

# **RHODE ISLAND'S INTEGRATED FAMILY AND COMMUNITY SYSTEM OF CARE**

## ***Summary and Status of the Plan***

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for the Children, Families, Health, and Human Services Interim Committee  
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The Rhode Island Department of Children, Youth and Families (DCYF) recently embarked on a reorganization of services in an effort to provide a more comprehensive and family-centered system of community-based services to children and families at risk. The changes stem from a process that began earlier this year, when the agency received a system of care grant from the Substance Abuse and Mental Health Services Administration and decided it wanted to reorganize its current system of care to reach more children at the community level, before they were in need of high-end, institutional services. The changes will consolidate services provided by six different programs, to provide more integrated and timely services to children at risk of abuse and neglect and a wider range of community services to families whose children suffer from serious emotional disturbance. These target populations often require services from more than one program, and their needs tend to change over time as the child or family moves from one level of service to another.

The new model also envisions making the family more responsible for purchasing the necessary support and service interventions, using a pre-determined budget for the services. This change is designed to allow families to more quickly obtain the type of care they feel is necessary at a given point in the child's or family's life.

### Goals of the New System

In moving to the new Integrated Family and Community System of Care, Rhode Island is attempting to develop better "wraparound" services for children and families. In this model, services and support are "wrapped" around each child and family based on their unique needs and may be adjusted as the child's or family's situation changes. The system's goals include:

- child safety;
- family permanency;
- timely access to individualized and responsive services;
- integrated services provided in a community setting;
- a seamless service continuum;
- enhanced parent peer support;
- family self-sufficiency; and
- reduced recidivism or reduced recurrence of maltreatment.

### Model Design

The design of the revamped system is based on three key elements:

- Family Care Coordinating Partnerships, which will have the primary responsibility for coordinating integrated care for the children and families in the system. These partnerships will manage Care Planning Teams that work with families to set goals, identify needed services, support development of comprehensive services and a diverse network of providers, and assist in managing the family service and support budgets. The partnerships also will manage the accounting of the so-called "Flexible Fund" dollars allocated to families to purchase the services they and their Care Planning Team feel would be most beneficial at a given point in time.

- A Data Agency, which will produce reports to help families and other entities in the system of care manage resources, in part by serving as a clearinghouse for information on available services. In addition, the agency will credential service providers and coordinate training assistance. This entity, not yet developed, will be a state agency, but a contractor is likely to provide analysis of the data.
- Family and Community Advisory Boards, which will provide input for all of the system of care services. The boards will be instituted system-wide, building on the local coordinating councils that currently assist with planning in the program serving youth with serious emotional disturbance.

These changes seek to address limitations that the DCYF felt existed in its programs for at-risk children and families, by offering:

- family intervention and stabilization efforts that are more specifically tailored to each family's needs;
- better access to services such as parent aides, outreach and tracking, and substance abuse services; and
- better coordination and integration among the agency's behavioral health programs and programs for abused and neglected children.

A Family Service Coordinator will work with each family to help identify appropriate services and providers, ensure continued participation in planned program activities, support the family in obtaining necessary services, and help manage the Flexible Funds allocated to the family.

#### What It Will Take to Get There

The DCYF has issued a request for proposals and expects to award one or more contracts for the Family Care Coordinating Partnerships before the end of 2007. It will phase the changes in over the next two to three years, starting with services for children at risk of being removed from their homes, children with serious emotional disturbance, and adolescents who have been involved with or at risk for being involved with the court system.

The department undertook the reorganization on its own initiative, in an effort to better serve the state's children, youth, and families. Because the department handles the funds for all of the programs involved, it had the authority to revise its programs and coordinate the funding streams.

The new model will be funded in part by expanding Medicaid funding to cover some services and in part by "braiding," or coordinating, funding streams now spent on separate programs and services. The proposed system is bringing together both the elements of and funding for six programs that currently provide services to children facing abuse or neglect or who are in foster care; early intervention services for at-risk children from birth to age 3; and a range of services for children with serious emotional disturbance, including those who have been incarcerated and are returning to the community.