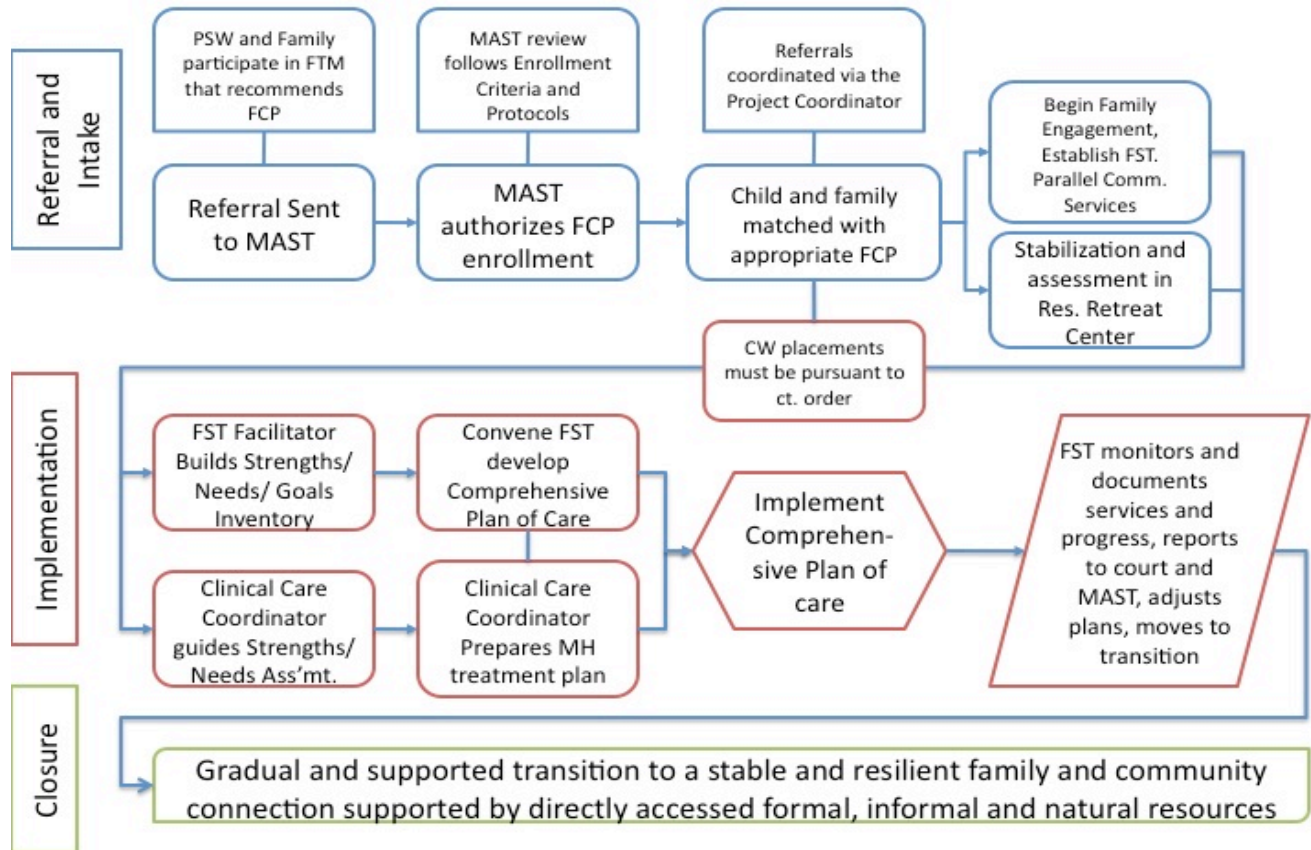


SF FCP RBS System Flow Chart

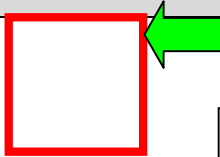


QUICK GUIDE TO ENTERING SPECIAL PROJECTS IN CWS/CMS

USE THIS PAGE TO VIEW OR ENTER INFORMATION FOR ANY PROJECT THAT REQUIRES SPECIFIC MONITORING, SUCH AS PILOT PROGRAMS, AUDITS, OR SPECIAL SERVICES.

