ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

Demonstration
AR SOC Wraparound Funds

APPLICATION DEVELOPMENT GUIDELINES

REQUEST FOR APPLICATION (RFA)

October 6, 2009

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SECTION ONE

1. Background Information

The Arkansas System of Care is based on the Sheila Pires's concept presented in the *Building Systems of Care*: *A Primer* of the Human Service Collaborative of 2002. This is an organizational philosophy and framework that "incorporates a broad array of services and supports organized into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, and builds meaningful partnerships with families and youth at service delivery and policy level." Its purpose is to achieve appropriate outcomes by improving access and expanding the array of coordinated community-based, culturally and linguistically competent services and supports for children and youth with serious emotional disturbance and their families.

In 2007, Arkansas Act 1593 established the System of Care principles for behavioral health care services for children and youth as the "Public Policy of the State," and in 2009, the Arkansas Legislature provided funding for DBHS to develop local flexible wraparound supports for children, youth and their families.

2. The Purpose Of This Request for Application (RFA) Is As Follows:

The AR Department of Human Services (DHS) System of Care (SOC) will provide funding for the demonstration of the effectiveness of AR System of Care (AR SOC) flexible wraparound monies and one-time funds to facilitate the development of local systems of care. Wraparound monies and the one-time funds will be distributed through the three designated existing Division of Behavioral Health Services (DBHS) mental health service areas. (See Section One – Number 11.)

A local part-time Community Care Director (CCD) position is to be funded at a one-time level of $25,000 for each service area. The CCD will assist each local SOC with day-to-day operations, help develop a governance structure to addresses local needs, build services and supports that are strength-based, and reflect the values of the community**.** The AR SOC governance structure is a Care Coordinating Council (CCC).

Wraparound funding will be distributed per each designated geographical area. Distribution is calculated per county on a per capita poverty level and totaled for the area (See: Funding Distribution Chart, Section 1 Number 11, and Page 10). All wraparound services provided will be in accordance with established DHS DBHS guidelines. Applicant entities on behalf of each regional CCC will receive seven (7) even distributions of the designated annual regional funding in monthly allocations. This scheduled payment distribution is based on a start date of December 18, 2009 through June 30, 2010 (State Fiscal Year 2010). This process will allow each CCC the financial resources to support services and supports in their local community. Each will be required to provide complete backup accounting and documentation assuring adherence to all DHS funding policies and procedures for each month.

3. Population of Focus:

The population of focus for the wraparound funds in this RFA are families/caregivers with children/youth, who are at high-risk of out-of-home placement, removal from their school or early childhood education program. This population may have families in crisis; however, the wraparound funds are not targeted solely for crisis management but are available to provide services and supports to prevent family crises. These can include regularly scheduled respite, mentoring, or other services that occur on a regular and planned basis. Services and supports provided must be identified by the family-driven wraparound teams and deemed necessary to keep the child/youth in their home, community and educational setting and improve quality of life and functioning. The identified group of children and/or youth must have needs in at least one of the following categories:

A. At highest risk of placement outside the family and community. This may include families with children and youth who:

- Have an involvement in the child welfare system through DCFS protective services or foster care;
- Have a history of repeated and long-term admissions into bed-based care (e.g., inpatient psychiatric care, detention center, juvenile facilities);
- Require admission to bed-based care and are less than eight years of age;
- Experience frequent suspensions/expulsions from school, including early childhood education/daycare programs;
- Involvement in the juvenile justice system; and/or,
- Experience multiple moves between schools due to home disruptions or behavioral challenges.

B. Have persistent challenges and/or disruptions with at least two of the following systems:

- Behavioral health (mental health and/or substance abuse);
- Children and Family Services;
- Education; and/or,
- Division of Youth Services or other legal juvenile services.

C. Experience co-occurring (Substance Abuse/Mental Health) **or dual-diagnosis** (Mental Health/Developmental Disabilities).

D. Have been assessed and diagnosed with a mental, behavioral or emotional disorder of a long-term nature ("serious emotional disturbance"). This includes children and youth who may experience:

- Functional impairment, which substantially interferes with or limits the child's or youth's role or functioning in family, school, or community activities;
- Persistent challenges despite repeated attempts to address them; and,
- Services from multiple community agencies without adequate improvement in level of functioning.

4. <u>Eligible Applicants:</u>

Applicants to the Request for Application (RFA) for wraparound funds may include:

- Community Action Agencies;
- Community Coalitions with a fiduciary agent;
- Coordinated School Health programs;
- Regional Children and Adolescent Service System Program (CASSP) teams;
- Rehabilitation Services for Persons with Mental Illness (RSPMI) private and public providers; and,
- Organizations with strong community ties.

The successful applicant for the RFA wraparound funds agrees to become the host entity for a Care Coordinating Council (CCC) for their DBHS mental health service area, hire a part-time CCD, provide fiduciary management and accountability, and attend AR DHS SOC Wraparound Demonstration training.

The applicant to the RFA should have the support and commitment from child and youth serving agencies (both public and private) as well as stakeholders (including families and youth) that will comprise the Care Coordinating Council.

The CCC, CCD and representatives of entities who will access wraparound funds for children, youth and their families will need to commit to AR DHS SOC training (see Section 1, Number 6, Training and Technical Assistance).

5. **Requirements of Applicants:**

To be eligible to receive this funding the entity making application, on behalf of a Care Coordinating Council, must meet the following requirements:

- Be a private or public RSPMI provider, community coalition, public school with a coordinated school health program, or other community based public and/or private non-profit 501-(C) (3) service agency;
- Demonstrate the capability to implement the project identified in the sub-grant program guidelines;
- Have experience in managing and providing services and supports with the designated target populations. A description of current or past performance in providing services and supports similar to those required by this RFA shall be addressed within the organizational capability statement;
- Document a history of providing services and supports in a culturally competent and respectful manner. This includes recognition of familial, ethnic, linguistic and disabilities diversity. Respondents must have in place plans to address the need for interpreters and materials for non-English speakers or those needing American Sign Language services in their community;
- Agree to the provisions contained in the DHS DBHS Rules of Practice and Procedures; and,
- Hire, supervise and maintain the Community Care Director position for a minimum of 20 hours per week.

