody, under legal guardianship, in voluntary placement or adjudicated wayward/delinquent. (For DCYF legal status definitions, see Appendix B). The service population does not include children, youth and families served by or eligible for services from the Family Care Community Partnerships.

These children, youth and families will have complex needs and will be living in a number of different settings at the time of referral. The Department expects that 2800 families and 3600 children and youth will be served per day as of January 2012 and that the breakdown of child and youth by setting at the initiation of Phase II of the System of Care will be as follows: **13 %** in residential settings, **5 %** in specialized foster homes, **25 %** in DCYF foster homes and **57 %** at home with community-based services. Through this RFP, the Department expects to increase the percentage of children and youth served at home, in foster homes or in the least restrictive setting possible in the period to follow January 2012. See Appendix C, Statistics on Population Served, for a snapshot of children and youth served as of April 8, 2011 but please note that the Department expects the population profile above (and not that in Appendix C) to be served through this RFP.

### **3.4 Assignment, Referral and Intake**

The Department will assign children, youth and families (described in Service Population, Section 3.3) to each Network of Care in a manner that ensures equitable distribution as to type of placement, locality and level of intensity. Networks of Care must accept all referrals and may not refuse or reject any Department referrals. The successful offeror must describe and demonstrate the capacity to deliver services statewide.

The Department will screen each child, youth and family utilizing a standardized process and make recommendations regarding need to the Network. Networks of Care must create, demonstrate and maintain capacity to respond immediately to child, youth and family needs consistent with System of Care Values and Principles, Section 3.1, and on a continuous (24/7) basis.

The successful offeror will describe and document a plan to rapidly assign Network staff and, to the maximum feasible extent, make the first face-to-face contact with the family in partnership with Department staff.

### **3.5 Wraparound: Family Team Meeting**

All children, youth and families will participate in a wraparound process that conforms to the values identified in System of Care Values and Principles, Section 3.1. The successful offeror must describe and demonstrate the implementation of the Family Team Meeting Wraparound process for all families in partnership with the Department. The process must include:

Non-Negotiable Mandates – Services, conditions or requirements to ensure safety and meet federal mandates, such as those related to permanency goals and concurrent planning, that the Department or the Family Court may identify. The Department has the final authority concerning non-negotiable elements. Such non-negotiable mandates must be incorporated into all planning and service delivery. In keeping with System of Care Values and Principles, Section 3.1, team members must continue to maximize appropriate family voice and choice in how mandates are implemented.

Comprehensive Assessments and Evaluations – Comprehensive, relevant information about the child, youth and family’s strengths and needs, as well as information related to safety, permanency, wellbeing and community safety.

Family Wrap Plan – A detailed plan with services and supports, responsible parties, timelines and a schedule for reassessment that identifies and addresses the individual needs of each child, youth and family while building on strengths. The Family Wrap Plan focuses on supports and services necessary to achieve safety, permanency, wellbeing and community safety. If required for Medicaid or third-party reimbursement, the Family Wrap Plan must be signed by an appropriately licensed practitioner. The Family Wrap Plan is always consistent with and supportive of the Department Service Plan and permanency goal.

Authorizations – Signed consents necessary for the release of confidential information, including educational and medical status, previous behavioral health evaluations and information on treatment, hospitalizations, placements and evaluations from other services.

Safety Plan – A plan with detailed steps for managing predictable threats to child, youth and family safety and for responding to crises. The successful offeror must demonstrate the capacity to implement, update and refine the Department’s Safety Plan as necessary, in coordination with the Department. The Safety Plan is provided concurrently with referral to the Network of Care.

Planning Team: – An inclusive team comprised of youth and family, as well as Department staff members, service providers, natural supports, foster parents (if applicable) and Network staff members. All team members participate in decision-making to develop, oversee and re-assess the Family Wrap Plan. The Planning Team meets for the first time within 30 days and at least every three months thereafter. The Planning Team may convene more frequently, if necessary.

Families must be members of each planning team and children and youth participate to the maximum feasible extent compatible with their cognitive and emotional development. It is critical that Planning Team members work in partnership with each other and perform responsibilities appropriate to their complementary roles.

DCYF Worker – As an integral member of the planning team, the DCYF worker identifies non-negotiable mandates, has the authority and responsibility for all legal obligations, and coordinates all communication and presentations to the Family Court. The DCYF worker ensures that the Family Wrap Plan addresses safety, permanency, wellbeing and community safety. The DCYF worker informs the Planning Team of progress and changes in legal status and ensures that non-negotiable mandates are addressed through the wraparound process.

Network Staff Identified to Provide Care Coordination – A staff person who must be identified by the Network Lead to facilitate the Planning Team meeting, make and monitor referrals and provide a consistent and clear point of contact for the family, the Department and all stakeholders.

Family Support – Family and natural support resources who participate in planning and implementation of the Family Wrap Plan. The Network staff identified as the care coordinator ensures that family and natural support is available for children, youth and families. The family must have voice and choice in developing this support.

Local Education Authority (LEA) and School Personnel – A school representative who has reasonable authority to influence school-based planning or is actively involved in the child or youth's learning may join the team. Other educational representatives may be invited by the family.

Family Court and Legal Advocates – The legal representative of the child, youth or family, including the Court Appointed Special Advocate, may be invited to join the Planning Team.

Other Members of the Planning Team – Other supports may be invited according to the family's needs and preferences. These members may include involved health professionals and counselors, neighbors, faith-based resources, community members and additional individuals who can contribute to supporting families.

**The Department expects families to move through four phases of Wraparound:**  
Engagement and Preparation – Network staff members identified to provide care coordination, in conjunction with the DCYF worker, orient the child, youth and family to the process, address immediate concerns and crises, identify supports and set up the Planning Team meeting.

Planning – Through a Planning Team meeting – the first of which must be held within thirty (30) days of referral – services, supports and interventions are identified and documented in an individualized Family Wrap Plan. This individualized Family Wrap Plan includes all tasks and responsibilities of all parties to ensure timely and effective

implementation. The Family Wrap Plan is always consistent with and supportive of the DCYF Service Plan. Some recommendations may need the additional approval of the Family Court. The Family Wrap Plan must address negotiable and non-negotiable items; safety and permanency goals; visitation and transportation; as well as, but not limited to, educational, medical, recreational, cultural and religious areas.

Service Implementation and Coordination – Network staff makes referrals and ensures the provision and funding of services in the Family Wrap Plan or otherwise required by the Department or the Family Court. Network staff monitors implementation and service provision and shares information with all relevant parties. The Planning Team continually reviews and revises the Family Wrap Plan, as necessary.

Transition – The Planning Team will develop a transition plan and a revised crisis plan that shifts responsibilities to the family and natural supports. The Department will receive an official recommendation from the Planning Team when the family no longer requires support from the Network.

### 3.6 High Fidelity Wraparound Plan For Implementation in FY13

The Department’s goal is to achieve the highest level of fidelity in the wraparound process. High Fidelity Wraparound includes all of the elements described in Section 3.5, as well as an intensive staffing pattern necessary to meet the needs of many children, youth and families. The successful offeror must describe and demonstrate a detailed operational plan to implement High Fidelity Wraparound for a minimum of ten (10) percent of families by the end of fiscal year 2013. This comprehensive plan must address how families will be oriented and engaged in High Fidelity Wraparound and include a commitment to attaining certification in High Fidelity Wraparound for all relevant staff. In addition, the Department will work with each Network to establish a plan to implement High Fidelity Wraparound practice universally within a reasonable amount of time. Staff positions required for High Fidelity Wraparound:

<b>Job Title</b>	<b>Education</b>	<b>Experience</b>	<b>Preparation</b>
Supervisor/Coach	Master’s Degree in social work, psychology, counseling, or a related field	At least five years providing family-based services with at least one year supervising or administrating programs.	Trained and certified in high fidelity wraparound; independently licensed practitioner in the behavioral health field.
Family Service Care Coordinator (FSCC)	Bachelor’s level or higher	Minimum of 3 years experience providing family-based services. Must have the ability to engage, support and provide care planning with strong facilitation skills.	Trained and certified in high fidelity wraparound with experience working within a system of care. Knowledge of community resources and experience with obtaining services for children and families.
Family Support Partners (FSP)	High School or GED and ability to function as a support.	Practical experience with raising a child with serious emotional disturbance (SED) or a developmental disability (DD) or experience with DCYF child welfare or juvenile	Wraparound training and certification. Knowledge of and familiarity with community services and supports. Strong communication skills.

		justice systems.	
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**Roles and Responsibility of staff:**

Family Service Care Coordinator (FSCC): In partnership with the Department worker, the FSCC ensures that the first face-to-face meeting with the family occurs within 5 days of referral. The FSCC liaisons with planning team members and schedules and facilitates the Planning Team meeting. The FSCC assists the family in involving community and service supports. The FSCC ensures the completion of a comprehensive assessment and briefs all parties on the purpose and format of the Planning Team meeting. The FSCC acts as an impartial facilitator and works to achieve consensus among Planning Team members by maintaining a focus on strengths, goals and objectives. The FSCC summarizes the Planning Team’s decisions in the written individualized Family Wrap Plan; makes the necessary referrals for services as identified in the Family Wrap Plan; and ensures that identified services and supports are provided. The FSCC keeps the DCYF worker and all Planning Team members informed of the status of the family’s engagement and provides written reports to the Department as required. The FSCC documents all required material in RICHIST (see Rhode Island Children’s Information System, Section 5.3) in a timely manner.

Family Support Partner (FSP): The FSP serves as a peer mentor to the child, youth and family and provides support as identified in the individualized Family Wrap Plan. The FSP is critical to ensuring family voice and choice, as well as cultural and linguistic competence in all interventions. The FSP shares knowledge and experience about the community with the family and Planning Team members and may accompany the family in obtaining services indicated in the individualized Family Wrap Plan.

The Supervisor/Coach teaches, models and evaluates the FSCC and the FSP for fidelity; provides direct supervision and coaching of the FSCC and FSP; develops and monitors professional development for the FSCC and FSP; monitors the Planning Team process and provides assistance in problem solving and strategizing as required; ensures that all services, supports and resources conform to System of Care Values and Principles, Section 3.1; and ensures that all required documentation is completed and maintained and that all care planning and coordination conform to state and federal law.

To ensure that staff can meet all responsibilities of High Fidelity Wraparound, Networks of Care are required to maintain the following staffing ratios:

- Caseload of 12 families for each FSCC
- Caseload of 15 families for each FSP
- Caseload of 6 FSCCs for each Coach/Supervisor

The first High Fidelity Planning Team meeting must occur within 30 days of referral. The High Fidelity Planning Team meets at least twice monthly for the first two months. The High Fidelity Planning Team meets as necessary and as indicated in the

individualized Family Wrap Plan thereafter. In no circumstance would the Planning Team meet less frequently than every 4 to 6 weeks. The Wraparound Fidelity Index instruments will be used to measure fidelity.

### **3.7 Service Delivery**

Consistent with System of Care Values and Principles, Section 3.1, the successful offeror will describe and demonstrate capacity to:

- Provide timely, coordinated and comprehensive services consistent with the needs of the child, youth and family
- Support service delivery in the least restrictive environment to achieve safety, permanency, wellbeing and community safety and to obviate future Department involvement with a family
- Ensure that all services are age and developmentally appropriate, as well as gender and gender-preference responsive
- Ensure that all services are provided by appropriately trained and credentialed staff in a setting and manner that protects child, youth and community safety
- Secure the Department's approval for a placement change for a child or youth
- Ensure that all agencies and practitioners providing services are included on the Department's list of approved providers
- Offer, provide access to and fund all core and specialized services described in Specialized Services, Section 3.9, when another funding source is not available or is not available in a timely manner or a service is not duplicative of that offered through the RI Department of Human Services; Behavioral Healthcare, Developmental Disabilities and Hospitals; another state agency; or private insurance
- Fund and manage Department-funded services that children, youth and families active with the Department may already be receiving from specific providers at the initiation of the Network of Care (see Appendix D for a list of services currently funded and supported by the Department)
- Utilize the community of origin as a priority linkage in planning, service delivery, placement and discharge unless this is not in the child, youth or family's best interest
- Work with Department staff to keep siblings together, place children and youth with relatives and keep children and youth in the community from which they are removed. Ensure:
  - Compliance with any court orders for placement
  - Notification of all necessary parties.
  - Collaboration between the Network of Care, the Department, the family and the Planning Team regarding any change in placement
- Coordinate closely with Neighborhood Health Plan (NHP) and Beacon Health Strategies for enrolled children and youth in out-of-home care or with other Medicaid health plans or private insurance, as applicable.