SPECIAL PROJECT CODES FOR FCP RBS CASES

WORKERS NEED TO IDENTIFY AND RECORD SF FCP CASES BY SELECTING THIS VALUE IN THE SPECIAL PROJECTS PAGE OF THE CASE



ID	Syc Comp	Assignment	Trans Req	ICPC-100A	ICPC-100B	Doc Tracking	Spec Proj	Closure Summary
Special Project								
+ Special Project Name							Start Date	

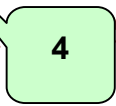
Open the appropriate case in CWS/CMS

1. In the **Case Management Section** (Green)(a), open the **Case Information Notebook** (CIN)(b).
2. Open the **Special Projects** page.
3. Click **(+)** in the upper left hand corner of the page.
4. Click on the drop down menu under **Special Project Name** and select **S-FCP RBS Program** and enter the **Start Date**.

1a points to the Case Management Section icons. **1b** points to the Case Information Notebook icon. **2** points to the Special Projects page icon. **3** points to the (+) button in the Special Projects section.

ID	Syc Comp	Assignment	Trans Req	ICPC-100A	ICPC-100B	Doc Tracking	Spec Proj
- Identification							
Case Info						Case Status	
Case Name						Status	
Last Name, First Name						Effective Date	
Case Number						1 Court Involvement	
0095-3427-4519-5041295						07/13/2007	
Special Project							
+ Special Project Name							Start
Special Project Name				Start Date	End Date	County	

NOTE: Need to generate a new screen capture for this action



* Note: This information will assist the State and County in monitoring and tracking **FCP/RBS cases** for improved data integrity and report calculations.

Quick Guide prepared by SF CWS/CMS Helpdesk -- Questions/Comments please call 415-557-5150

FCP Permanency Planning Guidelines

Overview

The Family Connections Programs are San Francisco's implementation of California's RBS pilot project. RBS is a two-year experiment designed to determine whether better outcomes for children and youth with complex emotional and behavioral needs and their families can be obtained by integrating six critical service components in one comprehensive package delivered with continuity of care and service relationships:

- Immediate and intensive family inclusion and support
- Overarching care coordination
- Residentially-based behavioral stabilization
- Evidence-supported clinical interventions
- Parallel community services while the residential component is in use
- Intensive home-based services after the use of the residential component followed by extended follow-up and transition services

The measure of the success of this experiment will be whether the children, youth and families who are served through an RBS program are able to achieve and sustain permanency, safety and well-being more readily than those who are served by extended placement in high-level group homes.

To address this challenge RBS reinforces a shift in perspective from seeing the child or youth as the focus of care to working with children in the context of their family systems with a goal of helping those systems increase their resiliency, efficacy and coherence. As with all out-of-home placements, children and youth in RBS programs who are in the residential cottage or foster care must have a permanency plan and that plan must be reviewed every 6 months.

Accomplishing positive and sustainable permanency when children or youths' emotional and behavioral challenges are at a level where it is unsafe or impossible to care for them in their own homes or in community-based alternatives such as treatment foster homes, and often where their relationships with their families are highly strained, or perhaps completely severed, takes hard work by everyone involved.

For this reason family inclusion and support and permanency planning will be a critical element of comprehensive care that will run from the point of initial referral through the completion of transitional services and disenrollment from the FCP. The family inclusion element will have several components:

- Identifying the members of the child or youth's family system who present the greatest potential for forming or re-establishing positive and sustainable relationships with the child or youth, and engaging them in the process of care;
- Generating a baseline understanding of the strengths, needs, culture and resiliency strategies of the family system, especially as it relates to the involvement of the child or youth with that system;