6. **Responsibilities of a Community Care Director (CCD)**

The CCD will:

- Devote a minimum of 20 hours weekly to the Demonstration project;
- Convene and coordinate the CCC;
- Oversee the development and implementation of a local SOC plan, which includes goals and outcomes for advancing the local SOC;
- Facilitate to the extent possible, the development of a localized array of services and supports, including wraparound teams;
- Coordinate with local DHS Divisions and other local stakeholder leaders (i.e. Hometown Health, Coordinated School Health and any other groups with vital community roots);
- Coordinate with AR DHS SOC to assure that local communities receive technical assistance and wraparound trainings;
- Champion system of care philosophy, development, and sustainability in the local community:
- Work with local and state family networks, which may include but are not limited to, Coordinated School Health (CSH) programs, local and state coalitions, task forces, Family Youth Assistance Network (FYAN), regional Child and Adolescent Service System Program (CASSP) teams and the state CASSP Council;
- Coordinate wraparound funds with the local Community Mental Health Center who is the fiduciary agent of the Social Services Block Grant (SSBG), and,
- Assist in providing oversight for wraparound fund distribution and outcomes.

This position will require a 20% in-kind match of the part-time CCD salary from the local community. Approved in-kind match includes, but is not limited to, travel, office space, telephone lines and office supplies. This position requires a staff familiar with the "cultural landscape" of local communities and is committed to improving outcomes for children, youth and their families. It is not necessary that this person be a behavioral health provider.

7. Trainings and Technical Assistance

Entities on behalf of their local communities must assure that CCDs and representatives from the CCCs and provider agencies participate in AR DHS SOC training. These trainings and technical assistance opportunities will include, but are not limited to:

- ***Demonstration of AR SOC Wraparound Funds Training***. 1) CCDs will be required to attend a day of SOC training in Little Rock that will include resource mapping. The CCDs will work with the CCC to complete the resource mapping in the local community. Supervisors are encouraged to attend. This training date is scheduled for December 10, 2009. Costs associated with attendance can be used to meet the required in-kind match. 2) A second day of Little Rock based training will be held on December 11, 2009 and will need to be attended by the CCD, their supervisor and a minimum of 4 participants from the CCC. This training will include the DHS DBHS Manual of Service and Supports and the DHS DBHS Operational Guidelines, the wraparound process, and outcomes. Participants in the wraparound training will be required to partner with providers in the local community to support the wraparound process for at least one child or youth. Attendance is necessary for a CCC to begin accessing wraparound funds.
- ***AR SOC Wraparound Training***. Two-day in-depth AR SOC Wraparound training on the will be required in late 2009 and the first half of 2010. This training will take place in a regional Academy format for each DBHS mental health service area. It will be required of all CCDs and representatives of the RSPMI provider agencies who continue to access wraparound funds on behalf of the children, youth and families that they serve. Participants who have previously attended the *AR SOC Wraparound Funds Training* will help facilitate the Academies in the local community in order to ensure that training is customized to reflect the local communities. The Academies are a joint effort of the Family Youth Assistance Network and AR DHS supported by a Person-Centered-Planning grant from the Centers for Medicare and Medicaid Service (CMS).

  The wraparound training will be standardized with fidelity toward the wraparound process established by the National Wraparound Initiative. It is available at http://www.rtc.pdx.edu/nwi/ .
- ***Technical Assistance Meetings***. Care Coordinating Directors will meet monthly in statewide and regional meetings to discuss successes and barriers in CCC functioning and services and supports development. Teleconferencing and conference calls may be used.
- ***Training of Trainers***. CCDs and key stakeholder representatives, including RSPMI providers, will receive AR SOC Wraparound Training of Trainers to ensure the appropriate continuation and expansion of AR SOC Wraparound. Training by the trainers will follow the standardized training with fidelity toward the National Wraparound Initiative.
- ***Ongoing Training and Technical Assistance.*** DBHS SOC staff, including AR State Wraparound Technical Specialists, will be available via telephone, E-mail, teleconferences and site visits.
- ***Capacity Building.*** CCDs and other CCC representatives will be encouraged to participate in existing or newly developed coalitions, Coordinated School Health teams, task forces, councils or other collaborative regional efforts in order to build SOC regional capacity.

8. Definition of Care Coordinating Councils (CCC)

Care Coordinating Councils (CCC) are required to establish local AR SOC governance and administration that facilitates SOC development, ensures the appropriateness of services and supports, and provides accountability of a local fiduciary agent for the wraparound funds allocated to their geographic area. Each CCC is to be established

regionally and encompass the existing DHS DBHS mental health service areas. (See: Funding Distribution Chart, Section 1 Number 11)

CCCs must ensure that the designated wraparound funds will be available to provide supports for area children, youth and families. Applicants will ensure that wraparound funds are accessed for children, youth and their families through DHS SOC wraparound guidelines. The applicant will assure the tracking of the essential outcomes and their usage in the decision making process for the local System of Care.

It is not necessary for a community to develop an entirely new entity in order to serve as a CCC. CCCs may be developed from within existing stakeholder groups such as task forces, coalitions, Child and Adolescent Service System Program (CASSP) teams, Coordinated School Health or other local collaborations that provide a historical foundation and support sustainable capacity. It is a commitment to developing local systems, services and supports for children/ youth receiving behavioral health services and their families, which is the critical component.

A CCC may also be a subcommittee of an already existing broader community coalition. The expectation is that communities who have already begun the work of developing local Systems of Care will continue to build on those efforts. If a CCC is connected to existing efforts, the relationship must be:

a) Clearly presented in the application;
b) Supported by its Chair or Director and reflected by minutes as an approved action by its existing governing committee; and,
c) Documented in a brief collaboration history.

CCCs must recruit the following members:

- Youth and family members;
- School representative(s);
- Early childhood education representative;
- Non-profit and/or faith-based organization(s);
- Community Mental Health Center representation;
- Representative of private mental health provider serving children/youth;
- Child welfare/Division of Children and Family Services (DHS/DHS) representative;
- Developmental Disabilities Services (DHS/DDS) representative;
- Division of Youth Services (DHS/DYS) representative (DYS or representative from a contracting entity);
- Court system representative (preferably a juvenile judge and/or his/her proxy, e.g., a juvenile probation officer);
- Licensed mental health professional;
- Substance abuse professional; and,
- Host Organization lead staff and local CCC team members.