### 3.8 Core Set of Services

The Networks of Care must provide, procure and coordinate a comprehensive, core continuum of home based, community-based and out-of-home services that conform to System of Care Values and Principles, Section 3.1. These services must:

- Conform to requirements of Section 3.10, Secure All Resources to which Children, Youth and Families are Entitled/Eligible
- Be responsive to the needs of the service population
- Conform to federal and state regulations and standards, as well as rates set and approved by the Department
- Utilize appropriately licensed and credentialed providers approved by the Department

The Networks of Care are encouraged to develop new support services, as needed, but can add new services only after Departmental approval is obtained. (See Existing Service Definitions, Appendix D). The successful offeror must describe and document a statewide capacity to provide, procure and access core services, including:

- Timely service that responds effectively to emergency, urgent, routine, predictable and ongoing service needs in the setting and intensity required 24 hours a day and 7 days a week
- Broad range of service intensities and service settings: home based; community-based and a continuum of out-of-home options (including therapeutic foster care, congregate care, residential care, and youth transition homes)
- Support services to Department paid foster parents
- Visitation support
- Pre-permanency support
- Support for all child and youth transitions
- A sufficient array of evidence-based options that must include, at a minimum, Multi-Systemic Therapy (MST), Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT) (see Appendix D for more information on current evidence-based practices)
- Plan to incorporate a range of additional evidence-based and promising practices and practice-based evidence necessary to meet the needs of the service population in the least restrictive environment compatible with safety
- Trauma-informed services
- Array of services and interventions responsive to the needs prevalent in service populations with child welfare and protection, behavioral health and juvenile justice needs
- Comprehensive range of therapeutic functions across settings and appropriate to the level of intensity including, assessment and diagnosis, medication management, counseling respite, and transition
- Natural and ancillary services including transportation, mentoring, faith-based supports, recreation or any intervention identified in the Family Wrap Plan
- Flex funding to meet basic, emergency, short-term or other necessary supports identified in the Family Wrap Plan for which no other timely funding source can be identified.

### **3.9 Specialized Services**

Networks of Care must provide, procure and coordinate core services for children and youth who have specialized needs including:

- Children and youth with developmental delays
- Children and youth who present with behaviors that require sexual abuse reactive treatment
- Children and youth who sexually abuse
- Fragile infants and school age children who require specialized care due to medical frailty
- Children and youth who require treatment for alcohol or substance abuse
- Youth who are pregnant or parenting

Because all Networks must be able to access services from any specialized service provider, exclusive relationships will not be permitted with a limited number of providers to be identified by the Department.

### **3.10 Secure All Resources to which Children, Youth and Families are Entitled/Eligible**

The successful offeror must describe and demonstrate capacity to efficiently identify, access and coordinate all resources funded by any state, federal or local agency. In addition to DCYF funded services, the successful offeror must describe and demonstrate capacity to assist families proactively and continuously in qualifying for and accessing services and benefits supported or administered by the RI Departments of Human Services, Behavioral Healthcare, Developmental Disabilities and Hospitals, Health and Education as well as the local educational agencies.

## **IV. Network of Care Management and Design**

### **4.1 The Network of Care Lead**

The Department will contract with two or more networks comprised of a Network Lead and collaborative, interdependent agencies and stakeholders united by written contracts or agreements and possessing the capacity to meet all requirements described in this proposal. The Network Lead must demonstrate that it is a legal entity entitled to do business (as designated by the Secretary of State) in Rhode Island and that it has tax exempt status under section 501(c)(3) of the Internal Revenue Service Code. The Network Lead must identify and support a fulltime administrator for the Network of Care with experience and credentials appropriate to this level of responsibility. The Network Lead will organize, monitor and ensure all aspects of Network operation and demonstrate:

- Consistent incorporation of the elements described in System of Care Values and Principles, Section 3.1
- Programmatic and fiscal efficiency of operations
- Compliance with state and federal statutes, regulations, requirements and standards in all operations and service delivery
- Provision of all relevant services by or under supervision of appropriately licensed and credentialed practitioners
- Agency accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Commission on Accreditation of Rehabilitation Facilities

- (CARF), the Council on Accreditation (COA) or other cognizant credentialing body for agencies providing behavioral health or other applicable services
- Preference for contracting with agencies that have tax exempt status under section 501(c)(3) of the Internal Revenue Service code
  - Transparency and open communication with children, youth and families served, Network Partners and the Department
  - Strong commitment to continuous collaboration and partnerships with a wide range of diverse providers; other Networks; the Department; the Family Court; NHP, Beacon, other Medicaid health plans, and private insurance; and community resources and decision makers
  - Development or expansion of services provided by community-based and grassroots agencies that work extensively with specific ethnic, cultural and linguistic groups
  - Adherence to equitable, consistent and standard rates set by the Department
  - Capacity to report information necessary for federal reporting and claiming.
  - A continuous quality assurance process responsive to the needs of the Network and the requirements of the Department
  - Sufficient staffing, as well as an appropriate program of staff development
  - Conflict and grievance processes adequate to all relevant parties and functions
  - Access to and payment for a comprehensive continuum of core and specialized services
  - Capacity to develop new services as needed to support serving children and youth in the least restrictive setting possible
  - Ability to conduct the wraparound planning process and provide services and natural supports statewide in close proximity to the homes and communities of origin of children, youth and families served
  - Assurance that no more than 35 % of all direct services dollars are spent on services provided by the Network Lead
  - Plan for recognizing and avoiding conflict of interest in the management and leadership of the Network of Care

#### 4.2 Network of Care Partners

The successful offeror will describe and demonstrate a range, depth and clearly delineated set of roles and responsibilities with *identified* partner agencies to ensure the quality, consistency, comprehensiveness and timeliness of all operations. Written agreements with identified partner agencies will outline respective roles and responsibilities of the Network Lead and partners; this includes agreements with grassroots agencies, civic and cultural agencies, faith-based resources, family and consumer run agencies, organizations that work extensively with specific ethnic, cultural and linguistic groups, and agencies that provide critical ancillary services such as recreation, employment-support and transportation. Each partner will commit in writing to all of the standards outlined in System of Care Values and Principles, Section 3.1, for all operations and will have a proven record of partnering in child, youth and family service delivery. Each partner will have demonstrated experience in providing supports or services in a consistently high quality manner and will agree to comply with all data, reporting, evaluation and continuous quality improvement activities required by the Department. Each partner will demonstrate adequate and

appropriate capacity to provide personnel, resources, services, or expertise required for the success of the Network of Care as consistent with the identified roles and responsibilities.

#### **4.3 Exclusive Relationships**

The Department must ensure that each child, youth and family has timely and appropriate access to every service, support and resource identified in the Family Wrap Plan or otherwise needed, regardless of Network assignment. The successful offeror must clearly specify any exclusive relationships within the proposed Network and demonstrate that these exclusive relationships will not cause any child, youth or family to be denied appropriate access to necessary services or supports. The Department will review any proposed exclusive relationships and may deny permission for exclusive relationships that appear to limit child, youth and family access.

#### **4.4 Staffing and Professional Development**

The successful offeror must describe and demonstrate a mature operational structure and approach to recruitment, training, supervision and retention of a qualified staff to meet the requirements of this RFP. This must include a sound description of functions and related staffing to be performed by the Network Lead and Network Partners. This operational structure and approach must include staffing required for the wraparound planning process, as well as administrative, human resources, financial, MIS and quality assurance functions. In addition to maintaining a 24-hour a day/7-day a week operation responsive to emergencies, the successful offeror must describe and demonstrate capacity to provide care planning, coordination and services both during and outside of normal business hours to meet the needs of children, youth and families. The successful offeror must also describe and demonstrate capacity to recruit staff representative of the ethnic, cultural and linguistic demographics of the service population and comply with regulations and statutes related to background checks for staff and volunteers.

The successful offeror must demonstrate a capacity to ensure staff development consistent with this RFP and licensure of practitioners in accordance with state law and regulation. Staff development includes ongoing training and cross-training, as necessary, including but not limited to:

- System of Care Principles as outlined in System of Care Values and Principles, Section 3.1
- Child welfare, behavioral health and juvenile justice
- Pre-permanency support
- High Fidelity Wraparound and Family Team Meetings
- Evolving knowledge of evidence-based and promising practices and the development and use of practice-based evidence
- Knowledge of community services and capacity to access resources.

The successful offeror will demonstrate a commitment to partnering with the Child Welfare Institute and the Department for professional development of staff.

#### **4.5 Utilization Management (UM)**

The utilization management process will determine the appropriateness and effectiveness of the services provided and will guide the Network of Care development and operations. The successful offeror will describe and demonstrate a mature and consistent set of utilization management strategies, methods, tools, and processes to ensure that each child, youth and family is receiving clinical, ancillary and natural supports and services in the most appropriate and least restrictive setting consistent with safety. This must include capacity to review the utilization of more restrictive settings to ensure that these are necessary. The successful offeror must demonstrate how the Network will review and monitor services, including who is using the services, how much is being used, the cost of the services and the outcomes or effects of those services. The successful offeror must also describe and demonstrate an appeal process through which families, Department staff or providers can challenge UM decisions in a timely manner. The Department will be the final arbiter of any appeals that cannot be resolved expeditiously.

The successful offeror will describe and continuously maintain a Network UM capacity that can support:

- Clinical assessment by an independently licensed, masters-level clinician of the child or youth to determine the appropriate level of need, services and setting
- Proactive review procedures, discharge planning, concurrent planning, pre-certification, clinical case appeals, concurrent clinical reviews and peer reviews. Review of all children and youth placed in congregate care every 60 days by a trained clinical management team competent in child, youth and family treatment
- Random sampling and review of children and youth in non-congregate care every 60 days
- Production of a UM report for each child and youth reviewed
- Submission of a summary report of children and youth along with findings on all UM to the Department
- Children, youth and family involvement in and satisfaction with individual and network level decision-making

### **V. Documentation, Reporting, Evaluation and Continuous Quality Improvement**

#### **5.1 Documentation:**

The Successful offeror must describe and demonstrate capacity to:

- Secure records to prevent loss, tampering and unauthorized use and comply with all state and federal regulations and statutes, including those related to the sharing of confidential information
- Provide the Department immediate access to any records pertaining to the provision of services
- Ensure that all documentation and entries are current
- Provide the Department with comprehensive written reports that include a summary of all services and supports by service need, provider, service type and goal, as well as information on medical, behavioral health, educational and vocational developments. These summaries must also include information

regarding family progress toward the identified safety and permanency goals specified in the Family Wrap Plan. Networks must submit these reports quarterly

- Provide (when requested by the Department) an update to a quarterly report. The Network must deliver the updated summary to the Department three business days prior to any scheduled Family Court hearings
- Provide the Department with reports from any agency providing services
- Cooperate with the Department in designing and implementing standardized formats for reports and documentation
- Ensure that Network providers are available to provide testimony in family court, if requested.

