

PINEY  WOODS

4 kids
families
A family for every child

Policy Manual

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Policy Title:	Financial and Ethical Conflicts of Interest		
Policy Number:	AM-ETH-002b		
Chapter:	Administration and Management	Sub-section:	Ethics
Nullifies:	Conflicts of Interest		
Revision History:	6/12/2018; 1/31/2022		
Approving Authority:	Board of Directors		
Date Board Approved:	1/12/14; 12/4/13	Date Effective:	11/22/13

STATEMENT OF PURPOSE:

The purpose of this policy is to document the types of financial business relationships/transactions that should be avoided when serving in an official capacity of the organization. It is the intention of this policy to supplement, but not replace, any applicable state and federal laws governing conflicts of interest applicable to nonprofit and charitable organizations.

POLICY STATEMENT:

Arrow Child & Family Ministries (Arrow) prevents the enrichment of insiders and other abuses through the adoption and enforcement of a conflict of interest policy consistent with state and federal laws and regulations. Employees, volunteers, interns, Board members, advisory group members, contractors, and consultants are prohibited from engaging in personal activities outside Arrow that may create either an actual, perceived, or potential conflict of interest. Further, no employee, consultant, or board member may have any interest, direct or indirect, in Arrow’s property leases, contracted services, or assets. Arrow requires full disclosure of any actual or perceived conflicts of interest.

SCOPE:

This policy and procedure applies to all Arrow employees, volunteers, interns, Board members, advisory group members, contractors, and consultants serving any Arrow programs or services.

DEFINITIONS:

1. *Non-employee* refers to all volunteers, interns, and contractors.
2. *Conflict of Interest* refers to a conflict, or the appearance of a conflict, between the private interest and official responsibilities of a person in a position of trust.

PROCEDURE:

1. In the course of business, situations may arise in which an Arrow decision-maker has a conflict of interest, or in which the process of making a decision may create the appearance of a conflict of interest.
2. All Arrow employees, including executive and senior leaders, as well as Board members, have the responsibility to:
3. Avoid conflicts of interest, or the appearance of conflicts, between their personal interests and those of Arrow in dealing with outside entities or individuals;
4. Disclose real and apparent conflicts of interest to the CFO, CEO, or Board of Directors; and
5. Refrain from participation in any decisions on matters that involve a real conflict of interest or the appearance of a conflict.

What Constitutes a Conflict of Interest?

1. When serving in an official capacity of an employee, non-employee, Arrow representative, or Board member, these individuals are expected to act solely in the interests of Arrow, rather than their personal interests or in the interests of others. Conflicts of interest arise when the interests of an interested party may be seen as competing with those of the organization.
2. Persons with the following relationships to employees, non-employees, Arrow representatives, or Board members are also covered under this policy:
 - 2.1. Spouses;
 - 2.2. Brothers and sisters;
 - 2.3. Children, grandchildren, and great grandchildren;
 - 2.4. Spouses of individuals listed in 2 and 3; and
 - 2.5. Corporations, partnerships, LLCs, and other forms of businesses in which an interested person, either individually or in combination with individuals listed in 1, 2, 3, or 4, collectively possess a 35% or more ownership or beneficial interest.
3. **Note: The 35% financial interest threshold used in this policy is based on the IRS definition of disqualified persons in IRC section 4958.**
4. Examples of conflicts of interest include situations in which an employee, non-employee, Arrow representative, or board member:
 - 4.1. Negotiates or approves a contract, purchase, sale, or lease on behalf of Arrow and has a direct or indirect interest in, or receives personal benefit from, the entity or individual providing the goods or services;
 - 4.2. Employs, approves the employment of, or supervises a person who is an immediate family member of the leader or employee;
 - 4.3. Sells products or services in competition with Arrow;
 - 4.4. Uses donor information or relationships inappropriately or in ways that might damage donor confidentiality and/or relationships with the organization;
 - 4.5. Steers or accepts referrals of applicants or persons served to a private practice in which employees, consultants, or the immediate families of employees or consultants are engaged;
 - 4.6. Provides low interest or forgiveness of personal loans made by the organization to covered persons;
 - 4.7. Offers preferential treatment of covered persons when applying for and receiving the organization's services;
 - 4.8. Uses Arrow's facilities, other assets, employees, or other resources for personal gain;
 - 4.9. Uses a position at Arrow for personal gain; and
 - 4.10. Receives a substantial gift from a vendor if the leader or employee is responsible for initiating or approving purchases from that vendor.

Disclosure Requirements

1. A person who believes that he/she may be perceived as having a conflict of interest in a discussion or decision must disclose that conflict to the group making the decision. Most concerns about conflicts of interest may be resolved and appropriately addressed through prompt and complete disclosure. Therefore, Arrow requires:
 - 1.1. On an annual basis or when a conflict arises during the year, Board members and executive leaders inform, in writing, all reportable conflicts or confirm that there are no conflicts to report.
2. The decision that a conflict (or appearance of conflict) exists may be appealed as follows:
 - 2.1. Appeals are directed to the CEO or Chair of the Board of Directors.
 - 2.2. Board members who are the subject of the appeal, or who have a conflict of interest with respect to the subject of the appeal, abstain from participating in, discussing, or voting on the

resolution, unless their discussion is requested by the remaining members of the Board.

Violations of this Policy

1. Failure to comply with the standards contained in this policy result in disciplinary action that may include termination, referral for criminal prosecution, and reimbursement to Arrow or the government for any loss or damage resulting from the violation.
2. Examples of violations include:
 - 2.1. A person authorizes or participateds directly in actions that are a violation of this policy.
 - 2.2. A person deliberately fails to report a violation or withholds relevant and material information concerning a violation of this policy.
 - 2.3. An Arrow leader attempts to retaliate, directly or indirectly, or encourages others to do so, against an employee who reports a violation of this policy.

COMPLIANCE:

This policy complies with all state and federal requirements.



Policy Title:	Finance & Audit Committee		
Policy Number:	4Kids-AM-FIN-004		
Chapter:	Administration Management	Sub-section:	Finance
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/12/23

STATEMENT OF PURPOSE:

The primary responsibility for 4Kids4Families(4Kids) financial reporting and effectiveness of internal controls rests with the Board of Directors.

POLICY STATEMENT:

4Kids’s financial accountability will be achieved by the appointment of a Finance & Audit Committee who assist the Board of Directors in fulfilling its oversight responsibilities for the financial planning and reporting process, selection of the independent auditor, establishing the system of internal controls, and oversee the internal and external audit processes.

SCOPE:

The policy applies to selection and appointment of the Finance & Audit Committee.

DEFINITIONS:

1. NA

PROCEDURE:

The Finance & Audit Committee is an independent oversight committee. The Committee oversees the integrity of the organization’s financial management system and financial reporting, ensures the independence of the annual audit, and deters or detects financial mismanagement or fraud. The Committee actively monitors the organization’s financial position by reviewing financial reports, managing investments, and working with management to prepare the budget.

Authority

1. The Finance & Audit Committee works with the Chief Executive Officer and Chief Financial Officer in developing long-range financial and capital plans, reviewing annual budgets and financial reports, and recommending financial policies to the Board. The committee will perform additional duties that may be required by the Board. The Committee has authority to conduct or authorize investigations into any matters within its scope of responsibility. It is empowered to:
 - 1.1. Appoint, compensate, and oversee the work of any registered public accounting firm employed by the organization.
 - 1.2. Resolve any disagreements between management and the auditor regarding financial reporting.
 - 1.3. Pre-approve all auditing and auditing related services.

- 1.4. Retain independent counsel, accountants, or others to advise the committee or the Board of Directors as circumstances require.
- 1.5. Meet with company officers, external auditors, or outside counsel, as necessary.

Committee Members

1. The Committee will consist of at least three members of the Board of directors. Organizational staff, including the Chief Executive Officer and Chief Financial Officer, will not sit on the Finance & Audit Committee but may serve the Committee members in a management advisory capacity. The Board will appoint the other committee members. If recommended by the committee chair, and approved by the Board, a non-board member may be appointed to serve if it can be demonstrated that such person possesses expertise in accounting and/or finance that would significantly enhance the professionalism of the committee.

Qualifications Skill Sets and Knowledge

1. Committee members will possess a background in business, finance, economics and/or statistics, previous 4Kids committee or board experience, good common sense, judgment, and an ability to communicate.

Time Requirements

1. The Finance & Audit Committee meets at least once a year, with authority to convene additional meetings, as circumstances require. All committee members are expected to attend each meeting, in person or via tele- or video- conference. The committee will invite members of management, auditors or others to attend meetings and provide pertinent information, as necessary. It may hold private meetings with auditors and executive sessions. Meeting agendas will be prepared and provided in advance to members, along with appropriate briefing materials. Minutes will be prepared.

Responsibilities

1. Financial Statements
 - 1.1. Review significant accounting and reporting issues, including complex or unusual transactions and highly subjective areas, and recent professional and regulatory pronouncements, and understand their impact on the financial statements.
 - 1.2. Review with management and the external auditors the results of the audit, including any difficulties encountered.
 - 1.3. Review the annual financial statements, and consider whether they are complete, consistent with information known to committee members, and reflect appropriate accounting principles.
 - 1.4. Review other sections of the annual report and related regulatory filings before release and consider the accuracy and completeness of the information.
 - 1.5. Review with management and the external auditors all matters required to be communicated to the committee under Generally Accepted Auditing Standards. Review interim financial reports with management and the external auditors before filing with regulators and consider whether they are complete and consistent with the information known to committee members.
2. Internal Control
 - 2.1. Consider the effectiveness of the organization's internal control system, including information technology security and control.
 - 2.2. Understand the scope of internal and external auditors' review of internal control over financial reporting, and obtain reports on significant findings and recommendations, together with management's responses.
3. External Audit

- 3.1. Review the external auditors' proposed audit scope and approach, including coordination of audit effort.
- 3.2. Review the performance of the external auditors, and exercise final approval on the appointment or discharge of the auditors.
- 3.3. Review and confirm the independence of the external auditors by obtaining statements from the auditors on relationships between the auditors and the company, including non-audit services, and discussing the relationships with the auditors.
- 3.4. On a regular basis, meet separately with the external auditors to discuss any matters that the committee or auditors believe should be discussed privately.
4. Reporting Responsibilities
 - 4.1. Regularly report to the Board of Directors about committee activities, issues, and related recommendations.
 - 4.2. Provide an open avenue of communication between the external auditors and the Board of Directors.
 - 4.3. Review any other reports the company issues that relate to committee responsibilities.
5. Other Financial Operations Responsibilities
 - 5.1. Ensure accurate, complete, and timely financial records are maintained.
 - 5.2. Monitor income and expenditures against projections.
 - 5.3. Propose a budget to the Board that reflects the organization's goals and Board policies.
 - 5.4. Ensure that the budget accurately reflects the needs, expenses, and revenue of the organization.
 - 5.5. Review proposed new funding for financial implications, recommending approval or disapproval to the Board.
 - 5.6. Ensure the organization has the proper risk management provisions in place, including appropriate insurance coverage for the organization and the Board.
 - 5.7. Help the Board understand the organization's financial affairs.
 - 5.8. Ensure that the Board is well-informed about the organization's finances.
 - 5.9. Take measures to educate the Board on areas that need further explanation.
 - 5.10. Oversee and provide guidance concerning reserve funds.
 - 5.11. Perform other activities related to this policy as requested by the Board of Directors.
6. Review and assess the adequacy of this policy annually, requesting Board approval for material changes, and ensure appropriate disclosure as may be required by law or regulation.



Policy Title:	Advisory Councils		
Policy Number:	4Kids-AM-GOV-001		
Chapter:	Administration & Management	Sub-section:	Governance
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/25/23

STATEMENT OF PURPOSE:

To outline the procedure to assemble advisory councils for 4Kids4Families (4Kids), a division of Arrow Child & Family Ministries, programs.

POLICY STATEMENT:

4Kids may assemble advisory councils for programs operated by 4Kids. Each advisory council may consist of social service professionals, business/industry leaders, pastors, educators, community leaders, and others who share a common concern for providing professional, high quality, family-oriented, and Christ-centered services to families and individuals in crisis.

The councils serve as a link to the community and provide consultation to 4Kids’ board and staff. An advisory council is usually established for individual programs serving a particular client population and/or geographic area.

SCOPE:

This policy and procedure apply to all 4Kids Programs and Services.

DEFINITIONS:

N/A

PROCEDURE:

Membership

1. Advisory council members will be selected from the local community in which the program operates. The advisory council may represent a geographic region or specific community depending on the program.
2. 4Kids’ staff, in consultation with current advisory council members, will select new members for the council. Each council consists of at least four and no more than sixteen members. Council members will have staggered terms of three years.
3. 4Kids will strive to have balanced representation on advisory councils that reflects the gender and ethnic diversity of the community. When appropriate, efforts will be made to have a former client of the program become a part of the advisory council.
4. Advisory council members will be volunteers. 4Kids may reimburse travel expenses if a council member must travel a long distance to attend meetings.

5. Advisory council members must not seek personal gain or profit through their association with 4Kids. Any goods or services purchased from Advisory Council members' businesses will be purchased at a competitive price that does not exceed market value, or as allowed by federal and state laws and regulations.
6. An advisory council member may submit bids for goods and services required by 4Kids if the bids are processed by 4Kids or Arrow Child & Family Ministries (Corporate Staff). Advisory council members may not submit a bid for goods and services when 4Kids' staff working directly with the council are responsible for a purchasing decision.

Function

1. The Regional Administrator or designee will oversee the basic function of a council, which will be to:
 - 1.1 Educate and inform the community about client needs and how services are being delivered.
 - 1.2 Advise 4Kids of needs that exist in the community and issues related to cultural competence.
 - 1.3 Advise of specific services needed to serve the identified client population.
 - 1.4 Review program goals and objectives.
 - 1.5 Suggest ways of maintaining positive public relations and provide assistance during public relation crises. Provide information on resources and potential referral sources for the program.
 - 1.6 Assist in identifying potential funding sources.

Advisory Council Member Responsibilities

1. Advisory council members will be expected to:
 - 1.1 Attend scheduled meetings.
 - 1.2 Maintain familiarity with 4Kids programs and services through meetings and written communication from staff.
 - 1.3 Maintain confidentiality regarding information concerning clients and 4Kids personnel.
2. Although council members' responsibilities will vary with the program in which they are involved, optional activities generally will include:
 - 2.1 Identifying and cultivating local donors in coordination with the Development staff.
 - 2.2 Volunteer work directly with clients.
 - 2.3 Helping staff plan special events, i.e., banquets, foster parent appreciation events, or open houses.
 - 2.4 Advocating on behalf of 4Kids or clients served by the agency, i.e., testifying at legislative hearings, writing letters, or calling state and national legislators.
3. Arrow Child & Family Ministries Board of Directors and management staff are responsible for financial, budgetary, operational, and policy decisions. The advisory councils may provide input into these matters but will not make budgetary, operational, personnel, or policy decisions.

Responsibilities to the Advisory Councils

1. 4Kids is expected to:
 - 1.1 Keep advisory council members informed regarding program outcomes, policies, or concerns.
 - 1.2 Arrange regular meetings and work with the advisory council chair to set the agenda for those meetings.
 - 1.3 Assist council members in identifying specific areas of interest, i.e., visiting donors, organizing special events, volunteerism, etc.
 - 1.4 Utilize council input and feedback to improve client services.

Advisory Council Organization

1. Advisory councils will organize members for the purpose of conducting meetings and organizing work. Each council will elect a chairperson, secretary, and will maintain minutes of all meetings.
2. The advisory council will not organize to raise funds independently of 4Kids or Arrow Child & Family Ministries' staff. Advisory councils that advise more than one program are encouraged to form subcommittees for specific programs.

COMPLIANCE:

This policy complies with COA Standard GOV.



Policy Title:	Nepotism		
Policy Number:	AM-HR-006b		
Chapter:	Administration and Management	Sub-section	Human Resources
Nullifies:	NA		
Revision History:	8/28/13; 3/12/2018; 9/15/2023		
Approving Authority:	Board of Directors		
Date Approved:	9/25/13; 9/9/13	Date Effective:	9/25/13

STATEMENT OF PURPOSE:

This policy assures equity in the employment practices of Arrow Child & Family Ministries (Arrow). Arrow provides an equitable work environment that is supportive of organization productivity, diversity and stability.

POLICY STATEMENT:

Arrow may, at its discretion, employ members of the same immediate family or co-habitants. Such persons will not be permitted to work within Arrow when either will have the authority to make decisions affecting the work relationship, assignment or compensation of the other employee.

SCOPE:

This policy and procedure applies to all employees of Arrow.

DEFINITIONS:

1. *Nepotism* refers to favoritism granted or shown to relatives regardless of merit.
2. *Immediate family* refers to natural or in-law relatives and covers biological, marriage, and step relationships, including:
 - 2.1 Spouse,
 - 2.2 Natural and step-children,
 - 2.3 Parents and step-parents,
 - 2.4 Siblings and step-siblings,
 - 2.5 Grandparents, and
 - 2.6 Co-habitants

PROCEDURE:

1. All individuals who meet the definition of immediate family as defined above must make the hiring manager aware of the relationship of a candidate whether or not the immediate family member is supervising the candidate.
 - 1.1. The hiring manager will report the relationship to Human Resources and a decision will be made in conjunction with the Chief Administrative Officer to determine if the working relationship may create undue hardship to the company because of a parallel association with an Arrow employee.
2. It is the responsibility of every employee to identify to Human Resources or the Chief Administration Officer any potential or existing personal relationship that falls under the definitions provided in this policy.

Employees who fail to disclose personal relationships covered by this policy will be subject to disciplinary action up to and including the termination of employment.

3. Relatives of employees must be screened and selected for positions by the same standards as all other applicants.
4. Relatives of employees must not be hired into or transferred into any position that would place an employee under the direct supervision of a relative.
5. In the case of relationships that do result in policy violation, every attempt will be made to find a suitable position for transfer. In circumstances in which a transfer would not be in the best interest of Arrow, alternative arrangements may be made at the discretion of Executive Leadership and/or the board of directors.
6. In the event accommodations are not feasible then, with affected employee suggestions, the Human Resources Director, in consultation with the Chief Administrative Officer and the Chief Executive Officer, shall determine which employee must resign in order to resolve the situation.

COMPLIANCE:

This policy complies with COA Standards ETH and HR.



Policy Title:	Employment Classifications		
Policy Number:	AM-HR-018		
Chapter:	Administration and Management	Sub-section	Human Resources
Nullifies:			
Revision History:	6/92; 7/1/08; 12/13/13		
Approving Authority:	Board of Directors		
Date Approved:	September 18, 2001	Date Effective:	12/20/13

STATEMENT OF PURPOSE:

To define positions that will be eligible for benefits, to provide appropriate wages to staff according to experience and qualifications, and to assure compliance with the Fair Labor Standards Act (FLSA).

POLICY STATEMENT:

Arrow Child & Family Ministries employees will be generally classified according to the scheduled number of hours worked and their responsibilities. Full-time and part-time classifications determine eligibility for benefits and will be designed to meet the criteria determined by FLSA.

SCOPE:

This policy and procedure applies to all Arrow Child & Family Ministries employees.

DEFINITIONS:

3. *Regular Full Time Employee* is a staff member who holds a position in which they regularly work at least thirty- (30) or more hours per week. These will be generally benefit-eligible positions, subject to the terms, conditions, and limitations of each benefit program.
4. *Regular Part Time Employee* is a staff member who holds a position in which they work an assigned schedule between twenty (20) and thirty (30) hours per week. These positions will be generally eligible for certain benefits on a pro-rated basis, subject to the terms, conditions, and limitations of each benefit program.
5. *Seasonal Employee* is an individual who is employed by Arrow Child & Family Ministries for a specific and limited period, such as summer help, interns, etc., whether full-time, part-time, or PRN (as needed). These positions will be not eligible for Arrow Child & Family Ministries’ benefits.
6. *Pro re Nata (PRN)* is an individual employed to work an irregular schedule based on staffing needs. These positions will be not eligible for benefits other than those required by law such as voluntary participation in the 403B retirement plan and workers’ compensation coverage. For tax reporting purposes, PRN employees will be treated as part-time employees.
7. *Independent Contractor* is an individual who is defined as such by FLSA criteria and is contracted by Arrow Child & Family Ministries to perform services on an independent basis. Often these services will be purchased from an agency or vendor to perform duties outside the usual scope of responsibilities of Arrow Child & Family Ministries’ staff. These individuals will not be on the Arrow Child & Family Ministries payroll and will not be entitled to benefits. Independent contractors must provide their own worker’s compensation and liability insurance.

PROCEDURE:

1. These categories do not guarantee employment for any specific period of time. Employment at Arrow Child & Family Ministries is voluntarily entered into for an indefinite period of time. The employee is free to resign at will at any time, with or without cause. Similarly, Arrow Child & Family Ministries may terminate the employment relationship at will at any time, with or without notice or cause, as long as there is no violation of applicable Federal or State laws.
2. Job descriptions will clearly define whether a position is exempt or non-exempt.
3. Non-exempt employees will be entitled to overtime pay and must be paid minimum wage under the specific provisions of Federal and State laws.
4. Exempt employees will be excluded from specific provisions of Federal and State wage and hour laws.
5. An employee's status may change as a result of change in job duties, work hours, promotion, demotion, transfer, reclassification, or reorganization of Arrow Child & Family Ministries' structure.
6. Employees must be informed of their status at the time of hire and, in a timely manner, of any subsequent changes in their status.
7. Employment beyond any initially stated period of time does not in any way imply a change in employment status.

COMPLIANCE:

This policy complies with all state and federal law including but not limited to Fair Labor Standards Act (FLSA).



Policy Title:	Employee and Independent Contractor Background Checks		
Policy Number:	AM-HR-034a		
Chapter:	Administration and Management	Sub-section:	Human Resources
Nullifies:	N/A		
Revision History:	7/13/2018		
Approving Authority:	Board of Directors		
Date Board Approved:	1/12/2014; 2/3/2014	Date Effective:	12/24/2013

STATEMENT OF PURPOSE:

To outline the expected background check requirements for all Arrow Child & Family Ministries (Arrow) employees and contractors.

POLICY STATEMENT:

Arrow conducts routine background checks on staff, contractors who provide direct support and care to clients, and for interns. The states who contract with Arrow require all employees to successfully complete a background check prior to employment and to maintain some system of periodic recertification. Arrow complies with all state and federal regulations including those regarding what criminal and abuse and neglect findings preclude employment.

SCOPE:

This policy and procedure applies to all employees, contractors, and interns across both administration and operations of Arrow.

DEFINITIONS:

Independent Contractors (also referred to as *Subcontractor*) refers to an entity or individual, who is not an employee of Arrow, that delivers part of or all of the programmatic services or supports the business operations of the company.

PROCEDURE:

1. All candidates who have been made an offer for employment by Arrow are required to successfully complete a background check prior to their proposed start date.
2. Background checks are completed by the Human Resources team or a program liaison and contain the following elements:
 - 2.1. Criminal background in accordance with guidelines of the state in which they are performed;
 - 2.2. FBI finger printing;
 - 2.3. Verification of the highest level of education - copies of transcript and/or diploma will be accepted. Exceptions may be approved by CEO for positions in which high school diplomas are not required;
 - 2.4. Verification of any licensure required for the position;
 - 2.5. Driving record;
 - 2.6. Verification of previous employment; and
 - 2.7. Reference checks.

- 2.8. Verification of education must be completed if an employee completes a higher degree while employed with Arrow. Employees should provide HR with a copy of their diploma for any degree completed while employed.
3. Arrow will challenge the findings of a state's rejection ruling as a result of a background check only with the CEO's approval on a case-by-case basis. The candidate may challenge the state's rejected background clearance within a reasonable time frame that allows the company to proceed with meeting operational requirements and, if successful, the candidate must provide a letter from the state that acknowledges the error and states that the candidate has been cleared for employment with Arrow.
4. Arrow may decline employment of a candidate based on background check results beyond those rejected by the state. In such instances, Arrow considers the following:
 - 4.1. The age at which the individual committed the crime;
 - 4.2. The circumstances surrounding the crime;
 - 4.3. Any punishment imposed for the crime, including any subsequent court actions regarding that punishment;
 - 4.4. The length of time that has passed since the crime;
 - 4.5. Subsequent work history;
 - 4.6. Employment and character references; and
 - 4.7. Other evidence that demonstrates whether the employee, contractor, or intern poses a threat to the health or safety of a client, employee, or a member of the public.
5. If an incident occurs for a current employee that triggers an alert from the state, Arrow will either suspend or reassign the employee pending an internal review.
6. Continued employment at Arrow is contingent upon an annual review of an employee's background.
 - 6.1. These annual checks include the following:
 - 6.1.1. Criminal background,
 - 6.1.2. Driving record.
7. In instances of rehiring former employees, background checks must occur as if the former employee is a new hire, regardless of the length of time since the former employee's separation from Arrow.
8. Contractors and interns must submit to the same background check elements as direct Arrow employees.

COMPLIANCE:

This policy complies with: Council on Accreditation (COA) Standards HR.



Policy Title:	Onboarding and Terminating Network Providers		
Policy Number:	4Kids-AM-NET-001		
Chapter:	Administration and Management	Sub-section:	Network Administration
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/5/23

STATEMENT OF PURPOSE:

To outline the process for onboarding and terminating Network Providers in the 4Kids4Families SSCC network.

POLICY STATEMENT:

4Kids4Families (4Kids) will establish a provider network to deliver an array of services to the children of Region 4. Network Providers will be screened, contracted, and monitored to ensure there is sufficient capacity to provide high-quality, safe care and produce positive outcomes for the region.

SCOPE:

This policy and procedure applies to 4Kids and its network of providers.

DEFINITIONS:

1. *CoBRIS, or the Community-Based Care Information System*, refers to 4Kids’ web-based software solution utilized for matching/placement, client management, incident reporting, and provider/contract management within 4Kids provider network.
2. *Network Provider* refers to a child-placing agency or general residential operation that subcontracts with 4Kids to place Region 4 children in care.
3. *Single Source Continuum Contractor (SSCC)* refers to the contractor responsible for networking services in a particular region based on DFPS procurement. The SSCC is responsible for ensuring foster homes or other living arrangements for children in state care and providing a full continuum of services.
4. *Subcontractor Service Agreement* refers to the legal agreement that is signed by 4Kids and each Network Provider prior to subcontracting for service provision in Region 4.