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| | <ul style="list-style-type: none">• Developing a permanency plan for safely, effectively and sustainably reconnecting the child or youth with her or his parents or other members of the family system who are willing and able to become the child or youth's primary caregivers;• When necessary and appropriate, creating a concurrent permanency plan that incorporates alternative options for helping the child or youth achieve and sustain a positive and caring family relationship in a community living setting;• Implementing the services, supports and interventions needed to help the child or youth reduce the emotional and behavioral challenges that have been standing in the way of living safely and effectively in the community and the family system, and helping the child or youth heal from any harm, trauma or loss that may be the driving forces behind those challenges, while at the same time helping the child or youth's family acquire the functional skills, understanding and resiliency needed to re-involve the child or youth in the day-to-day life, activities and growth of the family system;• Making appropriate and well-informed decisions about where the child or youth should be living at various points during the course of care;• Recognizing that the recovery process for family systems in which one or more of the family members have significant emotional and behavioral challenges is an up and down process of ongoing adaptation and adjustment, and providing appropriate supports for the child or youth, family and community so that these peaks and valleys can be managed safely and effectively;• Hearing, acknowledging, respecting and responding to the voices and choices of children and youth and their family members throughout the course of care, while also ensuring that the requirements of the courts and placing agencies with jurisdiction over the children, youth and families are being met; and• Deciding when and how to transition along the various stages of the course of care from initial residential stabilization to developing and implementing a plan for disenrollment from the FCP. |
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<p>Definitions</p>	<p>Permanency planning is a systematic process for carrying out a set of goal directed activities within a time-limited period that are designed to help a child or youth come to live in a lifelong caring relationship as part of a functional family system. This process should be focused on helping the child or youth achieve continuity of relationships with nurturing parents or fully committed permanent caregivers.</p> <p>Family inclusion is the process of identifying those key members of a child or youth’s family system who are willing and able to open or reopen themselves to connection with the child or youth, and engaging her or him in a careful, thoughtful and well-planned effort to develop and implement a plan for helping the child or youth achieve and sustain positive and permanent re-attachment with their families, and helping family members acquire and use the skills, knowledge and understanding needed to effectively care for and provide a home for the child or youth.</p> <p>Permanency means the accomplishment of the legal and emotional connection of children and youth with a permanent caregiver either through reunification, adoption or legal guardianship. It does not include long-term foster care or emancipation.</p> <p>All elements of the FCP system in San Francisco are responsible for helping enrolled children, youth and families achieve permanency, including but not limited to the Clinical Care Coordinator, the Family Partner, Family Specialists and the Protective Services Worker. They should work together with the child or youth and family and their advocates in the context of the Family Support Team to insure that everyone understands the permanency planning process and is committed to achieving permanency as well as safety and well-being.</p>
<p>Guiding Principles</p>	<ul style="list-style-type: none"> • Children and youth need positive and sustained connections with family members in order to heal, grow and thrive. • All children, youth and adults, regardless of age, race, culture, ethnicity, sexual orientation or gender identity, deserve permanency. Permanency provides love, meaning, purpose and continuity in our lives, and supports our continuous development, from childhood through adulthood. • Every child or youth and family, regardless of their personal and family situation has strengths that are unique to them. • Children and youth are influenced and motivated by the way significant people in their lives see and respond to them. • Rather than viewing a child or youth and family as deficient, it is more productive to assume that they have not had sufficient access to opportunities to engage in activities that are essential to learning, developing, and mastering the knowledge, skills and understanding required to managed the challenges in their lives, and the support needed to take advantage of those opportunities. • When planning and strategies are based on strengths, rather than deficits and pathologies, children, youth and families are more likely to become and remain engaged in positive relationships. • Plans that identify opportunities for permanent family relationships and placement for children or youth following their course of care in the residential component of the RBS program should be established as soon as possible following enrollment as part of the Comprehensive Plan of Care. • Permanency plans should be developed with active input of the child or youth

and her or his family members and advocates.