## **5.2 Management Information System**

The successful offeror must be prepared to use the Rhode Island Children's Information System (RICHIST) to document, track and manage all child welfare case management activities currently supported by RICHIST functionality (for more information, see Rhode Island Children's Information System, Section 5.3). The successful offeror must describe a Management Information System with capacity to consistently and reliably document and track all information not supported by RICHIST, including information related to the fiscal management, utilization management, evaluation and continuous quality improvement functions described in this request for proposals. The successful offeror must describe and demonstrate capacity to produce robust data reports from an MIS to satisfy internal management needs and the Department's requirements. Such an MIS should be flexible and able to support ongoing updates, as necessary.

## **5.3 Rhode Island Children's Information System (RICHIST)**

The Department must maintain program records, including an individual record for each child or family and comply with ACF Program Instruction PI-09-01 regarding private provider use of Statewide Automated Child Welfare Systems (SACWIS) ([http://www.acf.hhs.gov/programs/cb/laws\\_policies/policy/pi/2009/pi0901.htm](http://www.acf.hhs.gov/programs/cb/laws_policies/policy/pi/2009/pi0901.htm)).

Federal policy requires that any private agency providing child welfare case management services utilize the SACWIS, which for the Department is the RICHIST platform. In conformance with federal mandates, the successful offeror will demonstrate capacity to enter data directly into RICHIST, including but not limited to:

- Child and family referral data
- Service related data including fiscal and payment (e.g., start date, end date, frequency/utilization and cost/payment)
- Service Plan and/or Wrap Plan characteristics (e.g., achievement of goals and objectives, natural supports, engagement of caregivers and youth)
- Team meeting related data
- Child and family functional assessments (e.g., Yale M-CGAS, Ohio Scales, North Carolina Family Assessment Scale) at baseline and at transition/discharge
- Satisfaction and fidelity to System of Care model
- Network and organizational characteristics (e.g., staff characteristics, continuity of care and partnership connectedness)

- Independent Living services data, including data required for National Youth in Transition Database and the federal Chafee Foster Care Independence Act
- Transition and discharge related data

The Department's information technology (IT) staff will work with the successful offeror to provide access to RICHIST by creating a secure data link between the Network Lead and partner's IT systems and the Department's IT system. The successful offeror must have a network security appliance that supports minimum standards described below to establish this secure link. A suggested model is the Cisco ASA5505-SEC-BUN-K9 - ASA 5505 Sec Plus Appliance with SW, UL Users, HA, 3DES/AES.

#### Standards for Network Security Appliance

- Network / Transport Protocol IPSec
- Performance Firewall throughput: 150 Mbps | VPN throughput: 100 Mbps
- Capacity IPSec VPN peers: 25 | SSL VPN peers: 2 | Concurrent sessions: 25000 | Virtual interfaces (VLANs) : 20
- Features Firewall protection, DMZ port, power over Ethernet (PoE), VPN support, trunking, VLAN support, wall mountable
- Encryption Algorithm DES, Triple DES, AES, SSL

The following operating systems are currently supported for network access

- Windows 2000 SP4
- Windows 2003 SP1
- Windows Vista 32/64 bit SP2
- Windows XP 32 bit SP3
- Windows XP 64 bit SP2
- Windows 7 Ent 32/64bit

The successful offeror must have anti-virus software installed with up-to-date anti-virus definition files (no older than 2-3 days). Approved anti-virus programs include, but are not limited to, versions of: AVG, BitDefender, F-Secure, Kaspersky, McAfee, Norton, PC Tools, Panda, Symantec, Trend Micro and ZoneAlarm.

Once connected to the DCYF IT network, authorized staff members will log into a DCYF terminal server. The terminal server provides access to all software required by RICHIST. Each user will be assigned a security profile that will determine the level of information accessible in RICHIST.

The Department will work with the Network Leads to develop an interface to download RICHIST case management data into the Network Lead's internal client information system, as necessary.

The Department and the Child Welfare Institute will provide initial training to Network staffs on the use of RICHIST. Network Leads must identify staff members who will serve as RICHIST super-users. These super-users will be responsible for ongoing and new staff training on the RICHIST system and will provide the initial level of field support for agency staff.

#### 5.4 Evaluation and Continuous Quality Improvement

Evaluation and Continuous Quality Improvement (CQI) will build on previous work by the Department and community partners through the RI Data Analytic Center, inclusive of the Department's data and evaluation system, which promotes the use of data-driven decision-making to inform practice and policy development and to evaluate multilevel outcomes. The main areas for CQI and program evaluation are consistent with the U.S. Children's Bureau's Child and Family Services Review, as well as overall child, youth and family safety, permanency, wellbeing and community safety. The successful offeror must describe and demonstrate capacity for consistent and comprehensive program evaluation and CQI as mandated by the Department. Program evaluation includes analysis and quantification of system effectiveness. CQI must include monitoring and utilizing qualitative and quantitative data for service improvements.

The successful offeror must describe and demonstrate capacity, inclusive of personnel and MIS systems, to collect, track, manage, analyze and evaluate data on children, youth and families for CQI, program evaluation and any other purpose specified by the Department. The Department will utilize this data, together with information collected by Department personnel, to monitor Network outcomes as well as the emerging system of care. The successful offeror must also describe and demonstrate a CQI system adequate to monitor and improve their Network's ability to comply with all aspects of this RFP. The CQI system must include a corrective action process to address any issues identified which impact on the quality of service.

#### 5.5 FCAB and CQI

The Family and Community Advisory Board will assist the continuous quality improvement process and help to identify data to be collected and analyzed. The successful offeror must describe and demonstrate a commitment to participating in these activities.

### VI. Payment and Financial Management

#### 6.1 Awards

The Department expects to award two to four contracts pursuant to this Request for Proposals to serve an average daily population of 2800 families and approximately 3600 children and youth in total (to be distributed equitably among successful offerors). The service and placement status of these children, youth and families is described in Service Population, Section 3.3. The Department has allocated an annual total of \$64,000,000 (sixty-four million dollars) to support contracts issued pursuant to this RFP in their entirety. The Department will provide a fixed, uniform payment rate per family regardless of Network.

The Department will assign children, youth and families to each Network of Care as described in Assignment, Referral and Intake, Section 3.4. The successful offeror must describe the capacity to ensure that all of the children, youth and families referred will be served. **The Department reserves the right to disqualify any bidder whose**

**proposal does not demonstrate capacity to serve a minimum of 800 families on a daily basis.**

The Department will pay the Network Lead a fixed rate for each day a family is open to the network for services. This rate, combined with performance payments detailed in Section 6.3, **represents the maximum amount of funds available. The Network Lead will not be able to access additional funding through the Department to pay for services.** The final determination of the fixed rate is dependent upon funding availability, including approval of the Department's budget.

The payment rate will be reviewed and re-determined on a yearly basis, or more frequently when advisable.

The Network Lead must manage, procure or provide for all service payment, accounting, record keeping, and other financial activities necessary. The Network Lead must pursue other funding sources, as described in Section 3.10 (Secure All Resources to which Children, Youth and Families are Entitled/Eligible), as well as private insurance and other private and/or community resources. The Network Lead shall consolidate operations and eliminate redundancy in a manner that does not compromise service quality.

## **6.2 Funds Management and Monitoring**

The Network Lead must serve as a fiscal agent, managing funds in a manner that supports a Network of Care to meet all requirements of this Request for Proposals and to comply with federal and state regulations. The Network Lead must describe and demonstrate capacity to ensure sufficient and timely payment for all staff, services and interventions, while maintaining adequate reserves for financial soundness and stability. The Network Lead must also describe and demonstrate capacity, personnel and infrastructure to:

- Establish internal controls over funds and record financial data in compliance with generally accepted accounting principles to protect against fraud and abuse
- Reconcile claims and resolve discrepancies between amounts billed by Network providers and services rendered
- Perform direct Medicaid billing for approved services and enrolled providers and assist Network providers in developing direct Medicaid billing
- Manage and account for revenue from multiple state and federal funding streams
- Supplement available resources through such potential sources of funding as charitable donations, corporate or foundation grants and in-kind supports

The Network Lead must minimize the funds used to cover the direct and indirect costs of Network of Care administration. **A maximum of 14 % of indirect costs for the entire Network is allowable.** By December 1, 2012, the Network Lead must submit a Cost Allocation Plan (CAP) in accordance with OMB circular A-122, "Cost Principles for Non-Profit Organizations," to the Department for approval. The CAP must identify the methodologies and procedures used to measure and allocate allowable direct and indirect costs to each program or service.

The CAP is an important tool to support budgeting, management and planning and for ensuring appropriate expenditures by funding stream. The CAP will assist the Network Lead in reliably linking services to funding allocations and maximizing funding for direct services. The Network Lead must maintain documentation of CAP implementation and must submit a request to and secure approval from the Department to modify the CAP.

The Network Leads and all providers must maintain detailed service and expenditure records available for review and auditing upon request by federal and state authorities. These records must substantiate cost reports and invoices and document compliance with federal and state requirements, including Title IV-E, IV-B and Medicaid. Any expenditure disallowed as a result of non-compliance with a state or federal funding regulations discovered in any audit must be repaid to the Department upon discovery.

The Network Lead must contract for independent annual audits that specifically identify all income and expenditures pursuant to the contract issued. If the Network Lead or a provider receives \$500,000 or more in federal funding during a fiscal year, an audit must be conducted in accordance with the provisions of OMB Circular A-133, as revised.

### **6.3 Performance-Based Contract Measures**

The Department will award a performance-based contract that contains annual targets to be achieved starting in fiscal year (FY) 2013. The Department will hold five (5) percent of the total contract amount per quarter in escrow and link award of these funds to achievement of performance targets identified below that address child welfare, behavioral health and juvenile justice outcomes over the duration of the contract. If a specific population is not identified, the performance target applies to all children, youth and families. Selected performance targets include:

#### Starting FY 2013 - Proportion of:

- Children and youth who experience maltreatment
- Children and youth who are at home and maintained safely in their homes for 6 months without entry or re-entry into foster care (child welfare, behavioral health)
- Children and youth who are at home and maintained safely in their homes for 12 months without entry or re-entry into foster care (child welfare, behavioral health)
- Children and youth who are at home and maintained safely in their homes and communities for 6 months (juvenile justice)
- Children and youth who are at home and maintained safely in their homes and communities for 12 months (juvenile justice)
- Children and youth placed with relative kin or non relative kin versus a congregate care setting
- Siblings placed together
- Children and youth who maintain placement stability, unless a move is into a less restrictive setting or fosters permanency
- Children and youth in non-kinship placements who are placed in an out-of-home placement within own region (child welfare, behavioral health)
- Families engaged in developing plan of care

Starting FY 2014 – Proportion of:

- Children and youth (child welfare, behavioral health) who achieve permanency:
  - Who are reunified/returned home from an out-of-home placement within 12 months of entry into an out-of-home placement
  - Who are adopted within 24 months of entry into an out-of-home placement
- Children and youth who are reunified, remain safely in their home and do not re-enter an out-of-home placement within 12 months from reunification (child welfare, behavioral health)
- Children and youth who remain safely in their homes and communities and do not re-enter out-of-home placement within 12 months from most recent exit from Department care

Annual Performance Targets will include year-over-year improvement and additional targets may be included subsequent to FY 2014. The Department will release target percentages per measure using historical data that is tailored to the children and providers in each Network of Care, as appropriate. The Department anticipates releasing performance incentive payments on a quarterly basis when targets are reached.

#### **6.4 Invoices and Financial Reporting**

Network Leads must possess financial management and accounting systems capable of generating financial reports on utilization, cost, claims, billing and collections for the Department and other stakeholders. The Network Lead must submit a properly completed, Department-approved invoice form monthly that details all expenditures made with Department funding. These invoices must include the recipient, service, duration/units delivered, dates of service, diagnosis (if applicable), eligibility and other information needed to submit claims for federal reimbursement and reconcile expenditures. The Department reserves the right to request additional supporting documentation for expenses included in the invoices. The Department may reject any expense included on the invoice that is not related to an appropriate service or is not properly documented.