PROCEDURE:

Onboarding of Network Providers

1. 4Kids is the SSCC in Region 4 appointed by the Department of Family and Protection Services (DFPS). As the Region 4 SSCC, 4Kids subcontracts for services from eligible Network Providers for:
 - 1.1 Residential services;
 - 1.2 Foster care/Adoption;
 - 1.3 Community based services; and
 - 1.4 Purchased services.
2. To determine eligible Network Providers, 4Kids Quality & Compliance (Q&C) team facilitates an onboarding process comprised of:

- 2.1 Application process;
- 2.2 Screening process; and
- 2.3 Contracting phase.

Application Process

1. Network Providers apply online via the 4Kids website, complete the application, and submit related documents based on the services they wish to contract for. A full list of required documents is outlined on the *Provider Application and Subcontract Checklist*.
2. The application is comprised of:
 - 2.1. Agency information;
 - 2.2. Agency policies, including 24-Hour Awake Supervision policy and Child Sexual Abuse Caregiver Notification policy;
 - 2.3. Financial reports/documents;
 - 2.4. Licensing body certificates/licenses;
 - 2.5. Insurance documents;
 - 2.6. Legal documents;
 - 2.7. Monitoring documentation; and
 - 2.8. Accreditation documentation, if applicable.

Screening Process

1. Complete applications are screened by a Q&C Specialist to validate that 4Kids' and DFPS's requirements of Network Providers are met.
2. The screening process consists of an evaluation of submitted documentation and confirmation of information with the applicant and third parties, including:
 - 2.1. Other SSCC's the Network Provider contracts with;
 - 2.2. DFPS; and
 - 2.3. Regulatory licensing bodies, etc.
3. Agency policies, including 24-Hours Awake Supervision policy and Child Sexual Abuse Caregiver Notification policy, are reviewed to ensure all Foster Care Litigation, minimum standards, and contract requirements are met, as outlined in DFPS's *24-Hour Supervision Review Form* and *Caregiver Notification Policy Checklist*.
4. General residential operations applicants also require an onsite walkthrough of the facility, which is completed by the Q&C Specialist. The walkthrough is conducted after the application has been reviewed for completeness. The Q&C Specialist reviews the facility for safety, compliance with contract requirements, and recreation/living environment as outlined in 4Kids' *Residential Contracting Onboarding Checklist*.
5. Screenings of in-state providers are conducted by DFPS and 4Kids to include review of:
 - 5.1. State of Texas sites and agencies, including CLASS website for background checks and eligibility of each controlling person, waivers and variances, compliance history, and request additional feedback from HHS Child Care Regulation (CCR);
 - 5.2. Monitoring reports;
 - 5.3. Compliance reports from other state agencies;
 - 5.4. Compliance and performance data from other SSCCs, including provider achievement in relation to performance measures and outcomes; and
 - 5.5. Review of licensing board information from the Network Provider's professional staff, and
 - 5.6. Vendor checks, including Secretary of State legal entity check; debarred, divested, and excluded Parties checks; Texas Comptroller of Public Accounts vendor hold check; Vendor Performance Report Search via VPTS; and Texas Franchise Tax Status search.

6. Screenings of out-of-state providers are conducted to include review of:
 - 6.1. Home state licensing representative to request information outlined below and confirm if they are aware of any other contracts with the out-of-state provider;
 - 6.2. List of organizations with which the out-of-state provider maintains similar contracts and provides similar services;
 - 6.3. Licensing reports and waivers/variances;
 - 6.4. Abuse/Neglect investigations;
 - 6.5. Monitoring or compliance reports from entities with which the out-of-state provider is contracted;
 - 6.6. Agreements, compliance reports, performance measure reports, and facility photos from other SSCCs or agencies; and
 - 6.7. Review of licensing board information for out-of-state provider's professional staff; and
 - 6.8. Vendor checks within the applicable state as outlined above for in-state providers and as applicable to the state.
7. Completed screenings are reviewed by the Q&C Specialist to determine complete and incomplete applications. Incomplete applications or those needing additional information or documentation are returned to the applicant for remedy and additional document submission.
8. Application concerns identified in the screening process are staffed with the Q&C Specialist and Q&C Supervisor, and at times the Director of Q&C.
 - 8.1. Applicants are evaluated based on:
 - 8.1.1. Application;
 - 8.1.2. Policies and procedures;
 - 8.1.3. Services to be provided;
 - 8.1.4. Compliance history, including HHSC CCR or state's licensing, other SSCC's monitoring, and DFPS;
 - 8.1.5. Financial stability;
 - 8.1.6. Performance as demonstrated by monitoring reports and performance measures/outcomes;
 - 8.1.7. Current license and accreditation;
 - 8.1.8. Region 4 and 4Kids' needs; and
 - 8.1.9. Impact the applicant may have on continuity of care for Region 4 clients.
 - 8.2. Applicants may be denied or may be asked to provide more information/additional documentation based on concerns or noncompliance issues identified during the screening process. 4Kids reserves the right to make the decision to contract with an applicant based on need, experience, and success/performance.

Contracting Phase

1. As the Q&C team reviews applications, the Q&C Specialist, or designee, inputs applicant information and associated documents into CoBRIS.
2. After the Q&C Specialist enters applicants into CoBRIS, they are provided with access to CoBRIS for completion of contract phase requirements.
3. The Contract Phase includes:
 - 3.1 Execution of the Subcontractor Services Agreement;
 - 3.2 Consent form;
 - 3.3 Required financial forms; and
 - 3.4 Additional required documents, such as policies.
4. Executed Subcontractor Services Agreement and the contracting packet are submitted via CoBRIS.
5. The Q&C team reviews the Subcontractor Services Agreement and conducts a final audit to ensure all documents have been completed and submitted.
 - 5.1 The Q&C Specialist, or designee, notifies the applicant of any additional items needed to complete the contracting process.

6. Applicants that have met all requirements of the Contracting Phase are reviewed and staffed with the Director of Q&C for acceptance as a Network Provider.
7. Upon approval from the Director of Q&C, the executed Subcontractor Services Agreement and additional required documents are submitted to DFPS for acceptance.
8. The Director of Q&C, or designee, notifies the applicant of acceptance as Network Provider.

Termination of Contract

1. Subcontractor Service Agreements are effective from the time of execution through August 31 each year and automatically renew for 12 months on September 1 of each year.
2. 4Kids or the Network Provider may terminate the contract and associated services as outlined in the agreement, including:
 - 2.1. Termination with Notice
 - 2.1.1. 4Kids or Network Providers who wish to terminate an executed agreement must do so by providing written notice at least 60-days in advance to the other party.
 - 2.2. Termination upon Breach
 - 2.2.1. If the Network Provider breaches the agreement, 4Kids may accept a corrective action plan from the Network Provider in lieu of termination. The Corrective Action Plan may include financial penalties.
 - 2.3. Termination by DFPS
 - 2.3.1. Termination by 4Kids is permitted upon 30-days written notice to Network Providers if DFPS terminates their agreement with 4Kids.
 - 2.4. Upon termination of a Subcontractor Services Agreement, the Network Provider must return all equipment, records, and other property of 4Kids.
 - 2.5. All client records, charts, and files remain the property of 4Kids after termination of the Subcontractor Services Agreement.
 - 2.6. Upon notification of termination by 4Kids or the Network Provider, 4Kids and the Network Provider will collaborate to create a case transition plan to ensure seamless delivery of services to all qualified individuals.
 - 2.6.1. Transition Planning Meetings include 4Kids and the Network Provider to outline the following transition activities and responsibilities:
 - 2.6.1.1. Timeframes ensuring adequate time to complete transition activities;
 - 2.6.1.2. Service provision plans during and after transition to avoid gaps in service provision;
 - 2.6.1.3. Communication plan for affected parties;
 - 2.6.1.4. Network Provider's and 4Kids' role in assisting home transfers, if necessary; and
 - 2.6.1.5. 4Kids monitoring/oversight of transition activities.
3. The Director of Q&C will notify the CBC Contract Administration Manager when a Network Provider is terminated in the 4Kids network within five (5) business days of termination.
4. 4Kids will copy the CBC Contract Administration Manager in communications with the Network Provider about the contract termination and will remain in close contact until the Network Provider is completely closed and inactive in the 4Kids network.

COMPLIANCE:

This policy complies with COA accreditation policies, state standards, and contract requirements.



Guidelines Title:	Subcontractor Services Agreement		
Guidelines Number	4Kids-AM-NET-001-G001		
Relevant Policy Title:	Onboarding and Terminating Network Providers		
Relevant Policy Number:	4Kids-AM-NET-001		
Guidelines Revision History:	N/A		
Guidelines Nullified:	N/A		
Date Guidelines Approved:	11/16/23	Date Effective:	9/12/23

GUIDELINES PURPOSE:

To outline Network Provider expectations related to the Subcontractor Services Agreement for 4Kids4Families (4Kids) providers in Region 4.

DEFINITIONS:

2. *Network Provider* refers to a child-placing agency or general residential operation that subcontracts with 4Kids to place Region 4 children in care.
3. *Subcontractor Services Agreement* refers to the legal agreement utilized by 4Kids to subcontract for service provision in Region 4.

GUIDELINES:

1. 4Kids subcontracts with/for the following:
 - 1.1. Child Placing Agencies;
 - 1.2. General Residential Operations;
 - 1.3. Residential Treatment Centers;
 - 1.4. Intensive Psychiatric Treatment Programs;
 - 1.5. Supervised Independent Living;
 - 1.6. Limited scope, child-specific, or ICPC;
 - 1.7. Adoption; and
 - 1.8. Other purchased client services.
2. The 4Kids Subcontractor Services Agreement includes but is not limited to the following information:
 - 1.1 Eligibility and qualifications;
 - 1.2 Unilateral rights;
 - 1.3 Change process;
 - 1.4 Provision of services;
 - 1.5 Responsibilities of the Network Provider, including:
 - 1.5.1 Incident notification;
 - 1.5.2 Legal and regulatory compliance; and
 - 1.5.3 Insurance coverage.
 - 1.6 Rates and compensation;
 - 1.7 Terms and terminations;
 - 1.8 Performance measures; and
 - 1.9 Standard provisions.
3. Subcontracting with 4Kids

- 2.1 4Kids is committed to subcontracting Network Providers that employ quality services to create the best outcomes for children.
- 2.2 Network Providers become part of the network upon subcontracting with 4Kids, as outlined in the *Onboarding and Termination of Network Providers* policy.
 - 2.2.1 Network Providers are monitored for contract compliance and performance.
 - 2.2.2 Network Providers are supported by 4Kids via resources and knowledge-based documents found on the 4Kids website.
 - 2.2.3 Network Providers are responsible for remaining up-to-date with the current Provider Manual, Policy & Procedure Manual, Joint Monitoring Tool, DFPS contract document, 4Kids Subcontractor Services Agreement amendments and exhibits, training opportunities, and network announcements related to ongoing requirements with 4Kids.



Policy Title:	Network Provider Policy Requirements		
Policy Number:	4Kids-AM-NET-002		
Chapter:	Administration and Management	Sub-section:	Network Administration
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/5/23

STATEMENT OF PURPOSE:

To ensure that all caregivers are aware of a child’s sexual victimization, sexual trafficking, and sexual aggression history per Foster Care Litigation requirements, and ensure all Network Providers maintain a policy for 24-hour continuous awake supervision.

POLICY STATEMENT:

4Kids4Families (4Kids) ensures all Network Providers maintain a policy and practice in which all caregivers are notified of a child’s sexual abuse history prior to caring for that child. 4Kids ensures all Network Providers have a policy for 24-hour awake supervision. Network Provider policies are reviewed by 4Kids and the Department of Family and Protective Services (DFPS) prior to subcontracting with the Network Provider.

SCOPE:

This Policy and Procedure applies to all 4Kids Network Providers.

DEFINITIONS:

1. *Caregiver* for the purposes of this policy refers to the individual foster parents in a foster home; in a general residential operation, the caregiver outlined below is typically the administrator of the operation, the receiving intake staff, if applicable, and the child’s case manager.
2. *Commercial sexual exploitation commonly referred to as sexual trafficking* refers to a range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value (including monetary and non-monetary benefits) given or received by any person.
3. *Continuous 24-hour awake supervision* refers to caregivers remaining awake to supervise children in care continuously, 24 hours a day. This applies to licensed childcare placements with more than 6 children, including foster, biological, and adoptive children.
4. *Network Provider* refers to a child-placing agency or general residential operation that subcontracts with 4Kids to place Region 4 children in care.
5. *Placement* refers to the location, home or facility, in which a child will be living while in the care of the state.
6. *Sexual aggression* refers to sexual behavior by a child in care that is sexually inappropriate towards another person.
7. *Sexual victimization* refers to children who have been the victim of sexual abuse whether in their biological home or in some other setting.

PROCEDURE:

Child Sexual Abuse Caregiver Notification

1. Primary Placement Notification:
 - 1.1. Upon placement into a primary home or facility, DFPS provides the caregiver with a Placement Summary (Form K-908-2279), and Attachment A - Child Sexual History Report to outline the history of sexual victimization, sexual trafficking, and sexual aggression for the child being placed.
 - 1.1.1. The Placement Summary (Form K-908-2279) and Attachment A - Child Sexual History Report ensure the placement adequately addresses the child's safety, therapeutic needs, and additional children's safety needs that may be necessary in relation to sexual aggression.
 - 1.2. When a history of sexual aggression, victimization, or trafficking is identified after placement, DFPS will provide an updated Attachment A - Child Sexual History Report to the child's placement to ensure the placement can adequately address the child's safety, therapeutic needs, and additional children's safety needs.
 - 1.3. Network Providers are required to have policies related to DFPS's Attachment A - Child Sexual History Report that address:
 - 1.3.1. Required signatures for initial and subsequent certification by caregivers;
 - 1.3.1.1. If required signers are not present at the time of placement, the Network Provider's designee will ensure that all signatures are obtained and return the completed Attachment A - Child Sexual History Report to the child's DFPS worker within 3 business days.
 - 1.3.2. DFPS return protocols; and
 - 1.3.3. Signature requirements for additional caregivers, respite or short-term care providers.
 - 1.4. If the required signers are not present at the time of placement, the Network Provider's designee will ensure that all signatures are obtained and return the completed Attachment A - Child Sexual History Report and Form K-908229b to the child's DFPS worker within 3 business days.
2. Secondary Placement Notification:
 - 2.1. Network providers are required to have policies related to DFPS's Attachment A - Child Sexual History Report that address notification of associated child sexual aggression or sexual victimization to and acknowledgement from temporary placements such as:
 - 2.1.1. psychiatric hospital;
 - 2.1.2. medical hospital;
 - 2.1.3. juvenile detention facility; and
 - 2.1.4. respite care, etc.
3. Attachment A - Child Sexual History Reports are maintained by the Network Provider in the child's record. Certification of caregiver notification is maintained in the foster parent record. Documentation must be provided to DFPS and 4Kids upon request.

24-Hour Awake Supervision

1. All group residential operation Network Providers are required to provide continuous 24-hour awake supervision.
 - 1.1. Network Providers must notify 4Kids and DFPS within 24 hours of occurrence when this condition is not met via:
 - 1.1.1. Submission of an incident report in the Texas Provider Gateway, and
 - 1.1.2. Completion of the DFPS 24-Hour Awake Supervision Compliance survey in [Survey Monkey](https://www.surveymonkey.com/r/ZFV9X65) (www.surveymonkey.com/r/ZFV9X65).
2. Network Providers are required to submit their 24-hour awake supervision policy to 4Kids during their application process prior to subcontracting with 4Kids.

- 2.1. Network Providers' supervision policies must consider and address the number of children, ages, genders, needs and behavior types, living arrangements, and levels of service of the children and youth placed at the facility. Additionally, policies must include information about the facility type, physical environment, facility layout including number and configuration of buildings, use of alarms or audiovisual equipment, and procedures for provision of supervision, such as bed checks, staff-to-client ratios, after-hours emergency response time, and emergency contacts.
3. Continuous 24-Hour Awake Supervision Monitoring:
 - 3.1. 4Kids' Quality & Compliance team will review 24-hour awake supervision requirements as outlined in 4Kids' *Onboarding and Terminating Network Providers Policy*.
 - 3.2. 4Kids will review instances of noncompliance within 24 hours of notification.
 - 3.3. 4Kids will request information about staff ratio and sample 24-hour awake supervision schedules during the annual monitoring review process.

COMPLIANCE:

This policy complies with COA accreditation policies, state standards and contract requirements.



Guidelines Title:	24-Hour Supervision		
Guidelines Number	4Kids-AM-NET-002-G001		
Relevant Policy Title:	Network Provider Policy Requirement		
Relevant Policy Number:	4Kids-AM-NET-002		
Guidelines Revision History:	N/A		
Guidelines Nullified:	N/A		
Date Guidelines Approved:	9/12/23	Date Effective:	9/12/23

GUIDELINES PURPOSE:

4Kids4Families (4Kids) recognizes the importance of monitoring sleeping children to reduce the risk of harm or injury by ensuring that caregivers can identify signs of distress and implement immediate responses to protect the health and safety of children in care.

DEFINITIONS:

1. *Residential Caregivers* refers to the direct childcare staff responsible for the daily care and supervision of clients in the program including during sleeping hours.
2. *Continuous 24-hour Awake Supervision* means caregivers are awake to supervise youth under the age of 18 continuously, 24 hours a day.

GUIDELINES:

Placement

1. Network Providers are required to have a continuous 24-hour awake supervision policy when the care for more than six (6) children, with the exception of unlicensed placement of unlicensed or unverified kinship placements.
 - 1.1. Supervision Ratios are considered when accepting placements in a facility.
 - 1.1.1. The maximum number of children in ratio is to not exceed the number specified in the table.
 - 1.1.2. The ratio of residential staff to children may not be less than the minimum number of child residential staff to children specified in table.

Childrens ages	Staff vs Children Ratio	Maximum # of Children
1-3	1:2	4
4-6	2:4	8
7-12	3:6	16
13-Older	4:8	20

Monitoring and Compliance

1. All licensed residential childcare providers with more than six (6) children in their facilities submit policies that meet the required continuous 24-hour awake supervision provisions.
2. Network Provider notify 4Kids and DFPS when condition of 24-hour awake supervision is not met. This report will be submitted within 24 hours of the occurrence and include the Network Provider’s actions.

3. 4Kids reviews non-compliance incidents within 24 hours of being notified.
4. 4Kids maintain report of non-compliance of continuous 24-hour awake supervision.
5. 4Kids will request information about staff ratio and sample of 24-hour awake supervision schedule during the annual monitoring review process.

COMPLIANCE:

This policy complies with the Provider Manual, Joint Operations Manual, and Minimum Standards



Policy Title:	Contract Monitoring & Network Provider Oversight		
Policy Number:	4Kids-AM-NET-003		
Chapter:	Administration and Management	Sub-section:	Network Administration
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/12/23

STATEMENT OF PURPOSE:

To establish how 4Kids4Families (4Kids) manages the oversight of contracted Network Providers.

POLICY STATEMENT:

The performance of Network Providers is monitored and evaluated on a regular basis. 4Kids Quality & Compliance (Q&C) Department is assigned to facilitate contract management for Region 4 Network Providers. This work relies on a network culture that is proactive, innovative, and supports continuous learning by being outcome driven, data informed, and performance based.

SCOPE:

This policy applies to all Network Providers contracted to provide services with 4Kids.

DEFINITIONS:

4. *CoBRIS or the Community-Based Care Information System*, refers to 4Kids’ web-based software solution utilized for matching/placement, client management, incident reporting, and provider/contract management within 4Kids provider network.
5. *Network Providers* refers to a child-placing agency or general residential operation that subcontracts with 4Kids to place Region 4 children in care.
6. *Single Source Continuum Contractor (SSCC)* refers to the contractor responsible for networking services in a particular region based on DFPS procurement. SSCC is responsible for ensuring foster homes or other living arrangements for children in state care and providing a full continuum of services.

PROCEDURE:

1. 4Kids embraces a culture of improvement and is committed to continually assessing child, family, and community needs to provide effective services that promote individual and system-wide impact. As such, the Q&C department is dedicated to supporting Network Providers in meeting performance standards and improving outcomes.
2. 4Kids’s role is to manage the provider network, and does not intend to provide direct services, nor to compete with its service partners.
3. 4Kids’s approach to managing services is a solution-based communication and evidence- based practice model. 4Kids implements network-wide service management and an outcomes measurement system that allows 4Kids to evaluate case progress and service program effectiveness at the case and system levels.

4. Each Network Provider must specify a technical contact who is familiar with program operations and relevant technology systems used within the organization. The technical contact is responsible for communication with 4Kids in relation to CoBRIS and other 4Kids software systems, including:
 - 4.1. Serving as a liaison between the Network Provider and 4Kids software systems staff;
 - 4.2. Requesting the creation and deactivation of user accounts for 4Kids software systems;
 - 4.3. Requesting support and training for the Network Provider in the use of 4Kids software systems; and
 - 4.4. Reporting technical problems related to 4Kids software systems.
5. Ongoing interactions between 4Kids and Network Provider include but not limited to the following:
 - 5.1. A Monitoring Review completed within the first year of enrollment and annually thereafter. If an annual review is not conducted the reason will be documented and approved by the Community-Based Care Administrator.
 - 5.2. When concerns or areas of improvement are identified, a Quality Improvement Plan (QIP) to support Network Providers in addressing challenges and build upon strengths.
 - 5.2.1. QIP's are developed in collaboration with the Q&C Specialist.
 - 5.3. When a Network Provider does not demonstrate efforts toward fulfillment a QIP, including repeated or ongoing deficiencies, a more formal Corrective Action Plan is implemented.

COMPLIANCE:

This policy complies with COA accreditation policies, state standards and contract requirements.



Policy Title:	Monitoring Review Process		
Policy Number:	4Kids-AM-NET-004		
Chapter:	Administration and Management	Chapter:	Network Administration
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Board Approved:	9/12/23

STATEMENT OF PURPOSE:

To ensure all Network Providers maintain regulatory and statutory compliance, quality improvement functions are centralized through the Quality & Compliance (Q&C) department in 4Kids4Family (4Kids), which is dedicated to overseeing contract performance and compliance.

POLICY STATEMENT:

4Kids implements a network-wide outcomes measurement system that allows for evaluation of network performance via measurable data and a contract monitoring process that evaluates contract terms, performance expectations, outcomes, and outputs both on an individual Network Provider level and for the region as a whole. The process allows 4Kids to hold Network Providers accountable for financial, quality, and outcome measures that promote child safety, well-being, and permanency.

SCOPE:

This Policy and Procedure applies to all Network Providers.

PROCEDURE:

1. 4Kids’ Q&C department facilitates a partnership with Network Providers to equip them to best serve clients by encouraging them through the monitoring process.
2. The Q&C department develops and manages a monitoring schedule for each Network Provider.
3. 4Kids partners with other SSCCs and participates in the SSCC joint monitoring plan, utilizing the joint monitoring tool.
4. Each Network Provider receives at minimum an annual audit evaluating all contract terms and a quarterly scorecard of their outcomes and outputs.
 - 4.1. Additional supports are provided via improvement plans, training, referral for resources, or conflict resolution, as needed.
5. On-site monitoring reviews are announced or unannounced as determined by the Q&C Specialist.
 - 5.1. 4Kids notifies Network Providers of on-site monitoring visit prior to most visits.
 - 5.2. 4Kids reserves the right to make unannounced visits during normal business hours.
6. Upon scheduling a monitoring visit with a Network Provider, the Q&C department provides written notification requesting required information prior to the scheduled visit.
7. At the time of the monitoring visit, the Q&C Specialist conducts an entrance meeting with the Network Provider to discuss the purpose, scope, and activities planned for the review.
 - 7.1. The monitoring process may include a review of the following components:

- 7.1.1.Policies and procedures;
- 7.1.2.Records, including child, caregiver/foster family, and personnel;
- 7.1.3.Interviews with staff or child; and
- 7.1.4.Physical site.
- 7.2. The Network Provider should be prepared to make available the following:
 - 7.2.1.Policy and Procedure Manual;
 - 7.2.2.Personnel records;
 - 7.2.3.Foster Home records;
 - 7.2.4.Child records;
 - 7.2.5.Financial records;
 - 7.2.6.RCCL history and documentation;
 - 7.2.7.Data entry process/requirements; and
 - 7.2.8.Other pertinent information requested by 4Kids.
- 7.3. When safety concerns are identified during a monitoring visit, they will be addressed with the Network Provider immediately and will require immediate action and intervention.
- 8. Once the monitoring review is completed, the Q&C Specialist reviews the preliminary results with the Network Provider during an exit meeting.
- 9. A final monitoring report is provided to the Network Provider documenting the findings of the monitoring review and outlining a request for a Quality Improvement Plan (QIP) as needed.
- 10. Quality Improvement Plans are implemented to support Network Providers in addressing challenges and building upon strengths.
 - 10.1. 4Kids' approach is based upon the identification of expected performance goals and outcomes, development and implementation of measurable objectives that tie to those goals and outcomes, utilization of tools to measure those objectives, continuous evaluation of data and, subsequently, the identification of additional changes that drive continued improvement.
- 11. If the Network Provider disagrees with monitoring report findings, they must submit in writing a request to appeal.
 - 11.1. 4Kids Q&C department conducts a review of the appeal and responds to the Network Provider with a final decision.
- 12. In times when a QIP is implemented, the Network Provider submits the QIP to the Q&C Specialist within 30 days of receipt of the final monitoring report.
 - 12.1. The Q&C Specialist reviews the QIP and identifies follow-up needs or revisions.
- 13. After the QIP is reviewed and implemented, 4Kids follow-ups during the next monitoring review, or at intervals outlined in the QIP, to ensure progress has been made.
- 14. When a Network Provider does not demonstrate efforts toward fulfilling the QIP, including repeated or ongoing deficiencies, a more formal Corrective Action Plan may be warranted.
 - 14.1.In such cases, a specific time and duration for the plan is outlined with the Network Provider and regular, consistent follow-up monitoring reviews occur until the contract is brought into an acceptable level of compliance.