The successful applicant must identify key stakeholders and the sectors that they represent in the RFA narrative. Sectors are public and private components of an integrated system in service to children, youth and families. If not all sector representatives are in place at the time of the application, the applicant must address the steps that will be taken to complete full representation. Applicants representing pre-existing collations, collaborations, teams or councils should identify those members and commit to obtaining missing sector representations.

CCC composition must generally reflect the racial, ethnic and cultural diversity of the CCC area. With the exception of youth and family representatives, one member may serve in more than one role, at the discretion of the CCC and with the approval of DHS.

The list above is not exclusive. Communities are encouraged to explore the role and membership of the Arkansas Department of Health, local governmental leaders, businesses, more than one community representative or faith based representative, Big Brothers/Big Sisters, Boys and Girls Club, college/university faculty members, law enforcement and public school administrators, among others.

Letters of commitment or memorandums of understanding will need to be included in the appendices. Letters of commitment or memorandums of understanding need to clearly address the commitment to the CCC, the fulfillment of the RFA requirements and identify by each participant the community sector that is being represented. There is no required format. Original signatures must be included.

CCC responsibilities include:

- Developing a vision and mission to guide the CCC planning and oversight process;
- Establishing written procedures;
- Assuring that children, youth and families that access wraparound funding, are served by appropriate individualized wraparound teams;
- Ensuring accountability in order to minimize potential conflicts of interest;
- Maintaining a fiscal accountability system;
- Facilitating the expansion of creative partnerships with community resources to support the needs of children/youth and families and supports across the geographic area;
- Assisting in the development of essential wraparound services and supports across the geographic area;
- Tracking DHS SOC established outcomes; and,
- Supporting the ongoing involvement and input from families and youth at both the CCC and wraparound team levels.

9. Wraparound Services Definition and Requirements:

Wraparound services are designed to maintain children and youth in their homes and local communities and, enhance the quality of life and support recovery. Services must be identified in the individualized wraparound plan. Services are defined by the DHS DBHS Wraparound Manual of Services and Supports and include, but are not limited to:

- Respite;
- Tutoring;
- Mentoring;
- Supportive child care;
- Substance abuse treatment;
- Parenting education;
- Communication equipment;
- Devices, aids, and appliances;
- Instruction;
- Translation/interpretation;
- Recreation or recreational supplies; and,
- Transportation.

As applicable, existing local and state funding streams should be maximized prior to accessing wraparound funds. Payment guidelines will be in accordance with the DHS DBHS Operational Guidelines. . It is understood that not all of the above supports are readily available in a community. CCCs and the CCD must address the development of these in the local community if it is to be successful at maintaining children and youth in their homes, schools, early childhood settings and communities.

Services and supports can be provided on a one-time or on a continuing basis as reflected in the wraparound plan.

The process for accessing the wraparound funds will be in accordance with established DHS DBHS procurement guidelines. Services and supports delivered must be in accordance with DHS DBHS Manual of Services and Supports and The DHS DBHS Operational Guidelines and:

- Be reserved for children and youth receiving behavioral health services (mental health and/or substance abuse);
- Provide appropriate individualized services and supports;
- Focus on ensuring services and supports for those children and youth and their families, who are at high risk of out-of-home placement, removal from their school or early childhood education program;
- Be driven by the family, guided by the youth and always centered on the child;
- Distributed using the DHS DBHS Manual of Services and Supports and the DHS DBHS Operational Guidelines;
- Reserved for populations up to 250% of the poverty level;
- Maintain confidentiality agreements;
- Adhere to performance indicators which may include, but are not limited to, family engagement, tracking and maintaining purchase orders, confidentiality, and documentation/reporting monthly outcomes; and,
- Support the facilitation of a local system of care.

Agencies or RSPMI providers requesting local wraparound funding will assume the lead in the wraparound team and subsequent wraparound plan for the child, youth, and family served.

10. Wraparound Funds Requirement:

Wraparound Funds are reserved for populations up to 250% of the poverty level with children and youth who are receiving behavioral health services from any community provider. The Community Mental Health Centers (CMHC) will continue to maintain the Social Services Block Grant (SSBG) funding for children and youth below the established poverty level who are receiving services from the CMHC. Entities will coordinate on the local level to ensure equal access to Wraparound Funds and the SSBG funds. Memorandums of Understanding from all participants will need to be established.

All CCDs and other CCC members will need to work with local and state family networks, which may include but are not limited to, Coordinated School Health programs, local and state coalitions, task forces, the Family Youth Assistance Network (FYAN), regional CASSP teams, and the state CASSP Council. Wraparound funds are designed to develop local systems of care and develop a broad array of community based services and supports that can only occur with meaningful partnerships.

11. Funding Distribution

The funding distribution is based on each county's per capita adjusted for the U.S. Census 2007 estimate of the percentage of persons who are below the poverty level in the county. The table below shows the funding for each geographical area. The first column shows the county and area; the second column shows the wraparound funding distribution for each county and each area; the third column shows the total funding (which includes $25,000 for a part-time CCD) available for each area.

DBHS Mental Health Catchment Area	County	% of Poverty adjusted per capita*	With Part-time Comminty Care Coordinator Funding
Area 1	Clark	$6,595.64	
	Garland	$19,675.68	
	Hot Spring	$6,524.90	
	Montgomery	$2,267.64	
	Pike	$2,872.02	
	Area 1 Total	**$37,935.88**	**$62,935.88**
Area 12	Arkansas	$5,341.97	
	Cleveland	$2,130.69	
	Grant	$2,621.63	
	Jefferson	$32,104.87	
	Lincoln	$4,992.95	
	Area 12 Total	**$47,192.12**	**$72,192.12**

DHS DBHS reserves the right to reallocate a percentage of the funding from any CCC who fails to utilize funding. A DHS DBHS team will review patterns of funding utilization on a quarterly basis. Reallocation will be to other CCCs who are appropriately utilizing funding and are serving populations that would benefit from additional funding.