At the end of each quarter, Network Leads will be allowed to retain ten (10) percent of unspent funds accumulated, pursuant to meeting contractual and performance requirements and obtaining Departmental approval for all service and administrative expenditures. Funds in excess of this ten (10) percent will be considered an overpayment and a debt owed to the Department. A refund or a set off will be arranged immediately, unless a plan can be agreed upon with the Department for usage of these funds.

The Department will develop required monthly, quarterly and annual financial reports that will support monitoring of financial performance. The Network Lead must assemble required information from partners and vendors and submit required reports to the Department.

## **6.5 Service Payments**

The Department will set rates for the continuum of services. Until new rates are set for a particular service, existing rates will remain in effect. As Network of Care Leads develop new services, the Department will set rates for these services and re-determine rates, as necessary, using information provided by the Network Lead, including cost reports. Department approved rates must be used for all cost allocation purposes.

Network Leads are encouraged to consolidate service delivery and administrative functions to streamline services and achieve operational efficiency. The Department must approve proposed payments that include such consolidations.

## **6.6 Federal Claiming**

To establish a fixed family rate, the Department will combine or “blend” funding from many different sources, including state general revenue and various federal sources, such as Title IV-E, Title IV-B, and Medicaid. Each of these federal sources has specific service and reporting requirements. The Network of Care Lead must support federal claiming through the following:

- Provide all documentation necessary for the Department to submit a claim and ensure compliance with federal and state regulations and guidance in maintaining records
- Submit Medicaid claims directly, when feasible, to the state’s Medicaid Management Information System (MMIS)
- Assist the Department with completing time studies to quantify staff time spent on federally reimbursable activities
- Maintain payment agreements with partners that allow for the pursuit of fraud and abuse and the assessment of financial and criminal penalties when warranted
- Assist the Department prospectively to establish federal reimbursement procedures and processes for any proposed new service and to obtain federal Centers for Medicare & Medicaid Services (CMS) approval for any new Medicaid-funded service.

## **6.7 Flex Funds**

The Network of Care Lead can designate a portion of the family payment as flex funding (see Flex Fund Guidelines, Appendix G). A maximum of \$1,500 in Department payments per year to a Network Lead for an individual family can be designated as flex funding, unless Departmental approval is received for an increased amount. The Department will develop comprehensive guidelines with Network Leads for the use of flex funding. The Network Lead will be required to monitor and report monthly to the Department on the specific payment amounts and services that have been provided to individual families through flex funding. These flex funding expenditures will be included in the Network of Care expenditure total that is reconciled quarterly against the aggregate amount of family payments provided to the Department to verify that family payments are utilized to secure services.

## **6.8 Resolving Financial Discrepancies and Disagreements**

The Network Lead must describe and demonstrate a grievances and appeals process for implementation that addresses conflicts regarding payments/services between and

among families, Network providers, and third party payers. This grievance and appeals process must include:

- Negotiation steps to resolve disputes between employers of record and their employees
- A conflict resolution policy for disagreements that arise between providers and families
- A claims reconciliation process that includes the review and resolution of discrepancies between amounts billed by providers and services rendered

The Department remains the final arbiter for any disputes involving services funded from the Department's family payment rate.

#### **6.9 Non-Performance**

The Department reserves the right to withhold funds or vacate the contract due to non-performance of agreed upon terms.

### **VII. Transition Plan**

To ensure timely and successful implementation, the Department has been transitioning to the System of Care and wraparound process through a number of initiatives. The Department requires all agencies that submit a proposal to agree to consistent, timely and cooperative participation in an intensive and collaborative planning and transition process to commence immediately upon notification of a tentative award. The proposal must identify senior staff with decision making authority for the Network Lead to participate in all required planning activities. RFP responses must include additional commitments from Network Partners that identify senior staff with decision making authority who will participate in all required planning activities.

The successful offeror must describe and demonstrate readiness to fully implement the Network on or before January 1, 2012. This readiness must include, but is not limited to, financial management; administrative capacity; legal agreements with partners; service coordination and delivery; inter-agency and inter-Network collaboration; community collaboration; information management and reporting and quality assurance. Children, youth and families active to the Department on January 1, 2012 and referred to a Network of Care may already be involved with Department-funded providers and services.

**Networks of Care must be prepared to fund and manage these services (see Appendix D for a list of services currently funded by the Department) during the transition period to follow January 1, 2012.**

The Department is committed to making these critical system improvements in a manner that ensures continuity, timeliness and responsiveness to the children, youth and families we serve. The successful offeror must describe and demonstrate willingness to closely work with the Department, other Networks, families and service providers to ensure seamlessness and prevent disruption in service to children, youth and families during the transition. The Network Lead must join the Department as required to collaborate with the Family Court for successful implementation.

## PRE-PROPOSAL QUESTIONS AND PROPOSAL SUBMISSION

### VIII. Submission, Evaluation and Selection Criteria

#### Pre-Proposal Questions and Proposal Submission

*Questions concerning this solicitation must be received by the Division of Purchases by the date and time indicated on Page 1 of this solicitation.*

Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP / LOI # on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

Interested parties should peruse the Division of Purchases website, on a regular basis, for information relating to this solicitation.

Responses **(an original plus five (5) copies )** should be mailed or hand-delivered in a sealed envelope marked “RFP # 7448740: RI Partnership for Family & Community System of Care Development” to:

RI Dept. of Administration  
Division of Purchases, 2<sup>nd</sup> floor  
One Capitol Hill  
Providence, RI 02908-5855

Note: Responses received after the above-referenced due date and time may not be considered. Responses misdirected to other State locations or which otherwise not presented in the Division of Purchases by the scheduled due date and time will be determined to be late and may not be considered. Responses faxed or emailed, to the Division of Purchases will not be considered. The “official” time clock for this solicitation is located in the Reception Area of the Department of Administration/Division of Purchases, One Capitol Hill, Providence, RI.

Proposals should include the following:

1. A completed and signed three-page RIVIP Bidder Certification Cover Form, available at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).
2. A Cost Proposal reflecting the fee structure, proposed for this scope of services.
3. A Technical Proposal describing the qualifications and background of the applicant and experience with similar programs (Scope of Work Section of this RFP).
4. A signed and notarized Statement of Assurances (Appendix H)
5. A completed and signed W-9 (taxpayer identification number and certification). Form is downloadable at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).

6. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in electronic format (CD Rom, Diskette, flash drive). Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested. This CD or diskette should be included in the proposal marked “original”.

## 7. Submission information –

### 7.1 Technical Proposal (100 points in total)

The Technical Proposal will be evaluated according to the criteria identified below. The total available points for the Technical Proposal are 100 and these points are distributed and weighted by criterion as indicated. The Technical Proposal should be limited to 50 pages with standard formatting, which includes 12-point type, 1-inch margins and text on one side of the page only.

#### **Criterion 1: Structure of Networks of Care – 30 Points**

System of Care Values and Governance: The offeror provides a clear, detailed, specific and measurable response that documents previous relevant experience, outcomes achieved, and the model proposed for the following:

- a. Clear understanding of each System of Care Value and Principle
- b. Comprehensive approach to operationalizing each System of Care value and principle at all levels of decision-making: administration, policy development, wraparound, service delivery, staffing and professional development, utilization management and quality assurance
- c. Collaboration with the Department in transition and system development with appropriately differentiated roles and responsibilities for the Department, the offeror and partners
- d. Commitment to robust participation in the statewide FCAB and other advisory structures to be developed with the Department
- e. Clearly identified timeline including milestones and responsible party for implementation criteria 1a-1d
- f. The offeror’s organizational and governance structure, depicting clear lines of authority and an efficient and effective administrative model; in the case of a newly created entity, describe the structure of the new entity with lines of authority among the new entity and each of its founding agencies, including statewide and corporate affiliations

Service Population, Referral and Response: The offeror provides a clear, detailed, specific and measurable response that documents previous relevant experience, outcomes achieved, implementation of System of Care Values (Section 3.1) and the model proposed for the following:

- a. Comprehensive, timely and effective service delivery for children, youth and families that present in child welfare, children’s behavioral health and juvenile justice settings
- b. Capacity to accept every referral made by the Department without exception
- c. Intake system that can respond effectively statewide 24 hours a day and 7 days a week to any child, youth or family referred

- d. Service and placement capacity sufficient in breadth and depth to respond to all immediate, urgent and routine needs described in this RFP, including critical needs such as housing, food and health care
- e. Clinical approach to placing children and youth based on needs and strengths and the appropriate and least restrictive level of service consistent with safety

Wraparound: The offeror provides a clear, detailed, specific and measurable response that documents previous relevant experience, outcomes achieved, implementation of System of Care Values (Section 3.1) and the model proposed for the following:

- a. Family Team Meeting approach that comprehensively addresses staffing/staff ratios, assessment, the Planning Team (composition, roles and operations), care coordination, the Family Wrap Plan and family engagement and support
- b. Plan for implementation of High-Fidelity Wraparound for a minimum of 10% of families in FY 2013 that addresses how the process will be implemented and operationalized with fidelity to the evidence-based practice, including staffing/staff ratios, assessment, the Planning Team (composition, roles and operations), care coordination, the Family Wrap Plan and family engagement and support
- c. Partnership in Family Team Meeting and High Fidelity Wraparound processes that fulfills all requirements while appropriately differentiating roles and responsibilities of the family, the Department, the offeror, involved staff members and other team members
- d. An operational plan for implementing non-negotiable requirements of the Department/Family Court while maximizing family voice and choice
- e. A comprehensive protocol for ensuring safety planning from referral to case closure
- f. A comprehensive approach to partnering and collaborating while protecting confidentiality in compliance with federal and state law and regulation

Services: The offeror provides a clear, detailed, specific and measurable response that documents previous relevant experience, outcomes achieved, implementation of System of Care Values (Section 3.1) and the model proposed for the following:

- a. Core set of services necessary to address the needs of the service population statewide and ensure timely safety, permanency, wellbeing and community safety
- b. Specialized services necessary to address the needs of the service population statewide and ensure timely safety, permanency, wellbeing and community safety
- c. Evidence-based and promising practices and the use of practice-based evidence to address the needs of the service population statewide and ensure timely safety, permanency, wellbeing and community safety
- d. Involvement of natural supports necessary to address the needs of the service population within close proximity to the child, youth and family
- e. Service continuum with a full range of intensity that is available statewide and able to serve children and youth in the least restrictive setting and support families to care for their children and youth whenever possible
- f. Operational capacity that includes consistent and systematic identification, securing and mobilization of resources/services/entitlements for children, youth and families beyond and in addition to those funded by the Department
- g. Service and placement capacity to respond 24 hours a day and 7 days a week at the clinically appropriate level as needs for children, youth and families arise

- h. Plan for keeping sibling groups together

**Criterion 2: The Network Management and Design – 40 Points**

Network Lead: The offeror provides a clear, detailed, specific and measurable response that documents previous relevant experience, outcomes achieved, and the model proposed. The offeror describes and documents that the *Network Lead has the infrastructure* to:

- a. Implement System of Care Values (Section 3.1) in all agency and Network operations
- b. Manage and administer the proposed Network of Care and comply with state and federal regulations, statutes, requirements and standards
- c. Act as the fiduciary agent for the Network in a manner which ensures fiscal and programmatic efficiency
- d. Implement a utilization management system that ensures that children and youth receive appropriate services in the least restrictive setting consistent with safety
- e. Ensure a management information system that supports data entry into RICHIST as well as reporting, utilization management, evaluation and continuous quality improvement functions
- f. Name specific Network Partners and the services provided sufficient for the breadth and depth of services and supports required; **provide letters of commitment or support that clearly substantiate the claim of partnership and the service or support a partner will provide within a Network of Care**
- g. Provide a Network Partner contract or legal agreement template that details roles, responsibilities, requirements, compliance with this request for proposals and all federal and state regulations and statutes.
- h. Provide, procure and/or fund all core, specialized and informal services required (including securing and leveraging services, funding and entitlements from all relevant state and federal sources)
- i. Develop new services based on continuous needs assessment and work with the Department to secure approval and establish federal claiming when relevant
- j. Support full partnership with families and natural community supports, Network providers, other Networks, and community stakeholders
- k. Avoid conflict of interest in the management of the Network
- l. Identify exclusive relationships and ensure that proposed exclusive relationships do not limit access of children, youth and families to services

Network Partners: The offeror provides a clear, detailed, specific and measurable response that documents previous relevant experience, outcomes achieved, and the model proposed. The offeror describes and documents that the *Network Partners* will:

- a. Implement of System of Care Values (Section 3.1) operations
- b. Collaborate with each other, families and community resources to ensure seamless service delivery, maximize resources and promote joint decision-making
- c. Represent the full range of competencies, services, levels of intensity by setting and geographic distribution
- d. Ensure Network Partnerships are structured to provide services in the least restrictive setting, preferably a family setting
- e. Include a range of organizations, including grassroots agencies, civic and cultural agencies, faith-based resources, family and consumer run agencies, agencies

working with specific ethnic, cultural and linguistic groups, and agencies that provide critical ancillary services including recreation, employment-support and transportation; **letters of commitment or support required for this RFP must substantiate these partnerships**

- f. Have a management information system that supports data entry into RICHIST as well as reporting, utilization management, evaluation and continuous quality improvement functions
- g. Comply with all state and federal regulations and statutes
- h. Provide all documentation and reporting required by the Department

Staffing and Professional Development: The offeror provides a clear, detailed, specific and measurable response that documents previous relevant experience, outcomes achieved, implementation of System of Care Values (Section 3.1) and the model proposed. The Network Lead:

- a. Proposes a full-time administrator with appropriate credentials and experience
- b. Describes an adequate and reasonable plan for staff support for the following functions: management information systems, utilization management; evaluation, continuous quality improvement, financial management and human resources
- c. Describes an adequate and reasonable plan for staffing a 24 hours a day and 7 days a week capacity for receiving and responding to Department referrals
- d. Describes an adequate and reasonable plan for staffing the Family Team Meeting approach, including all functions related to the Planning Meeting as well as service provision and care coordination in preparation for or in implementing the Family Wrap Plan. This plan clearly indicates the ratio of staff to families served. The Plan also outlines the supervision model, which includes frequency and level of effort, as well as ratio of supervisors to staff.
- e. Provides a detailed, adequate and reasonable plan for staffing the High Fidelity Wraparound approach beginning in fiscal year 2013, including all required functions and staffing ratios.
- f. Provides a detailed and adequate professional development and training plan that addresses System of Care values identified in System of Care Values and Principles, Section 3.1, as well as all issues related to effective services of children, youth and families in the child welfare, behavioral health and juvenile justice systems.

### **Criterion 3: Documentation, Evaluation and Continuous Quality Improvement – 15 Points**

The offeror provides a clear, detailed, specific and measurable response that documents previous relevant experience, outcomes achieved, implementation of System of Care Values (Section 3.1) and the model proposed, including:

- a. Protocols and policies for documentation and reporting that conform to Departmental, state and federal requirements
- b. Capacity and plan for evaluation of child welfare, child behavioral and juvenile justice outcomes and for continuous quality improvement for the Network of Care
- c. Participation in Department required activities for evaluation of child welfare, child behavioral, juvenile justice outcomes and for continuous quality improvement of the emerging statewide system

#### **Criterion 4: Transition Plan – 15 Points**

The offeror provides a clear, detailed, specific and measurable Transition Plan that:

- a. Provides an assessment of present organizational capacity and structure as well as the identification of changes that must be made to perform the role of Network Lead
- b. Identifies key obstacles and strategies to overcome them, as well as tasks, milestones and staff/agencies responsible and the readiness to implement on January 1, 2012
- c. Explains how collaboration during the transition will be responsive to all Department requirements

#### **7.2 Cost Proposal (100 points in total)**

The Cost Proposal will be evaluated according to the criteria identified below. The total available points for the Cost Proposal are 100 and these points are distributed and weighted by criterion as indicated.

#### **Budget and Financial Management Narrative – 70 points**

The offeror must include a clear, detailed, specific and measurable budget narrative that documents previous relevant experience, outcomes achieved, implementation of System of Care Values (Section 3.1) and the model proposed in the following areas:

- Accounting system adequate to the scope and volume of services being procured
- Processes and procedures for issuing and managing timely payments
- Internal controls and compliance with generally accepted accounting principles, including protections against fraud and abuse
- Plan for effectively managing all network functions and services within the dollar amounts available, including funding tied to performance targets
- Proposed total number of families and children and youth to be served daily according to the setting distribution in Section 3.3, Service Population. **The Department reserves the right to disqualify any bidder whose proposal does not demonstrate capacity to serve a minimum of 800 families per day**
- Plan for successfully transitioning prior to January 1, 2012 without any startup funding from the Department
- Methods and procedures to allocate direct and indirect costs appropriately to various programs/services, grants, contracts and agreements
- Plan for limiting direct service dollars spent on services provided by the Network Lead to 35 % of direct service expenditures
- Policies and procedures for managing and accounting for flex funds
- Plan for performing direct billing of services through the Medicaid Management Information System and to Third Party Payers
- Additional resource development for child, youth and family services
- Processes and procedures for timely submission of all required invoices and financial reports to the Department
- As relevant to Sections 3.5, 4.1 and 4.4, a list of proposed staff positions required through this RFP with the level of effort, a job description and whether currently filled or vacant

**Budget – 30 points**

The offeror must provide a detailed line item budget that is credible and cost efficient and appropriately identifies the following based upon the number of children, youth and families the offeror proposes to serve and the portion of the annual budget of \$64,000,000 that this number of children, youth and families represents (if funds are to be divided equally per family):

- Direct costs, including amounts and distribution of costs by service type, provider and family across the required service array and for any additional anticipated services
- Indirect costs, including item, amounts and distribution for the Network Lead and Network providers; these indirect costs cannot exceed 14 % of total costs
- Anticipated funding from non-Departmental sources, including RIte Care, federal grants, in-kind donations and private fund raising that will be used to provide services and supports to the service population identified in this Request for Proposals
- Costs associated with staffing positions relevant to Sections 3.5, 4.1 and 4.4, including anticipated salaries, fringe benefits, payroll taxes, consultant services, occupancy costs, information technology costs, management and general administration, and other expenses
- Schedule of anticipated amounts and activities to be financed through flex funding

The offeror must provide copies of its audited financial statements for the past two years as a part of the response to this Request for Proposals. A newly created entity must submit audited financial statements from each of the founding collaborative partners.

## **APPENDICES**

- A.** Selected list of Relevant Statutes/Regulations
- B.** DCYF Legal Status Definitions
- C.** Statistics on Population Served
- D.** Existing Service Descriptions
- E.** Definitions
- F.** Logic Model
- G.** Flex Fund Guidelines
- H.** Statement of Assurances

## **APPENDIX A**

### **Selected List of Relevant Statutes and Regulations**

It is the offeror's responsibility to be aware of and partner with the Department to comply with all federal, state and local statutes relevant to any service or operation supported through this Request for Proposals.

RI policy and regulation are available through the Secretary of State's searchable online database: <http://www.rules.state.ri.us/rules/>. Statutes are available through the RI General Assembly website. Some statutes include:

RIGL 42-72

RIGL 14-1

RIGL 40-11

Adoption Assistance and Child Welfare Act of 1980 (PL 96-272)

Adoption and Safe Families Act of 1997 (ASFA) (PL 105-89)

Federal Family Preservation and Support Services Program Act of 1993 (PL 103-66)

National Child Protection Act of 1993

Child Abuse Prevention and Treatment Act, as amended

Adam Walsh Child Protection and Safety Act of 2006 (Public Law 109-248)

Fostering Connections to Success and Increasing Adoptions Act of 2008, Public Law (P.L.) 110-351

Foster Care Independence Act of 1999 and subsequent amendments

Title IV-B and Title IV-E of the Social Security Act with relevant amendments

Indian Child Welfare Act of 1978

## **APPENDIX B**

### **DCYF Legal Status Definitions**

#### **Voluntary Placement**

A child may be voluntarily placed in the care of the Department by a parent. Pursuant to the provisions of RIGL 42-72-14, a child voluntarily admitted to the Department shall be deemed to be within the care of the Department until the voluntary agreement is terminated. The Department shall terminate admissions within ten days after receipt of a written request for termination from a parent or guardian of any child or from the child unless prior to that time the Department has sought and obtained from the Family Court an order of temporary custody as provided by law. The Department may terminate the voluntary admission of any child after giving reasonable notice, in writing, to the parent or guardian of any child.

Any child admitted voluntarily to the Department may be placed in, or transferred to, any resource facility or institution within or available to the Department; provided that written notice is given to the child and the child's parent or other guardian of an intention to make a transfer at least ten days prior thereto, or unless waived, in writing, by those entitled to the notice, or unless an emergency commitment of the child is made by law.

When any child, except a child with disabilities, remains in voluntary placement for a period of twelve months, the Department must petition the Family Court to request care, custody and control of the child, or seek to continue the voluntary status by filing a Miscellaneous Petition in accordance with RIGL 14-1-11.1. The law does not require and the Department will not seek custody of a child with an emotional, behavioral or mental disorder or developmental or physical disability who has been voluntarily placed with the Department by a parent or guardian for the purpose of accessing an out-of-home program for the child in a facility that provides services for children with disabilities when there are no issues of parental abuse or neglect. These services may include, but are not limited to, residential treatment programs, residential counseling centers and therapeutic foster care programs.

#### **Legal Supervision**

At the time of arraignment, if the child is placed with a parent, the child may be placed under the legal supervision of DCYF if the court determines the child can be safely maintained in the home.

The effects of legal supervision are not defined specifically in statute, but as a rule of thumb, this status allows a DCYF worker to visit the child and parents at their home even though no new incidents have occurred since the child was placed under DCYF supervision. DCYF is allowed to monitor the delivery of services to the parent and the child and to ensure that the parent continues to adequately and safely meet the needs of the child.

#### **Temporary Custody**

Temporary custody gives DCYF a broader legal status and is awarded pending a determination/adjudication of a child abuse/neglect/dependency petition. An award of temporary custody usually results in the Department being authorized to place a child outside the home of the parent. An award of temporary custody generally confers the right upon DCYF to authorize the care and treatment of a child relative to education, medical care, recreation, discipline and other major childcare matters.

## **APPENDIX B**

### **Page Two**

The award of temporary custody to DCYF does not strip the parents of their parental rights. Parents continue to have the right to participate in decision-making on child care issues relative to medical treatment, education, mental health services and placement.

#### **Legal Commitment**

The purpose of a DCYF commitment trial is to have the court make a determination, by “clear and convincing evidence” after a trial on the merits of the petition, that a child is abused, neglected and/or dependent. This finding is civil, not criminal, and is never included on a parent’s criminal record. After the finding is made, the judge may place the child in the full custody of DCYF or under supervision in his or her own home. Commitment does not terminate parental rights. To terminate all rights permanently, DCYF must file a separate petition in Family Court and, in general, is subject to trial after the commitment trial has been completed.