COMPLIANCE:

This policy complies with COA accreditation standards, state standards, and contract requirements.



Policy Title:	Quality Management Overview		
Policy Number:	4Kids-AM-NET-005		
Chapter:	Administration and Management	Sub-section:	Network Administration
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/12/23

STATEMENT OF PURPOSE:

To establish procedures related to 4Kids4Families’ Performance and Quality Improvement (PQI) process.

POLICY STATEMENT:

4Kids4Families (4Kids) is dedicated to equipping Network Providers and stakeholders by embracing a culture of improvement and committing to continually assessing child, network, and community needs to provide effective services that promote individual and system-wide impact. Using a PQI framework, 4Kids ensures data is collected, analyzed, and utilized to support strategic priorities and goals, program outcome measurement, quality improvement processes, service delivery excellence, and positive results for children and families served in Region 4.

SCOPE:

This policy applies to all 4Kids staff, Network Providers, and stakeholders.

DEFINITIONS:

1. *Network Provider* refers to a child-placing agency or general residential operation that subcontracts with 4Kids to place Region 4 children in care.

PROCEDURE:

Quality Management Strategies

1. 4Kids Quality & Compliance (Q&C) staff partner with Arrow Child & Family Ministries (Arrow) Organizational Improvement (OI) department to promote a culture of quality management, Performance and Quality Improvement (PQI), and data-centered improvement.
2. 4Kids’ PQI process relies on a culture that is proactive, innovative, and supports Network Providers to best serve Region 4 children, families, and community members to promote individual and system-wide impact.
 - 2.1. Arrow and 4Kids endorse a culture that is responsible for:
 - 2.1.1. Excellence and continuous improvement;
 - 2.1.2. Commitment to the improvement process from staff, Network Providers, and stakeholders at all levels;
 - 2.1.3. Engagement of Network Providers in the PQI process;
 - 2.1.4. Annual and/or ongoing monitoring that supports long-term the strategic plan of Network Providers;

- 2.1.5. Dedication of ample resources to facilitate data collection and analysis;
 - 2.1.6. Regular reporting of performance and impact outcomes;
 - 2.1.7. Constructive use of data that promotes learning, performance, and results;
 - 2.1.8. Use of quality and performance improvement results to change monitoring processes, policy, and practice;
 - 2.1.9. Service delivery processes that demonstrate positive outcomes;
 - 2.1.10. Monitoring of Network Providers' outcomes;
 - 2.1.11. Tracking of trends and outcomes within Region 4;
 - 2.1.12. Performance Measurement; and
 - 2.1.13. Stakeholder satisfaction.
3. 4Kids' Q&C department oversees compliance, monitoring, and performance activities related to Network Providers in Region 4.
 4. Arrow's Organizational Improvement department supports the Q&C department by providing reporting of performance and contract outcomes.
 5. Network Providers are responsible for engaging in the improvement process through performance measures identified in the Subcontractor Services Agreement, Provider Manual, and 4Kids' expectations identified on 4Kids' website or resources.
 - 5.1. Q&C Staff review performance expectations during monitoring visits.
 - 5.2. Scorecards are provided to each Network Provider quarterly.
 - 5.3. When a Network Provider does not meet 4Kids' performance as identified in the Subcontractor Services Agreement, Provider Manual, or resources, the Q&C Specialist implements a Quality Improvement Plan (QIP).
 - 5.3.1. When a Network Provider does not meet outlined improvement as identified in a QIP, the Network Provider receives a Corrective Action Plan.

Incident Trends and Investigations

1. The Q&C department reviews Network Providers' incidents and monitoring reports for correlations related to areas of concern.
 - 1.1. As trends are identified, Q&C Staff implement a QIP and/or Corrective Action Plan to address any areas of concern.
2. In the event Q&C Staff become aware of any abuse or neglect incidents or investigations resulting in Reason to Believe (RTB), 4Kids reviews the events surrounding and information related to the incident.
 - 2.1. As investigations are needed, 4Kids coordinates investigations with DFPS and/or RCCL.
 - 2.1.1. Q&C Staff coordinate agency placement hold/closure status between agencies and departments, as necessary.
3. In situations in which a Network Provider has a trend of serious incidents involving safety concerns, the Q&C department may conduct a review to identify performance issues or safety concerns regarding the Network Provider or their homes. Reviews may result in actions such as:
 - 3.1. determining that the agency has resolved the issue and no action is needed;
 - 3.2. increased oversight;
 - 3.3. development of a plan for remediation or quality improvement required by agency;
 - 3.4. recommendation for additional training requirements;
 - 3.5. on-site technical assistance;
 - 3.6. temporary placement hold on either the entire agency or specific homes; or
 - 3.7. termination of the contract.

COMPLIANCE:

This policy complies with COA accreditation standards, state standards, and contract requirements.



Policy Title:	Incident Reporting and Risk Prevention		
Policy Number:	4Kids-AM-NET-006		
Chapter:	Administration and Management	Sub-section:	Network Administration
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/12/23

STATEMENT OF PURPOSE:

To establish standards that provide clear timelines and expectations for timely reporting of incidents to 4Kids4Families (4Kids).

POLICY STATEMENT:

Serious incidents are to be handled in a manner that preserves the placement, assures continuity of care, and ensures ongoing safety and trauma responsive care for the child/youth and provides for improved skills for the family facility. Network Providers are mandatory reporters and must report and document serious incidents involving a child in their care.

Any incident that fits the criteria for mandatory reporting must be reported to 4Kids within the timeframes set by RCCL. Network Providers must refer to **HHSC Minimum Standards for Child Placing Agencies/General Residential Operations, Subchapter D, Reporting Serious Incidents and Other Occurrences**. The reports must be made to the entities outlined in this section, and reporting and documentation must be within the specified timeframes. Upon receiving notification of an incident regarding a child, the Network Provider will determine whether the incident demands mandatory reporting to authorities other than 4Kids.

SCOPE:

This Policy and Procedure applies to all youth in care under 4Kids.

DEFINITIONS:

N/A

PROCEDURE:

1. Immediately, but no later than 24-hours after knowledge of serious incidents, licensing investigations, licensure board reports and investigations, suspected fraud or fraud investigations, and violations that occur within Network Provider’s business, the Network Provider must notify 4Kids in writing:
 - 1.1 For serious incident reports involving children in care, Network Providers will submit a written incident report via the Texas Provider Gateway (TPG), which 4 Kids will access and serve as the written notification.
 - 1.2 For all other notifications, the Network Provider will submit the report to 4Kids as directed in the Provider Manual.

2. Network Providers are to immediately report knowledge of or suspicion of abuse, neglect, or exploitation of a child to directly to the Texas Abuse Hotline at (800) 252-5400 or online at <http://www.txabusehotline.org>. Additionally, Network Providers will report these allegations to 4Kids utilizing the procedures outlines in the Serious Incident Reporting section of the Provider Manual.
3. 4Kids will promptly report any suspected case of abuse, neglect, or exploitation to the appropriate authority as required by the Texas Family Code, Chapter 261. All reports must be made within twenty-four (24) hours of the discovery of abuse, neglect, or exploitation.
4. The following incidents are to be reported to 4Kids immediately after safety is assured by calling the phone number listed on the 4Kids website.:
 - 4.1 Death of a child/youth,
 - 4.2 Child is in a life-threatening situation,
 - 4.3 A significant change in a child/youth's medical condition,
 - 4.4 Psychiatric Hospitalization,
 - 4.5 A child who is missing from care and placed on the Amber Alert system returns to care,
 - 4.6 Natural disasters where children are displaced, and
 - 4.7 Serious Incidents such as:
 - 4.7.1 Suicide Attempts.
 - 4.7.2 Injuries requiring medical treatment including psychiatric hospitalization.
 - 4.7.3 Runaway incidents.
 - 4.7.4 A caregiver/staff member or child contracts a communicable disease.
 - 4.7.5 Commission of a Crime, including those committed by youth or crimes occur at a home or facility in which youth are placed.
 - 4.7.6 Allegations of abuse, neglect or abusive treatment
 - 4.7.7 A child's abuse, neglect, or exploitation.
 - 4.7.8 Allegation and/or confirmed child-on-child physical and/or sexual abuse.
5. A Serious Incident Report should be completed for each contact made in the case of a presumed emergency or crisis situation. This report must include the following and be submitted to 4Kids within 24 hours via the Texas Provider Gateway (TPG):
 - 5.1 Name of child involved in the incident or crisis situation, including gender, date of admission, and age.
 - 5.2 Name and contact information for where child is placed, including name, address, and phone number.
 - 5.3 Developmental and chronological age of child(ren) involved in the incident.
 - 5.4 Date and time of the incident or crisis situation.
 - 5.5 Date report was completed.
 - 5.6 Date, time, and method of notification made to 4Kids and Licensing.
 - 5.7 Nature of the incident.
 - 5.8 Interventions/actions taken by 4Kids and Network Provider.
 - 5.9 Names of witnesses and health professionals.
 - 5.10 Resolution of incident, including findings and treatment recommendations; and
 - 5.11 Notation as to whether mandatory reporting is required and was completed.
6. Upon receiving the immediate notification of an incident, 4Kids will contact the Network Provider to review the course of action taken by the Network Provider and to determine as a team if further interventions are needed. This might include a corrective action plan, additional wraparound support services, or training.
7. All incident reports will be available to DFPS for their review. Any incident reporting of an injury, runaway, missing child, or increased threat to the safety of a child will be reported immediately to DFPS. 4Kids will work in partnership with RCCR on any investigation that results from a Network Provider's incident report.

8. 4Kids will identify trends by Network Providers and the Network collectively. If a trend is identified in a specific area, 4Kids will assist with the formation of a workgroup to address improvement in that specific area.

COMPLIANCE:

This policy complies with state regulations.



Policy Title	Systems Access Control		
Policy Number:	AM-RPM-007b		
Chapter:	Administration and Management	Sub-section:	Risk Management and Prevention
Nullifies:	General MIS Policy; Computer Security		
Revision History:	02/19/14; 4/17/17		
Approving Authority:	Board of Directors		
Date Board Approved:	1/12/14	Date Effective:	2/21/14

STATEMENT OF PURPOSE:

This operating procedure outlines the processes to follow which ensure the security of Arrow Child & Family Ministries, departmental data and other information resources; system users’ responsibilities to ensure this security, and the measures to follow in the event of a security incident.

POLICY STATEMENT:

This operating procedure defines the processes to be used to protect the confidentiality, integrity, availability, and reliability of all information technology resources used to support the needs of our clients and the missions of the Department. This procedure seeks to prevent accidental or intentional unauthorized disclosure, modification, or destruction by persons within or outside of the Department.

SCOPE:

This operating procedure applies to all Arrow Child & Family Ministries employees, contractors, volunteers and anyone who has access to data through the use of computer-related media. The resources covered by this operating procedure includes all information technology resources used to support or implement the mission of Arrow Child & Family Ministries and other automated data processing systems in our custody, whether owned, purchased, contracted, or leased. This operating procedure includes such resources used in offices, in the field, or at telecommuting sites.

DEFINITIONS:

1. *Data* refers to collection of facts; numeric, alphabetic and special characters which are processed or produced by a computer.
2. *Data Center(s)* - for security purposes refers to any site designated as such by the IT department.
3. *Departmental Data Processing Systems* refers to systems that are maintained and operated at the Arrow Child & Family Ministries Data Center, and other Departmental data processing sites.
4. *Security Manager* refers to the person designated by the Chief Financial Officer or the National Director IT to administer the Department’s data and information technology resource security program.
5. *Information Technology Resources* refers to data processing hardware, software and services, supplies, personnel, facility resources, maintenance, training, or other related resources.
6. *Local Application Software* refers to local data processing software that is the responsibility of the individual using the software at that location.
7. *Security Incident* refers to an event or unintentional action that results in compromised data confidentiality, a danger to the physical safety of technology resources or personnel, misuse of state technology resources, and/or electronic denial of technology resource services.

8. *Removable Media* refers to removable storage devices such as a thumb drives, CDs, diskettes, external hard drives, or flash card designed to be very small, highly portable and can store large quantities of data. The drives generally use USB interfaces. The flash cards may be used in computers or cameras; both could contain confidential data.
9. *System Users* refers to any person who, through Arrow Child & Family Ministries employment, contractual arrangement, charitable service or any other service arrangement and with appropriate approvals, would have access to Arrow Child & Family Ministries' facilities, computer systems, data for the purpose of conducting business or providing services and who must comply with Client Confidentiality Policy.
10. *System Owner* refers to the person designated with statutory or operational authority for specified information and responsible for establishing the controls for its generation, collection, processing, dissemination, and disposal. The systems owner is also responsible to administer the departmentalized systems user's security and accessibility.

PROCEDURE:

System Security

1. Arrow Technology Systems
 - 1.1. Each person who is granted access to the company's IT systems will have a unique personal identifier(s). A security manager will assign and control personal identifier(s). This identifier(s) will be confidential. Prior to obtaining a personal identifier, the owner must sign Acknowledgement of Confidentiality Policy.
 - 1.2. The identifier(s) will permit access to the data that the person has a need and right to know and will control inquiry and update capabilities. The systems owner will determine and authorize systems access. This initial security measure will ensure a general level of security across all systems. The system user may implement additional levels of security if the system owner makes a request and the Information Security Manager approves the request.
 - 1.3. It is the responsibility of the user to secure and protect their personal identifier (i.e., user id and password).
 - 1.4. All Electronic Data Systems will record and maintain audit logs that show who and when information is altered or deleted.
 - 1.5. Prior to system access, all third-party reviewers, contractors, vendors will sign a Business Associates Agreement. This agreement is in compliance with the Health Insurance Portability Accounting Act, and is executed to protect, and keep the confidentiality of all client protected health information.
2. Network Security
 - 2.1. All equipment must have the approved Arrow Child & Family Ministries standard anti-virus software. Users may not change the configuration unless instructed to do so by the IT Department. Additionally, all Windows based computing equipment must have Microsoft Updates set to automatically download and install any critical security update.
3. Removal of Sensitive Data
 - 3.1. Prior to off-site repair of an IT device (server, storage, or client, network components, operating system or application software, and storage), the systems owner will back up any necessary files and remove all sensitive data. Similarly, the systems owner should remove all sensitive data from the IT device (server, storage, and client), network components, operating system or application software, or storage media prior to its disposal.
 - 3.2. System user will consult with IT staff to make certain confidential data is removed instead of overwriting the data.
 - 3.3. Only systems owners or IT staff should remove sensitive data from IT devices permanently

4. Removable Media
 - 4.1. If employees keep data on removable media the media, including flash cards, the devices must be stored in a secure location when not in use. Removable media must be used for business purposes only.
 - 4.2. Confidential data may NOT be stored on ANY unencrypted mobile device (laptops, thumb drives, CDs, disk, etc).
 - 4.3. Use of, or allowing the use of unencrypted or unfamiliar removable media such as; external hard-drives, CD's, and USB flash drives on Arrow issued devices is not permitted.
5. Laptops and Wireless Networks - Laptops and wireless networks by their nature encourage computer usage outside of the company's secure locales. When using these devices, the following security requirements must be followed.
 - 5.1. Users of laptops are responsible for ensuring the physical security of the laptop and the security of any data or information stored on the laptop. No confidential information may be stored on an unencrypted laptop and users must always physically secure laptops when not in their possession. Staff must report any thefts, losses, or compromised security immediately to the Arrow Child & Family Ministries IT Help Desk and affected staff should file a police report.
 - 5.2. Arrow issued laptops and computers should not be used to house data files outside of that used for business purposes. This includes personal photos, music, movies, videos, etc.
 - 5.3. Wireless Cards/PDAs/Mobile devices/etc.
 - 5.3.1. Wireless technology will use a minimum 128 bit encryption. Staff will not transmit confidential data unencrypted via wireless devices or across unsecured public lines.
 - 5.3.2. If you connect Arrow Child & Family Ministries' equipment to your home wireless network, you must make sure you set-up the network so it is password protected.
 - 5.4. Turn On (Compatible) Encryption (WED or WPA).
6. Every system user will be held responsible for information security including access, transport, or storing of sensitive and confidential information. Fulfillment of security responsibilities will be mandatory and violations may be cause for disciplinary action up to and including dismissal.
 - 6.1 Password Security: Information sharing with selected employees should be handled through administrative methods rather than sharing passwords. Administrative methods include:
 - 6.1.1 Establishing individual e-mail rules and alias assignments to permit sharing of electronic mail. (RPM 6.01, 6.05)
 - 6.1.2 Obtaining access rights to special directories to share files with one or more people. Using mainframe security features to give supervisors appropriate access rights to their employees' cases and files, if required
 - 6.2 Emergency Password Sharing. For special emergency needs to conduct official state business, an e-mail password may be divulged to a trusted individual of the password owner's choosing. The password owner will consider the shared password compromised and will change the e-mail password as soon as possible.
 - 6.3 Network/Email and Client Information Systems Use ID's and Passwords will be maintained by the IT Department.
 - 6.3.1 Passwords will consist of a minimum of 8 characters, and must contain at least 3 of the 4 types listed:
 1. Lower case alpha
 2. Upper case alpha
 3. Numeric 0-9
 4. Non alpha/numeric character
 - 6.4. Passwords will be kept private, i.e., not shared. (RPM 6.01,6.05)
 - 6.5. Passwords will -expire every 90 days, and will require user to change.
 - 6.6. Passwords cannot be the same as the last three consecutive passwords.

- 6.7. User accounts will be frozen after three (3) failed log on attempts, and will remain locked for 30 minutes. If access is needed prior to that the Security Manger will need to be notified.
- 6.8. Computers will automatically be locked after 15 minutes of non-activity.
- 6.9. User ID's will not be saved after log off. User will be required to enter user id each time they log in.
- 6.10. Users should create password-protected screen savers if they are not sharing a workstation. This can be used instead of logging off during short periods of time away from workstation.
- 6.11. Supervisors will inform IT Department immediately of any employee separation and the IT Department will disable all access to Arrow Child & Family Ministries' Systems and Resources' immediately.

Systems Accessibility

1. Electronic Client Information System
 - 1.1. Arrow Child & Family Ministries' Electronic Information System is a web based system that is housed in an offsite Data Storage Service that facilitates a 24/7 system up time with redundant systems. This ensures that all data that is entered is available from any location or any offsite location as long as the user has the appropriate security access.
 - 1.2. All client data that is entered in the Arrow Child & Family Ministries' Electronic Information System is also printed, reviewed, and signed as appropriate and filed in the Client's Case Record.
2. Electronic Accounting Information System
 - 2.1. Access and use of Arrow Child & Family Ministries' financial systems and resources are controlled and managed in accordance with the organization's financial information management policy.

COMPLIANCE:

This policy complies with state regulations and COA RPM.



Guidelines Title:	Access to DFPS System		
Guidelines Number	4Kids-AM-RPM-007-G001		
Relevant Policy Title:	Systems Access Control		
Relevant Policy Number:	AM-RPM-007		
Guidelines Revision History:	N/A		
Guidelines Nullified:	N/A		
Date Guidelines Approved:	11/16/23	Date Effective:	9/12/23

GUIDELINES PURPOSE:

To ensure 4Kids4Families (4Kids) maintains compliance with employee access to DFPS systems where confidential information is maintained in order to perform essential work tasks.

GUIDELINES:

1. Arrow Child & Family Ministries (Arrow) conducts background investigations and screenings on new and existing employees, contractors, interns, and volunteers who have direct access or ongoing contact with children, families, or their confidential information as outlined in the *Employee and Contractor Background* policy.
2. Arrow will submit 4Kids employee criminal background checks as required through the Centralized Background Check Unit in order to determine if the employee is cleared to have access to DFPS systems. Arrow will submit additional information to DFPS as required for approval purposes. The employee will be notified once an account needs to be set up in the DFPS system(s).
3. Once the employee gains access they are responsible for logging into the authorized DFPS system every 30-days in order to maintain access.
4. 4Kids is notified of login non-compliance instances. In circumstances in which an employee is noncompliant, the supervisor works with the employee to either immediately rectify the issue or evaluate their need for continued access.
5. 4Kids HR team will notify DFPS of any employee who leaves 4Kids or has a position change to ensure that systems access is removed or updated based on a new position title.



Transportation – Standard Operations

4Kids4Families (4Kids) ensure the safety, responsibilities, and procedures associated with transporting youth. Staff members who transport youth should fully know and implement relevant protocols. Staff members are aware of the child’s allergies, pertinent behaviors related to transporting, vehicle safety operations, placement information, and medication distribution. All staff members ensure the vehicle is stocked with the necessary roadside and safety supplies as well as abide applicable federal, state, or local laws while driving.

DEFINITIONS:

1. *Child Passenger Safety Seat Systems (Car seats)* refers to an infant or child passenger restraint system that meets the federal standards for crash-tested restraint systems as set by the National Highway Traffic Safety Administration.
2. *Psychotropic Medications* refers to substances that affect the mind and alter mental processes such as perception, mood and behavior. Psychotropic drugs include stimulants, antidepressants, antipsychotics, and mood stabilizers.
3. *Non-psychotropic medications* refers to medications that are used to treat illnesses or pain that can be purchased over the counter or prescribed by a physician and does not alter mental state. These include but are not limited to Advil, Tylenol, cough and flu medications, etc.
4. *GRO’s* refers to group residential operations which is a 24-hour residential childcare operation that provides around-the-clock care for children 17 years or younger whose parents or guardians are temporarily or permanently unable to care for them as defined in Texas Human Resources Code, Subtitle D.

Protocols:

1. Vehicle Safety
 - 1.1. Staff verify all vehicles have a first aid kit and roadside safety kit at all times.
 - 1.2. All employees complete Arrow’s training regarding vehicle safety and operation prior to driving a company vehicle or transporting clients in a personal vehicle. Training is completed annually or more frequently, as needed.
 - 1.3. Smoking, including vaping and e-cigarettes, is not permitted in any business vehicle at any time nor any personal vehicle when transporting youth.
 - 1.4. Any client transported in an 4Kids vehicle is properly secured in an age-appropriate child-safety system as required by applicable federal, state, or local laws. When necessary, due to high-risk behaviors, child-safety locks are utilized.
 - 1.5. Staff use caution when a youth’s behavior becomes agitated or hazardous. Staff will pull off the road until the client de-escalates, as necessary.
 - 1.6. Staff maintain constant awareness of weather and the road conditions, surrounding vehicles, and safety of all passengers when driving.
 - 1.7. Cellular phones are not to be used while operating a company vehicle or driving for company business, except for navigation purposes.

- 1.7.1. If an employee must make or receive a phone call or send an electronic message, he or she is required to pull off the roadway to do so.
2. Information about youth
 - 2.1. Prior to transporting a youth, the primary caseworker provides the transport staff with any information that would be vital for safety. This includes but is not limited to runaway risk, allergies, history of physical aggression, car seat type, history of sexualized behaviors, youth's known triggers, and any de-escalation techniques.
 - 2.2. Youth transported by 4Kids to an initial placement will be given a Journey Bag.
 - 2.3. Transport staff are aware of a youth's allergies.
 - 2.3.1. For initial removals, staff will provide a snack bag and/or a meal for the youth prior to placement depending on the child's needs, placement location, and youth's desire.
 - 2.3.2. For subsequent placements, the current caregiver will provide a snack bag for youth to have on the transport, if needed.
 - 2.3.2.1. For transport that occur during a typical mealtime, the current caregiver will ensure the child is fed prior to the transport.
 - 2.3.3. For long-distance transport, staff will provide meals to the youth during typical mealtimes.
3. Transporting Youth to Placement
 - 3.1.1. Staff work to encourage a child to feel safe and comfortable with a placement when assisting with pre-placement visits and subsequent placement moves.
 - 3.1.1.1. For an emergency placement in which there is no time for a pre-placement visit, staff will still discuss emotions related to the placement with the child in a private location away from the placement prior to placing the child. During the discussion, the staff makes sure the child feels safe and comfortable with the placement.
 - 3.1.2. Youth younger than eight years old, unless they are taller than 4 feet 9 inches, must be secured in a child safety seat whenever they ride in a vehicle. Older youth who have outgrown a booster seat must be buckled with a seat belt.
 - 3.1.3. Staff gather important items from the client's home when moving to an initial or subsequent placement. When staff are unable to gather certain items, they attempt to gather them afterward. This includes:
 - 3.1.3.1. child's accompanying documents such as school ID, Social Security card, birth certificate, driver's license, passport;
 - 3.1.3.2. child's education portfolio and information on his or her academic progress and status;
 - 3.1.3.3. Sentimental items, including comfort items such as favorite toys, blankets, pillows, books, photos of family and/or current caregiver, and Lifebook;
 - 3.1.3.4. Personal items attained while in the placement, such as gifts, toys, clothing; and
 - 3.1.3.5. Prescribed medications and medical devices, glasses or contacts, orthodontic devices, and immediately needed over-the-counter medications.
 - 3.1.4. Staff transporting youth to a placement will communicate an estimated time of arrival and any updates or delays to caregiver.
 - 3.1.5. Upon arrival to the home, staff ask permission from the caregivers to enter the home/facility prior to going in per 4th amendment.
 - 3.1.6. During a placement, staff will have all necessary placement documents (see 4Kids placement document checklist), review the forms for accuracy and completion, obtain appropriate signatures, and provide a copy to the caregiver and CPA case manager.

- 3.1.6.1. For a shelter, GRO, or RTC placement, only one copy is needed for the facility/case manager.
 - 3.1.7. If age appropriate, when arriving at the new placement, staff will complete a walk-through of the home with the child which will include seeing their bedroom, the bathroom, kitchen, living room, and outdoors to ensure the child feels comfortable and aware of their new surroundings.
- 4. Medication Dispensing
 - 4.1. Transport staff do not distribute psychotropic medication to a youth during a transport. If under a circumstance where the child needs to receive medication during transport, only staff who have completed the psychotropic medication training are able to administer medications.
 - 4.2. If a non-psychotropic medication, prescribed and/or over-the-counter, is needed during a transport, staff will administer the medication only if they are stored in the original manufacturer's container. Staff will administer the medication according to instructions on the container. Staff document the medication dispensed on the medication log as directed.