12. Reimbursement:

Successful applicant entities on behalf of each regional CCC will receive seven (7) even distributions of the regional funding in monthly allotments of the regional designated annual total. This scheduled payment distribution is based on a start date of December 18, 2009 through June 30, 2010. (State Fiscal Year 2010) This process will allow each CCC the financial resources to provide services and supports. Each will be required to assure adherence to all DHS funding policies and procedures. Failure to comply with the outlined terms or inappropriate or illegal usage of flexible funding in one month may result in the discontinuation of subsequent monthly payments.

Applicants will track flexible funding and outcomes on a DHS DBHS provided Excel spreadsheet and the results of this tracking will be sent to the AR DHS DBHS monthly. An Excel spreadsheet system will track the wraparound plan, funds to be allocated for the wraparound plan, and outcomes and satisfaction of the supports provided as a result of the wraparound plan and flexible funds.

13. Outcomes:

Indicators and outcomes will be used to identify how the wraparound funds support the wraparound plan and increase the child's/youth's success in the community. The outcome indicators will include:

- Identifying which wraparound domains are strengthened by the funds (Legal, School/Vocational, Physical/Developmental, Community, Home, Family Relationships, and Social-Behavioral);
- Tracking the progress of fidelity to the plan and whether or not supports were delivered as planned;
- Requiring wraparound teams to review the wraparound progress;
- Asking family and youth their level of satisfaction with the wraparound process and outcomes; and,
- Asking family and youth whether the wraparound services and supports make a difference.

Systematic outcomes will be determined by tracking and will include but are not limited to:

- Current living situation (in-home, out-of-home);
- School performance;
- Psychiatric hospitalization;
- Substance abuse; and,
- Juvenile justice involvement.

Outcomes will be tracked for each child/youth receiving funds at the initial wraparound plan and at reviews of the wraparound plan. Children/youth not receiving reviews will be tracked by follow-up phone calls by wraparound team. Sample files will be audited by DHS SOC staff to review for outcome tracking.

The *Youth Outcome Questionnaire* (YOQ) (http://www.oqmeasures.com/site/Home/tabid/71/language/en-US/Default.aspx.) is a parent and youth-self report outcome and tracking measure designed to repeatedly assess ongoing progress in treatment. It will be required to be used by all RSPMI providers as it is implemented in their

region. It will serve as the primary outcome tool for directing progress for all treatment and support. YOQ data will be correlated with the services and supports that children, youth and families received.

The Arkansas DHS State SOC Technical Assistance Wraparound Specialists will use the *Wraparound Fidelity (WIFI-4)* Instrument to track the fidelity of wraparound phases when the wraparound process is utilized. Children, youth and families in each geographical area will be randomly selected to participate in this survey. More information and a sample WIFI-4 is available at: http://depts.washington.edu/wrapeval/ .

CCC Directors will maintain on-going telephone and/or e-mail contact with DHS DBHS staff and attend meeting and trainings as established.

14. Application Due Date

One (1) original and four (4) copies (a total of 5 documents) are **due to DBHS on November 6, 2009** no later than 5:00 P.M. Central Standard Time. For more information about submitting the application and the competitive process, see Section Four of this RFA.

SECTION TWO

To facilitate an understanding of wraparound services and aid in preparation of application, the following is provided.

The Delivery of Wraparound Services

Wraparound Services: Wraparound teams are responsible for developing and supporting planning and services for those children and youth from the identified population of focus. Teams create comprehensive individualized, developmentally, culturally and clinical appropriate plans.

Teams must be child/youth and family need driven and dedicated to making decisions regarding services and supports based on comprehensive and standardized assessment. Each team will coordinate with the CCC in order to receive funding approval and reimbursement for all requested services and supports.

A wraparound team is developed for each child, youth and their family or caregivers served. Siblings may require individual teams. The older the child is, the more likely this scenario. An assigned coordinator must lead each team. Teams are best served with experienced case managers or care coordinators who assume responsibility for identifying services and support options not currently utilized but needed for children, youth and their families. This includes:

a) The development of wraparound plans with the child or youth and their family;
b) Considering all services and support options with the youth and family;
c) Making the day-to-day decisions about supports, crisis intervention, services and transition planning;
d) Evaluating progress; and,
e) Submitting wraparound funding requests to the CCCs.

The ***Wraparound Fidelity (WIFI-4) Instrument*** **http://depts.washington.edu/wrapeval/WFI.html** has been identified by the AR DHS DBHS as the tool to track the fidelity of wraparound phases when the wraparound process is utilized. This_instrument is available for use by teams and will be used by DHS DBHS on a random basis to ensure adherence to the wraparound process.

The full development of a child or youth's wraparound team takes time. It requires that relationships with parents, caregivers, children and youth be developed. Time and trust are necessary components to establishing relationships that permit participants to be able to honestly address their strengths and goals and "feel safe" in sharing their needs and concerns. Services and supports provided through wraparound planning can help facilitate this process. It is not a process that is done "to" participants but one done and guided "with" them. It is understood that individuals make mistakes and that they learn from those mistakes. Setbacks should be expected and planned for. Ultimately, the goal is to empower youth and families to resolve problems independently. Members of the team share responsibility with the family/youth in the plan's implementation and support. Members of the wraparound team may or may not be providers of any of the formal or informal services that a family and its children and youth receive.

Parents, caregivers and youth drive the decision-making process in regards to the composition of the team. They decide, in conjunction with their team coordinator and their mental health therapist, who will be on their team. The family, child or youth identify who they believe are relevant to their lives. This requires that behavioral health staff

work with the youth and families to help them identify the "relevant" people that will serve on their team. Team membership may include professional private, public and state service providers and school representatives, but should also include other "natural" supports. Natural supports are people from the family or youth's social network. These can include friends, relatives, pastors, mentors, coaches, employers or others. All members serve at the will of the youth or the family. It is the responsibility of the wraparound team coordinator to work with those identified members to help them understand the nature of wraparound planning, the commitment involved and issues of confidentiality. Together the team develops an individualized, clinically and culturally appropriate plan of care that works within and across systems. In the event that a family/youth does not have natural supports, the wraparound team coordinator will facilitate a process to help them develop relationships in the community to develop supports.