#### **DCYF Legal Guardianship**

The Family Court is empowered by law to terminate the parental rights of a natural parent after the Court has determined that the parent is unfit to provide safe and adequate care for a child. The Court then places the child in the legal guardianship of DCYF. In general, before the Family Court can terminate the rights of a natural parent, DCYF must demonstrate that it has offered the parent services to address the issues which led to the child’s placement, and that the parent continues to be unable to demonstrate an ability to care safely and adequately for the child. Once a child is placed in the legal guardianship of the DCYF, the Court vests the Department with the right to give or withhold consent to the adoption of the child. In essence, DCYF becomes the legal parent of the child until such time as the child is adopted.

#### **Wayward/Delinquent Adjudication**

There are two types of juvenile offenses; delinquent offenses and wayward offenses. A delinquent offense is classified as any offense which would constitute a felony if committed by an adult. A wayward offense is classified as either a status offense or a non status offense. A non status offense is any criminal conduct which would constitute a misdemeanor if committed by an adult. A status offense is any conduct which would not constitute a crime if committed by an adult (e.g., truancy, disobedience).

The Family Court has the authority to issue an order of detention for any youth charged with a delinquent offense and for any youth charged with a wayward (non status) offense. In any instance wherein the Court issues an order of detention, the youth will be detained at the Rhode Island Training School (RITS). The Family Court can ultimately issue an order of commitment after there has been a determination that the youth has committed a delinquent and/or wayward (non status) offense. Generally, the issuance of an order of commitment results in the Court sentencing a youth to the RITS. Such sentences may have a fixed date of completion (e.g., six months) or be issued for an indeterminate period (e.g., until further order of the Court). The Family Court has the authority to sentence a youth to the RITS until the youth’s 19th birthday, except if the offense was committed prior to July 1, 2007, the youth may continue under the jurisdiction of the court until he or she turns twenty one (21) years of age.

**APPENDIX B**  
**Page Three**

In juvenile cases, the Family Court has the authority to order that a youth be placed in the temporary custody of DCYF. There are a number of instances wherein the Court determines that a juvenile offender is in need of an out-of-home placement and orders that the youth be referred to the temporary custody of DCYF for placement at DCYF discretion. In some cases, youth are committed to the RITS and then released into the community on Temporary Community Placement (TCP) status. In such instances, the Family Court orders that the youth are released from the RITS into the temporary custody of DCYF for a community placement.

# APPENDIX C

## Statistics on Population Served by DCYF as of April 8, 2011

Please note that this population profile represents a snapshot as of April 8, 2011. The Department projects the System of Care to start with a population profile described in Service Population, Section 3.3, (and not the profile below) based upon current trends and initiatives.

2143 All Active Children Receiving In-Home Services				115 Active Children in Foster Care Where Siblings Are In-Home				777 Active Children in Residential				1165 Active Children in Foster Care				104 Active Children in Residential Where Siblings Are In-Home				76 Active Children in Residential Where Siblings Are in Foster Care			
Person Count				Person Count				Person Count				Person Count				Person Count				Person Count			
Age	Total	Percent		Age	Total	Percent		Age	Total	Percent		Age	Total	Percent		Age	Total	Percent		Age	Total	Percent	
0-5	506	23.61%		0-5	39	33.91%		0-5	24	3.09%		0-5	532	45.67%		0-5	19	18.27%		0-5	16	21.05%	
6-11	368	17.17%		6-11	44	38.26%		6-11	67	8.62%		6-11	267	22.92%		6-11	32	30.77%		6-11	24	31.58%	
12-15	384	17.92%		12-15	21	18.26%		12-15	150	19.31%		12-15	161	13.82%		12-15	27	25.96%		12-15	16	21.05%	
16-18	746	34.81%		16-18	10	8.70%		16-18	430	55.34%		16-18	178	15.28%		16-18	24	23.08%		16-18	20	26.32%	
19+	139	6.49%		19+	1	0.87%		19+	106	13.64%		19+	27	2.32%		19+	2	1.92%		19+	2	2.63%	
<b>Grand Total</b>	<b>2143</b>	<b>100.00%</b>		<b>Grand Total</b>	<b>115</b>	<b>100.00%</b>		<b>Grand Total</b>	<b>777</b>	<b>100.00%</b>		<b>Grand Total</b>	<b>1165</b>	<b>100.00%</b>		<b>Grand Total</b>	<b>104</b>	<b>100.00%</b>		<b>Grand Total</b>	<b>76</b>	<b>100.00%</b>	
Person Count				Person Count				Person Count				Person Count				Person Count							
Gender	Total	Percent		Gender	Total	Percent		Gender	Total	Percent		Gender	Total	Percent		Gender	Total	Percent		Gender	Total	Percent	
Female	797	37.19%		Female	51	44.35%		Female	280	36.04%		Female	565	48.50%		Female	49	47.12%		Female	34	44.74%	
Male	1340	62.53%		Male	64	55.65%		Male	497	63.96%		Male	600	51.50%		Male	55	52.88%		Male	42	55.26%	
Unknown	4	0.19%																					
No Gender Entered	2	0.09%																					
<b>Grand Total</b>	<b>2143</b>	<b>100.00%</b>		<b>Grand Total</b>	<b>115</b>	<b>100.00%</b>		<b>Grand Total</b>	<b>777</b>	<b>100.00%</b>		<b>Grand Total</b>	<b>1165</b>	<b>100.00%</b>		<b>Grand Total</b>	<b>104</b>	<b>100.00%</b>		<b>Grand Total</b>	<b>76</b>	<b>100.00%</b>	
Person Count				Person Count				Person Count				Person Count				Person Count							
Race	Total	Percent		Race	Total	Percent		Race	Total	Percent		Race	Total	Percent		Race	Total	Percent		Race	Total	Percent	
Amer' Indian	19	0.89%		Amer' Indian	1	0.88%		Amer' Indian	8	1.03%		Amer' Indian	12	1.03%		Asian	1	0.96%		Asian	1	1.32%	
Asian	33	1.54%		Black	14	12.39%		Asian	16	2.06%		Asian	20	1.72%		Black	13	12.50%		Black	11	14.47%	
Black	359	16.75%		Multiracial	10	8.85%		Black	140	18.02%		Black	198	17.00%		Multiracial	8	7.69%		Multiracial	10	13.16%	
Multiracial	158	7.37%		Unable to Det	3	2.65%		Multiracial	49	6.31%		Multiracial	124	10.64%		Unable to Det	5	4.81%		Unable to Det	2	2.63%	
Pacific Island	3	0.14%		White	81	71.68%		Unable to Det	72	9.27%		Unable to Det	47	4.03%		White	73	70.19%		White	52	68.42%	
Unable to Det	191	8.91%		Asian	4	3.54%		White	491	63.19%		White	756	64.89%		No Race Entered	1	0.96%		No Race Entered	0	0.00%	
White	1283	59.87%		<b>Grand Total</b>	<b>113</b>	<b>100.00%</b>		No Race Entered	1	0.13%		No Race Entered	8	0.69%		Amer' Indian	3	3.85%		Amer' Indian	3	3.85%	
No Race Entered	88	4.11%						<b>Grand Total</b>	<b>777</b>	<b>100.00%</b>		<b>Grand Total</b>	<b>1165</b>	<b>100.00%</b>		<b>Grand Total</b>	<b>104</b>	<b>100.00%</b>		<b>Grand Total</b>	<b>76</b>	<b>100.00%</b>	
Decline	9	0.42%																					
<b>Grand Total</b>	<b>2143</b>	<b>100.00%</b>																					
Person Count				Person Count				Person Count				Person Count				Person Count							
Hispanic Origin	Total	Percent		Hispanic Origin	Total	Percent		Hispanic Origin	Total	Percent		Hispanic Origin	Total	Percent		Hispanic Origin	Total	Percent		Hispanic Origin	Total	Percent	
No	1363	63.60%		No	68	61.82%		No	565	72.72%		No	792	67.98%		No	61	58.65%		No	51	67.11%	
Unknown	51	2.38%		Unknown	6	5.45%		Unknown	17	2.19%		Unknown	63	5.41%		Unknown	3	2.88%		Unknown	6	7.89%	
Yes	540	25.20%		Yes	36	32.73%		Yes	186	23.94%		Yes	280	24.03%		Yes	35	33.65%		Yes	18	23.68%	
No Origin Entered	179	8.35%		<b>Grand Total</b>	<b>110</b>	<b>100.00%</b>		No Origin Entered	9	1.16%		No Origin Entered	30	2.58%		No Origin Entered	5	4.81%		No Origin Entered	1	1.32%	
Declined	8	0.37%						<b>Grand Total</b>	<b>777</b>	<b>100.00%</b>		<b>Grand Total</b>	<b>1165</b>	<b>100.00%</b>		<b>Grand Total</b>	<b>104</b>	<b>100.00%</b>		<b>Grand Total</b>	<b>76</b>	<b>100.00%</b>	
	2	0.10%																					
<b>Grand Total</b>	<b>2143</b>	<b>100.00%</b>																					
Person Count				Person Count				Person Count				Person Count				Person Count							
Legal Status	Total	Percent		Legal Status	Total	Percent		Legal Status	Total	Percent		Legal Status	Total	Percent		Legal Status	Total	Percent		Legal Status	Total	Percent	
Voluntary	7	0.33%		Guardianship	5	6.10%		Voluntary	65	8.37%		Voluntary	4	0.34%		No Legal Status	47	45.19%		No Legal Status	2	2.62%	
Guardianship	1	0.05%		No Legal Status	1	1.22%		Guardianship	53	6.82%		Guardianship	126	10.82%		Other	56	53.85%		Other	72	94.74%	
No Legal Status	1322	61.69%		Other	76	92.68%		No Legal Status	161	20.72%		No Legal Status	22	1.89%			1	0.96%			1	1.32%	
Other	813	37.94%		<b>Grand Total</b>	<b>82</b>	<b>100.00%</b>		Other	498	64.09%		Other	1013	86.95%		<b>Grand Total</b>	<b>104</b>	<b>100.00%</b>		<b>Grand Total</b>	<b>76</b>	<b>100.00%</b>	
<b>Grand Total</b>	<b>2143</b>	<b>100.00%</b>						<b>Grand Total</b>	<b>777</b>	<b>100.00%</b>		<b>Grand Total</b>	<b>1165</b>	<b>100.00%</b>									
Person Count				Person Count				Person Count				Person Count				Person Count							
Special Need	Total	Percent		Special Need	Total	Percent		Special Need	Total	Percent		Special Need	Total	Percent		Special Need	Total	Percent		Special Need	Total	Percent	
N	1806	84.27%		No	66	80.49%		N	377	48.52%		N	884	75.88%		N	83	79.81%		N	52	68.42%	
Y	337	15.73%		Yes	16	19.51%		Y	400	51.48%		Y	281	24.12%		Y	21	20.19%		Y	24	31.58%	
<b>Grand Total</b>	<b>2143</b>	<b>100.00%</b>		<b>Grand Total</b>	<b>82</b>	<b>100.00%</b>		<b>Grand Total</b>	<b>777</b>	<b>100.00%</b>		<b>Grand Total</b>	<b>1165</b>	<b>100.00%</b>		<b>Grand Total</b>	<b>104</b>	<b>100.00%</b>		<b>Grand Total</b>	<b>76</b>	<b>100.00%</b>	

Appendix C  
Page Two

1165 Children in Foster Care Where Siblings Are In-Home			76 Children in Foster Care Where Siblings Are in Residential			777 Children in Residential		
Removal Reason	Total	Percent	Removal Reason	Total	Percent	Removal Reason	Total	Percent
Sexual Abuse	31	2.66%	Sexual Abuse	9	11.84%	Sexual Abuse	28	3.60%
Neglect	655	56.22%	Neglect	46	60.53%	Neglect	126	16.22%
Alcohol Abuse (parent)	126	10.82%	Alcohol Abuse (parent)	9	11.84%	Alcohol Abuse (parent)	14	1.80%
Alcohol Abuse (child)	1	0.09%	Alcohol Abuse (child)	0	0.00%	Alcohol Abuse (child)	15	1.93%
Drug Abuse (child)	11	0.94%	Drug Abuse (child)	1	1.32%	Drug Abuse (child)	45	5.79%
Drug Abuse (parent)	365	31.33%	Drug Abuse (parent)	16	21.05%	Drug Abuse (parent)	29	3.73%
Inadequate Housing	121	10.39%	Inadequate Housing	6	7.89%	Inadequate Housing	27	3.47%
Childrens Behavior	106	9.10%	Childrens Behavior	14	18.42%	Childrens Behavior	520	66.92%
Incarcerated Parents	85	7.30%	Incarcerated Parents	3	3.95%	Incarcerated Parents	8	1.03%
Parent Death	25	2.15%	Parent Death	1	1.32%	Parent Death	3	0.39%
Caretakers Inability to Cope	272	23.35%	Caretakers Inability to Cope	23	30.26%	Caretakers Inability to Cope	208	26.77%
Abandonment	59	5.06%	Abandonment	6	7.89%	Abandonment	8	1.03%
Relinquishment	14	1.20%	Relinquishment	1	1.32%	Relinquishment	7	0.90%
Child Disability	18	1.55%	Child Disability	3	3.95%	Child Disability	71	9.14%
Physical Abuse	121	10.39%	Physical Abuse	13	17.11%	Physical Abuse	43	5.53%

## **APPENDIX D**

### **Existing Service Descriptions**

This list is provided as a courtesy to potential applicants as a summary of services currently funded by the Department. The successful offeror must be able to secure and fund these types of services as of January 1, 2012 and will build on this base of services to develop an improved, non-static continuum through the proposed Network of Care.