- Permanency plans should reflect the option or options most likely to help child or youth develop an effective, positive, and caring connection with her or his family system and include strategies for helping the child or youth reduce the challenges that have impeded her or his ability to be part of the family system in the past, while assisting the family in addressing and resolving limitations that may have prevented them from providing effective care and supervision of the child or youth.
- Permanency plans should be updated as needed to incorporate insights by the child or youth, family members and the Family Support Team about where and how permanency can best be achieved.

<p>Permanency Planning</p>	<ul style="list-style-type: none"> • The Clinical Care Coordinator, the PSW and the FCP care team are responsible for working with the child or youth and family and the rest of the FST to develop the permanency plan. • The permanency plan is a component of the Comprehensive Care Plan that identifies the specific steps that will be taken to help a child or youth and family move from a state of disrupted and/or harmful relationships to one of positive reconnection and mutual support, care and regard. These steps shall include: <ul style="list-style-type: none"> ○ Actions that the child or youth and family members will undertake to accomplish the goal of the permanency plan ○ Support and services that the members of the Family Support Team will provide to help the child or youth and family move towards their permanency goal including using funding flexibly to support the family’s capacity to care for the youth, and providing family advocacy and support through the Family Partner ○ Additional care, treatment, services or support that will be obtained from other formal or informal sources to help the child or youth and family move towards their permanency goal ○ Criteria that the Family Support Team will use to measure progress toward the accomplishment of the permanency goal.
<p>Permanency Planning Procedures</p>	<ul style="list-style-type: none"> • Ultimately the development of a permanency plan, including concurrent plans, is the responsibility of the PSW. However, the FCP care team and the other members of the FST should help with the development and implementation of the plan in the context of all of the elements of the Comprehensive Care Plan, subject to the approval of the plan by the PSW and the court. • When a child or youth and family have been accepted for enrollment in an FCP program, the Family Partner and Clinical Care Coordinator shall meet with the child or youth and her or his parents or other primary caregivers and the PSW to learn about the full nature and extent of the child or youth’s family system and potential supports and permanency options that may be available in that system. • If a child or youth’s relationship with her or his parents and other family system has been disrupted the FCP care team shall immediately begin an effort to help identify and make contact with the parents and other significant adults in the child or youth’s life and assisting the child or youth and those adults to begin forming positive and sustainable relationships. • Once parents or other critical family members have been identified who are willing and able help the child or youth achieve and sustain permanency, the Clinical Care Coordinator and Family Partner shall meet with them to explain the elements of the FCP program and invite them to become active members of the Family Support Team, and also to join in the care and treatment process. • With the child or youth and his or her engaged family members, the Family Partner and Clinical Care Coordinator will join in a facilitated process with the Family Support Team to identify where and with whom the child or youth is

most likely to achieve permanency, safety and well-being, and carefully consider what will be needed on the part of the parents or other family members who will become the primary caregivers for the child or youth in order to safely and successfully bring the child or youth into their home, and what the child or youth will need in order to join or rejoin that family system and function well within it.

- The Family Partner and Clinical Care Coordinator shall assist the Family Support Team in translating the insights about what will be needed and effective in accomplishing the permanency plan into specific action steps, treatment and services that will be carried out by the members of the FST or through referral to other resources, a timeline for the implementation of those actions, and milestones that will help the FST identify where the child or youth and family are in terms of making progress toward accomplishment of the plan.
- Besides the goal of ultimate reunification, the permanency planning process should also identify points when short-term stays with the parents or other proposed permanent caregivers can be initiated and the needed support for and objectives of those stays.
- The permanency planning process may also incorporate short-term interim stays that the child or youth may have in places other than the residential cottage and the family home, such as a treatment foster home, or the home of a supportive relative, but the permanency plan should clearly indicate the purpose of these interim stays and the criteria that will be applied for deciding when to continue movement toward the child or youth's ultimate permanency goal.