Transportation – Managing Unforeseen Events

At times, unexpected events may occur during the transportation of youth to, from, and in-between placements. While it is impossible to predict or control all unforeseen events, thorough implementation of proactive practices regarding vehicular maintenance, trauma-informed practices, and communication and coordination between stakeholders and caregivers will result in minimizing the circumstances outlined below.

DEFINITIONS:

1. *AWOL* or *runaway* refers to when a client leaves a placement or location they are supposed to be, of their own will, to the extent of time that the transportation is unable to be completed successfully.
2. *Behavioral crisis* refers to any behavior that meets the threshold that endangers a youth, staff, or community member, including but not limited to aggressive behaviors, self-injurious behaviors, or destruction of the environment to the extent that impacts safety.
3. *Incident* refers to the defined groups below:
 - 3.1. *Low Severity Incident (Level 1)* includes any incident that does not meet the definition of any other incident. These incidents include events that, in isolated numbers, do not significantly threaten the health or safety of a client, but could indicate systematic problems, if they occur frequently.
 - 3.2. *Moderate Severity Incident (Level 2)* includes any incident that results in a moderate threat to a client's health or safety, or a threat to the health and safety of others due to a client's behavior.
 - 3.3. *Serious Reportable Incident (Level 3)* includes any incident that results in the following either by the client's actions or another's actions towards a client: sexual assault, permanent physical or psychological impairment to a client, substantial risk of death, or serious threat to a person's safety.
 - 3.4. *Severe Incident (Level 4)* includes death of a client, allegation of abuse by caregiver, and suicide and homicide attempts.
4. *Medical Emergency* refers to an injury or event that requires first aid or more intensive medical treatment due to the impact on the individual's regular state of health.

WRITTEN PROTOCOLS

1. Incident Reporting
 - 1.1. In general, all procedures as outlined in the Incident Reporting policy should be followed as written.
 - 1.2. In addition, the following measures are taken:
 - 1.2.1. Additional notifications are made to the providing agency;
 - 1.2.2. If the incident(s) from transportation contributes to a trend of high-level incidents within a quarter, 4Kids4Families (4KiDS) will collaborate with the provider in their case record review; and,
 - 1.2.3. Incidents occurring during transportation will be considered as the 4Kids RPM Committee conducts quarterly reviews of outcomes and risks, including serious incidents and incident reviews.
2. AWOLs or attempted AWOLs

- 2.1. With the exception of differences outlined below, 4Kids will follow the steps as outlined in in the AWOL and Missing Clients policy.
- 2.2. 4Kids leads responsibility for implementing AWOL and missing client procedures if the event occurs after discharge from one placement and before arrival and initiation of the next placement.
- 2.3. In the event that a client leaves a vehicle to AWOL, the transporter will not physically intervene unless there is an immediate physical danger to the client, such as them running into traffic or into another high-risk area.
- 2.4. The transporter will follow the client and attempt verbal and/or non-physical de-escalation strategies to encourage the client to return to the vehicle at a walking pace, and minimally for the distance that the vehicle is still visible. At no time should the transporter chase the client.
- 2.5. 4Kids will contact the providing agency and local law enforcement in accordance with state regulations upon a youth being determined as AWOL or missing from a transportation event.
- 2.6. Client information is shared with local law enforcement, as well as any relevant information that may help determine the client's whereabouts.
3. Behavioral crises during transport
 - 3.1. Transporters utilize their protective strategies (blocking, releases, etc.) and safety measures when necessary. Safety measures include proper judgement on when the level of behavior reaches a distraction or safety concern to the driver to where they should pull over and using blocking or prescribed devices to stop a self-injurious behavior from causing harm to the client.
 - 3.2. Due to the intensive nature of behaviors that reach the level of crisis, an incident report should be generated documenting the behavior and interventions, as well as all other required components as outlined in the Incident Reporting policy.
4. Medical Emergencies
 - 4.1. In preparation for medically unforeseen events, transporters are trained in CPR and First Aid. Before transporting, they review any relevant medical notes and required responsibilities.
 - 4.2. All vehicles are stocked with First Aid and medical supply kits. It is the responsibility of the transporter to ensure all items are present in the kit.
 - 4.3. In the event of a medical emergency the procedures as outlined in the Emergency Event protocols are followed, with the following additions:
 - 4.3.1. All emergency treatment should be made after the vehicle has safely pulled out of traffic, which happens as quickly as possible after a medical need has been noted;
 - 4.3.2. If the extent of the medical emergency requires the youth to go to the hospital or other medical center, the transporter will attend with the youth until a case worker or other designated team member relieves them.
 - 4.3.3. An Incident Report is completed by the transporter detailing the medical emergency, treatment, attendance at a hospital or medical center, and any impacts on completing the transportation as planned.
5. Automobile accidents and breakdowns
 - 5.1. The Vehicle Safety Operations policy will be followed in all accounts, with the following additions:
 - 5.1.1. If a vehicle is rendered undrivable/not road-safe, 4Kids will put forth all effort to locate a replacement vehicle so transportation can safely resume.
 - 5.1.2. In the event a replacement vehicle cannot be provided within an hour of the accident or breakdown and its resolution, the transporter and youth will use a ride-share service to the nearest location and implement protocols as outlined in the Extended Transportation protocol.
 - 5.1.3. Contact is immediately made to the caseworker at the destination point of the transportation, notifying them of the accident and/or breakdown.



Trauma Informed Transportation

The purpose of this protocol is to provide 4Kids4Families (4Kids) employees with an outline for utilization of trauma informed approach to transportation of youth whereby they can begin to recognize their innate worth as a human as they move toward healing.

DEFINITIONS:

1. *Trauma Informed* refers to the recognition of the role complex developmental trauma plays in the development, behavior, and mindset of a person.
2. *Felt Safety* refers to the atmosphere created by meeting the physical and emotional needs of a person to shut down the brain's fear response and create a feeling of safety.

Each employee responsible for transporting a youth will use these felt safety tenets to guide their interaction with a youth during the transport journey.

1. Playful and Respectful Interaction
 - 1.1. Introduces themselves to the youth(s) upon or prior to their entry to the vehicle.
 - 1.2. Seeks respectful eye contact.
 - 1.3. Uses a calm, playful tone of voice whenever possible.
2. Prevents Sensory Overload
 - 2.1. Does not wear strong smelling cologne, perfume, or lotion while transporting youth.
3. Structure/Predictability
 - 3.1. Gives an overview of the journey including the expected travel time, any stops included, and destination.
 - 3.2. Explains protocols to meet personal needs (i.e., if the youth falls ill or needs to use the restroom).
 - 3.3. Provides updates on the travel time, as requested by the youth.
 - 3.4. For subsequent moves or new placements, has a base knowledge of placement destination and minor details of the new family or facility.
4. Meets Physical Needs
 - 4.1. For new placements and at the discretion of the team, provides each youth a Journey Bag.
 - 4.1.1. Journey Bags include:
 - 4.1.1.1. Allergy-friendly snack
 - 4.1.1.2. Bottle of water
 - 4.1.1.3. Sensory item such as a stress ball or fidget toy
 - 4.1.1.4. Comfort items such as a stuffed toy or blanket,
 - 4.1.2. Journey Bags may also include items such as:
 - 4.1.2.1. Socks;
 - 4.1.2.2. Basic hygiene items; or
 - 4.1.2.3. Encouragement card



Transportation – Extended Transportation

The purpose of this protocol is to provide 4Kids4Families (4Kids) employees with guidelines for expected events that may occur during the transportation of youth to, from, and between placements, particularly during extended transportation.

DEFINITIONS:

1. *Alternative Transportation* refers to any transportation methodology other than an automobile, including but not limited to: airplanes, trains, boats, and ride share services.
2. *Extended Transportation* refers to any transportation of 4Kids that meets one or more of the following criteria: that has an anticipated duration of 2 or more hours, that crosses state lines, or utilizes alternative transportation.

4Kids will follow the below practices to ensure that travel that involves long distances is arranged proactively to be safe, therapeutic, and have the least intrusion for the client as possible.

1. Transportation with extended duration
 - 1.1. Any transportation that requires more than 2 hours of uninterrupted driving is considered extended transportation. In the event transport lasts more than two hours, the staff who is doing the transport will do the following:
 - 1.1.1. Take a break after the second hour, ensuring that the break occurs in a location safe for the child to be in and is fully off of the road
 - 1.1.2. Allow both the child and the staff transporting to move around, stretch their limbs, and break the monotony of the drive
 - 1.1.3. Suggest a restroom break to the child even if none was requested.
 - 1.2. In the event that a transport would be 8 hours or longer by automobile, alternative transportation will be used to shorten the duration (see section 5) and two staff must be present for the entire transport.
2. Utilizing overnight stays during transportation
 - 2.1. Overnight stays that involve client are not permitted; planning and strategic use of alternative transportation renders this unnecessary.
 - 2.2. If staff completing transport do need an overnight stay, the financial practices as outlined in the Purchasing and Disbursements- Travel Policy should be followed.
 - 2.3. Staff who complete solo transport should arrange to stop and stay overnight at public lodging for a minimum of 6 hours before resuming transportation the next morning. At no time should staff attempt to drive solo straight through the overnight.
 - 2.4. For a transport where two staff are present and the client is not yet picked up, an overnight stay may be avoided if:
 - 2.4.1. The staff trade off-on driving while the other rests; and
 - 2.4.2. Both staff members have had a chance to get adequate rest before the overnight portion of the drive.
3. Out of state transportation
 - 3.1. Out of state transportation by car should be avoided at all costs; alternative transportation should be used.

- 3.2. With the Department Directors' discretion, extremely short trips that involve two points on either side of the state line, may be approved on a limited basis.
4. Alternative transportation
 - 4.1. Alternative transportation should be used in the event that the route by car would exceed 8 hours round trip.
 - 4.2. Staff who provide transportation should ensure that any documentation needed for extended travel is kept up to date and is readily accessible.
 - 4.3. As alternative transportation may be less familiar to the client, and presents unique routines and expectations, the staff transporting should ensure that the client has been prepared for what will occur to the extent developmentally appropriate. That may involve, but is not limited to: reviewing social stories, looking at pictures of alternative travel, or talking through expectations specific to the mode of transportation.



Transportation – Special Considerations

All 4Kid4Families (4Kids) staff work with a variety of clients who may have needs related to Primary Medical Needs (PMN), sensory, communication, and physical/mobility needs that require additional transportation consideration. Staff ensure they are properly trained on the most common specialized equipment and know the available resources for any additional equipment when transporting youth with equipment needs. All equipment is gathered and in place prior to the beginning of the transport.

1. *Primary Medical Needs (PMN)* refers to primary medical needs which is youth that cannot live without mechanical supports or the services of others because of life-threatening conditions, including:
 - 1.1. The inability to maintain an open airway without assistance. This does not include the use of inhalers for asthma.
 - 1.2. The inability to be fed except through a feeding tube, gastric tube, or a parenteral route.
 - 1.3. The use of sterile techniques or specialized procedures to promote healing, prevent infection, prevent cross-infection or contamination, or prevent tissue breakdown.
 - 1.4. Multiple physical disabilities including sensory impairments.
2. *Sensory Needs*
 - 2.1. Client's who require items that will promote sensory calming are identified as part of the treatment plan. These include but are not limited to:
 - 2.1.1. Weighted blankets;
 - 2.1.2. Noise modifying headphones, which may lessen auditory stimulation or provide green/white/brown noise, as appropriate;
 - 2.1.3. "Chewies" or other items specifically designed to safely promote oral stimulation/sensory needs; and
 - 2.1.4. Items with a specific olfactory sensation.
 - 2.2. Clients that require items that promote sensory stimulation are identified as part of the treatment plan. These include, but are not limited to:
 - 2.2.1. Resistance bands for stretching and muscle stimulation; and
 - 2.2.2. "Fidgets" or other items that promote fine motor movements and/or tactile sensations
 - 2.3. In all cases, transport staff are familiar with the items and if use is intended for continuously or intermittently. Staff frequently monitor the safe use of all items.
3. *Communication Needs*
 - 3.1. Clients who require an alternative modality of communication the following steps are made:
 - 3.1.1. Transport staff are familiar with at least the rudimentary use of the communication app or materials;
 - 3.1.2. When possible, transport staff are entered into the communication app or materials ahead of time, to give the client a way to gain the driver's attention;
 - 3.1.3. Electronic devices that support communication are fully charged at the start of the transport and the staff have a way to recharge the device as needed; and
 - 3.1.4. Communication devices are available to the youth at all times. At no point should the device be removed from the client's possession, other than for the nominal time to navigate a setting or plug it into a charger.

- 3.2. Clients who require verbal or gestural language other than the English language, 4Kids completes the following steps:
 - 3.2.1. Attempts to secure a transport staff that speaks the same language, or knows American Sign Language, as appropriate; and
 - 3.2.2. If no such staff is available, before beginning the transport, story/picture boards (bathroom”, “hungry”, etc.) are utilized to assist with communication.
4. Physical/Mobility Needs
 - 4.1. Youth who have physical disabilities or mobility challenges that require specialized equipment, 4Kids follows:
 - 4.1.1. Utilize additional safety harnesses to maintain the client’s position in the vehicle seat, as appropriate.
 - 4.1.1.1. When used, a safety harness cannot restrict the free movement of any of the client’s limbs or head. The safety harness release should be accessible to the client.
 - 4.1.2. Secure the client’s wheelchair or other mobility aids properly in the vehicle.
 - 4.1.3. For clients with PMNS, transportation staff must be experienced individuals who are qualified to provide medical care. Ideally, there should be at least one medical professional present during transport who is familiar with the child’s medical needs. Staff will follow the below steps for scheduling transportation:
 - 4.1.3.1. If a PMN client needs medical transportation (including ambulance transport) or Nursing Support during a non-emergency transport, staff will first notify the well-being specialist who will help assist with scheduling transportation through Superior STAR health. For emergency transport, staff will contact STAR Health at 1-866-912-6283 to request medical transportation. If a nurse accompanies the child during an ambulance transportation, STAR Health will cover the cost of professional fees for the child's care. STAR Health will not cover the cost of professional fees for airline transport.
5. When any of these special considerations are needed for a client, or alternative transportation is utilized a representative of 4Kids contacts the appropriate representative from the airline, etc. and communicate what considerations needs to be accommodated during the transport.



Policy Title:	Confidentiality of Client Information		
Policy Number:	SD-CR-003c		
Chapter:	Service Delivery Administration	Sub-section:	Client Rights
Nullifies:	Client Confidentiality - Corporate; Confidentiality - Arrow Crossroads Community; Confidentiality - The Arrow Diagnostic Center		
Revision History:	7/29/2015; 1/10/21; 1/28/22		
Approving Authority:	Board of Directors		
Date Board Approved:	1/14/2013; 2/1/2013	Date Effective:	1/14/2013

STATEMENT OF PURPOSE:

To provide policy and procedure which specifies responsibilities of Arrow Child & Family Ministries (Arrow) employees, foster caregivers, volunteers, interns, board members, contractors, and independent contractors for maintaining confidentiality regarding information about clients and data in client record systems.

POLICY STATEMENT:

Arrow accepts that there is a particular obligation to preserve the confidence of clients. The principle of confidentiality is one that employees agree to uphold and to implement, especially as it relates to the provision of service in the various Arrow programs.

It is the policy of Arrow that all employees, foster caregivers, volunteers, interns, board members, contractors, and independent contractors protect the confidentiality of information about clients and assume a protective role regarding the disclosure of confidential information. Violation of Arrow policy and procedure relating to confidentiality is considered serious and may result in termination of employment.

SCOPE:

This Policy and Procedure applies to all Arrow employees, foster caregivers, volunteers, interns, board members, contractors, and independent contractors.

DEFINITIONS:

N/A

PROCEDURE:

Confidentiality

1. Each client is entitled to have all information that Arrow maintains or knows about a client remain confidential. Each client has a right to give authorization before Arrow shares identifying information about his or her care unless another state law or regulation specifically requires or permits Arrow to disclose certain specific information.
2. Arrow accepts that the rights of a client to make his or her own decisions and to act for themselves may be superseded by a greater responsibility for the health and general welfare of the community, a client’s family, and a client. In these situations, usually involving minor children or mentally incapacitated adults, an Arrow employee, after consultation with his or her immediate supervisor, may deviate from the general policy:
 - 2.1. Suspected Child Abuse: All Arrow employees, foster caregivers, volunteers, interns, contractors, and independent contractors are mandated reporters and must follow Arrow, state, and

regulations procedures to report abuse, neglect, abandonment, or exploitation.

- 2.2. A client who poses danger to himself or to another person: when a client, during an interview or phone contact, verbally threatens harm to himself or to others or displays other signs of physical dysfunction/impairment, the employee may make a clinical decision whether to disclose the information; and
- 2.3. Confidential information may be disclosed to other professionals and organizations that might intervene to provide protection and treatment to a client. Persons to whom information may be disclosed include Arrow administration, parents, legal custodians, emergency psychiatric services, and community authorities. When an employee encounters such situations, Arrow protocols are followed.
3. Arrow maintains the confidentiality of any information that identifies a client receiving services from Arrow. If a client's case record pertains in whole or in part to referral, diagnosis, or treatment of substance abuse, Arrow releases information only according to applicable federal regulations (42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records) and Arrow policy.
4. Arrow obtains and documents in the client's case record the client's consent or that of the client's parent or legal custodian prior to recording, photographing, filming the client, or disclosing any identifying information about him or her.
5. Authorizations to obtain, use, and disclose information is written in plain language and contains the following information:
 - 5.1. Name of client whose information will be released;
 - 5.2. Signature of client whose information will be released or of the parent or legal custodian of the client, if he or she is unable to provide authorization;
 - 5.3. Specific information to be released;
 - 5.4. Purpose for which information will be used;
 - 5.5. Date the release takes effect;
 - 5.6. Date the release expires, not to exceed 90 days from the date when authorization is given for a one-time release of information, and not to exceed one year, as the law or court requires when a contracted or cooperating service provider requires the release of information for ongoing service provision;
 - 5.7. Name of person or position to whom the information is to be released;
 - 5.8. Name of person or position within the organization who is providing the confidential information;
 - 5.9. Statement that the client or the client's parents or legal custodian may withdraw the authorization at any time.
6. Arrow offers to the client and their parent or legal custodian a copy of an authorization that is complete with the appropriate signatures and no blanks authorizing the disclosure of confidential information; a copy is placed in the client's case record.
7. When there are concerns about the client's capacity to understand the confidential nature of the authorization, it may be inappropriate to provide the client a copy. In such cases, Arrow documents, on the authorization, the reason for not providing the client a copy and files it in the client's case record.
8. If a disclosure is not required by law, Arrow gives strong consideration to any objection by the client or the client's parents or legal custodian.
9. Arrow is obligated to inform each client and his or her parent or legal custodian about the client's confidentiality rights. This includes how information can be disclosed and how others may obtain information about the client without authorization.
10. All information contained in client case records is considered confidential information, not to be released to outside sources without the direct written permission of the client or the client's parent or

the legal custodian, if the client is under 18 years of age.

11. When Arrow receives a request for the release of confidential information about a client or when the release of confidential information is necessary for the provision of services, prior to release, the request must be reviewed to determine:
 - 11.1. If the reason is valid (i.e. whether the release is justifiable, legitimate, legally permissible, and in the best interests of the client, unless otherwise required by law);
 - 11.2. If written authorization for the release of information was obtained from the client;
 - 11.3. If written authorization for release of information was obtained from the parent or legal custodian, if the client is a minor.
12. Requests for release of any client information to other treating agencies may be honored, provided that the information released is stamped: *"This information has been disclosed to you from records protected by federal confidentiality rules 42 CFR Part 2. The federal rules prohibit you from making further disclosure of this information without specific written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient."*
13. If the opportunity to consent for release of information cannot be provided due to the client's incapacity or an emergency circumstance, Arrow may, in the exercise of professional judgment, determine whether the disclosure is in the best interest of the client and, if so, disclose only the information that is directly relevant to the person's involvement with the client's healthcare. In these circumstances, Arrow, state, and regulations procedures are followed.

Research

1. Research proposals and participation requests are reviewed by Arrow's Corporate Suite or designee for vetting and approval.
2. Arrow does not allow clients to participate in research programs unless it is in the client's best interest and written consent from the legal custodian has been obtained. This consent may be withdrawn at any time.
3. Aggregate statistical data may be used by Arrow or released to third parties for child welfare research projects. Any data released will be de-identified and aggregated in a manner that preserves the confidentiality of any particular client.

COMPLIANCE:

This policy complies with state regulations, federal laws, and COA Standards: CR.



Policy Title:	Disputes, Complaints, and Conflicts of Interest		
Policy Number:	4Kids-SD-CR-007		
Chapter:	Service Delivery	Sub-section:	Client Rights
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/12/23

STATEMENT OF PURPOSE:

To provide a process for when 4Kids4Families (4Kids), DFPS, Network Providers, children, or other stakeholders do not agree on a case related decision or what should happen with a child or family, thus ensuring they are heard and work together toward finding resolution. These procedures are designed to protect the fundamental rights of clients, to strengthen the organization’s quality of service provision, and to serve as a tool for improvement.

POLICY STATEMENT:

4Kids strives to ensure the highest quality and most appropriate services to all clients served in the 4Kids network. 4Kids maintains a formal process in which children, Network Providers, and other stakeholders can express concerns, resolve disputes, and address conflicts of interest. The process serves as a tool that ensures clear communication, a process for providing all parties with the information necessary to operate effectively and collaboratively, and a clear understanding of mutual expectations for all parties.

SCOPE:

This policy and procedure applies to all 4Kids clients, Network Providers, employees, non-employees, Board members, and stakeholders.

DEFINITIONS:

1. *Conflict of interest* refers to a situation in which a person or organization has a private or personal interest sufficient to appear to influence the objective exercise of his or her duties in the best interest of 4Kids, the organization’s mission, or clients in care.

PROCEDURE:

Case Related Dispute Resolution Process between 4Kids and Network Providers

1. When 4Kids and a Network Provider do not agree on a case decision, the process below is followed. In the event 4Kids and the Network Provider does not agree with a case decision made by DFPS, the process outlines in the Joint Operations Manual is followed.
2. 4Kids and Network Providers must ensure continuity of services, as defined by DFPS, to the child or family affected while seeking to resolve case-specific disputes.
3. Step One:
 - 3.1. 4Kids and Network Provider staff and supervisors will work together to resolve case specific issues informally. This will be done through an objective, solution-driven discussion or meeting.

- 3.2. If a mutually agreeable solution is not achieved in three (3) business days, those involved will notify the other individuals of the plan to involve their chain of command. The disputed issue will be escalated, in writing, to the Director level at 4Kids and the next level within the Network Provider for resolution.
- 3.3. A meeting will be scheduled with 4Kids and the Network Provider to discuss the issue and come to an agreement. An uninvolved third party may be solicited to listen to the issue and assist in coming to a solution. If an agreeable solution is not achieved during the meeting, it will be escalated to Step 2.
- 3.4. If the dispute is not satisfactorily resolved in Step 1, it will be elevated to Step 2.
4. Step Two:
 - 4.1. If the dispute is not satisfactorily resolved in Step 1, it will be elevated in writing to 4Kids's Sr. VP of Community-Based Care with a subject line of "Solution-Based Communication." Supporting documentation will be sent to the Sr. VP of Community-Based Care. As part of the review, the philosophy and goals of community-based care will be reviewed and used as a guideline for ultimate resolution. The Network Provider must ensure continuity of services for the child or family involved while seeking to resolve the case-specific dispute.
 - 4.2. The issue will be resolved at this level and a final decision will be distributed back to the requesting staff via email within five (5) business days with supporting points for the decision.

Complaints & Concerns

1. Any consumer/client, Network Provider, DFPS employee, or community stakeholder can submit a complaint or concern directly to 4Kids via the website. Complaints and concerns are reviewed by the Director of Community Relations and the Community Relations department works to help solve problems, let parties understand their rights, answer questions, and help with resources.
2. Complaints related to service provision or instances in which a child believes their rights have been violated will be directed to the Director of Quality & Compliance for review.
3. The Network Provider must ensure continuity of services to the child or family affected while seeking to resolve client complaints.

Conflicts of Interest

1. Employees, non-employees, Board members, and advisory group members have the responsibility to avoid conflicts of interest, or even the perception, between personal interests and those of 4Kids by avoiding relationships or activities that may impair their ability to make objective and fair decisions when performing their job or role. Company property, information, or business opportunities may not be used for personal gain. Employees, non-employees, Board members, and advisory group members must disclose real and apparent conflicts of interest and refrain from participation in any decisions on matters that involve a real or apparent conflict of interest.
2. Employees with a potential conflict-of-interest must contact HR and non-employees must contact their 4Kids Sponsor and await resolution before engaging in any activity, transaction, or relationship that might give rise to a conflict of interest.
 - 2.1. Procedures related to conflicts of interest for employees can be referenced in the *Appropriate Boundaries* policy and *Nepotism* policy.
3. Procedures related to conflicts of interest for Board members and advisory committee members can be referenced in the *Financial and Ethical Conflict of Interest* policy.

4. For Network Providers and community partners, should a potential, actual, or perceived conflict of interest arise, the party must notify 4Kids immediately. The Sr. VP of Community-Based Care will investigate and notify the party of the resolution.
 - 4.1. 4Kids communicates all conflicts of interest, potential, actual, or perceived to DFPS and provides the outcome of the investigation and steps for mitigation.
 - 4.2. All conflicts of interest are tracked by 4Kids Quality & Compliance Department and evaluated annually as part of the contract renewal.
 - 4.2.1. 4Kids does not engage in contracts for purchased services from an entity that is owned by a 4Kids employee or Board member. 4Kids would not pursue a contract of this type unless the service desired was not available through any other quality vendor. Should a contract of this type ever be considered, 4Kids follows purchasing procedures as outlined below:
 - 4.2.1.1. Contracts will be procured through the defined 4Kids purchasing process.
 - 4.2.1.2. Situations regarding a potential conflict will include clear documentation of the conflict and elevated to 4Kids's Chief Operating Officer to determine if a contract will be pursued.
 - 4.2.1.3. If 4Kids chooses to pursue a contract of this type, a conflict of interest plan is created prior to executing the contract and the plan is approved by the Chief Operating Officer. DFPS is notified of the conflict by 4Kids prior to any services being utilized.

COMPLIANCE:

This policy complies with COA accreditation standards, state standards, and contract requirements.