The wraparound team coordinator leads the evaluation of the plan's effectiveness over time. If a plan is not working or if goals have not been achieved, the team must reassess the plan and makes appropriate revisions. When necessary, teams may recommend services outside the home and community. If a child or youth does require an out-of-home placement, the wraparound team should remain involved with the family, child/youth, and the out-of-home service provider to ensure coordination of discharge and follow-up services and supports.

As a child's or youth's needs decrease, services and formal supports may be reduced. It is important that transition planning ensure that the improved quality of life is maintained, natural supports are in place, and that there are plans in place if formal services/supports are needed again.

Wraparound care coordination is intensive person-centered planning that provides, individualized care management for children and youth and their families with serious emotional and behavioral problems and multi-system needs. Wraparound care coordination is characterized by high quality planning by a collaborative team. A written plan guides the process and ensures that the family's strengths are utilized, goals are developed and identified needs are addressed. The plan is the "who, what, when, where and the how" of the process. The plan includes both formal and informal services and supports. It clearly lays out the responsibility of all participants, including youth and families.

Wraparound plans address all relevant areas of the child or youth's life. Cultural values and beliefs are important aspects of the plan. These primary life domains include the legal system, school/vocational, physical/developmental health, community, home and family relationships and social/emotional and behavioral health.

To guide the process, a standardized wraparound planning form will be provided by DHS SOC. It has been developed in a collaborative effort with ACTION for Kids, the AR CASSP Council and DHS DBHS. It is available on the Commission website https://ardhs.sharepointsite.net/ARSOC/. It can be customized to meet the needs of the local community. Services and supports required must be clearly documented on the planning form.

Services and supports must be developed in partnership with existing traditional, non-traditional, and informal stakeholders. These include the schools, law enforcement, businesses, private and public child and family providers, state division representatives, higher education (including fraternities and sororities), faith-based organizations (e.g., churches, Young Life, etc.), and community volunteer organizations (e.g., Kiwanis, Lions Club, etc.). Local communities are encouraged to work with the DHS Division of Volunteerism (DOV) to facilitate the involvement of volunteers from the retired community, AmeriCorps or other volunteer programs. Wraparound services and supports covered through the DHS DBHS Manual of Services and Supports are designed to meet the flexible service requirements of wraparound planning. When the wraparound process is carried out with fidelity to the wraparound principles, it creates high-quality problem-solving and enhanced outcomes. Wraparound care coordination encompasses the same important principles embraced by a System of Care model. These principles include:

1) Family and youth have a voice and choose the process and plan.
2) The wraparound team consists of individuals chosen by the families and youths.

3) The wraparound team engages and develops natural supports for the family and youth.
4) The wraparound care coordination process is a collaborative effort of the team members.
5) The wraparound team implements services and supports in the least restrictive settings and integrates the child and family into home and community life.
6) The wraparound care coordination process and plan are culturally competent, respecting the values, beliefs and culture of family and youth.
7) An individualized process and plan is developed for each child and youth.
8) The wraparound care coordination and wraparound plan identify and build on strengths of the family, youth, and child.
9) The wraparound care coordination provides unconditional support for the family and continues working toward the goals in the wraparound plan, despite setbacks.
10) The wraparound team develops measurable goals and indicators, monitors outcomes and revises the wraparound plan to meet these goals.

Wraparound services are designed to improve the quality of life and improve family functioning. Services and supports seek to keep families intact by maintaining children and youth in their own homes, schools and communities. The more complex the child, youth and family needs are, the more the integration and individualization of services may be required, in order to keep the child in the community. The National Wraparound Initiative website includes a description of the practice model and other resources. It is available at http://www.rtc.pdx.edu/nwi/. The website includes the *Resource Guide to Wraparound.* There are four stages in the process of implementing successful wraparound care coordination. In summary they are:

1) **Engagement and preparation:** The youth or child is referred through the CCC to a wraparound coordinator. The coordinator works with the family, caregivers, child and/or youth and the therapist to prepare for wraparound. Engagement requires establishing trusting relationships with the child or youth and their family. Time is dedicated to helping families and youth begin to identify their goals and decide who they want to have on their team. This is the first step in preparing families to become their own self-advocate.

2) **Planning:** Wraparound coordinators contact and prepare the identified formal and/or informal support participants for their role and addresses issues of confidentiality. Proper authorization and disclosure practices must be in place. Preparation includes identifying the child, youth and family's strengths, as well as, needs. Time should be committed to gathering information on available resources that can be utilized. Proper planning will include addressing all systems and supports that affect the youth, child and their families.

3) **Implementation:** This is the services and supports delivery component. Successful implementation is built on the successes of the first two steps. Early wraparound meetings are led by the team coordinator; eventually this shift should be to families or youth (if appropriate) taking the lead. Meetings are held at a minimum of once a month and more often as needed. The plan's components are measured against the relevant indicators of success. Modifications are made as needed. Plan components and strategies are revised when outcomes are not being achieved, when goals change or families or youth request changes.

4) **Transition:** Transition planning through the inevitable changes that occur in a child or youth's life is critical. Planning must be comprehensive, individualized and focus on results designed to improve school, social, work or family functioning. Transition planning is required when a child goes into or returns from an out-of-home placement. It is the overall goal that children, youth and families learn to build their own independent informal wraparound teams and are less reliant on the formal process as time passes.

High fidelity to the wraparound process and its principles has been correlated with better child and youth outcomes. Fidelity is a measurement of providers/families/youth's satisfaction and adherence to the principles of wraparound. Fidelity to the principles of the wraparound process will be measured with a Wraparound Fidelity Assessment.

Respondents will be encouraged to utilize the Wraparound Fidelity 4 Index (WIFI-4) to evaluate the process and consumers/families/providers/stakeholder's satisfaction with the wraparound services provided to families and DHS DBHS SOC will randomly use the WIFI-4 to evaluate ongoing progress.

