INTEGRATED FAMILY CARE AND SUPPORT (IFCS) SUMMARY THROUGH BEACON HEALTH OPTIONS

Service Description

IFCS engages families and connects them to concrete, traditional and non-traditional resources and services in their community, utilizing components of a Wraparound Family Team Model approach.

Contract Capacity

Each Family Care and Support Coordinator (FCSC) will serve a minimum of 20, to a maximum of 30 families at any given time and annually, each FCSC will serve a range of 30 - 60 families.

Length of Service

The length of service provided is 6-9 months based on the family's level of need and willingness to engage in services. The length of service can be extended as needed.

Target Population

Families of children and youth (birth through 18) based on the following eligibility criteria:

- a. Current investigation with an unsubstantiated finding;
- b. Families may have prior substantiated history;
- c. Family presents with needs and <u>requires family care coordination of services</u> to address their needs;
- d. Family is willing to engage in services;
- e. <u>Based on the family's level of need and risk factors, they would be transferred to DCF ongoing services if this program was not available;</u>
- f. SDM Safety Assessment indicates children are safe.
- g. All Structured Decision Making (SDM) Risk Assessment levels are accepted; or
- h. A Family Arrangement is in effect with no SDM Safety Factors present with AO Director approval.

This program <u>shall not accept</u> referrals from any source other than DCF. The family is **ineligible** for the program under the following conditions:

- a. Active Family Assessment Response (FAR);
- b. <u>Neglect Petitions are being recommended</u> or have been filed with Superior Court, Juvenile Matters on behalf of the children;
- c. Children determined to be Conditionally Safe or children who have been removed from the home;
- d. Family refuses to engage in the program;
- e. DCF has had no contact with the family and has been unable to investigate the allegations;
- f. A Family Arrangement is in effect and an SDM Safety Factor is present.

Referral Process

If the family meets eligibility criteria and referral is approved by the SWS, the SW will complete the Universal Referral Form, inclusive of the summary of the investigation and send it electronically to the IFSC Liaison, accompanied by a Release of Information. Once the Universal Referral Form is reviewed and approved by the Liaison, it will be sent to the Contractor. The Contractor has established a unique email address for IFCS referrals: CTIFCSREFERRALS@beaconhealthoptions.com. Referrals can be initiated prior to DCF case disposition. If the family is initially reluctant to participate in the program, the Contractor will conduct a joint visit with the DCF worker and the family to engage them in the program. The Contractor will assign staff within two (2) business days. If at capacity, IFCS will notify the assigned SW of the delay and anticipated timeframe when able to respond to the referral. The Contractor will work with the family to develop an interim support plan. Monthly census reports (aggregated data) will be provided.

INTEGRATED FAMILY CARE AND SUPPORT (IFCS) SUMMARY THROUGH BEACON HEALTH OPTIONS

Subsequent Reports following Transition

If a subsequent report is received following the transition and the program is actively working with the family, communication must occur between the Department, IFCS program staff and the family. IFCS will remain involved with the family throughout the duration of the intake. The outcome of the intake will determine whether the family will continue receiving IFCS. If the Department decides to substantiate the allegations and/or file Neglect Petitions in Juvenile Court, IFCS will transition the family back to the Department and IFCS will close their case.

Direct Service Staff

Family Care and Support Coordinator

The Family Care and Support Coordinator will assume the following responsibilities:

- Maintain direct contact with the family;
- Assemble and coordinate family team meetings;
- Develop and complete the family's Plan of Care;
- Administer the array of necessary assessments and/or surveys; and
- Connect families to needed resources and services in the community.

Family Peer Specialist

The Family Peer Specialist will advocate, mentor, engage, empower and support families to take the lead in their own Plan of Care and help connect families to needed resources within their own community.

Service Delivery

<u>Transition Meeting</u> - To ensure a smooth transition to the program and prior to DCF closing its case, IFCS will facilitate a Transition Meeting with the family, their supports and the current DCF Social Worker or Supervisor to exchange information, review the investigation summary, the activities/services underway, and areas in which the family needs further assistance and support. If neither DCF staff are available, another DCF staff person can attend only if they have worked with the family during the most recent investigation. If DCF staff cannot participate in a Transition Meeting within 2 weeks of the referral, IFCS will meet with the family independently. <u>The DCF case will remain open until the Transition Meeting occurs</u>. Efforts will be made to schedule a Transition Meeting within 5 business days of the initial contact with the family by IFCS.

Frequency of Contact

IFCS will have weekly face-to-face contact with the family for the first 5 weeks of the intervention to promote engagement. Following that period, IFCS will meet with the family every other week and phone contact in between to ensure there is weekly contact with the family. The intensity and frequency of contact (face-to-face and telephone) will also be determined by the family's Plan of Care, based on individual/family specific need.

Family Team Meeting

IFCS will assist the family with assembling, coordinating and facilitating family team meetings.

During such meetings, core strategies will be developed by the family and their supports to address family needs and provide assistance and support. The team will consist of informal/natural and formal supports that can provide assistance and support to the family on an ongoing basis or in times of need.

The Family Team should meet as frequently as needed. At a minimum, the family will have at least one (1) Family Team Meeting with a Plan of Care Review every 2 months. Subsequent Family Team Meetings will occur based on the individual needs of the family.

Plan of Care

An initial Plan of Care will be developed within 45 days from the Episode Start Date. The Plan of Care is established following a comprehensive assessment of the family's strengths, resources, supports and needs as identified by the family and their support network, and is reviewed every 2 months in the context of a Family Team Meeting or a Plan of Care Review.

INTEGRATED FAMILY CARE AND SUPPORT (IFCS) SUMMARY THROUGH BEACON HEALTH OPTIONS

Assessment

The following tools will be utilized:

- The North Carolina Family Assessment Scale for General Services (NCFAS-G) to help identify the strengths and needs of the family to inform service delivery. The initial NCFAS-G will be completed by the Contractor within 30 days of initiating services and is updated prior to case closing,
- The Family Satisfaction Survey will be administered prior to discharge to gather the family's feedback about the program.

Wraparound Funds

Wraparound funding will be available to help support the concrete and basic needs of families and must be connected to the Family's Plan of Care.

Collaboration with DCF

The Contractor will participate minimally in quarterly meetings with DCF staff at the regional and central office level to review program data, discuss emerging issues, barriers to services, and implementation issues.

Case Closure

The case closing determination will be based upon the family's preference and progress with the steps identified in their Plan of Care and their connections in the community.

Data and Outcome Reporting

Discharge summaries documenting IFCS' work with the family are required for all families who engaged with IFCS. Administrative and client level data will be maintained.

Outcome Measures include:

- a. 80% of accepted families develop a Plan of Care within 45 days of episode start date
- b. 80% of families who were engaged and discharged are satisfied with the IFCS program as evidenced by a Family Satisfaction Survey; and
- c. 85% of families who were engaged and discharged for any reason will not have a subsequent substantiated report within 6-months of their discharge from the IFCS program.

Performance Measures have also been established for the program.