Policy Title:	Employee Training and Development		
Policy Number:	SD-TS-002		
Chapter:	Service Delivery and Administration	Sub-section	Training and Supervision
Nullifies:	AM-HR-024 - Orientation		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Approved:	7/15/21	Date Effective:	7/15/21

STATEMENT OF PURPOSE:

To provide information regarding Arrow Child & Family Ministries (Arrow’s) expectation for new hire and ongoing training.

POLICY STATEMENT:

Arrow is committed to the growth and development of a competent workforce that not only satisfies business goals and supports the agency’s mission, but also fosters a learning environment supportive of employees’ professional goals. Arrow views its workforce as an asset and believes each employee is entitled to the training necessary to be successful in their role, as well as opportunities to develop new skills and grow within the organization.

SCOPE:

This Policy and Procedure applies to all Arrow Child & Family Ministries employees, interns, contractors, and volunteers, when required by law, regulation, accreditation standards, or contract and as identified in training plans.

DEFINITIONS:

1. *Training and Development* refers to training such as formal training (instructor-led or eLearning); employee coaching and mentoring; conference attendance; on-the-job training; and job shadowing.

PROCEDURE:

Training Plans

1. Training expectations are established in compliance with state regulations and accreditation standards. Training plans specific to job titles or groups of job titles within each of Arrow’s departments are available to all employees via Arrow’s Online Library, including expectations regarding frequency, duration, and delivery method of each training requirement.
2. Ongoing needs assessments for the development of training modules occurs throughout the year. Plans are revised as needed.
3. Employees are provided continuing education and training opportunities internally and externally throughout the year, based upon the needs of the department and population served. All requests for external training courses must receive supervisory approval before an employee may register.
4. Professional staff may be utilized to lead training courses, as appropriate to their experience and expertise.

Orientation

1. All new and returning employees (full-time, part-time, and PRN) attend an orientation session to introduce, at minimum:
 - 1.1. Mission and core values;
 - 1.2. Personnel policies and procedures;
 - 1.3. Information regarding pertinent benefits;
 - 1.4. Relevant operations policies (e.g., client confidentiality, ethics, etc.);
 - 1.5. Welcome to Arrow Child & Family Ministries;
 - 1.6. Employee standards and performance improvement goals; and
 - 1.7. Other key information.
2. Department orientation and job-specific training are facilitated by the supervisor. Training includes specific job duties, department policies and procedures, and job expectations. Where available, the supervisor also teams the employee with a mentor or senior staff member to assist with training.

Compensation

1. Internal Training:
 - 1.1. Employees whose job functions allow training to be completed during the course of the normally-scheduled workday are expected to complete assigned training during this time.
 - 1.2. Employees who provide direct supervision of clients and, as a result, are unable to complete training during their normally-scheduled workday (e.g., direct care staff counting in ratio in residential programs) are provided a designated time for training completion.
2. External Training:
 - 2.1. When relevant to an employee's current or future role within Arrow, employees may be approved to attend external training. If the training is approved by the employee's supervisor, the employee does not need to utilize PTO and non-exempt employees are paid for their time.

COMPLIANCE:

This policy complies with all state and federal laws.



Guidelines Title:	Maintenance and Tracking of Employee Training		
Guidelines Number	SD-TS-002-G001a		
Relevant Policy Title:	Employee Training and Development		
Relevant Policy Number:	SD-TS-002		
Guidelines Revision History:	1/28/22		
Guidelines Nullified:	AM-HR-024-G006		
Date Guidelines Approved:	8/28/2020	Date Effective:	8/28/2020

GUIDELINES PURPOSE:

To provide Arrow Child & Family Ministries (Arrow) employees with guidelines for the creation and maintenance of training records for Arrow employees.

DEFINITIONS:

2. *Continuing Education Unit (CEU)* refers to a measure used in continuing education programs to assist a professional to maintain their professional licensure.
3. *Formal Trainings* refers to trainings that are preplanned/prescheduled.
4. *Impromptu Trainings* refer to trainings that are not preplanned/prescheduled. This term may refer to training that happens organically during a meeting.

GUIDELINES:

Formal Trainings

1. Formal trainings are scheduled throughout the year in a manner that ensures employees have the opportunity to fulfill trainings and training hours required by regulatory and accrediting body standards.
 - 1.1. Arrow offers opportunities for employees with professional licensure to complete continuing education units (CEUs), but employees may need to obtain additional CEUs through other resources as well. Professionally-licensed employees are responsible for determining whether CEUs will be accepted as part of the professional development required for their licensure and completing CEUs as required for maintaining licensure.
2. Training calendars are utilized to notify employees of trainings that will be offered through Arrow.

Impromptu Trainings

1. Impromptu trainings may occur when the need for additional training is identified through conversation. Typically, this is during staff meetings, when a supervisor identifies that several employees need knowledge-building on a particular topic.

Training Attendance Records

1. If a formal training is led in-person by an Arrow employee, the instructor or designee prints a sign-in sheet for attendees to complete when they arrive.
2. If a formal training is led in-person by a non-Arrow employee, the Arrow employee coordinating the training with the instructor, or designee, prints a sign-in sheet for attendees to complete when they arrive.

3. When an impromptu or virtual training takes place, the person presenting the material notes the attendees on a sign-in sheet.
4. Attendance notation includes, at minimum:
 - 4.1. Date of the training;
 - 4.2. Length of the training;
 - 4.3. Topic of the training;
 - 4.4. First and last names of attendees.
5. Attendance records are submitted via a helpdesk ticket for entry in the learning management system (LMS).

Maintenance of Required Trainings

1. It is the responsibility of each employee to be familiar with training requirements for their position. Team leaders maintain knowledge of employees' training completion to ensure compliance with training requirements.
2. Employees are required to keep proof of continuing education and copies of certifications, and to provide copies to Arrow for maintenance.
3. Licensed staff must adhere to their respective licensing boards' training requirements for continued licensure.



Policy Title:	Initiated Emergency and Non-Emergency Placement Requests		
Policy Number:	4Kids-SS-CM-001		
Chapter:	Service Standards	Sub-section:	Case Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/12/23

STATEMENT OF PURPOSE:

To establish procedures for initiated placement requests for emergency and non-emergency situations within 4Kids4Families (4Kids) Network.

POLICY STATEMENT:

4Kids is committed to working with Providers, and stakeholders to minimize placement changes and disruptions. 4Kids process is outlined to ensure the safety and well-being of the child/en within our Network when faced with urgent situations that require intervention and placement in a secure environment.

SCOPE:

This policy and Procedure applies to all 4Kids programs and services.

DEFINITIONS:

1. *Emergency Placement Request* refers to the process of initiating a request for an immediate placement of a child in foster care when there is a significant risk to their safety and well-being, such as abuse neglect, imminent danger, or other unforeseen circumstances that require urgent action.
2. *Disruption staffing* refers to a meeting that involves 4Kids Care Coordination team, intake team, Network provider, child, and DFPS permanency team to determine the best course of action for providing support and services to prevent a discharge from a placement.

PROCEDURE:

1. 4Kids must make all reasonable attempts to prevent placement changes and disruptions. Emergency placements may only be initiated when there is a perceived or actual threat to the safety or well-being of a child. All other placement change requests should be staffed at a minimum internally with Intake and Care Coordination teams, and with the Provider/caregiver and other parties whenever possible.
2. 4Kids will notify the Permanency worker and supervisor of the need for the placement change and provide the reason placement is needed and work together to update the Common Application/Attachment A, psychological assessment (most recent) and any other information that would be necessary or helpful to finding a placement.
3. Assignment of emergency and non-emergency placement requests will be assigned by 4Kids Intake Supervisor or designee to 4Kids Intake Specialists on a rotating basis. The 4Kids Intake Supervisor will be responsible for tracking assignments and ensuring caseload equity.

4. 4Kids Intake Specialist will enter all information regarding the child/youth into the CoBRIS system which will generate the list of potential placements.
5. 4Kids Intake Specialist will contact the Provider who is the best match according to CoBRIS to discuss the child and appropriateness of the placement to include the family dynamics and other children residing in the home.
6. Prior to making a placement recommendation, the 4Kids Intake Specialist will review CLASS and IMPACT for a minimum of two (2) years of investigation history and any current variances or requests for variances and provide the DFPS Permanency worker and supervisor with a summary in order to make an informed decision about the appropriateness of the potential placement.
7. Placement will not be made until all required approvals have been received. Including approval of the home from the DFPS worker and supervisor.
 - 7.1. 4Kids must obtain any additional approvals required for Heightened Monitoring, Probation or for placement into a foster home with six (6) or more children. 4Kids Intake Specialist will submit the requests through the appropriate DFPS channels.
8. 4Kids will be required to obtain physical custody of the child and coordinate placement with 4Kids Intake to complete all placement forms.
 - 8.1. If during the search for placement, DFPS makes the decision to place a child in a non-paid placement, they will immediately notify 4Kids that the paid placement is no longer needed.
9. 4Kids Intake Specialist and DFPS Permanency worker will coordinate the exchange of relevant child's placement information:
 - 9.1. Medical Consenter (Form 2085b)
 - 9.2. Placement Authorization 2085 FC or KO
 - 9.3. Education - Decision Maker (Form 2085e)
 - 9.4. Attachment A
 - 9.5. Child's Bill of Rights
 - 9.6. Placement Summary
 - 9.7. All required Residential Child Care Form
10. The DFPS Permanency worker notifies the following parties (bio-parents, bio-parent's attorney, AAL, GAL) of all placement changes.
11. 4Kids Intake Specialist will complete documentation of placement in IMPACT within 12 hours of placement. This includes documenting the reason for placement decision and decision criteria in the Placement Narrative Summary. They will also ensure the Child's Bill of Rights is uploaded into OneCase by the following business day in the Bill of Rights tab. They will also ensure Attachment A is uploaded into OneCase by the following business day in the Sexual History Report Attachment A tab.
12. 4Kids Intake Specialist is responsible for ensuring client information is entered into CoBRIS. If placement takes place during normal business hours, it will be entered that business day. If placement occurs after hours, the Intake Specialist is responsible for entering the data by 9:00 am the following day.

COMPLIANCE:

This policy complies with the Texas Family Code, Texas Administrative Code, and Minimum Standards.



Policy Title:	Emergency Placement		
Policy Number:	4Kids-SS-CM-002		
Chapter:	Service Standards	Sub-section:	Case Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/12/23

STATEMENT OF PURPOSE:

The purpose of this policy is to ensure the prompt and appropriate placement of children in emergency situations into foster care.

POLICY STATEMENT:

4Kids4Families(4Kids) will ensure the prompt and appropriate placement of children in emergency situations, emphasizing the principles of safety, timelines, stability, and supportive care to ensure the best interests of the children.

SCOPE:

This Policy and Procedure applies to all 4Kids programs and services.

DEFINITIONS:

1. *Emergency Placement* refers to the temporary and immediate placement of a child into foster care when they re at risk or in danger due to maltreatment, abuse, neglect, or any other unforeseen circumstances that poses an immediate threat to their safety and wellbeing.

PROCEDURE:

1. Emergency placement and referral process are used when CPS makes a referral to 4Kids for a child and family who is in immediate need of a paid foster care placement or non-paid placement and case management services.
2. CPS will contact 4Kids Intake Department via email or Intake Hotline and provide 4Kids the Initial Referral Information. 4KidsIntake Department will acknowledge receipt. Once the Common Application is completed, and the supporting documents are received the referral time will start once all approved. 4Kids will have four (4) hours to complete the search and locate placement for the child/ren once the referral is approved.
3. CPS/CPI will provide 4Kids Intake with a Common Application and Attachment A as well as any other available supporting documentation (i.e., a psychological assessment, medical records, 4Kids information template, and updated picture) that would be necessary to finding the most appropriate placement for all children that are part of the referral.
4. Assignment of emergency placement requests will be assigned by 4Kids Intake Supervisor or designee to 4KidsIntake Specialists on a rotating basis. The Supervisor will be responsible for tracking assignments and ensuring caseload equity.
5. 4Kids Intake Specialist will enter all information regarding the child/youth into the CoBRIS system which will generate the list of potential placements.

6. 4Kids Intake Specialist will contact the Provider who is the best match according to CoBRIS to discuss the child and appropriateness of the placement to include the family dynamics and other children residing in the home.
7. Prior to making a placement recommendation, 4Kids Intake Specialist will review CLASS and IMPACT for a minimum of two (2) years of investigation history and any current variances or requests for variances and provide to CPS/CPI with a summary in order to make an informed decision about the appropriateness of the potential placement.
8. Once 4Kids has approval from CPS/CPI a confirmation email will be forwarded to CPS/CPI with the provider information.
9. If placement is not located within four (4) hours of an accepted referral, 4Kids will take physical custody of the child/ren unless otherwise agreed upon by both parties that it would not be in the child's best interest to do so.
10. All placement recommendations take into consideration the best interest of each child including what is the least restrictive, most family like setting; keeping siblings together; closest to home; and able to meet the child(ren)'s needs.
11. Once approved, if any additional approvals are required for Heightened Monitoring, Probation or for placement into a foster home with 6 or more children, the 4Kids Intake Specialist will submit the requests through the appropriate DFPS channels. Placement will not be made until all required approvals have been received.
12. Once all approvals have been obtained, 4Kids Intake Specialist will coordinate placement of the child with CPS/CPI and the Provider by providing placement confirmation. CPS/CPI is responsible for new referral (initial) non-emergency placements. CPS/CPI will also be responsible for ensuring that all caregivers are notified of any sexual abuse/victimization history and sign off on the Attachment A and the Child's Bill of Rights are reviewed with each child being placed and that signatures are obtained.
13. 4Kids Intake Specialist and CPS/CPI will ensure the following documents are completed and signed:
 - 12.1. Medical Consenter (Form 2085b)
 - 12.2. Placement Authorization 2085 FC or KO
 - 12.3. Education - Decision Maker (Form 2085e)
 - 12.4. Attachment A
 - 12.5. Placement Summary 2279
 - 12.6. Child's Bill of Rights
 - 12.7. All required Residential Child-Care Forms
14. 4Kids Intake Specialist and/or CPS/ CPI will complete all documentation of placement in IMPACT within 12 hours of placement. This includes documenting the reason for placement decision and decision criteria in the Placement Narrative Summary.
15. 4Kids4 Intake Specialist also responsible for ensuring client information is entered into CoBRIS. If placement takes place during normal business hours, it will be entered that business day. If placement occurs after hours, the 4Kids Intake Specialist is responsible for entering the data by 9:00 am the following day. They will also ensure the Child's Bill of Rights is uploaded into OneCase by the following business day in the Bill of Rights tab. They will also ensure the Attachment A is uploaded into OneCase by the following business day in the Sexual History Report Attachment A tab.
16. 4Kids Intake Supervisor is responsible for ensuring all Exceptional Care Requests are completed and submitted in a timely manner to the Director of Intake and Placement. Requests must contain a Common Application, a complete search log, an Exceptional Care Request form and documentation of all services to be provided.
17. Any updated procedures will be included in the *4Kids4Families Provider Manual* and/or communicated to Network Providers via electronic mail.

COMPLIANCE:

This policy complies with the Texas Family Code, Texas Administrative Code, and Minimum Standards.



Policy Title:	Non-Emergency Placement Referral		
Policy Number:	4Kids-SS-CM-003		
Chapter:	Service Standards	Sub-section	Service Standards
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/12/23

STATEMENT OF PURPOSE:

To provide guidelines for the process of requesting a non-emergency placement for any youth in care in Region 4.

POLICY STATEMENT:

The 4Kids4Families (4Kids) Intake Department is responsible for processing new and subsequent referrals for placement. 4Kids offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. The Network Provider promotes a safe and therapeutic environment to keep staff, foster parents and service receipts safe. 4Kids will utilize interventions that promote respect, healing, and positive behavior.

SCOPE:

This policy applies to 4Kids staff and Network Providers.

PROCEDURE:

New Referrals

1. Non-emergency placement process is used when DFPS makes a referral to 4Kids for a child who is in conservatorship who is either in need of a non-emergency paid placement and/or is being referred to 4Kids for case management with a non-paid placement (i.e., kinship).
2. Child Protective Services (CPS)/Child Protective Investigation (CPI) will contact 4Kids Intake Department via email to make a child referral.
 - 2.1. CPS/CPI will initiate a referral and Common Application in IMPACT.
3. CPS/CPI will provide 4Kids Intake with a Common Application and Attachment A and any additional supporting documentation that would be necessary to finding the most appropriate placement for child.
4. Assignment of a non-emergency placement requests is assigned by the 4Kids Intake Supervisor, or designee, to Intake Specialists.
 - 4.1. The Intake Supervisor is responsible for tracking assignments and ensuring caseload equity.
5. When necessary, 4Kids will coordinate and facilitate a pre-placement staffing and the Intake Specialist assigned to the referral will participate by telephone to gather as much placement information on the child as possible.
6. 4Kids Intake Specialist will enter all information regarding the child into CoBRIS to generate a list of potential placements.

7. 4Kids Intake Specialist contact the Network Provider to determine the most appropriate match according to CoBRIS to discuss the child's appropriateness of the placement to include the family dynamics and other children residing in the home.
8. Prior to making a placement recommendation, the 4Kids Intake Specialist review CLASS and IMPACT to review investigation history, current variances, or requests for variances and provide to CPS/CPI with a summary to make an informed decision about the appropriateness of the potential placement.
 - 8.1. CPS/CPI will evaluate and approve the recommended placement and provide approval or denial within 24 hours.
9. All placement recommendations are made:
 - 9.1. in the best interest of the child including the least restrictive,
 - 9.2. most family-like setting,
 - 9.3. keeping siblings together,
 - 9.4. closest to home, and
 - 9.5. able to meet the child's needs.
10. Once approved, 4Kids Intake Specialist will coordinate additional approvals necessary for a Network Provider such as:
 - 10.1. Heightened Monitoring,
 - 10.2. Probation, or
 - 10.3. Foster home with six (6) or more children.
11. Placement are not made until all required approvals have been received.
12. Once all approvals have been obtained, 4Kids Intake Specialist will coordinate placement of the child with CPS/CPI and the Provider by providing placement confirmation.
 - 12.1. CPS/CPI is responsible for new referral for initial non-emergency placements.
13. CPS/CPI/SSCC will be responsible for ensuring all caregivers are notified of any sexual abuse/victimization history, acknowledge on the Attachment A, and the Child's Bill of Rights are reviewed with each child being placed and that signatures are obtained.
14. 4Kids Intake Specialist and CPS/CPI will ensure the following documents are completed and signed:
 - 14.1. Medical Consenter (Form 2085b),
 - 14.2. Placement Authorization 2085 FC or KO,
 - 14.3. Education – Decision Maker (Form 2085e),
 - 14.4. Attachment A,
 - 14.5. Placement Summary 2279,
 - 14.6. Child's Bill of Rights, and
 - 14.7. All required Residential Child-Care Forms.
15. 4Kids Intake Specialist and CPS/ CPI complete all documentation of placement in IMPACT. This includes documenting the reason for placement decision and decision criteria in the Placement Narrative Summary.
16. 4Kids Intake Specialist is responsible for ensuring client information is entered into CoBRIS.
17. When placement takes place during normal business hours, it will be entered during that business day. For placement occurring after hours, the 4Kids Intake Specialist is responsible for entering the data by 9:00 am the following day.
18. Intake Specialists ensure the Child's Bill of Rights is uploaded into OneCase by the following business day in the Bill of Rights tab.
19. Intake Specialists ensure the Attachment A is uploaded into OneCase by the following business day in the Sexual History Report Attachment A tab.
20. 4Kids Intake Supervisor is responsible for ensuring all Exceptional Care Requests are completed and submitted in a timely manner to 4Kids Director of Intake and Placement. Requests must contain a Common Application, complete search log, an Exceptional Care Request form and documentation of all services to be provided.

20.1. Any updated procedures will be included in the 4Kids Provider Manual and/or communicated to Network Providers via electronic mail.

COMPLIANCE:

This policy complies with the Texas Family Code, Texas Administrative Code, and Minimum Standards.



Policy Title:	Paid Kinship Placements		
Policy Number:	4Kids-SS-CM-004		
Chapter:	Service Standard	Sub-section:	Case Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/12/23

STATEMENT OF PURPOSE:

To establish procedures for paid kinship placements to become licensed foster care providers for the foster youth in their home.

POLICY STATEMENT:

4Kids4Families(4Kids) supports and encourages relatives to consider licensure as soon as possible but at any time throughout placement.

SCOPE:

This Policy and Procedure applies to 4Kids intake, kinship, and placement staff.

PROCEDURE:

4Kids4Families supports and encourages relatives to consider licensure as soon as possible but at any time throughout their placement.

1. Once a relative has become licensed by a Provider to foster, the Provider will notify enter the family into the Texas Provider Gateway (TPG) system and will notify 4Kids Intake Department that the family has become licensed and is active.
2. 4Kids Intake Specialist will coordinate with the 4Kids Permanency Specialist on all placement activities.
3. 4Kids Intake Specialist will verify that the family is active in CLASS and IMPACT as an SSCC resource. The Intake Specialist will review CLASS and IMPACT for background checks and variance requests.
4. If the Provider agency is on Heightened Monitoring or Probation, the Intake Specialist will follow all procedures to request approval from DFPS State Office prior to placement being made.
5. Once approved and cleared for placement, the 4Kids Intake Specialist will notify the 4Kids Permanency Specialist that placement is ready to occur and send copies of all placement paperwork, including the following for signatures:
 - 5.1. Placement Summary
 - 5.2. Common Application
 - 5.3. Medication Log
 - 5.4. Child’s Bill of Rights
 - 5.5. All required Residential Child Care Forms
 - 5.6. Attachment A

6. 4KidsIntake Specialist will review any history on the Attachment A prior to placement. 4Kids Intake Specialist will ensure the Child's Bill of Rights is uploaded into OneCase by the following business day in the Foster Care Bill of Rights tab. They will also ensure Attachment A is uploaded into OneCase by the following business day in the Sexual History Report Attachment A tab.
7. Placement cannot be made, and payment will not be issued until 4Kids Intake Specialists approves the placement, and the Provider is in the 4Kids Network.

COMPLIANCE:

This policy complies with the Joint Operations Manual.



Policy Title:	Legacy Transfers		
Policy Number:	4Kids-SS-CM-005		
Chapter:	Service Standards	Sub-section:	Case Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/12/23

STATEMENT OF PURPOSE:

To outline procedures to be followed that ensure a smooth transition for Legacy children into the 4Kids4Families (4Kids) Provider Network.

POLICY STATEMENT:

4Kids transfer of children currently in Legacy system into its network will be done timely, and thoroughly under clear guidelines and procedures.

SCOPE:

This Policy and Procedure applies to 4Kids Data, Intake, and Care teams.

DEFINITIONS:

1. *Legacy* refers to the Texas Department of Family and Protective Services network.
2. *CoBRIS* refers to the 4Kids network system to enter children in care’s information while they are in care.
3. *Texas Provider Gateway* refers to the network system utilized by providers to enter their facilities/home information, as well as information related to the youth in care that is currently placed at their facility/home.

PROCEDURE:

During the beginning stages of implementation, it is necessary for 4Kids to transfer existing Legacy children/youth into the Provider Network. This is simply an administration change, not a physical change in placement for the child/youth.

1. On a pre-arranged schedule between 4Kids and each Provider their children/youth will be transferred into the IMPACT, CoBRIS, and the Texas Provider Gateway network systems.
2. 4Kids Data Team will collaborate with each Provider, as well as representatives from CPS to ensure that transfers are made in the IMPACT system and that a secondary assignment is made to the appropriate 4Kids staff.
3. Upon completion of the referral in IMPACT the 4Kids Data Team will then enter the child/youth’s information into the CoBRIS and Texas Provider Gateway systems.
4. 4Kids4Families Intake team will collaborate with the Provider to get all State required documents completed and signed.

5. Within one (1) week of assignment the 4Kids Care Coordinator will contact the Provider's case manager and CPS caseworker to introduce themselves and begin communication about the next steps of care management.

All updated procedures will be included in the *4Kids4Families Provider Manual* and/or communicated to Network Providers via electronic mail.

COMPLIANCE:

This policy complies with the Joint Operations Manual and SSCC Supervision Transfer Procedures Plan.



Policy Title:	Children Without Placement Notification		
Policy Number:	4Kids-SS-CM-006		
Chapter:	Service Standards	Sub-section:	Case Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/12/23

STATEMENT OF PURPOSE:

To establish procedures regarding the intake and notification process for the overnight supervisor regarding the care of children when 4Kids4Families(4Kids) is unable to locate a paid placement.

POLICY STATEMENT:

4Kids ensures clients within foster care are provided a safe and secure environment. 4Kids ensures a clear and streamlined notification process when a paid placement is unavailable, and overnight supervision and care are required for a child/en in Foster Care. 4Kids emphasizes principles of child safety, timely notification, collaboration, and comprehensive documentation.

4Kids believes effective communication and coordination among all relevant stakeholders to secure appropriate care for the child/en until a paid placement can be arranged is a requirement for overall wellbeing.

SCOPE:

This Policy and Procedure applies to 4Kids staff who have direct involvement in the intake and placement procedures.

DEFINITIONS:

1. *Unavailable paid placement* refers to a situation where the placement team is unable to find an available foster home or paid placement to accommodate the child’s overnight and care needs.
2. *Paid Placement* refers to a foster home, group residential operations home, emergency shelter, or residential treatment center that receives financial funds to provide care and supervision for children in foster care.
3. *Intake Specialist* refers to 4Kids staff responsible for intake oversight.

PROCEDURE:

4Kids Child Without Placement (CWOP) notification process is used when 4Kids has taken possession of a child prior to midnight and continued to care for the child after midnight, was unable to locate a placement within the required 7-hour timeframe and provided overnight supervision of the child in an unlicensed placement.