SECTION THREE

APPLICATION COMPONENTS AND GUIDELINES
(Outline and instructions for writing the proposal)

The narrative should demonstrate the applicant's ability and capacity to successfully hire a Community Care Director, to work at a minimum of .50 FTE, establish a Care Coordinating Council, and oversee regional wraparound funds on behalf of the targeted population within the guidelines of this RFA. The narratives should briefly demonstrate an understanding of the needs children, youth and families within the DBHS mental health service areas, AR System of Care and wraparound principles and practices as addressed in Section 2 of this RFA.

Each application component will assist the applicant with the completion of a credible narrative response. Each component has been assigned points for the purpose of rating each application. The successful applicant will submit a clear narrative application that addresses each component thoroughly. Points are assigned to each component and evaluators will follow the guidance and point assignment system.

A. The Demonstration Development (Total: 225 Points)

Part 1. Narrative of Needs and Population of Focus

The applicant must demonstrate an understanding of the needs of children, youth and families in the service areas of the SOC and indicate how AR wraparound services and supports will meet the needs of children, youth and their families. The applicant should verify that the proposed population of focus is consistent with the guidelines provided in this RFA and clearly identify the process for serving this population. **50 points**

Part 2. Plan

The applicant must clearly lay out a plan for:

1) Hiring and supervising the Community Care Director; **10 points**
2) Identification of an individual to fill the CCD position; **10 points**
3) Establishing the Care Coordinating Council; **25 points**
4) How wraparound teams will be developed and function; **20 points**
5) Plan for region wide access to the wraparound funding; **25 points**
6) The process for the development of policies and procedures for the Care Coordinating Council; **15 points**
7) Plans for service and supports development within the local communities (i.e., mentoring, respite); **15 points**
8) How the applicant will establish fiduciary accountability for the wraparound funds; **10 points**
9) Supporting youth and family engagement in all aspects of the local SOC; and, **15 points**
10) Providing tracking and established outcomes information. **10 points**

Part 3. Current steps toward developing the CCC

Steps already taken to develop the Care Coordinating Council in preparation for the application should be clearly explained. **20 points**

B. A Description of Collaboration (Total: 150 Points)

1) Members and the sector's that each represent should be identified and letters of commitment or memorandums of understanding provided for each collaborator presented in the application. Each letter/memorandum should be signed by appropriate personnel authorized to make agency commitments. These are to be included in the appendices. **25 points**

2) Current and future collaboration and coordination with representatives from provider organizations, early childhood settings, charitable or faith-based agencies, community-based organizations (both public and private), school systems, juvenile justice, public health, and others should be outlined. **25 points**

3) The plan for the proposed process for coordination between private and public RSPMI providers for wraparound planning, services and coordination of flexible funding sources. In order to maximize all funding streams as well as services and supports, a plan for developing coordination with the regional Social Services Block Grant must be addressed. The plan should include all the counties in the region and reflect the social economic needs of children, youth and families served within the local communities. **50 points**

4) Applicants building on the foundation of an existing task force, council, coalition, public school coordinated school health project or other collaborations must clearly address their existing design. The collaboration must be described and should include the existing governance and how it will work with the CCC, a short history and the identification of key stakeholders. Those existing collaboration members and the sectors that they have represented must be identified in the letters of commitment or memorandums of understanding. **50 points**

C. Capacity (Total: 50 Points)

Part 1. Organizational Management and Structure 20 points

Applicants must establish:

1) Eligibility for application;
2) The existence of administrative offices located in the geographic area;
3) The ability to implement activities no later than 30 days from funding as identified in the program guidelines;
4) Experience in management and providing services with the population of focus;
5) Competency in the culture of those to be serviced and plan for serving non English speakers; and,
6) Commitment to adhere to DHS DBHS Manual of Services and Supports and The DHS DBHS Operational Guidelines and rules of practice and procedure.

Part 2. Lead Organization's Management 30 points

1) The application appendices must include a list of the executive and key personnel with titles and contact information for each. If an existing collaborative, council or coalition is identified to assume CCC responsibilities, key leaders and all current members and sector representation must be included;

2) A Community Care Director position description must be included. If the proposed Community Care Director is identified in the proposal, a resume should be included;
3) The application should include information on how the Community Care Director will be supervised and how regional collaboration efforts will be supported; and,
4) The source of the Community Care Director 20% in-kind match must be identified.

D. Adequacy of Resources (Total: 25 Points)

1) To verify that program resources are adequate for successful program implementation, the applicant must identify in detail and explain necessary program resources such as program space, and office space to assure that needs have been planned for;
2) Applicants should include information on the adequacy of necessary support materials (office supplies, etc.); and,
3) The applicant should show resources to provide outcomes and tracking information as required.

E. Indicators and Outcomes (Total: 50 Points)

1) The application will briefly indicate the willingness and capacity to report flex funding distribution and outcomes for supports developed and provided. The applicant will also demonstrate a willingness to track the systematic outcomes and the Youth Outcome Questionnaire (when available) for each child/youth receiving wraparound funding. Applicants do not have to directly collect the outcomes; these may be delegated to the teams, but applicants will be responsible for forwarding flex funding indicators and outcomes to the AR SOC office monthly. The applicant will also be responsible for providing the AR SOC, office the phone numbers and/or addresses for families randomly chosen to participate in the Wraparound Fidelity Assessment.

2) The applicant should identify indicators or outcome measures they believe would best predict success in keeping the child or youth in their community. These outcomes may be identified through the applicant's experience with this population, use in other similar projects, as a result of a thorough examination of literature, or from a consensus of "experts" at a collation or quality improvement meeting. The ideas can be creative or based on previous results from this population. The applicant will also identify how they will use these identified and the required outcomes to change or enhance the services and supports for children, youth, and families (i.e., utilizing of a quality improvement or developing a subset of the CCC to examine outcomes and effectiveness **25 points**.

Total: 500

SECTION FOUR

1. **Letter of Intent to Apply** A letter of intent by respondents that intend to submit a proposal in response to this RFP is preferred. The letters of intent are to be submitted to the Issuing Officer identified in this RFA, by 5:00 P.M. CST, October 26, 2009. The letter of intent is to be sent by FAX to: 501-686-9182 or mail to: Carol Amundson Lee, at 305 S Palm Street Little Rock, AR 72205 by 5:00 PM CST. Letters can also be sent to carol.lee@arkansas.gov .