<p>Concurrent Planning</p>	<ul style="list-style-type: none"> When necessary and appropriate, the PSW and the Clinical Care Coordinator in cooperation with the child or youth and family and the other members of the Family Support Team may identify concurrent permanency plans to hold in reserve in case the primary permanency plan cannot be fulfilled.
<p>Ongoing Support for the Permanency Plan</p>	<ul style="list-style-type: none"> The Comprehensive Care Plan shall clearly identify not only the elements of the plan itself, but also reflect how the other elements of the plan will interact to support the fundamental task of safe, successful and sustainable reconnection of children, youth and families, and alternative strategies that may be implemented should the initial approach prove to be less effective than anticipated. In order to strengthen and sustain permanency, once a child or youth has joined or returned to the home and family that will be their permanent placement, the Comprehensive Care Plan shall incorporate those resources needed to support positive reunification, including intensive in-home services designed to help the child or youth and family continue to improve their knowledge, understanding, skills and resiliency strategies for managing any ongoing challenges that may occur, short-term behavioral stabilization stays in the residential cottage or an alternative community placement, and transitional support following the phase of intensive in-home services to insure that ongoing balance and stability have been achieved and to provide coordination with any ongoing services or supports that the child or youth and family may be receiving following disenrollment from FCP.

Some Preliminary Working Definitions

A specialized vocabulary has begun to evolve with regard to the development and implementation of services and supports through the Family Connections Program. Some of the terms are still in flux; others have been generated specifically with regard to the design and implementation of the FCP model. In an attempt to establish more consistency in the use of this vocabulary, the following preliminary definitions are suggested to help everyone who is working together to get the FCPs up and running continue to work on clarifying what we mean when we are talking with one another about. They are not the final word on what these words mean, but an initial stab at tying down a common understanding as the conversations continue.

1. "Assessment" means the process of obtaining all pertinent biopsychosocial and educational information, as identified by the child or youth, family and collateral sources, for determining a diagnosis, identifying critical strengths and needs, and to develop an individualized treatment plan consisting of services and supports that reflect and build upon child and family strengths to address the critical unmet needs that are contributing to or acting as driving forces behind the situation and symptoms resulting in the referral to the FCP.
2. "Case Management" means the services provided to assist children and families in gaining access to needed medical, social, educational, entitlement and other applicable services.
3. "Clinical Care Coordination" means the process of working with a child or youth and family to understand the emotional, behavioral and neurobiological driving forces and needs that are contributing to the challenges that the child or youth and family are having with living together safely and successfully, developing a plan of evidence or research-based treatment and services that is well-matched with the strengths of the child or youth and family, and implementing, monitoring and modifying that plan as needed throughout the course of enrollment in the FCP.
4. "Comprehensive Care Plan" means a formal written document prepared by the Family Support Team that organizes all of the family support services and interventions that are being implemented by all formal and informal resources that are involved with the child or youth and family, including the FCP, the schools, community providers, adult services providers, mentors, friends, relatives and alternative care and respite providers.
5. "Crisis" means either an actual or perceived urgent or emergency situation that occurs when a child's stability or functioning is disrupted and there is an immediate need to resolve the situation to prevent harm to self or others, or a serious deterioration in the child's mental or physical health, or to prevent referral to a significantly higher level of care.
6. "Evidence-based practice" means a treatment practice, regimen or service that is sufficiently documented through research to permit the assessment of fidelity and has elements of practice that are standardized, replicable and shown to be effective within a given setting and for particular populations by scientifically sound, randomized controlled studies that have shown consistently positive outcomes in both clinically controlled and routine care settings.
7. "Family" means the biological or legal parents, siblings, other relatives, foster parents, legal guardians, spouse, domestic partner, caregivers and other primary relations to the individual whether by blood, adoption, legal or social relationships. Family also means any natural, formal or informal support persons identified as important by the child or youth and parents.