1. 4Kids Intake Specialist will notify the Intake Supervisor and the Director of Intake and Placement that placement has not been secured for the child and the child will need to be under 4Kids Supervision. Once the necessary information is gathered to determine 4Kids Supervision is needed, the Director of Placement will notify the Senior Vice President of Community Based Care.
2. 4Kids Intake Specialist will complete documentation in CoBRIS and IMPACT within 12 hours of the child being without placement. The 4Kids Intake Specialist must document as if it is a placement under the Placement Log in IMPACT using the living arrangement code “SSCC Supervision.”
3. 4Kids will notify the DFPS Placement team, CPS Community-Based Care Administrator-R4, and the Contract Administration Manager (CAM) that a child is under 4Kids4Families Supervision for that date.
4. 4Kids will provide the SSCC Supervision Daily Log to the DFPS Placement Team, Regional Director, CPS Community-Based Care Administrator-R4, and Contract Administrator Manager of the child under 4Kids Supervision by 9:00 am the following morning, noting any child that came under 4Kidssupervision prior to 12:00 am the previous day. The report is a running log of all children without placement, noting the date they came to 4Kidswithout placement, reasons/barriers to finding placement, any potential placement options as well as their legal status. The log must be updated daily until placement is located and the child placed into an approved placement.
5. 4Kids Intake Specialist will ensure a binder is taken to the unlicensed placement location (the 4Kids approved designated location) at the time of placement that includes:
 - 5.1. Placement Summary ,
 - 5.2. Common Application,
 - 5.3. Medication Log ,
 - 5.4. Child’s Bill of Rights,
 - 5.5. All required Residential Child Care Forms,
 - 5.6. Attachment A, and
 - 5.7. 4Kids SSCC Supervision Information Sheet.
6. 4Kids Intake Specialist will ensure the Child’s Bill of Rights is uploaded into OneCase by the following business day in the Foster Care Bill of Rights tab. They will also ensure Attachment A is uploaded into OneCase by the following business day in the Sexual History Report Attachment A tab.
7. 4Kids Intake Specialist will continue to make search efforts daily to locate placement for any child under 4Kids Supervision. The 4KidsIntake Specialist will provide a daily report to the Director of Intake and Placement that lists the placement searches made for each youth and a timeline for moving them to a more appropriate licensed placement by 3:00 pm each day.

COMPLIANCE:

This policy complies with the Texas Family Code, Texas Administrative Code, Minimum Standards, and the Joint Operations Manual.



Policy Title:	IPSP Placements		
Policy Number:	4Kids-SS-CM-007		
Chapter:	Service Standard	Sub-section:	Case Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/12/23

STATEMENT OF PURPOSE:

To ensure an accurate and consistent process for gathering information and obtaining approval for sub-acute placements of youth placed within 4Kids4Families (4Kids) network.

POLICY STATEMENT:

4Kids recognizes that occasionally, youth in care are in need of a sub-acute inpatient psychiatric treatment placement. These placements offer a higher level of care and a therapeutic environment that can support the youth’s well-being and treatment goals.

SCOPE:

This policy and procedure applies to 4Kids intake, placement and care coordination staff.

DEFINITIONS:

1. *Subacute placements* refer to the use of specialized residential facilities or programs designed to meet the needs of foster youth with significant behavioral, emotional, or mental health challenges.

PROCEDURE:

1. Occasionally, children/youth in care need a sub-acute inpatient psychiatric treatment placement. These are placements in a hospital setting but the child does not meet the criteria for an acute psychiatric hospitalization and rather has more long-term ongoing psychiatric needs.
2. When this is the case 4Kids can seek placement into an approved sub-acute program if the program has first been approved by DFPS. To seek approval for a new sub-acute provider, 4Kids must take the following steps:
 - 2.1. 4Kids4Families must electronically submit a request for approval of the IPSP Program to the CPS Director of Placement or designee. 4Kids will submit a copy of the subcontract with the IPSP Program that includes:
 - 2.1.1. The sub-acute treatment model;
 - 2.1.2. The criteria and methodology used in considering a child/youth for sub-acute placement, including client characteristics, approval process for the placement, and level of internal managerial approval;
 - 2.1.3. How the SSCC will oversee, support, ensure safety, and monitor the placement while the child/youth remain in the placement, and;

- 2.1.4. A transition plan to ensure the youth is moved to a lesser restrictive setting after the program's treatment model timeframe, with the intent that the youth transitions as soon as the youth has completed the program.
3. Once approved, each placement must be approved prior to or at the time of placement through the Exceptional Care Rate request process in order to be reimbursed.
 4. Sub-acute placements are expected to last approximately 6-8 weeks but could be longer or shorter depending on the needs of the child and their treatment goals.
 5. If a child requires acute hospitalization during their stay, the Provider must notify 4Kids immediately as this does not qualify for the sub-acute rate and Superior Medicaid must be billed. Once the child is ready to step-down or return to the subacute program again, the placement can resume without additional DFPS approvals.
 6. While a child is in a sub-acute placement the provider is expected to meet the child's immediate and ongoing medical/dental/vision needs, behavioral/mental health needs and provide for their education.
 7. 4Kids will work with the Provider to ensure all needs are met and consent to any medical needs. The Provider will notify 4Kids of any serious incidents that occur while at the facility and will be responsible for reporting any instances of abuse/neglect to the DFPS hotline.
 8. Once placed, a 4Kids Care Coordinator will be assigned and is responsible for gathering weekly updates on the child's progress.
 9. Whenever a child is participating in a Subacute program, the referral remains active, and the Intake team continues to search for a lesser restrictive and more family like setting until the child is successfully discharged and placed. Weekly updates are provided from the assigned 4Kids Care Coordinator to the Intake team in order to find the most appropriate placement and prepare for the stepdown.

COMPLIANCE:

This policy complies with the Joint Operations Manual.



Policy Title:	Intake and Placement Services		
Policy Number:	4Kids-SS-CM-008		
Chapter:	Service Standards	Sub-section:	Case Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/12/23

STATEMENT OF PURPOSE:

To establish standards for intake and placement of clients who are placed in the care of 4Kids4Families (4Kids).

POLICY STATEMENT:

Appropriate placement matching is critical to reducing and preventing transfers between Network Provider placements and premature discharges from 4Kids. 4Kids is committed to selecting the most appropriate Network Provider for each client placed in out-of-home care based on thorough screening and matching processes. 4Kids makes a concerted effort to minimize losses and preserve clients’ community connections, cultural, ethnic, and religious heritage without jeopardizing their right to care.

SCOPE:

This Policy and Procedure applies to all placement requests made to 4Kids.

DEFINITIONS:

1. *Discharges* refer to when an agency that is caring for a youth in care decides the placement is no longer a good fit and is requesting a new placement for that youth.

PROCEDURE:

1. 4Kids Intake Department is responsible for processing all new and subsequent referrals for placement and case management services.
2. 4Kids Director of Intake and Placement Services leads a team of trained and experienced Intake Supervisors and Specialists who receive, assess, and coordinate the paid placements of children in the 4Kids network.
3. Although intake is not responsible for the development of the network, they manage the placements network of 4Kids
4. To meet the needs of our children in care, 4Kids contracts an array of Network Providers including Child Placing Agencies (CPAs), General Residential Operations (GROs) and Residential Treatment Centers (RTCs).
5. While 4Kids has a no-reject, no-eject policy, Network Providers must assess for themselves the appropriateness of placement and make a decision based on their ability to meet a child or sibling set needs.
6. 4Kids is tasked with meeting the needs of all children from the Region 4 catchment area by contracting with Network Providers who are licensed to provide care in, but not limited to:

- 6.1. childcare,
- 6.2. respite childcare,
- 6.3. emotional disorders,
- 6.4. mental retardation,
- 6.5. pervasive developmental disorders,
- 6.6. primary medical needs,
- 6.7. human trafficking,
- 6.8. transitional living, and
- 6.9. adoption.
7. 4Kids Intake team assesses all children at the time of initial and subsequent referral to determine the most appropriate Network Provider to provide service needs to a client.
8. When possible, intake consults with the child's team to provide input, preferences, and information to make the best placement possible. The treatment team may include but not limited to:
 - 8.1. their permanency worker for new removals,
 - 8.2. attorney,
 - 8.3. CASA,
 - 8.4. parents, and
 - 8.5. child.
9. During an emergency or subsequent placement and no placement can be located, 4Kids intake will continue to work with the child's team to locate a more appropriate placement while the 4Kids Care Coordination department assesses for additional services in the temporary placement to provide for the child in the interim.
10. When a particular service or placement is not paid through a traditional contract but covered by Medicaid or insurance, such as psychiatric/medical hospitalization or substance abuse treatment centers, 4Kids Intake works with the child's permanency team and the Medicaid Provider to ensure the Network Provider has all necessary intake information and documentation to determine a plan for transition out of the facility when treatment goals are met.
11. When a child or sibling group is separated at the time of placement, or placed in a temporary shelter or home as no option able to accommodate their needs is available at the time of the emergency placement, Intake will continue to search for an option with all siblings together, giving priority to any home that already has one or more siblings in order to maintain some stability, as long as the placement is safe and in the sibling groups best interest.
12. 4Kids Intake and Care Coordination team will coordinate a more family-like, less restrictive settings for children in group residential or treatment center settings.
 - 12.1. Any child who is placed out of region or out of state and not with relatives, or receiving a particular treatment service provided only by a Network Provider out of the region, will continue to have search efforts made, until the child can be returned closer to their home.

COMPLIANCE:

This policy complies with the Texas Family Code and Minimum Standards.



Policy Title:	Intake Process and On-Call Procedure		
Policy Number:	4Kids-SS-CM-009		
Chapter:	Service Standards	Sub-section:	Case Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/12/23

STATEMENT OF PURPOSE:

To outline processes that ensure all children coming into or already within 4Kids4Families (4Kids) Network region have safe placement/environment 24 hours, 7 days a week.

POLICY STATEMENT:

4Kids strive to maintain child safety and placement stability whenever possible. We are committed to the principles of timely response, safety and wellbeing, collaboration, and comprehensive documentation. 4Kids works to ensure an efficient and effective process that prioritizes the best interests of the child and provides them with appropriate care and support in a timely manner.

SCOPE:

This policy and procedure applies to all 4Kids staff who are searching for or involved in placement for youth in care.

DEFINITIONS:

1. *Intake Process* refers to the procedures and protocols involved in receiving, assessing, and processing the initial referral of a child for placement into foster care and subsequent placement referrals.
2. *On-Call Procedures* refers to the protocols and arrangements for after hours and weekend on-call personnel to handle emergency placement requests and ensure immediate responses to urgent situations.

PROCEDURE:

Intake Process:

4Kids4Families accepts referrals 24-hours a day, 7-days a week and conducts both planned and emergency placements. Referrals are directed to the Intake Department via email or Intake Hotline call.

1. 4Kids prohibit discriminatory selection processes, and all referrals are accepted for children who are legally from, or the responsibility of the Region 4-catchment area and the intake worker will advise of all services available at that time.
2. If a child or family that is not from the Region 4-catchment area and is the legal responsibility of another county in the State of Texas, is requiring placement or other courtesy services, 4Kids will review to see if they meet the requirements for a courtesy referral. If not, 4Kids will refer it to TX DFPS. Any services not available at the time of intake are addressed through the care coordination process by the on-going assigned 4Kids Care Coordinator.

3. 4Kids Intake Department will be responsible for ensuring that calls for referrals are answered 24/7/365. Intake workers complete all triage and critical care decision-making of referrals promptly and in accordance with the type of referral being made.
 - 3.1. Intake staff are supervised by Intake leadership who is experienced in residential childcare and/or licensed. All calls will be screened and assessed for priority (emergency or non-emergency) determination based on how quickly a placement is needed to ensure all children are treated equitably and in a manner that appropriately addresses their need for placement and timely initiation of services.
4. Intake staff gather information necessary to identify critical service needs in order to determine if a more intensive service is necessary and they assess immediate safety/risk of harm both to the child and others.
 - 4.1. If at any time during the intake process, 4Kids should learn that the child/ren are an immediate threat to themselves or others, the Intake Specialist will staff with their supervisor and consult with DFPS to have the child assessed by medical/mental health professionals prior to coming into placement.
 - 4.2. If the threat is such that it does not require hospitalization but does require additional support, supervision or other services, Intake will work with the provider and DFPS to implement a safety plan with all parties involved.

On-Call Procedure

4Kids maintains a rotating on-call schedule to cover any calls for emergency placement requests that may occur during non- traditional business hours.

1. 4Kids Intake Supervisor will be responsible for ensuring that the on-call schedule is developed and followed.
2. The intake worker on-call will then be responsible for following the procedure to secure an emergency placement.
3. 4Kids On-Call workers will contact the Intake Supervisor or Director of Intake and Placement if any issues arise in which they require direction or assistance.

COMPLIANCE:

This policy complies with the Texas Family Code, Texas Administrative Code, and Minimum Standards.



Policy Title:	Notification of Sexual History, Abuse, Aggression, and Behaviors		
Policy Number:	4Kids-SS-CM-010		
Chapter:	Service Standards	Sub-section:	Case Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/12/23

STATEMENT OF PURPOSE:

To outline procedures when a child has a history of sexual abuse, sexual behavioral issues, or sexual aggression when placed with Network Provider, caregivers, or 4Kids programs or services.

POLICY STATEMENT:

4Kids realizes the importance of keeping clients safe and equipping caregivers to ensure appropriate supervision and access to important resources. Notification of concerns safeguards at risk clients to have early opportunity to receive the supervision, intervention, support, and/or services they need to stay safe as well as ensure the safety and well-being of those with which they are placed.

SCOPE:

This Policy applies to all 4Kids Network Provider employees, caregivers, and 4Kids services and programs regarding the placement of children in out of home placements.

PROCEDURE:

Caregiver Notification

1. In order to ensure that children receive appropriate care, supervision, and caregivers are fully informed of all concerns regarding the child, caregivers are notified of a client’s immediate needs, history of child sexual abuse, sexual aggression and sexual behavior.
2. When a child is identified as having a history or concern of sexual abuse or behavior the following occurs:
 - 2.1. 4Kids will provide a Placement Summary, Child Sexual History Report (Attachment A), and Common application at placement for a child that has been sexually abused by an adult or another youth.
 - 2.2. Attachment A is used when a child with a history of sexual victimization or sexual aggression is under the care of an alternate, temporary, or GRO caregiver and the CSA is signed by all those responsible for providing care and supervision. Primary Foster or Adoptive Caregivers do not sign this form. This form is intended for alternate, temporary, and GRO caregivers.
 - 2.3. Client’s caregivers confirm allegations of sexual abuse of client at current and subsequent placements.
 - 2.3.1. Caregiver’s confirm any unconfirmed allegations of sexual abuse that pertain to child safety or impact the child’s contact with any principals in the case.
 - 2.4. Client’s caregivers confirm allegations of sexual aggression of client at current and subsequent placements.

3. DFPS Primary caseworker will complete the Placement Summary for all children prior to placement. 4Kids Intake Specialists, or representative, will review the placement summary and attachment A to ensure it is given to Network Provider and/or Caregiver prior to placement.
 - 3.1. At time of placement, the individual placing the child will review the confirmed sexual abuse, aggression, and/or behavior problem history with the caregiver to ensure the caregiver acknowledges receipt of the information, and opportunity to ask any questions about the history prior to the completion of placement.
 - 3.2. Caregivers sign the Placement Summary and Attachment A acknowledging receipt of the information. Additional signatures will be obtained as new caregivers are added.
4. 4Kids Intake Specialist confirm signed 4Kids Placement Summary and Attachment A are uploaded to OneCase in IMPACT within an appropriate time.
5. When receiving a referral for a child with a history of confirmed sexual abuse, aggression, or behavior problems, 4Kids Intake Staff will review all child's history as it pertains to sexual abuse, sexual aggression or sexual behavior problems prior to a placement search.
 - 5.1. Information will be provided at the time of placement request by 4Kids Permanency Specialist that is requesting placement, as well as from the IMPACT system. 4Kids staff will ensure the information is included in the Common Application.
6. The DFPS CSA form and Attachment A is maintained by the Network Provider and any temporary placement in a separate location from the child's case file.
 - 6.1. Once the child has left placement in should be removed from the active file and maintained as part of the child's record.

Notifications for Children Without Placement (CWOP)

1. When CWOP occurs, any staff acting as shift lead for child will have temporary placement or alternative caregiver sign as acknowledgment of receipt of information on the DFPS CSA form and Attachment A.
2. The CSA and Attachment A is maintained by the temporary placement in an auditable separate location from the child's case file showing all persons responsible for the child's supervision and care have signed verifying they have received the information about their sexual history. Once the child has left placement in should be removed from the active file and maintained as part of the child's separate record.

Notifications for Children in Temporary Placements

1. When the child requires a temporary placement while in a concurrent placement, the Network Provider will ensure the temporary caregiver is given all information about the child's sexual abuse/victimization, sexual aggression and/or sexual behavior problems has reviewed the Attachment A and signed DFPS CSA acknowledgement of receiving/reviewing that information and send a copy to the 4Kids Care Coordinator, or representative, within 24 hours of the temporary placement.
2. When the child returns from the temporary placement back to the network provider, the provider files the signed CSA's from temporary placements to the child's current CSA forms.
3. Temporary placements may include, but not limited to:
 - 3.1. Medical hospitals,
 - 3.2. Psychiatric hospitals,
 - 3.3. Respite, and
 - 3.4. Incarceration.

COMPLIANCE:

This policy complies with all state regulations and state laws.



Policy Title:	Medical/Dental/Vision and Behavioral Healthcare Services		
Policy Number:	4Kids-SS-CM-011		
Chapter:	Service Standards	Sub-section:	Case Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/12/23

STATEMENT OF PURPOSE:

4Kids4Families (4Kids) promotes a healthy and safe environment and requires children to receive regular medical, dental, and vision screenings to address physical, behavioral, emotional, and mental health needs.

POLICY STATEMENT:

It is the policy of 4Kids to ensure the health, safety, and well-being of clients entrusted to its care by adhering to relevant state regulations and state and federal law concerning the health and well-being of the children served. 4Kids will ensure that medical and dental services are culturally competent, linguistically, and developmentally appropriate to meet the needs of each youth served.

SCOPE:

This Policy applies to all 4Kids programs, services, Network Providers, and caregivers that are responsible for meeting the medical and behavioral health needs of children in their care.

PROCEDURE:

General Requirements

1. 4Kids ensures all Network Providers access medical, dental, vision, hearing and behavioral healthcare services for children in substitute care referred by the SSCC through STAR Health Network Providers.
2. Network Providers are responsible for transportation of the child to all medical, dental, vision, hearing, and behavioral healthcare appointments.
3. The person consenting to medical care for a child must participate in each appointment for the child with the Healthcare Provider.
4. Participation in each appointment must be in person or, if appropriate and acceptable to the Provider, by telephone.
 - 4.1. Level of participation depends on the nature of the medical care the child is receiving, except medical consenters must attend in person any appointments when a child may be prescribed psychotropic medications.
 - 4.2. Healthcare providers may have varying requirements for participation.
 - 4.3. Medical Consenters must discuss with Healthcare Providers their expectations for participation.
5. The TDFPS Medical, Dental, Vision, Hearing, or Behavioral Health Appointment Form is utilized to document medical, dental, vision, hearing and behavioral health (CANS) appointments. In addition to the DFPS form, Network Providers can utilize their own Medical, Dental, Vision, Hearing or Behavioral Health Appointment/Examination Form in the event all minimum requirements, DFPS/RCCL regulations are met.

6. Network Providers will maintain records of all healthcare providers visits in accordance with 4Kid Policies and RCCL requirements, screenshot of the Health Passport are not sufficient evidence as there needs to be a written document from the attending physician.
7. Within 72-hours after the child's appointment, the Network Provider uploads documentation and any supporting documentation to the Provider Gateway.
8. 4Kids ensures Network Providers inform youth ages 16 to 22 of their right to request to become their own Medical Consenter. Documentation of this conversation is noted in the child's record.
 - 8.1. STAR Health Denial Letters are sent to 4Kids Care Coordinator no later than the second business via the Care Coordinator email by Network Provider.
9. Providers or caregivers ensure any services needed to address issues or conditions identified during the health screenings, assessments or examinations are provided by a qualified professional and will consult with Superior as needed.

3-Day Medical Screening

1. 1. Providers ensure, when indicated on the Common App as a requirement by DFPS, that within three (3) business days, children entering DFPS custody visit a doctor if one or more of the criteria listed is met:
 - The child:
 - a. Was removed as the result of sexual abuse
 - b. Was removed as the result of physical abuse
 - c. Has an obvious physical injury
 - d. Has a chronic medical condition
 - e. Has a medically complex condition
 - f. Has a diagnosed mental illness
 - g. will be seen by a medical provider if the child has an illness prior to the 30-day health exam.
2. The 3-Day Medical Exam is an added medical screening and does not replace the Texas Health Steps Medical Checkup.

Child and Adolescent Needs and Strengths (CANS) Assessment

1. Within 21 days of placement children ages 3-17 must receive a CANS Assessment. The CANS Assessment is an evaluation that helps recognize the impact of trauma a child has been through, and address they are doing.
 - 1.1. The CANS Assessment identifies services that aid the child, such as counseling, and existing strengths to build on, such as positive relationships.
2. Network Providers need to utilize a Star Health provider for the completion of the CANS.
3. Network Providers are responsible for ensuring all services indicated on the CANS are set up and provided to youth.

Medical Check-Up

1. For Children New to Care -
 - 1.1. Network Providers will ensure a 30-day Texas Health Steps Medical Checkup is completed within 30 days of removal for children new to DFPS conservatorship (children must see a doctor for a complete check-up with lab work).
 - 1.2. Providers follow Texas Health Steps schedule for subsequent medical/dental/vision appointments.
 - 1.2.1. 30-day Texas Health Steps Medical Checkup must occur even if the child's health passport indicates that the child received a medical exam prior to entering the foster care system.
 - 1.3. The checkup is considered overdue 31 days after removal.
2. For Children in Subsequent Placements-

- 2.1. Providers must ensure that the child in subsequent placements have a medical examination by a health-care professional within 30 days after the date of admission.
- 2.2. This exam is not required however if the Network Provider has documentation that the child has had a medical examination within the past year, including documentation in the child's health passport if the child is in the department's conservatorship.
- 2.3. If the Network Provider admits a child with primary medical needs (PMN), the Network Provider must provide the child with a medical examination by a health-care professional within seven (7) days before or three (3) days after admission.
- 2.4. If the child/youth admitted shows symptoms of abuse or illness, a health-care professional must examine the child immediately.
- 2.5. The checkup is considered overdue 31 days after admission.

Texas Health Steps Medical

1. Children 3-20 years old must receive a Texas Health Steps Medical Checkup annually.
2. The annual checkup is due 12 months after the month in which the child received the previous checkup.
3. Children who are younger than three (3) years of age must get Texas Health Steps Medical Checkups more often, Providers must follow the Texas Health Steps Periodicity Schedule.

Texas Health Steps Dental

1. Children enrolled in STAR Health who are six (6) months and older, the first Texas Health Steps dental checkup must occur within 60 days after the child comes into DFPS conservatorship. The checkup is considered overdue 61 days after removal.
2. Children who turn six (6) months old while in DFPS care must have their first Texas Health Steps Dental Checkup within 30 days of turning six (6) months old. After that, children should get Texas Health Steps dental checkups every six (6) months. The checkup is due six (6) months after the month in which the child received the previous checkup.
3. Children six (6) through 35 months of age who are identified by their dentist as being at moderate to high risk for the development of early childhood cavities may get regular dental checkups on a more frequent basis such as every three (3) months.

Mental Health and Behavioral Health Services

1. When indicated, a child will receive a mental health screening within 30 days of removal or as needed ongoing.
1. 4Kids will ensure Providers access Medicaid through STAR Health for Medicaid Covered Behavioral Health Services unless the court orders DFPS/4Kids to provide Behavioral Health Services for the child from a non-network provider.
2. Network Providers are responsible for ensure Children with a CANS that indicates a need for Targeted Case Management services will receive these services.
3. Network Providers must utilize community resources to obtain Behavioral Health Services not covered by Medicaid.
4. 4Kids Care Coordinator assist the Network Provider in locating services, as needed.
5. In the event that community resources are not available for Behavioral Health Services and/or Medicaid does not cover services, the Network Provider shall be financially responsible for providing Behavioral Health Services.

Early Childhood Interventions

1. 4Kids will ensure any child who is under the age of three (3), suspected of having a disability or developmental delay, or whose 3-day Medical Exam identified a developmental need is referred to Early

Childhood Intervention (ECI) by the Network Provider's case manager within three (3) business days of placement and is documented in the child's record.

2. All children under three (3) regardless of suspected disability will be referred within 30 days.
3. Ongoing developmental screenings will be completed according to the well-child guidelines to identify any need for further assessment.

Emergency Medical and Psychiatric Hospital Situations

1. In an emergency situation the Network Provider is responsible for having mobile capability and/or can send practitioners or teams into the home, school, emergency room, or policy department for immediate evaluation and crisis intervention.
2. In the event that a child requires psychiatric hospitalization, the Network Provider must notify 4Kids immediately of any psychiatric hospitalization, as soon as a child is admitted, but no later than 12 hours after being admitted.
3. Network Provider is also required to submit a serious incident report via the Texas Provider Gateway (TPG) for all medical emergency situations and psychiatric hospitalizations. 19.
4. When Network Provider takes the child to a hospital that is not under contract with Superior Health or does not have a child specific contract with Superior Health for the hospital stay in question, the provider will be responsible for any payments incurred during the hospital stay not covered by Superior.

Medical Consenters

1. Medical Consenters have access to all necessary and relevant health information through the Health Passport. This includes but is not limited to information about the child's:
 - 1.1. Physical and mental health history,
 - 1.2. Family history ,
 - 1.3. Trauma history, and
 - 1.4. Prescribed medications, including their dosages, targeted symptoms, side effects and monitoring process for any psychotropic medications.
2. Anyone acting in the capacity of Medical Consenter must be trained annually (must complete the required DFPS training).

COMPLIANCE:

This policy complies with all state regulations, state and federal law, the Joint Operation Manual and the Provider's Manual.



Policy Title:	Medication Administration and Consent		
Policy Number:	4Kids-SS-CM-012		
Chapter:	Service Standard	Sub-section:	Case Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/12/23

STATEMENT OF PURPOSE:

4Kids4Families (4Kids) promotes a healthy and safe environment which requires the safe and uniform care, administration, control, and documentation of medications dispensed to clients.