#### DIAGNOSTIC ASSESSMENT SERVICES (DAS)

DAS is designed to provide a complete assessment and set of treatment recommendations to guide the Court's disposition on a youth.

#### EVIDENCE-BASED PRACTICE AND PROMISING PRACTICES

The Department is currently working to implement expanded evidence-based and promising practices with demonstrated efficacy for children, youth and families. Some examples include Incredible Years, Parents as Teachers, Strengthening Families, Parenting with Love and Limits, Functional Family Therapy and Trauma-Focused Cognitive Behavioral, Neurosequential and Neuro-behavioral Interventions.

#### FAMILY PRESERVATION SERVICES

Staffs focus on family communication, development of parenting skills and conflict management/resolution; may include a respite component.

#### FOSTER CARE SUPPORT SERVICES

Services designed to enhance and stabilize designated DCYF non-private agency foster and kinship families. Services include professional consultation, training and support.

#### GROUP HOME PROGRAMS-CHILDREN or ADOLESCENTS

Group home programs provide placement for a maximum of eight children or youth. These programs are community-based facilities that utilize local public schools and public recreational and cultural services. The programs work to develop a greater sense of responsibility, positive relationships and more adaptive behaviors.

#### GROUP HOME – SPECIAL POPULATIONS

These programs resemble traditional group homes in their design and staffing patterns but serve a special population that requires unique service approaches, though not necessarily of greater intensity. These populations may include, but are not limited to, youth adjudicated wayward or delinquent or children/youth with developmental delays.

#### HOME-BASED CLINICAL SERVICES

Home-based clinical services are provided to children living at home or with a foster family who have been diagnosed with moderate to severe physical, developmental, behavioral or emotional conditions. These children have chronic health care needs that require more intensive health and behavioral health services than outpatient treatment but less restrictive than out-of-home care.

## **Appendix D**

### **Page Two**

#### IMMEDIATE RESPONSE FOSTER HOMES

This is a short-term out-of-home placement that lasts less than thirty days. Providers willing to take children on an emergency basis must accept placements at all times and must agree to care expectations beyond standard foster care.

#### INDEPENDENT LIVING PROGRAMS

Youth live in private apartments with unrestricted community access and receive case management services in preparation for adulthood.

#### INTENSIVE HOME BASED SERVICES

Services are provided by a master's level clinician and bachelor level behavioral assistant. Youth referred may be outside the identified population for Multi-Systemic Therapy (younger than 10 years or older than 18 years of age; see next service description), may have significant psychiatric problems, be considered seriously emotionally disturbed and have significant learning difficulties and cognitive impairments.

#### INTERIM TREATMENT RESIDENCES – CHILDREN

Interim treatment programs provide diagnostic assessment, treatment planning and short-term family and individual therapy to reunify children with their families and/or to formulate recommendations for additional services and placement alternatives.

#### MENTAL HEALTH TREATMENT PROGRAMS

These programs provide a graduated level of secure treatment for youth who are transitioning from psychiatric hospitalization, on the path to hospitalization or in need of a more restrictive treatment environment than their current placement. Services include onsite groups, individual and family counseling, medication maintenance, psychiatric evaluations and case management. Programs have a high staff to resident ratio but are not secure/locked.

#### MULTI-SYSTEMIC THERAPY (MST)

MST is a national evidence-based model. Masters degreed clinicians use proven clinical home-based interventions to promote behavior change in a youth's natural environment. Service goals aim for successful goal completion within a three to five month timeframe, without a need for formal supports post discharge. MST addresses multiple aspects of serious anti-social behavior where the youth lives, works and plays.

#### OUTREACH & TRACKING

Outreach and Tracking programs provide community-based outreach services to youth that include community tracking; recreational activities and culturally enriching experiences, as well as linkages to educational, vocational and rehabilitative services, as appropriate.

#### PARENT AIDE AND SUPPORT SERVICES

Services and programs that provide parent support and education to address specific needs of children and parents. Parent Aide Services are provided at home. Educational and other support services may be provided in the community for parents.

## **Appendix D**

### **Page Three**

#### PROJECT CONNECT

Project Connect is a promising practice that provides wraparound support to strengthen substance abuse-affected families involved with DCYF. Services include home-based assessment, counseling, case management; crisis intervention, support groups and aftercare services.

#### RESIDENTIAL TREATMENT PROGRAMS

Residential treatment programs are large (capacity more than twelve), self-contained campus settings that provide an intensive level of casework, therapy and educational programs. Populations served could include youth with serious emotional disturbance, sexual abuse reactive behavior, fire setting behavior, substance abuse or dependence or wayward/delinquent adjudication.

#### SEMI-INDEPENDENT LIVING PROGRAMS

Semi-Independent Living programs help to transition adolescents ages 16 and older. In-house supervision is provided 24 hours per day with sleep-in staff. Youth are routinely allowed unsupervised time in the community to attend school and jobs and for recreational and social activities.

#### SEMI-INDEPENDENT LIVING / TREATMENT PROGRAMS

This program type serves older adolescents who have been discharged from programs that are more restrictive and/or who have significant treatment needs that can be effectively treated in a community setting while preparing for adulthood. Services include intensive case management, training for independent living, behavior monitoring programs, individual and group therapy for youth with prior histories of sex offending, psychiatric disorders and/or involvement with the juvenile justice system.

#### SEXUAL ABUSE TREATMENT PROGRAMS

Specialized group home and/or staff secure programs for adolescent males with emotional and behavioral problems who require a structured treatment milieu. These programs are designed as an alternative to residential treatment or to meet the needs of youth who are discharged from residential treatment programs. These programs utilize special treatment approaches for sexually reactive/offender clients and intensively supervised day programs in home, school or community settings.

#### SHELTER PROGRAMS-ADOLESCENTS – 90 DAYS

Shelter programs provide immediate intake that offers a safe environment for youth in crisis.

#### SPECIALIZED AND TREATMENT FOSTER CARE

Specialized foster care provides professional support services to children, youth and foster parents. Individualized treatment is provided within a supportive and structured home environment. These programs help to promote positive relationship skills, ameliorate emotional conflicts related to attachment and development and prepare youth for transition to home, independent living or other age and developmentally appropriate settings.

## **Appendix D**

### **Page Four**

#### STAFF SECURE/TREATMENT PROGRAMS – ADOLESCENTS

Staff secure treatment programs provide a residence for a maximum of eight adolescents, ages twelve through seventeen. These community-based residential programs provide a certified in-house educational program and prepare youth to enter public schools or alternative educational programs. The staff-secure programs provide a behavior management system and a treatment program that includes individual, group and family therapy, milieu therapy and recreational, vocational and community service opportunities.

#### VISITATION PROGRAMS/RESOURCE CENTERS

Visitation programs and Visitation Centers provide coaching and visitation for families and youth. Programs provide visitation monitoring and foster improved relationship and parenting skills in the context of a home type environment. Services are developed based on an individualized family assessment and family developmental perspective that is trauma-informed and evidence-based/driven. These programs may include transportation, resource identification and development.

## APPENDIX E

### Definitions

Child and Family Service Review (CFSR) - A review conducted by the Children's Bureau to: (1) ensure conformity with Federal child welfare requirements; (2) determine what is actually happening to children and families as they are engaged in child welfare services; and (3) assist states to enhance their capacity to help children and families achieve positive outcomes.

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

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.

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

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

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

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

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

## **Appendix E**

### **Page Two**

Safety interventions are responsive to the immediate and imminent danger of harm to the child and are not expected to impact identified risks of future harm.

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

Statewide Automated Child Welfare Information Systems (SACWIS) - A comprehensive automated case management tool that meets the needs of all staff (including social workers and their supervisors, whether employed by the State, county, or contracted private providers). Staff must enter all case management information into SACWIS so it holds a complete, current, accurate, and unified case management history on all children and families served by the Department.

## APPENDIX F

Logic Model Depicting Outcomes, Deliverables, Activities, and Resources in the System of Care				
Resources (Inputs)	Activities	Deliverables (Outputs)	Outcomes	Data Sources
Community agencies and providers	System and program planning	Description of service system, including critical evidence-based elements	<p><b>Short-term (3 months), Intermediate- term (6 months), &amp; Long-term (12 months or more)</b></p> <p><b><u>Child/Family Level Outcomes</u></b></p> <p>1. <b>Outcome:</b> Reduce re-maltreatment. <b>Indicator:</b> Consistent with the CFSR and the National Standards, reduce the percentage of children/youth with indicated maltreatment who have a second indicated report within 6 months (CFSR, national standard).</p> <p>2. <b>Outcome:</b> Increase child and family strengths and functioning. <b>Indicator:</b> Establish baseline for child and family strengths and functioning and increase in child and family strengths and functioning from baseline.</p> <p>3. <b>Outcome:</b> Increase satisfaction with family-driven services. <b>Indicator:</b> Establish baseline for satisfaction with family-driven services and increase in satisfaction with family-driven services from baseline (e.g., WIFI measure).</p> <p><b><u>Child/Family System-Level Outcomes</u></b></p> <p>1. <b>Outcome:</b> Complete a timely and comprehensive assessment for SOC services. <b>Indicator:</b> a) Child and family assessments are completed within a determined number of days of referral</p>	<p><b><u>Child/Family Level Outcomes</u></b></p> <p>1. <b>Outcome:</b> Reduce re-maltreatment.</p> <ul style="list-style-type: none"> <li>• RICHIST</li> <li>• Baseline and target calculated</li> </ul> <p>2. <b>Outcome:</b> Increase child and family strengths and functioning.</p> <ul style="list-style-type: none"> <li>• SOC Outcomes Assessment (Baseline, repeated)</li> <li>• RICHIST</li> <li>• Baseline and target calculated</li> </ul> <p>3. <b>Outcome:</b> Increase satisfaction with family-driven services.</p> <ul style="list-style-type: none"> <li>• SOC Outcomes Assessment (Baseline, repeated)</li> <li>• Baseline and target calculated</li> </ul> <p><b><u>Child/Family System-Level Outcomes</u></b></p> <p>1. <b>Outcome:</b> Complete a timely and comprehensive assessment for SOC services.</p> <ul style="list-style-type: none"> <li>• SOC Outcomes Assessment (Baseline)</li> <li>• RICHIST</li> <li>• Baseline and target(s) calculated</li> </ul>
Regional workgroup	Establishment of new policies to provide basis for SOC restructuring	Concept paper that describes SOC restructuring		
Provider Workgroup Meetings	Training of service providers in SOC restructuring procedures, practices, and policies	RFP for the SOC restructuring		
Family and Community Advisory boards (FCAB)	Implementation of revised and new procedures, practices, and policies for the SOC	Finalize SOC restructuring Plan		
SOC Network	QA monitoring and program evaluation	Development of continuum of care from front end of services to residential services to aftercare services (includes FSCC and Networks)		
QA Advisory Committee		Ongoing implementation of the SOC		
DCYF Management Work group		Establishment of QA/evaluation protocols and procedures to monitor child and family outcomes,		
Data Analytic Center				