The purpose of the letter of intent is so that staff can adequately plan for the review process.

2. **Application Development Training and Technical Assistance**

Application Development Training and Technical Assistance will be scheduled at the request of the applicant entity. The purpose of which will be to review grant requirements and answer questions. Interested applicants are strongly encouraged to request assistance.

3. **Application Submission and Deadline Information**

Applications must be physically complete and present in the DHS DBHS **office no later than 5:00 P.M. CST on November 6, 2009** as specified in the Application Specifications Sheet. Applications that do not meet this deadline requirement will **not** be considered for review. The application screening and review process officially begins upon receipt of the application at the DBHS office.

Late applications, those that submit less than the required (1) original and 4 copies, or applications that are not complete and/or properly collated by page number will not be reviewed. A date and time stamp will be used to document receipt of applications**.** ***Electronic and/or faxed applications will NOT be accepted.***

4. **Application Mailing/Delivery Information**

One (1) Original and 4 copies (a total of 5 documents) to the following addresses:

Carol Amundson Lee
305 South Palm Street (mailing address)
4800 West 7th Street (physical address)
Little Rock, AR 72205

5. **Contract Duration**

Work will be done within the constraints of the sub-grant with a proposed effective period of December 18, 2009 through June 30, 2010; all funding is contingent upon approval by the Division/Office, review by the legislature, and approval by the Arkansas Department of Finance and Administration.

6. **Selection Procedure for Competitive Applications**

Applicant's Responsibilities: Applicants must show they are capable of implementing the proposed program by responding to all of the areas outlined in this application package. Applications that are incomplete

DHS DBHS Responsibilities: Each application meeting the deadline will undergo a staff review regarding technical compliance. This review determines whether the proposal is appropriately responsive to the Request for Application (RFA) technical requirements (e.g., met the deadline date, submitted an original and correct number of copies, appropriately numbered and properly collated.

Applications that fail to meet the Technical Review will be removed from the review process, and letters are sent to applicant agencies stating the reason(s) for this denial.

Peer Reviewer's Responsibilities. Applications that meet the Technical Review are forwarded for an in-depth review by a Peer Review process to determine the worthiness of the response to the RFA. During this review, if an application is not deemed worthy of further consideration, it will be removed from the process and a letter of explanation will be sent to the applicant agency.

7. Review Criteria and Process

Evaluation will be based on criteria outlined and points assigned as described in Section 3. This requires that the applicant on behalf of a community:

- Meet the purposes stated in the RFA;
- Demonstrates a clear understanding of the project management, implementation process and appropriate billing and reporting requirements for implementation;
- Provides a plan of operation that provides evidence that the project will be efficiently and effectively operated to achieve the purposes of the RFA;
- Identifies and describes adequate resources to perform proposed project.

8. Description of "Fatal Flaws"

Fatal flaws are critical errors made by applicants that adversely affect the review of their application by Peer Reviewers and result in the application not being approved for further funding consideration by the Treatment and Prevention Committee. Some examples include, but are not limited to the following:

- Applicant is ineligible based on the eligibility requirements;
- Required forms are not completed and/or included with application;
- There are missing components;
- Components of the Program Narrative are unacceptable or not addressed;
- The overall application demonstrates an inadequate understanding of the intent of the RFA and an understanding of the AR SOC;
- The application does not appropriately respond to the RFA;
- Required forms are not completed and/or included with application;
- The applicant does not agree to adhere to all AR DHS DBHS fiduciary reporting requirements;
- The applicant does not agree to adhere to the DHS DBHS Flexible Funding Manual Guidelines; and,
- The applicant fails to agree to comply with DHS DBHS established Policies and Procedures as they pertain to the Demonstration project, invoicing and wraparound services and supports.

9. Format Protocols

- Applications are to be neatly presented and bound by a staple in the upper left corner, or by a binder clip or by inclusion in a binder.
- Pages should have a 1 inch top and bottom margin.
- Font should be easy to read and no smaller than 12 pitch.
- Text must be only on one side of the paper (no two-sided copying)**.**
- There are no minimum or maximum proposal page limits or to the appendices. It is suggested that the pragmatic proposal be limited to approximately 15 pages. The proposal is to be through but brief and not contain unnecessary materials**.**
- The **original** application should be clearly marked **original with original signatures.** The original application should contain letters of commitment and memorandums of understanding **with original signatures**.
- Applicant should provide an **Original** and four **(4) copies of the completed application**.

SECTION FIVE

Program Standards

NOTE: **These Program Standards are EXAMPLES ONLY and represent the types of indicators, which will be included in the contract. ATTACHMENT ARKANSAS DEPARTMENT OF HUMAN SERVICES**

NOTE: These Program Standards are EXAMPLES ONLY and represent the types of standards, which will be included in the contract.

I. The sub-grantee must comply with all statutes, regulations, codes, ordinances, and licensure or certification requirements applicable to the contractor or to the contractor's agents and employees and to the subject matter of the contract. Failure to comply shall be deemed unacceptable performance.

II. Except as otherwise required by law, the sub-grantee agrees to hold the contracting Division/Office harmless and to indemnify the contracting Division/Office for any additional costs of alternatively accomplishing the goals of the contract, as well as any liability, including liability for costs or fees, which the contracting Division/Office may sustain as a result of the contractor's performance or lack of performance.

III. During the term of the sub-grant, the division/office will complete sufficient performance evaluation(s) to determine if the contractor's performance is acceptable.

IV. The sub-grant program standards are:

Standard 1: The host/lead entity for the local Demonstration shall provide contract fiscal oversight, including and fiscal and administrative accountability of subcontracts.

1. **Annual Reports**

   a. A report detailing an independent fiscal audit, certified by a Certified Public Accountant in accordance with generally accepted accounting principles, of the program that will be submitted to the Arkansas Department of Human Services Office of Quality Assurance, within one hundred and twenty (120)

calendar days following the end of each contract period; and,

b. A written summary that includes program standard progress as specified in the sub-grant will be submitted to the DHS DBHS Program Office no later than thirty (30) calendar days prior to the end of each sub-grant period.