POLICY STATEMENT:

The health, safety, and well-being of clients entrusted to 4Kids is coordinated by adhering to relevant state regulations and state and federal law concerning the safe prescription, administration, control, and disposal of medication and fostering a safe environment. All clients receiving psychotropic medications and caregivers or Network Provider administering psychotropic medications receive patient education regarding the medication. Only trained/certified Network Provider staff and caregivers may participate in medication administration and oversight.

Psychotropic medication is only used if it is appropriate for a client’s treatment and approved by the 4Kids and/or legal custodian. Psychotropic medication should be administered after other least restrictive methods have been administered and have been tried and have failed.

SCOPE:

This policy applies to all Network Providers contracted with 4Kids and any other 4Kids programs or services.

DEFINITIONS:

1. *Caregiver* refers to any approved individual counted in the child/caregiver ratio whose duties include direct care, supervision, guidance, protection of a child in care, and the administration of prescribed and over-the-counter medication. Caregivers may include foster parents, adoptive parents, respite providers, approved alternate caregivers, short-term caregivers, and babysitters.
2. *Controlled Substance* refers to a drug that has been declared by federal or state law to be illegal for sale or use, but may be dispensed under a healthcare professional’s prescription. The basis for control and regulation is the danger of addiction, abuse, physical and mental harm (including death), the trafficking by illegal means, and the dangers from actions of those who have used the substances.
3. *Medication Administration Record (MAR)* refers to an electronic or printed document for recording the administration of medications to a client for a defined period of time. The MAR includes the prescribing healthcare professional’s order and time to administer the medications.
4. *Medication error* refers to includes, but is not limited to:
 - 4.1. A client receiving the wrong medication;
 - 4.2. A client receiving medication prescribed to someone else;

- 4.3. A client receiving the wrong dosage of medication;
 - 4.4. A client receiving medication at the wrong time;
 - 4.5. A medication dose being skipped or missed;
 - 4.6. A client receiving expired medication;
 - 4.7. An employee/caregiver not following the medication administration instructions, such as a client receiving medication on an empty stomach when the medication should be given with food;
 - 4.8. A client receiving medication that has not been stored as required in order to maintain the effectiveness of the medication, such as refrigeration or non-refrigeration, or exposure of the medication to heat or sunlight; and
 - 4.9. Incorrect documentation or failure to document that a medication was administered, missed or refused.
- 5. *Over-the-Counter Medication* refers to a drug for which a prescription is not needed. This includes vitamins and supplements.
 - 6. *PRN* refers to medication that is ordered by a healthcare professional to be administered on an as-needed basis in accordance with the written parameters of the healthcare professional.
 - 7. *Schedule II Drug* refers to a category of drugs that have legitimate medical use but are considered to have a strong potential for abuse or addiction. Schedule II Drugs require a new written prescription each month when the medication is refilled.

PROCEDURE:

- 1. Network Providers are responsible for ensuring caregivers and employees who serve as medical consenters for a child who is prescribed psychotropic medications facilitate an office visit with the prescribing physician in the STAR Health Network at least once every 90 days to allow the practitioner to:
 - 1.1. Appropriately monitor the side effects of the drug,
 - 1.2. Determine whether the drug is helping the child achieve the treatment goals, and
 - 1.3. Determine whether continued use of the drug is appropriate.
- 2. For any child receiving psychotropic medication, the Network Provider’s case manager will provide 4Kids documentation addressing the following:
 - 2.1. The child has been provided appropriate psychosocial therapies, behavior strategies, and other non-pharmacological interventions; and
 - 2.2. The child has been seen by the prescribing physician, physician assistant or advanced practice nurse in the STAR Health Network at least once every 90 days.
 - 1.1.1.1.1. 3. In the event the 4Kids staff is designated as the medical concenter for the child, the Network Provider’s case manager must ensure 4Kids staff has notice and is able to attend any appointments where psychotropic medication may be prescribed and all medication review appointments.
 - 1.1.1.1.2. 4. Network Providers are responsible for ensuring the medical concenter representing the agency has the most up to date DFPS training and documentation in their record.

Consenting to Psychotropic Medication

- 1. When a Healthcare Provider initially prescribes a psychotropic medication, the Network Provider’s case manager ensures the caregiver or employee who serve as Medical Concenter for the child:
 - 1.1. Notifies DFPS in writing of any initial psychotropic medications and subsequent dosage changes by the next business day;
 - 1.2. Complete and sign DFPS Psychotropic Medication Treatment Consent Form with the Healthcare Provider; and

- 1.3. Provide a copy of form to DPFS case worker the following business days.
- 1.4. DPFS Psychotropic Medication Treatment Consent form is not required for changes in dosages or for refills of the same medication.

Medication Prescription

1. Physicians' medication orders written by healthcare professionals are maintained in the client case record.
2. All physician orders and prescriptions are transcribed onto the Medication Administration Record (MAR) by a trained/certified Network employee or caregiver.
3. When a prescription is changed, the following actions are taken, if applicable:
 - 3.1. The physician discusses the medication change with the client and his or her birth parent/legal custodian and obtains informed consent;
 - 3.2. The medication change is transcribed onto the MAR by a trained/certified caregiver or network provider staff;
 - 3.3. The staff/caregiver administering the first dose of the medication provides medication teaching to the client; and
 - 3.4. Medication changes are discussed in case staffing and/or team meetings.

Medication Administration

- 1.1. Prescribed medication is administered by trained/certified Network Provider's employees and caregivers.
- 1.2. Each medication label includes:
 - 1.1. The client's name;
 - 1.2. The medication name;
 - 1.3. The dosage;
 - 1.4. The prescribing healthcare professional's name; and
 - 1.5. A number or code that identifies the written order, when applicable.
- 1.3. Network Provider employees and caregivers responsible for the administration of medication to clients:
 - 1.1. Administer medications prescribed for the client according to the instructions on the label or the prescribing healthcare professional's subsequent signed orders;
 - 1.2. Administer each client's medication within one hour of preparation;
 - 1.3. Administer medication without physically forcing the client;
 - 1.4. Ensure the client has taken the medication as prescribed by watching him or her swallow the medication; and
 - 1.5. Are informed about possible side effects and have the ability to effectively communicate this information to the parent/legal custodian as deemed appropriate.
 - 1.6. The integrity of the medication is confirmed through visual inspection.
2. When administering prescription medication, a trained/certified Network Provider employee or caregiver verifies each medication with the MAR and adheres to "The Six Rights of Medication Administration":
 - 2.1. Right Dose;
 - 2.2. Right Time;
 - 2.3. Right Client;
 - 2.4. Right Route;
 - 2.5. Right Medication; and
 - 2.6. Right Documentation.
1. Prior to administering an over-the-counter medication, the responsible Network Provider employee/caregiver consults with the prescribing or other healthcare professional regarding any contraindications. The consultation is documented and maintained in the client case record, including:

- 1.1. The date;
- 1.2. The time;
- 1.3. The healthcare professional's name and position title; and
- 1.4. A description of the conversation.
2. 4Kids strictly prohibits:
 - 2.1. The administration of any prescription medication, including drug samples, without a written prescription or written order from a healthcare professional;
 - 2.2. Borrowing or administering medication that is prescribed to another person. Only the individual to whom the medication is prescribed may use the medication.
1. Over-the-counter medication may be administered to more than one client from the same container.

Medication Administration Record (MAR)

1. Network Provider employees/caregivers are responsible for documenting and maintaining a cumulative MAR of all prescription and non-prescription medication dispensed to a client in accordance with relevant laws and regulations in each respective state. Copies are maintained in the client's case record.
2. When administering PRN and over-the-counter medication, the targeted symptoms/behaviors are documented on the MAR.
3. Clients who have obtained the appropriate consent to self-administer medication are responsible for accurately reporting the time and dosage that a medication was self-administered to a designated Network Provider employee/caregiver. The designated Network Provider employee/caregiver is then responsible for accurately documenting the client's medication record.
4. Foster parents are responsible for maintaining an MAR in the foster home for the current 30 days for each client who is prescribed medication and submit a copy of the MAR to the Network Provider staff on a monthly basis or as requested. A copy is maintained in the client case record.

Medication Monitoring

- 1.1. The prescribing healthcare professional contracted/employed by the Network Provider evaluates and documents a description of the client's response to the medication, an assessment of its effectiveness, and the appropriateness of its continuation in the client case record.
- 1.2. When the prescribing physician is not an employee of the Network Provider the responsible Network Provider employee/caregiver monitors and documents any noticeable changes in the client's behavior in response to any medication. These observations are submitted to 4Kids and documented in the client's treatment/service plan and reported to the prescribing healthcare professional for use in evaluating the appropriateness and effectiveness of the medication.
- 1.3. In evaluating for the continued use of psychotropic medications and Schedule II drugs, the healthcare professional considers, in accordance with relevant state laws and regulations, the client's target symptoms and treatment goals.
- 1.4. Any client prescribed psychotropic medications that require weekly or monthly medication monitoring, prior to stabilizing, is taken to appointments by the responsible 4Kids's Network Provider employee/caregiver as scheduled by the prescribing healthcare professional.
- 1.5. If the prescribing healthcare professional does not substantiate the effectiveness of a specific psychotropic medication within 90 days, he or she provides a written rationale for continuing the medication for an additional period.
- 1.6. The continuation of the medication may not exceed an additional 90 days (for a total of 180 days), when the healthcare professional does not substantiate effectiveness.
- 1.7. Documentation of the prescribing healthcare professional's decision to continue or discontinue medication is maintained in the client's case record.

Medication Side Effects and Adverse Reactions

1. Client allergies, sensitivities, and side effects are listed on the MAR and in their case record.
2. When a client experiences side effects from a medication, the responsible employee/caregiver:
 - 2.1. Immediately reports any serious side effects to the client's healthcare professional; and
 - 2.2. Reports any other side effects to the prescribing healthcare professional within 72 hours.
3. When a client experiences an adverse reaction from a medication, the responsible employee/caregiver:
 - 3.1. Immediately reports the adverse reaction to the client's healthcare professional;
 - 3.2. Follows the healthcare professional's recommendations; and
 - 3.3. Seeks further medical care if the client's condition appears to worsen.
4. Serious side effects and all adverse reactions are documented in an incident report within 24 hours of the occurrence; a copy of each is maintained in the client case record.
5. The following information is included in the incident report:
 - 5.1. The date and time side effect/adverse reaction observed or reported;
 - 5.2. The date and time side effect/adverse reaction reported to a healthcare professional;
 - 5.3. The name and title of the healthcare professional; and
 - 5.4. The healthcare professional's medical recommendation for ensuring the client's safety.

Medication Errors and Label Errors

1. When a medication error is discovered regarding a prescribed medication, the Network Provider employee/caregiver immediately contacts a healthcare professional, follows any instructions or recommendations, and makes all appropriate notifications.
2. If a medication error is discovered regarding an over-the-counter medication, the responsible employee/caregiver takes the appropriate and necessary actions as required by state regulations and the instruction of a designated 4Kids representative.
3. All medication errors are documented in an incident report, which includes the following information:
 - 3.1 Client's name,
 - 3.2 Client's date of birth,
 - 3.3 Date of medication error,
 - 3.4 Description of medication error,
 - 3.5 Employee's/Caregiver's name who made the error,
 - 3.6 Follow up required, and
 - 3.7 Required notifications.
1. When a medication error occurs that results in an overdose, emergency services are to be immediately contacted.
2. When an employee/caregiver finds a medication label error, he or she:
 - 2.1. Reports the error to the pharmacist and has the label on the medication container corrected as soon as possible, but no later than the next business day; or
 - 2.2. Reports the error to the designated healthcare professional, whom ensures that the label on the medication container is corrected as soon as possible.
3. Following a medication error, a designated 4Kids representative conducts a medication error review to prevent a reoccurrence. Specific patterns and causes are addressed, and proper prevention procedures are implemented as indicated.
4. In the event a pattern of high-risk medication errors is identified, progressive remediation will be provided including not utilizing the network provider's services.

Medication Refusal

1. 4Kids respects the right of any capable and informed client to refuse medication. However, when a client refuses medication that has been determined by a healthcare professional to be necessary, an assessment is made as to the level of need for the medication and the reasons for refusal.

2. If it is determined that a client has sound reasons for refusing a prescribed medication, the prescribing healthcare professional and appropriate treatment team members are notified, when applicable. Decisions about how to proceed are then made based on accumulated information.
3. When it is determined that a prescribed medication is absolutely necessary for continued health and safety of a client (e.g., insulin for and individual with diabetes), necessary precautions are taken in collaboration with the client's treating physician.
4. The decision to administer medications against a client's will is documented in an incident report and maintained in the client case record.

Medication Control and Destruction

1. All 4Kids Networks Providers, programs and services responsible for the administration and control of prescription and non-prescription medication secure medication in adherence to the following controls:
 - 1.1. All medication is secured behind a lock; access is limited to authorized persons.
 - 1.1.1. In residential treatment and group living facilities, all medications are stored in a supervised area.
 - 1.2. Medication storage areas are clean and organized with adequate temperature, light, moisture, and segregation.
 - 1.3. Medications are kept in the original container unless a pharmacy provides an additional container with the same label and instructions.
 - 1.4. Medications for external use are stored separately from medications for internal use;
 - 1.5. Refrigerated medications are kept in a labeled, locked container away from foods; and
 - 1.6. Schedule II drugs are stored behind a double lock and separate from non-Schedule II drugs.
2. Bedroom doors may not be used as a means to secure medication.
3. Discontinued and expired medication is immediately removed and stored in a separate locked area until it is destroyed.
4. Medication is destroyed in accordance with U.S. Food and Drug Administration (FDA) regulations and in a way that ensures that no unauthorized individuals, including children, have access to it.
5. Medication destruction is destroyed in accordance with local, state, and federal laws. The destruction is documented on the appropriate program or state form and maintained in the client case record.
6. Discontinued and expired medications are destroyed within 30 days after:
 - 6.1. It has been discontinued for a client;
 - 6.2. The expiration date has passed; or
 - 6.3. The client has left care without the medication.
7. Medication of a deceased client is removed immediately and destroyed.

COMPLIANCE:

This policy complies with all state regulations.



Policy Title:	Preparation for Adult Living, Independent Living Skills Development and Transition Planning		
Policy Number:	4Kids-SS-CM-013		
Chapter:	Service Standard	Sub-section:	Case Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/12/23

STATEMENT OF PURPOSE:

To provide procedures for the provision for Preparation for Adult Living (PAL, development of Independent Living Skills, and individualized transition planning in preparation for youth successfully exiting the child welfare system and becoming independent community members.

POLICY STATEMENT:

4Kids4Families (4Kids) is committed to ensuring that, as youth age out of the child welfare system, are equipped with practical living skills and are prepared for self-sufficiency by participating in planning for transition receiving life skills training on a daily basis by the appropriate modeling of staff and /or foster families based on their individual needs.

SCOPE:

This Policy and Procedure applies to all youth in the 4Kids catchment area.

DEFINITIONS:

1. *Caregiver* refers to any approved person counted in the client/caregiver ratio whose duties include direct care, supervision, guidance, protection of a client. Caregivers include residential program staff, adoptive parents, foster parents, respite providers, alternate caregivers, short-term caregivers, babysitters, and foster care providers that work with adults with developmental disabilities.
2. *AWOL* refers to when a client leaves the program without permission from the program or the client’s referring agency worker.

PROCEDURE:

PALS and Independent Living Skills

1. 4Kids believes life skills development is an important part of transition planning. The 4Kids Youth Achievement Specialist (YAS) worker works closely with the referring agency to ensure the client actively works towards the goals outlined in their transition plan.
2. Each client has a different level of proficiency with respect to life skills. Cognitive level of functioning, age, and life experiences impact a youth’s level of independence.
3. Contracting PAL service providers will be expected to provide a full array of services, including but not limited to:
 - 3.1. ensuring Independent Living Skills Assessments are conducted utilizing the Casey Life Skills Assessment,

- 3.2. providing Independent Living Skills Training that is engaging and youth centered, and
- 3.3. providing support services to youth that are meeting individualized needs such as:
 - 3.3.1.vocational training,
 - 3.3.2.GED classes,
 - 3.3.3.driver's education, or
 - 3.3.4.counseling.
4. PALS service providers are responsible for providing case management services while the young adult is receiving financial assistance, including aftercare, room and board assistance, and transitional living allowances.
5. 4Kids ensure the development and delivery of PAL utilize the curriculum topics established by DFPS.
6. As part of the delivery of PAL training, within 30-days of new placements, and/or when the youth turns 14 and/or a child comes into care that meets this age criteria, the Network Provider is responsible for completing the Ansell Casey Life Skills Assessment (ACLSA), submitting it to the Texas Provider Gateway (TPG) for review by 4Kids staff and sharing/discussing it's interpretation with the youth and caregiver. The ACLSA will identify the youth's strengths, needs, and goals, and is documented in the youth's service plan.
 - 6.1. Youth are reassessed annually to determine the client's level of progress made. Following the assessment, the client's life skills plan is reviewed and may be revised.
 - 6.2. Progress in core areas of service in the transition plan is measured based upon benchmarks identified by the benchmarks indicated by state regulations.
7. Network Providers are responsible for ensuring caregivers implement life skills activities in the youth's home or residential environment. Assistance is provided to implement life skills within the community and independence is given, when appropriate.
8. 4Kids refer youth for PAL life skills training no later than the youth's 16th birthday.
 - 8.1. Network Provider are responsible for youth's attendance to PAL.
9. When Network Provider has a youth that is eligible for PAL services that has not been identified, the Network Provider notify 4Kids through the Texas Provider Gateway (TPG) to ensure there is no further lapse in services being delivered.
10. Partnering with a Targeted Case Management Provider, Network Provider case manager work with the caregiver and PAL staff to ensure youth are made available and transportation to participate in PAL services including the following:
 - 10.1.completion of PAL training,
 - 10.2.provision of identified services to youth to assist with their transition to adulthood, and
 - 10.3.assistance with applying for and securing services to aid in their transition to adulthood.
11. Network Provider case manager document youth's progress and status of PAL as well as experiential life skills learning in the child's service plan. The Network Provider is responsible for transportation of the youth to all life skills and experiential training/activities.
 - 11.1.Network Providers ensure all caregivers:
 - 11.1.1. Teach Basic Living and Social Skills.
 - 11.1.2. Maximize opportunities for learning with Experiential Life Skills Activities.
 - 11.1.3. Provide access to Experiential Life Skills Activities provided by community resources.
 - 11.1.4. Promote the ability to appropriately care for themselves and function in the community.
 - 11.1.5. Assist youth ages 14 or older who have a source of income to establish a savings plan and, if available, a savings account to manage independently.
 - 11.1.6. Assist youth ages 18 up to 22 years of age who have a source of income to obtain a savings or a checking account with a Financial Institution (in accordance with Texas Finance Code §201.101).
 - 11.1.7. Provide access to age-appropriate Normalcy activities, which are suitable for the child's level of maturity and age, including activities not listed in the Child's Plan of Service.

- 11.1.8. Network Providers must train caregivers and use a “Reasonable and Prudent Parent Standard” to decide whether a child/youth may participate in an unsupervised activity.
- 11.1.9. Assist youth ages 16 and over to obtain a Driver’s License or state ID. Ensure the following are made available to facilitate driver’s license fee waiver/residency requirements:
- 11.1.10.A DFPS Foster Youth Driver License Fee Waiver Letter.
- 11.1.11.A Texas Department of Public Safety Texas Residency Affidavit which is completed and signed by the child.
- 11.2. For Children under age 18, a Representative to accompany the Child to the DPS driver license office to provide acceptable proof of residency.
- 11.3. Inform children who have applied for a DL of the need to notify DPS (Department of Public Safety) of change of address within 30 days of a change in placement.
- 12. Network Provider identify and provide the identified services to youth to assist with their transition from substitute care to adulthood.
- 13. Network Provider assist youth with applying for and securing services that will aid in their transition to adulthood.
- 14. Network Providers partner with Targeted Case Management providers to ensure the youth has adequate exposure to Life Skills activities.
- 15. Staff and/or caregivers encourage youth to discuss their career goals and help them investigate what training, education, and experience is required for their preferred career paths. Kids make reasonable efforts to match job training and employment opportunities to the client’s interests and goals. Job training and employment are intended to meet the client’s goals.
 - 15.1. Youth are encouraged to participate in career and/or vocational aptitude testing through their school or other community resources.
 - 15.2. Youth may participate in vocational training or certification programs through their school or other community resources.
 - 15.3. Youth are encouraged to participate in campus tours.
 - 15.4. Youth contemplating post-secondary education are encouraged to take the SAT and/or ACT exams and may be enrolled in preparation classes for these exams.
 - 15.5. Youth with outstanding academic performance will be encouraged to take CLEP and/or AP exams for college credit.
 - 15.6. Treatment planning meetings will review the client’s progress towards obtaining job skills, pursuing vocational training, and/or preparing for higher education. The treatment team will identify any barriers to the client’s progress and put supports in place to maximize the client’s ability to pursue vocational and/or career goals.
- 16. For youth preparing to attend vocational training or post-secondary education, staff, and foster caregivers will assist the youth in completing the *Free Application for Federal Student Aid (FASFA)* and *Educational Training Voucher (ETV)*, as appropriate. The staff and foster caregivers also assist the client in completing paperwork required for the client to obtain the State-Paid Tuition Fee Waiver.
- 17. For youth transitioning out of foster care, the following items will be compiled and given to the youth:
 - 17.1. ID Card;
 - 17.2. Social security card;
 - 17.3. Resume (when there is work experience);
 - 17.4. Driver’s License (when applicable);
 - 17.5. Original copy of birth certificate;
 - 17.6. Religious documents;
 - 17.7. Immigration, Citizenship or naturalization when applicable;
 - 17.8. Tribal eligibility/membership (where applicable);
 - 17.9. Death certificates of parents, if applicable;
 - 17.10. Life Book;

- 17.11. List of known relatives, with relationships, addresses, phone numbers and permissions for contacting involved parties;
- 17.12. Previous placement information; and
- 17.13. Educational records (to include diploma or GED, list of schools attended).

COMPLIANCE:

This policy complies with state and federal guidelines.



Policy Title:	Care Coordination		
Policy Number:	4Kids-SS-CM-014		
Chapter:	Service Standard	Sub-section:	Case Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/12/23

STATEMENT OF PURPOSE:

Children with a high level of care require increased care management to ensure they are receiving the treatment they need. When an increase in care management occurs, the child’s safety and best interest is a primary focus of treatment to aid in a child’s care. 4Kids and DFPS Legacy areas work together to support children in DFPS Conservatorship to ensure their safety and well-being.

POLICY STATEMENT:

4Kids is committed to the healing of all children in our care. 4Kids recognizes that all children in the child welfare system have experienced significant trauma that affects all aspects of functioning including their sensory process, self-regulatory system, relational health, and cognitive functioning. 4Kids is committed to working intensely through the Care Coordination team to ensure that each child in our care is receiving the individualized trauma responsive care needed for their healing and development.

SCOPE:

This policy applies to all children in 4Kids catchment area.

DEFINITIONS:

1. *4Kids Care Coordinator* refers to 4Kids staff responsible for the treatment, coordination and monitoring of services to highly acute children. Care Coordinators work with Network Providers to ensure trauma-informed; evidence informed services are being provided with the goal of decreasing the level of acuity of the youth and being able to move them to the least restrictive environment possible.
2. *Utilization Management* refers to a process that is continuous and includes the use of common criteria across the network for admission, service provision, length of service, level of care and discharge reasons. It is a flexible and responsive process that is individualized to meet the client’s needs.

PROCEDURE:

Care Coordination Eligibility

1. Children placed in congregate care settings and/or those leveled at Specialize, Intense, Intense Plus or Exceptional Care are automatically assigned a Care Coordinator.
2. Children with basic or moderate levels of care are referred to Care Coordination by their 4Kids Permanency Case Worker or 4Kids Intake team, as needed.
 - 2.1. Children may be referred due to unique circumstances such as academic or medical needs, sibling group support, or unique supervision or treatment plan support.
3. All children aged 14 years and older, regardless of level of care, are assigned a Care Coordinator.

4. Children in PMC without an identified permanency option will be referred to Care Coordination for Family Finding services and the need for continued eligibility will be reassessed after a permanency option has been located.

Service Planning Support and Oversight

1. Care Coordination will support all aspects of service delivery with a client in 4Kids care. They will serve as a guide to assist each child has access to the needed services and coordinate with Network Providers to remove any barriers to service delivery.
2. Services provided to children include:
 - 2.1. residential or placement services,
 - 2.2. adoption services,
 - 2.3. daycare services,
 - 2.4. Transitional Living Services,
 - 2.5. Preparation for Adult Living (PAL) services, and
 - 2.6. therapeutic interventions.
3. Care Coordination will participate as needed and provider oversight to ensure client receives the frequency and intensity of care necessary to stabilize the client in their current placement or be move to a least restrictive environment.
4. Services are coordinated that all eligibility information is maintained for the entire covered population to minimize administrative barriers to prompt service delivery.
5. Client case records are maintained by 4Kids and follow that client to each placement for maximum benefit and continuity of care. Information about a child's needs, services, placements etc. is found in the appropriate client information system. Care Coordination routinely review and update to ensure it accurately reflects each client's current needs.

Utilization Management

1. 4Kids Care Coordination team is responsible for ensuring the ongoing utilization management process is completed for all children in care.
 - 1.1. Children are provided a choice of Network Providers when possible, based on program level of care changes, client progress, and placement accessibility.
 - 1.1.1. This includes:
 - 1.1.2. ensuring data related to appropriateness of admissions and authorization decisions,
 - 1.1.3. intake and referral process,
 - 1.1.4. service planning and service delivery milestones, and
 - 1.1.5. regular data analytics review regarding client data throughout the life of a case.
2. 4Kids Director of Care Management, 4Kids Director of Placement, or representatives, analyze 4Kids data associated intake, placement, and discharge data.
3. 4Kids Leadership review placement stability, proximity to removal address, siblings together, safety and least restrictive placement setting data quarterly with DFPS.
4. Care Coordination team is available to provide technical assistance, training, support Network Providers, and provide operations manual to assist with Care Coordinators process.

COMPLIANCE:

This policy complies with the 4Kids Provider Manual and the Joint Operations Manual.