## APPENDIX F

Logic Model Depicting Outcomes, Deliverables, Activities, and Resources in the System of Care				
Resources (Inputs)	Activities	Deliverables (Outputs)	Outcomes	Data Sources
		and program service system performance	<p>for services as defined by clinical standards for emergency and non-emergency cases. b) Maintain system-wide benchmarks of timeliness of SOC assessments.</p> <p>2. <u>Outcome:</u> Initiate referred services in a prompt and professional manner. <u>Indicator:</u> a) Children and/or family members will receive services within a determined number of days of being referred as defined by clinical standards for emergency and non-emergency cases. b) Maintain system-wide benchmarks of timeliness of SOC service receipt after referral.</p> <p>3. <u>Outcome:</u> Provide culturally competent services. <u>Indicator:</u> a) Staff provides services in the primary language of the child/family member. b) Staff reflects the cultural background of the child/family. c) Establish baseline with WIFI and youth/families will report on culturally competent services.</p> <p>4. <u>Outcome:</u> Reduce barrier to service. <u>Indicator:</u> Demonstrate reduction in barriers to service receipt over time.</p> <p>5. <u>Outcome:</u> Maximize efficiency of blended funding streams to support services. <u>Indicator:</u> Sustain targeted balance of blended funding to provide services.</p>	<p>2. <u>Outcome:</u> Initiate referred services in a prompt and professional manner.</p> <ul style="list-style-type: none"> <li>• SOC Assessment Measure/Administrative</li> <li>• RICHIST</li> <li>• Baseline and targets calculated</li> </ul> <p>3. <u>Outcome:</u> Provide culturally competent services.</p> <ul style="list-style-type: none"> <li>• SOC Outcomes Assessment (Baseline)</li> <li>• RICHIST</li> <li>• Baseline and targets calculated</li> </ul> <p>4. <u>Outcome:</u> Reduce barrier to service.</p> <ul style="list-style-type: none"> <li>• SOC Assessment Measure/Administrative</li> <li>• RICHIST</li> <li>• Baseline and targets calculated</li> </ul> <p>5. <u>Outcome:</u> Maximize efficiency of blended funding streams to support services.</p> <ul style="list-style-type: none"> <li>• SOC Assessment Measure/Administrative</li> <li>• RICHIST</li> </ul>

## APPENDIX F

Logic Model Depicting Outcomes, Deliverables, Activities, and Resources in the System of Care				
Resources (Inputs)	Activities	Deliverables (Outputs)	Outcomes	Data Sources
			<p>6. <u>Outcome</u>: Increase family-driven services. <u>Indicator</u>: a) Youth and families demonstrate evidence of direct participation in their treatment plan. <u>Indicator</u>: Cross reference with Child/Family Level Outcome #3</p> <p>7. <u>Outcome</u>: Increase the percentage of children who remain safely in their homes receiving community-based services despite their risk for out-of-home placement/removal (e.g., foster care placement, psychiatric hospitalization and residential treatment). <u>Indicator</u>: Increased percentage of children/youth who are able to remain safely in their home receiving community-based services (e.g., children/youth - child welfare, behavioral health, juvenile justice - maltreatment, behavioral health)</p> <p>8. <u>Outcome</u>: Increase the percentage of children who will move in a positive direction toward less restricted setting during out-of-home placement episodes. <u>Indicator</u>: The percentage of children previously removed or in out-of-home placement who remain in their community will increase.</p> <p>9. <u>Outcome</u>: Reduce child placement transitions. <u>Indicators</u>: a) Reduced re-entry into residential placement b). Reduced re-entry into hospitalization within 12</p>	<ul style="list-style-type: none"> <li>• Baseline and targets calculated</li> </ul> <p>6. <u>Outcome</u>: Increase family-driven services.</p> <ul style="list-style-type: none"> <li>• SOC Outcomes Assessment (Baseline, repeated)</li> <li>• RICHIST</li> <li>• Baseline and targets calculated</li> </ul> <p>7. <u>Outcome</u>: Increase the percentage of children who remain safely in their homes receiving community-based services despite their risk for out-of-home placement/removal (e.g., foster care placement, psychiatric hospitalization and residential treatment).</p> <ul style="list-style-type: none"> <li>• RICHIST</li> <li>• Baseline and targets calculated</li> </ul> <p>8. <u>Outcome</u>: Increase the percentage of children who will move in a positive direction toward less restricted setting during out-of-home placement episodes.</p> <ul style="list-style-type: none"> <li>• RICHIST</li> <li>• Baseline and targets calculated</li> </ul> <p>9. <u>Outcome</u>: Reduce child placement transitions. <u>Indicators</u>:</p> <ul style="list-style-type: none"> <li>• RICHIST</li> <li>• Other DCYF Records (e.g., FSU)</li> </ul>

## APPENDIX F

Logic Model Depicting Outcomes, Deliverables, Activities, and Resources in the System of Care				
Resources (Inputs)	Activities	Deliverables (Outputs)	Outcomes	Data Sources
			<p>months</p> <p>c). Reduced re-entry into DCYF care within 12 months of family reunification</p> <p>d). Consistent with the CFSR, reduced percentage of children/youth who experience 2 or more placements in a 12-month period (note: placement change not in the best interest of child or not to a less restrictive setting).</p> <p>e). Increased percentage of families diverted from entering FSU within a 12-month period.</p> <p>10. <u>Outcome</u>: Increase family reunification (e.g., reunification with family from foster care placement, behavioral health placement, residential placement, hospitalization). <u>Indicators</u>: a) Consistent with the CFSR and the National Standards, the percentage of families reunified within 12 months of entry into care will increase b) The percentage of families receiving post reunification services will increase</p> <p>11. <u>Outcome</u>: Reduce the length of time for children to achieve permanency. <u>Indicator</u>: The median length of time for children to achieve permanency will decrease each year over the first 3-5 years of the SOC restructuring.</p> <p>12. <u>Outcome</u>: Increase the percent of community-based child wellbeing system collaborative networks and leadership. <u>Indicator</u>: Establish baseline, an increase in the percentage of community-based child wellbeing system</p>	<ul style="list-style-type: none"> <li>• Baseline and targets calculated</li> </ul> <p>10. <u>Outcome</u>: Increase family reunification (e.g., reunification with family from foster care placement, behavioral health placement, residential placement and hospitalization).</p> <ul style="list-style-type: none"> <li>• RICHIST</li> <li>• Other DCYF Records (e.g., post-reunification service)</li> <li>• Baseline and targets calculated</li> </ul> <p>11. <u>Outcome</u>: Reduce the length of time for children to achieve permanency.</p> <ul style="list-style-type: none"> <li>• RICHIST</li> <li>• Baseline and targets calculated</li> </ul> <p>12. <u>Outcome</u>: Increase the percent of community-based child wellbeing system collaborative networks and leadership.</p> <ul style="list-style-type: none"> <li>• SOC Assessment</li> <li>• Measure/Administrative</li> <li>• RICHIST</li> </ul>

## APPENDIX F

Logic Model Depicting Outcomes, Deliverables, Activities, and Resources in the System of Care				
Resources (Inputs)	Activities	Deliverables (Outputs)	Outcomes	Data Sources
			collaborative networks and leadership	<ul style="list-style-type: none"> <li>• Baseline and targets calculated</li> </ul>
<p><b>Administrative, Functional Assessment and Satisfaction Data Collected</b></p> <p>Date of referral to service, service types referred, service description, start date of each type of service referred, list of the services received, length of time to services received, high fidelity service assessment, child and family functional assessments (e.g., M-CGAS, North Carolina Family Assessment, Ohio Scales), and satisfaction with services (e.g., Wraparound Fidelity Index).</p>				
<p><b>Note 1:</b> In some instances, an indicator refers to out-of-home placement services that are part of an overall system of care and transition coordination. These services will be tracked as part of this overall comprehensive system of care restructuring.</p> <p><b>Note 2:</b> Each indicator will have percentage benchmarks established with RFP recipients. If a target for the indicator is attained, the benchmark will/may shift to improving upon or sustaining the indicator as appropriate.</p>				

## **APPENDIX G**

### **Flex Fund Guidelines**

Flex funds are used to support and supplement goods and services that are outside of those services established or mandated by the Department or Family Court and for which other reimbursement is not available. The two main purposes for the use of flex funds are (1) emergency/basic needs or (2) non-reimbursable services and supports that are identified as necessary in the Family Wrap Plan.

#### **Emergency and basic needs include:**

- Documented rental deposits and/or the first month's rent or a single month's rent to avoid eviction
- Food or personal care items for the household. Neither alcoholic beverages nor tobacco products may be purchased with flex funds
- Medication necessary to maintain physical or psychiatric needs
- Emergency medical/dental expenses
- Durable goods such as furniture and appliances
- Home maintenance and repairs including, but not limited to, plumbing, painting, repair of broken windows or doors, screen and door locks and insect fumigation
- Suitable clothing and shoes for family members
- Transportation costs necessary for medical and/or counseling appointments, including car repairs necessary to assure adequate medical and/or behavioral health care

#### **Service not covered or available by other funding may include:**

- Tutoring and mentoring
- Evaluations, group, family and individual counseling provided by non-Department approved providers and for which RIte Care or other payment is not available
- Job placement
- Therapeutic or recreational services
- Educational or vocational advocacy
- Family recreation (e.g., trips to the zoo, state fair)
- Expenses necessary to assist in normalizing a child's life (e.g., karate, music, dance lessons, equipment and uniforms needed in organized sports, club membership)

The Network Lead will be responsible for developing a process for utilizing flex funds that includes the reason for the request, how the funding is linked to goals and interventions within the Family Wrap Plan, documentation of reasonable efforts to secure other resources to meet the needs, and proof of payment documentation such as receipts. The Network Lead is strongly encouraged to implement an oversight process to review flex fund expenditures on a regular basis.

**APPENDIX H**  
**Statement of Assurances**

The offeror assures that the following requirements and conditions are non-negotiable requirements for the contracts issued pursuant to this Request for Proposals. No application will be considered unless this document is attached to the application. This document must be signed by the Executive Director, Chief Executive Officer or Chief Operating Officer of the offeror and must be notarized. No exceptions will be made and no modifications or limitations of any sort in the text of the offeror's response will be accepted.

The offeror will accept every referral made by the Department without exception.

The offeror will not at any time or in any manner whatsoever reject any child, youth or family referred by the Department.

The offeror will know at all times where each child and youth is placed and keep the Department apprised of his/her whereabouts.

The offeror will seek the Department's approval before effectuating any change in placement, except in emergency situations, and in all circumstances will comply with the orders of the RI Family Court.

The offeror will manage required services within the available funding provided by the Department, which represents the maximum amount of funds available.

The offeror acknowledges and accepts the obligation to seek and secure all other funding and entitlements for which each child, youth and family may be eligible (outside of resources provided by the Department through this Request for Proposals).

The offeror will comply with all federal, state and local statutes and regulations.

\_\_\_\_\_  
E.D. /C.E.O. /C.O.O.

\_\_\_\_\_  
Network Lead

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notarized by

\_\_\_\_\_  
Date