8. "FCP" means Family Connections Program, which is San Francisco's implementation of the Residentially Based Services initiative under AB 1453.
9. "Family-directed" means the child and family, and others involved in supporting the treatment and recovery of the child and family, are actively involved in assessment, planning and revising services and supports and intended outcomes. Children and families are empowered through this process to make choices that will help them restore their health, safety and independence to the greatest extent possible and in a manner that is holistic and specific to the child and family and is culturally, developmentally, age and gender appropriate.
10. "Family Support" means the provision of supportive services to persons defined as family to the child or youth and parents. It includes support to caregivers at community meetings, assistance to families in system navigation and managing multiple appointments, supportive home visits, peer support, parent mentoring and coaching, advocacy, and furthering efforts to develop natural and informal community supports.
11. "Family Support Facilitation" means a process-oriented activity to encourage ongoing communication and collaboration to meet a child or youth and family's needs across multiple domains. Facilitation includes establishing and maintaining communication between the family, natural supports, community resources, and involved providers and agencies through the formation of a Family Support Team; organizing, running and documenting team meetings; and providing for continuity of care by creating linkages to and managing transitions between levels of care and transitions for transition-age young adults to adult services. The product of the Family Support Facilitation process is a living document called the Comprehensive Care Plan.
12. "Needs" are vulnerabilities, stresses, illnesses, traumas, injuries, impairments, obligations, conflicted relationships, gaps in resources, knowledge or skills, and harmful habits or patterns of behavior that reduce an individual or family's resiliency and capacity for effectively addressing and managing the challenges in their lives.
13. Gender Identity" means a person's self-identification of gender, without regard to legal or biological identification, including, but not limited to persons identifying themselves as male, female, transgendered and transsexual
14. Gender-sensitive services" means those services that comprehensively address the needs of a gender group and foster positive gender identity development, intentionally allowing gender to affect and guide the services that are responsive to the unique developmental issues and needs of the individuals receiving them.
15. "RBS" means Residentially-Based Services, an alternative model for meeting the needs of children and youth who have traditionally spent long periods of time in high level group homes, often without ever achieving permanency. The RBS model includes several important components, including intensive family involvement, parallel family and community services while a child or youth is in placement, intensive therapeutic services, and ongoing community based care following reunification with the family. The State of California has authorized 4 sites, including San Francisco to test this model over a two year period to determine its effectiveness and to learn how best to replicate the model should it demonstrate an increase in positive outcomes for enrolled children, youth and families.

16. "Research-based practice" means a treatment practice, regimen or service that is based on elements derived from valid, published studies that while not sufficiently documented or replicated to meet the standards of an evidence-based practice, nonetheless shows sufficient promise to be used to fill in gaps in the service system where there are no more strongly supported treatment options available to address the identified needs of a client or family and that is delivered using procedures that document consistency in the delivery of the treatment practice, regimen or service by the program and that closely monitor the outcomes that are produced.
17. "Resilience" means the universal capacity that a child and family use to prevent, minimize, or overcome the effects of adversity. Resilience reflects a child and family's strengths as protective factors and assets for positive growth.
18. "Strengths" means attitudes, relationships, behaviors, preferences, habits, capabilities and coping strategies that individuals and families use to increase their resiliency in order to deal with and recover from challenges they are facing.
19. "Systems integration" means the efforts by FCP programs to work collaboratively with other service systems and agencies including, but not limited to, schools, adult services, child welfare, substance abuse, and mental and physical health providers, in order to coordinate and enhance services and supports and reduce barriers to service delivery.
20. "Therapeutic milieu" means the combination of physical and interpersonal environments established and maintained by the FCP care team and the child or youth and family in a given environment to provide safety, trust and consistency of care, and to model, teach and reinforce positive and supportive behaviors and interactions among clients, staff and family members.
21. "Trauma" means a single experience, or an enduring or repeating event or events that results in significant distress or impairment in social, occupational, or other important areas of functioning for a person.
22. "Trauma-informed services" means services that are reflective of the consideration and evaluation of the role that trauma plays in the lives of children who are referred for mental health day treatment services, including recognition of the traumatic effect of misdiagnosis and coercive treatment. Services are responsive to the vulnerabilities of trauma survivors and are delivered in a way that avoids inadvertent re-traumatization and facilitates individual direction of services.