2. **Monthly Reports**

a. Program implementation for the month;
b. Copies of agendas and sign in sheets for governance and wraparound team meetings;
c. Changes in personnel;
d. Barriers encountered and steps to address them;
e. Expenditures and balances per child, youth, family and services and supports provided; and,
f. Confirmation that the respondent complies with the AR DHS DBHS Manual of Services and Supports and The DHS DBHS Operational Guidelines.

Including but not limited to:

a. Income documentation;
b. Wraparound planning;
c. Delivery of services and supports; and,
d. Outcomes.

Failure to meet these requirements may result in delay in scheduled payments to the respondent or termination of the contract. Fiscal, narrative and other reports that include quantitative data must be completed in compliance with the AR DHS DBHS policies and procedures.

Standard 2: The position of a Community Care Director must be filled and maintained and a functioning Care Coordinating Council established.

The sub-grantee shall provide program contract management, including staff and the execution of subcontracts with identified service systems to ensure that all goals and objectives of the community project are completed.

1 The Community Care Director will be in place no later than 30 days after the award of contract notification;
2. Participation in Department of Human Services (DHS) training and technical assistance efforts related to the AR SOC Wraparound Demonstration;
3. Execution of the subcontracts necessary to the implement services and supports delivery;
4. A functioning Care Coordinating Council (CCC);
5. Reports will include qualitative, quantitative and fiscal reports as related to each element of the project. Quarterly Progress reports summarizing efforts, success and barriers in a timely and manner acceptable to DHS; and,
6. Family and youth participation on the CCC and in training.

Standard 3: All agencies accessing wraparound funding on behalf of children, youth and their families will require representative participation in the AR SOC Wraparound training and certification.

CCDs and CCC representatives will participate in the following trainings:
1. Demonstration of AR SOC Wraparound Funds, AR SOC Wraparound Training and Training of Trainers; and,
2. CCDs will participate in training and technical assistance sponsored by DHS AR SOC.

Standard 4: Families/youth will be involved at all levels (policy developmental level, service level) of project

development and implementation. All supports and services will b child-centered, youth-driven, and family-driven.

1. Family and youth are involved in all aspects of policy development and service delivery;
2. Wraparound teams will have documented family and youth engagement and participation; and,
3. Encouraged to participate in all trainings to the extent possible.

Standard 5: The rights of all children, youth and families involved in the Demonstration project must be protected.

1. Sub-grantees will provide confidential agreements among all stakeholders;
2. All children, youth and families will be informed of their rights of selecting services and supports they deem suitable and have the right to withdraw from any services/supports that are not meeting their needs; and,
3. Applicant entity will ensure that all subcontractors have client rights and confidential agreements in place at the time of services.

Standard 6: All services and supports will be appropriate and meet acceptable standards of care.

1. Approved services and supports as appropriate, will meet acceptable standards of care as defined by but not limited to professional practice acts (Social Work, Medicine, Psychology, Counseling etc.) and the accreditation bodies of participating organizations (The Joint Commission [J-CO], Commission on Accreditation of Rehabilitation Facilities [CARF], Arkansas State Licensing Boards or Federal Performance Standards and other AR Licensing Regulations;
2. Each child, youth or family accessing wraparound funding will have a wraparound plan in place;
3. All professional service providers will maintain records in accordance within the standards of DHS and the accrediting bodies for their respective licenses and certifications; and,
4. All services provided by non-professionals (i.e. Respite care, mentoring, transportation) will be screened by contractors and subcontractors to be qualified and criminal background as required and child abuse checks will be completed.

Standard 7: Service delivery will be accountable.

1. Services will be delivered in accordance with the process established in the DHS DBHS Manual of Service and Supports and the Operational Guidelines;
2. Outcomes will be tracked in accordance to the system provided by AR DHS DBHS;
3. Wraparound planning will be implemented in accordance with the Wraparound Fidelity Index Measure. Families receiving services through the wraparound process will be notified that AR DHS DBHS staff will randomly call them in order to determine family and youth satisfaction; and,
4. The participating agencies will provide family contact information to AR DHS DBHS.

Standard 8: Partner agencies and organizations will coordinate with one another, as appropriate, to establish coordinate funding with existing funding streams and ensure continuity of care and discharge planning for all children and youth receiving behavioral health services that are at risk for being removed from their homes, schools and communities.

1. The CCC will develop a continuity of care plan and directly coordinates services with other agencies; and
2. Coordination of access to existing flexible funding to maximize local community resources.

Standard 9: Culturally diverse and linguistically competent services that are responsive to individual needs are critical.

1. The CCC shall strive to build capacity to support planning and implementation of services and strengthened based supports to a diverse community;
2. The providers of supports and services must provide services that are family driven, child centered and youth guided;
3. Linguistically relevant services and materials will be developed available. Communities will need to evaluate the availability of materials and services for English Language Learners and children and families with Limited English Proficiency in an effort to develop materials and services in conjunction with DHS SOC staff; and,
4. Services and supports must accommodate developmental and or physical disabilities (including deafness and blindness) of the child, youth and their family members. DHS will assist local communities in addressing such needs.

Standard 10: The sub-grantee shall cooperate fully with on-site monitoring by DHS to evaluate respondent compliance with this contract.

1. The sub-grantee shall provide a written corrective action plan to the DHS Programs and Compliance Section within the periods requested whenever notified of compliance deficiencies with its DHS contract and/or policies, procedures or guidelines.
2. Should a corrective action plan be submitted, the sub-grantee shall ensure that all corrective actions presented in the plan are fully implemented within the specified timeframes.
3. If corrective action to address deficiencies is delayed, payment may be delayed or reduced pending submission and implementation of the corrective action plan.

REMEDIES

Acceptable performance of all standards shall be determined by DHS. In addition to other remedies identified herein, one or more of the following remedies may be imposed for unacceptable performance of a performance indicator:

1. Sub-grantees will be required to submit and implement an acceptable corrective action plan. Payment may be delayed pending satisfactory implementation of the plan;
2. Payment may be withheld or reduced; and,
3. The sub-grant may be terminated.

The remedies listed above are in addition to all others available at law or equity.