Guidelines Title:	Utilization Management		
Guidelines Number	4Kids-SS-CM-014		
Relevant Policy Title:	Utilization Management		
Relevant Policy Number:	4Kids-SS-CM-014-G001		
Guidelines Revision History:	N/A		
Guidelines Nullified:	N/A		
Date Guidelines Approved:	9/12/23	Date Effective:	9/12/23

GUIDELINES PURPOSE:

To provide 4Kids4Families (4Kids) employees with guidelines for utilization management process to ensure that its services are appropriate, individualized, and meet the needs and preferences of all its clients at the best value.

DEFINITIONS:

1. *Utilization Management* refers to a process that is continuous and includes the use of common criteria across the network for admission, service provided, length of service, level of care and discharge reasons. It is a flexible and responsive process that is individualized to meet the client’s needs.

GUIDELINES:

Initial Level of Care

1. 4Kids Intake Specialist, or representative assigns all newly removed children with a basic level of care within 24 hours of the DFPS referral. DFPS submits a review request to Youth For Tomorrow (YFT) with supporting documents for a higher level of care, if needed.
 - 1.1. Supporting documents includes:
 - 1.1.1. psychological evaluation,
 - 1.1.2. mental health records,
 - 1.1.3. medical records,
 - 1.1.4. juvenile justice history,
 - 1.1.5. Common Application, and
 - 1.1.6. affidavit.
2. 4Kids does not make decisions around medical necessity, and all medical eligibility decisions are completed by Superior Health and Medicaid.
3. For Child Placing Agency (CPA), General Residential Operation (GRO) and Residential Treatment Center (RTC) placements, children are leveled utilizing the same clinical criteria as DFPS for the four levels of the legacy system; Basic, Moderate, Specialized and Intense.
4. Level of Care(LOC)/Utilization Management criteria is found in the Texas Administrative Code (TAC). Network Providers view TAC at any time online and general public requests online access to TAC.
5. 4Kids Intake Specialists rule out long-term options before determining when a shelter placement or Temporary Emergency Placement (TEP) is needed and utilized.
 - 5.1. Shelters and TEP placements are utilized only while a search for a more suitable placement is continuing or during a period of time when a more suitable placement has been secured.

6. For children requiring Intensive Psychiatric Transition Program services, 4Kids Clinical Team uses the same criteria as the state for this 60-day program.
 - 6.1. During the 60-day period, children are reviewed by YFT and YFT determined level at the end of the 60-day time period.
7. Potential new Exceptional Care placements are reviewed internally by the 4Kids Director of Placement, or designee, and exceptional requests are presented to the state as determined in our joint protocols.
8. Exceptional Care agreements, once approved by the state placement office, are reassessed based on the timeframe approved by the state at the time of the request and are not a guarantee. If a provider feels an exceptional rate is still warranted after the initial approval time period, the Network Provider files an appeal to the 4Kids Director of Care Management by submitting their request through 4Kids Care Coordination email. Appeals deemed appropriate are sent to the Director of Placement for review and approval, then DFPS for final approval. During this time period, YFT continues normal read schedules and current level determination is reviewed and considered when reviewing exceptional care extension requests.
9. Inpatient Psychiatric Stabilization Program (IPSP) are available only for IPSP Placements. IPSPs are used as a last resort. All IPSP programs and subsequent placements approved by DFPS. Only children who meet the criteria for IPSP Placement may be placed at a IPSP Program/Facility. These placements typically last 6-8 weeks. If a child should have a need or move from “sub-acute” to “acute” as defined by Medicaid, and determined by qualified Superior Health staff, the Network Provider notifies 4Kids of the child move to an acute hospitalization placement and sub-acute payments will stop.
 - 9.1. Medicaid will take over until the child is ready to step-down back to sub-acute services.
10. All levels of care are documented in CareMatch and available for the provider to review immediately following placement. Network Providers are given instructions and contact information in the event of a level of care needing to be reassessed.
11. Placements narratives including the reasons for placement selection and how it meets a child/sibling groups needs are documented in IMPACT and associated forms.

Level of Care For Subsequent Placements

1. 4Kids Intake follows the same procedures for subsequent placements as initial placement (i.e., entering all information into CareMatch, reviewing the common application and all other documentation available, including but not limited to and when available/completed a psychological, medical records and the most recent YFT review).
Therapeutic Foster Care (TFC) have separate rate for children placed in an approved TFC placement. TFC rates extended through the entirety of the placement stay, although client’s are read in accordance to the YFT agency scheduled reads.

Level of Care Following an Initial Placement

1. A child’s initial placement and level of care determines the process for any subsequent level of care reviews. All specialized, intense and Intensive Psychiatric Transition Program (IPTP) level children placed in a Residential Treatment Center (RTC) are reviewed by YFT quarterly to provide an objective utilization review regarding level of care.
2. All moderate level children placed in an RTC are reviewed annually.
3. For children placed in a foster home, the initial level of care at placement determines next steps.
 - 3.1. Children placed in the basic level of care remain at the basic level unless a Level of Care review is requested by the Child-placing Agency (CPA) due to concerns that the child may qualify for a higher level of care. When a review is requested, YFT is used to provide the review.
4. Children with Exceptional Care Rate agreements must continue to be read quarterly by YFT. The rate agreements will only be in effect for the time agreed upon and approved by 4Kids Director of

Placement, and is the responsibility of the provider to monitor those agreements, follow all conditions, and request any extensions, as necessary.

- 4.1. Extensions are not guaranteed, and documentation and a new agreement of services are required for all extension requests.
5. Regardless of when a level of care is being assessed, 4Kids always takes into consideration the needs of the child (including their needs for safety, permanency, and well-being) and the services and supports that will be provided by a particular placement.

Exceptions to YFT Quarterly Review

1. Children who are transitioning out of RTC, will be assessed and given a level of care as determined by YFT (see Level of Care for Subsequent Placement above). Flexibility for increasing or decreasing a level can be based on new information gathered and possible recommendations by the child's therapist. The transition from residential living to a community type setting such as a therapeutic foster home is critical to many children's successful adjustment, especially if they have been institutionalized by lengthy stays in residential treatment.

Level of Care Appeals Process

1. As 4Kids is a no eject, no reject contract, placement and services are never denied. However, if a Network Provider disagrees with a decision made by YFT as to a level of care review or rate, they may use the following Appeal Process.
 - 1.1. YFT determined Levels of Care- Network Provider unhappy with a level determined by YFT, make an appeal using the following steps:
 - 1.1.1. Request an Appeal Review from YFT and a waiver from 4Kids.
 - 1.1.1.1. Providers have up to 30 days to request an appeal from YFT. Network Providers who wait longer than 30 days are classified as a non-scheduled review and are no longer eligible for a waiver during the time the level is being reviewed.
 - 1.1.1.2. Network Providers who request the appeal within 30 days, 4Kids may grant a waiver for up to 30 days whilst the level is being reviewed.
 - 1.1.1.3. Network Providers who are dissatisfied with the decision YFT rules after the Appeal Review may move to the second step in the Appeal Process.
 - 1.1.1.4. YFT will provide their reasoning for their level denial to both the Network Provider and 4Kids.

Level of Care Waivers

1. For the following occasions, a level of care waiver may be granted so that a Network Provider is paid at a level higher than the level authorized by YFT.
2. For Children placed at an RTC and lowered by YFT to Moderate, the Network Provider can request the 4Kids Director of Placement implement a Specialized level rate until a new placement can be found for the child.
 - 2.1. This waiver will only be approved for a maximum of 30 days while the 4Kids Intake team is secures a new placement.
2. A Network Provider request a higher level of care from the 4Kids Director of Placement before the provider's next YFT review when deemed clinically necessary and supported by documentation.
 - 2.1 Network Providers who do not agree with level assessed by YFT and is in the process of appealing, the Network Provider request a waiver for a maximum of 30 days while the appeal is being processed by YFT. Like with appeals, the reasons for the waiver and time frames are documented and provided to the Network Provider.
- 2.2 4Kids only approves waivers with the approval of DFPS. Waivers are not guaranteed and only allowed once written approval is given from DFPS.

4Kids Process for Setting up New Providers with YFT

1. When a new Network Provider joins the 4Kids Network, the provider is responsible for reviewing timeframes related to case management in the Provider Manual. The Quality and Compliance Department informs the Network Provider of what to expect in terms of timeframes requirements for CANS Assessments and Service Planning Meetings.
2. The Quality & Compliance will notify YFT of the new Provider and get them on YFT's calendar for quarterly reads to begin.

Tracking and Monitoring

1. 4Kids Data Analytics team monitors all client level of care for expiration and notify Network Providers and 4Kids Care Coordinator team to avoid expiration and lapse of level of care for any clients.
2. As part of Utilization Management, the Data Analytics team compiles, reports, and analyzes data to equip organizational leadership and provider network with information to drive decision-making and improve services and outcomes for clients.
3. These data sets are to include but not limited to:
 - 3.1. Monitoring tools to review contract required metrics reportable to the state,
 - 3.2. provider performance scorecard to monitor regional needs and client outcomes across the network,
 - 3.3. referral and admission data,
 - 3.4. placement appropriateness,
 - 3.5. service delivery,
 - 3.6. client outcomes, and
 - 3.7. discharge data.



Policy Title:	Court Reports		
Policy Number:	4Kids-SS-CM-015		
Chapter:	Service Standards	Sub-section:	Case Manager
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/12/23

STATEMENT OF PURPOSE:

To outline 4Kids4Families (4Kids) collaboration of Court reports with DFPS for children in Region 4 during Stage 1.

POLICY STATEMENT:

4Kids believe collaboration between Network Providers, DFPS, and 4Kids is essential to provide the best care and outcome for children in care. To aid in a collaborative spirit, 4Kids and DFPS share information to complete court documents that are required to be completed for a client.

SCOPE:

This Policy applies to 4Kids’s staff and client’s in care.

DEFINITIONS:

1. CASA refers to a Court Appointed Special Advocate who is responsible for reporting to the judge to advocate on behalf of a child in care.

PROCEDURE:

Stage 1

1. When requested, 4Kids will provide information necessary for preparation of court reports within five days of receiving request for information.
2. 4Kids will attend preparation meetings for court, as requested by DFPS, CASA, attorney ad litem, or other members of the judiciary.
3. 4Kids’s maintain documentation of all court orders received from DFPS.

COMPLIANCE:

This policy complies with all state regulations, Joint Operations Manual, and Statement of Work.



Policy Title:	Court Hearings		
Policy Number:	4Kids-SS-CM-016		
Chapter:	Service Standards	Sub-section:	Case Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/13/23

STATEMENT OF PURPOSE:

To ensure court hearings are communicated to Network Providers and provide children with the opportunity to attend.

POLICY STATEMENT:

4Kids4Families (4Kids) desires for all children in care to be a part of the decision-making process for their care. With this in mind, 4Kids will ensure children in 4Kids’s catchment area are aware of any opportunities to attend court hearings involving their case.

SCOPE:

This Policy applies to 4Kids staff, Network Providers, and children.

PROCEDURE:

Client Court Attendance

1. When requested by the court or identified by jurisdictional expectations information, 4Kids identify and ensure attendance of the most appropriate staff with personal knowledge of the case. Staff may include but not limited to:
 - 1.1. Network Provider case manager,
 - 1.2. Placement Staff,
 - 1.3. 4Kids staff, etc.
2. Client attendance requirements are determined by Jurisdictional Expectations outlined by each court Judge.
3. 4Kids documents child’s court attendance for performance reporting.
4. Once 4Kids receives receipt of notification that a child is required to attend a court hearing, 4Kids notifies the primary DFPS caseworker to determine appropriate 4Kids staff attendance for court hearing.

4Kids Court Attendance

1. When 4Kids Staff are required to attend court during Stage 1, 4Kids will contact primary DFPS caseworker to confirm 4Kids staff member attendance.

COMPLIANCE:

This policy is in compliance with Texas Family code, Joint operations manual and Statement of Work.



Policy Title:	Network Provider Discharge, Follow-up, Aftercare		
Policy Number:	4Kids-SS-CM-017		
Chapter:	Service Standards	Sub-section:	Case Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/12/23

STATEMENT OF PURPOSE:

To establish standards that ensure the termination of treatment and services is an orderly, planned, and timely process that links the client and family to post-discharge services as a means of ensuring continuity of lasting success for Network Providers.

POLICY STATEMENT:

Discharge planning will begin for every child on the day of placement with a Network Provider. Positive permanency is always the goal and occurs as family reunification or PMC to family. Network Provider, foster care caregivers, and when appropriate the child, will identify any “unmet” needs the child has and develop goals to facilitate a smooth transition into permanency prior to the child being discharged from services. Network Provider will provide information to the 4Kids Case Care Coordinator and DFPS caseworker about the child’s discharge plan and any aftercare needs. The Network Provider will ensure that the child/youth is able to discharge from care with all their own belongings.

SCOPE:

This policy applies to all 4Kids staff, Network Providers, caregivers, and clients.

DEFINITIONS:

1. *Discharge Against Medical and Clinical Advice* refers to a client who is removed from a 4Kids program by the referring agency, parent, or legal custodian despite a documented need for continued placement and structure.
2. *Planned discharge* refers to a discharge in collaboration with the referring agency when it is clinically agreed upon:
 - 2.1. Determined to be consistent with the latest treatment plan and permanency goals;
 - 2.2. The client and family achieve their treatment goals and are assessed as being ready for discharge;
 - 2.3. The Treatment team has discussed and agreed to discharge;
 - 2.4. The court approves closure or the finalization of the adoption for mandated clients; and
 - 2.5. The child is no longer eligible for services due to discontinuation for Medical Assistance Insurance, when applicable.
3. *Transfer* refers to a client in care who is moved from one 4Kids Network Provider to another. For example, a client transfers from a foster home in which they is received treatment foster care services to a transitional living program.

4. *Unplanned discharge* refers to a discharge when Network Provider or the referring agency terminates services or the client and his or her parent or legal custodian:
 - 4.1. No longer wants the organization's services;
 - 4.2. No longer meet eligibility requirements;
 - 4.3. Has needs that exceed the organization's capacity; or
 - 4.4. Refuses to meet program standards or requirements.

PROCEDURE:

Successful Discharges

1. 4Kids considers a discharge successful when it is planned, to a less restrictive setting, or when reunification or placement with family occurs.

Preventing Unsuccessful Discharges

1. 4Kids' Intake Department track all placement changes, while Permanency Specialist and/or Care Coordinators review a child's response to services and assist in authorizing services to support stability.
2. 4Kids and Network Providers integrate best practice and evidence-based models of care, such as wraparound and trauma-informed interventions, to maintain and preserve placements in the least restrictive settings.
3. Network Providers are expected to deliver foster parent support services to minimize placement disruptions, including contact with child and caregiver within one (1) business day and not to exceed 72-hours of any placement and on-going crisis support 24/7/365.
4. All Child-Placing Agency (CPA) Network Providers are required to create a Disruption Mitigation Process to review and evaluate alternatives to potential disruptions.
5. All crisis situations are responded to 24/7/365 by the Network Provider.
6. Network Providers are expected to have a crisis response plan that work quickly to de-escalate the crisis and advance to an action plan to ensure the stability of the placement.
 - 6.1. 4Kids expects all CPA and GRO Network Providers to utilize the mobile crisis services and Turning Point program prior to a hospital admission. The mobile crisis service is accessible by calling the Local Mental Health Authority serving the county of residence.
 - 6.2. 4Kids supports the Network Provider in convening support services to assure ongoing needs are dealt with.
 - 6.3. 4Kids recommends all providers utilize local MHMR and other community-based resources including mobile crisis units whenever appropriate.

Submitting Discharge Notices

1. Network Providers is responsible for implementing interventions to prevent unplanned discharges.
 - 1.1. Child is danger of hurting themselves and cannot be helped through additional supervision and support in their current placement, Network Provider request a placement change through the 4Kids Intake Department in compliance with their Provider Services Agreement.
2. Prior to the submission of a Discharge Request, Network Providers are expected to engage with 4Kids Care Management, including participating in the Disruption Mitigation process.
 - 2.1. When all efforts of the Disruption Mitigation have been exhausted and unsuccessful, the Network Provider's case manager will be required to provide DFPS form 2109 outlining efforts to maintain placement over the last 30-days and participate in the development and implementation of a transition plan appropriate to the child's best interests.
 - 2.1.1. Exceptions will be made in the case of an emergency. Details for submitting Discharge Requests including the timeline and types of discharges are outlined in 4Kids Provider Manual.
3. 14-Day Discharge Requests

- 3.1. All 14-day discharge requests are subject to approval from the 4Kids Director of Care Management, or designee.
 - 3.1.1. When 14-day discharge does not meet the requirements, 4Kids will notify the submitting agency that it has been denied and a 30-day Discharge Notice has been accepted in its place.
 - 3.1.2. Discharges time frames will be effective beginning the date received by the 4Kids discharge email box if appropriately filled out and submitted with the required documentation.
- 3.2. 14-day Discharge Notices for children who are AWOL should be submitted no earlier than 24-hours of the child being absent and no later than 48 hours.
 - 3.2.1. When Network Provider intends to take the child back, Network Provider must indicate on the Discharge Notice.
 - 3.2.1.1. ONLY Network Provider who indicates the willingness to accept a child will the Network Provider be eligible for payment if the child does not return following the 14 days.
 - 3.2.1.2. Child who returns within 14 days of Discharge Notice will be automatically rescinded. When a child does not return within 14 days, 4Kids will pay for bed for up to the 14th day unless an earlier discharge is negotiated.
 - 3.2.2. When Network Provider does not intend to continue to care for the child past the 14th day, this will indicated as “no” on the discharge notice when submitted.
 - 3.2.2.1. When child returns on or before the 14th day, the child will be the responsibility of the CPA/GRO/RTC for the remainder of the 14-day period.
 - 3.2.2.2. When Network Provider elects for the child to not return during the 14-day period, the Network Provider will not be paid for the period of time the child was gone, and the placement end date will be the date the child ran.
 - 3.2.3. 4Kids must be notified immediately upon a child’s return from AWOL.
4. 24-Hour Discharge
 - 4.1. A 24-hour Discharge Notice is completed for children admitted to the psychiatric hospital or when a child is detained and charged with a crime.
 - 4.2. Children who are taken to the police station to be processed without being detained will not qualify for a 24-hour discharge.
 - 4.3. Child taken to a psychiatric hospital that does not accept Superior Health placement days, the network provider will need to request a transfer to a hospital that does prior to your 24-hour discharge being approved.
 - 4.4. Network Provider takes the child to a hospital is not under contract with Superior Health or does not have a child specific contract with Superior Health for the hospital, the Network Provider is responsible for any payments incurred during the hospital stay not covered by Superior.
5. Discharges and Respite
 - 5.1. 4Kids removes a child or request the agency to locate immediate respite when it has been determined to be in the best interest of the child due to allegations of neglect and abuse in the current placement.
 - 5.2. 4Kids will be in contact with DFPS for any recommendations in the event there is an open investigation. When emergency discharge is not approved, Network Provider will be responsible for finding respite should the 4Kids Director of Care Management deem it necessary.
 - 5.3. Network Providers utilize respite within their home agency or locate respite with other agencies.
 - 5.4. Network Provider are responsible for the child until discharged by 4Kids.

Transition Planning

1. Network Providers work with child to identify caregivers, caring adults and lifelong connections that

- can be sustained once the child's transitions into adulthood.
2. During the service planning meeting immediately following the child's 14th birthday, the Transitioning to Successful Adulthood section is addressed. The child will have the opportunity to invite individuals in their support system to all Circles of Support and service planning meetings.
 3. The transition plan will be enhanced over time until the child leaves substitute care or ages out of care. The plan must address the issues that are important for the youth as they transition into adulthood.
 4. DFPS, 4Kids Youth Achievement Specialist (YAS) worker, and/or Care Coordinator, and the Network Provider will work together to initiate the discussion and development of the child's transition plan.
 5. DFPS, 4Kids YAS worker, and/or 4Kids Care Coordinator, and Network Provider will:
 - 5.1. Ensure Transitioning to Successful Adulthood section of the Child Plan of Service is discussed and developed with the youth during all service plan meetings, face-to-face visits, and Circle of Support (COS) following the child's 14th birthday.
 - 5.2. Inform the youth that a Family Group Decision Making (FGDM) staff member will further discuss Circle of Support with them when they turns age 16.
 6. During the 90 days before the youth ages out of care, whether at 18 or a later age in extended foster care, the 4Kids YAS worker will provide the youth with assistance and support in developing a transition plan that:
 - 6.1. Includes specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, work force supports, and employment services.
 - 6.2. Includes information about the importance of designating another individual to make health care decisions treatment decisions on behalf of the youth, if the youth become unable to participate in such decisions and the youth does not have, or does not want, a relative who would otherwise be authorized under state law to make such decisions.
 - 6.2.1. Provides the youth with the option to execute a health care power of attorney, health care proxy, or other similar document recognized under state law.
 - 6.3. Requests for assistance in transitional plan development for youth who are placed but not legally from the catchment area should be coordinated with the child's Primary DFPS Case Worker.

After Care and Follow-Up

1. 4Kids and the Network Provider value the importance of seeing children age into a new community full of opportunities and life as a young adult.
2. Prior to the child's discharges from foster care, an aftercare plan is developed by the Network Provider case manager along with the 4Kids YAS worker focusing on the child's preferences and independent living needs.
3. The after-care plan includes a termination of service evaluation and assessment of "unmet" needs.
4. 4Kids facilitated support system and youth will devise goals and objectives meeting the "unmet" needs to monitor an on-going structure for a smooth discharge and transition into adulthood.

COMPLIANCE:

This policy complies with state regulations.



Policy Title:	Adoption Services		
Policy Number:	4Kids-SS-CM-018		
Chapter:	Service Standards	Sub-section:	Case Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/25/23

STATEMENT OF PURPOSE:

4Kids4Families (4Kids) recognizes permanency for every child is essential to their long-term health and well-being. When reunification has been ruled out as an option an appropriate adoptive home is pursued for every child until one is secured in order to ensure that each child exits the 4Kids system of care with a family.

POLICY STATEMENT:

4Kids is committed to permanency for each child in their care and will pursue adoption when all biological reunification options are exhausted. This policy outlines the methods for which a youth will be identified for adoption and matched with an adoptive family.

SCOPE:

This policy applies to all 4Kid staff, stakeholders, Network Providers, and children. This policy is applicable throughout Stage 1 of the 4Kids rollout.

PROCEDURE:

Recruitment of Adoptive Families

1. Recruitment activities are conducted for all adoption cases on a general, community, and child specific level.
 - 1.1. Recruitment activities will include but not limited to:
 - 1.1.1. match parties,
 - 1.1.2. community events,
 - 1.1.3. partnerships such as Heart Gallery, and
 - 1.1.4. utilization of Wendy’s Wonderful Kids.
 - 1.2. Recruiters will be implemented to ensure children are matched with adoptive families.
2. Recruiters coordinate with family on identifying any kinship options for adoption.

Referral and Selection

1. In the even adoption is needed, DFPS submits a referral for adoption to 4Kids.
 - 1.1. 4Kids reviews referral to ensure that youth’s strengths and needs are clearly identified.
2. 4Kids broadcast the child’s adoption referral with to the Provider Network.
3. To select an adoption family, 4Kids conducts a selection staffing with 4Kids, DFPS, CASA, guardian ad litem, Network Provider case manager, and current foster parents (as appropriate).
4. When placement of the child with the adoptive family is determined, 4Kids works with the current placement and new placement on a plan to successfully move the child to their new home.

5. 4Kids will continuously monitor this youth's adoptive home placement through their Network Providers and provide support as needed until adoption consummation.

COMPLIANCE:

This policy complies with the 4Kids Provider Manual and the Joint Operations Manual.



Policy Title:	Daycare Services		
Policy Number:	4Kids-SS-CM-019		
Chapter:	Service Standards	Sub-section:	Case Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/25/23

STATEMENT OF PURPOSE:

4Kids recognized daycare is a vital resource for placement stability and is committed to processing them with minimal delays in order to secure this resource for families serving children throughout the Provider Network.

POLICY STATEMENT:

4Kids4Families will ensure thorough initial daycare requests and daycare renewals are submitted to DFPS in a timely manner. This policy outlines the daycare process of 4Kids.

SCOPE:

This policy applies to 4Kids Network Providers no matter where they are placed in the state of Texas and does not apply to children who are placed in Arrow CPA foster homes or children placed in Region 4 by Legacy DFPS or other SSCCs.

DEFINITIONS:

1. *Child Placing Agency (CPA)* refers to the Network Provider which has the licensed foster family with whom the child is placed.
2. *Provider Case Manager* is the assigned worker within the CPA that is responsible for a specific child’s care.
3. *Child Care Specialist (CSS)* is the DFPS workers who oversee and approve daycare documentation.

PROCEDURE:

Eligibility Verification Process

1. Daycare is a two-step process involving both the Family Eligibility Verification and Child(ren) Eligibility Verification.
2. Family Eligibility Verification begins by a Provider Case Manager submitting the following documentation to the 4Kids Care Coordinator for Family Eligibility:
 - 2.1.1. Foster Childcare Referral Form, and
 - 2.1.2. The completed Foster/Relative & Other Designated Caregiver Daycare Verification (Form K-908-1809) unless an exception is met as described below.
- 2.2. Provider Case Manager is responsible for submitting all daycare requests with appropriate documentation (initial and renewals) to 4Kids in a timely manner to avoid lapses in services.
- 2.3. The 4Kids will provide effective date of services to Provider Case Manager once approval has been granted by DFPS.

3. Child Eligibility Verification begins after the Family Eligibility process is completed and received by the Child Care Specialist (CCS).
 - 3.1. 4Kids may submit the child(ren) placed in the home for Child Eligibility Verification by completing the appropriate DFPS form with the child's information to be submitted to CPS for approval.
 - 3.1.1. This process may take up to 10 business days to be processed.

Family Eligibility Exceptions

1. For initial daycare authorization, the requirement for the foster parent to complete the form may be waived if it is determined the verification would prevent an emergency placement from occurring. Such emergency placement would be one where the placement cannot be sustained or is unlikely to be sustained if the person requesting the daycare were required to verify the unavailability of community resources.
 - 1.1. Waiver of the requirement must be approved by 4Kids Director of Placement, or designee, and should only be utilized where the foster parent has exercised reasonable diligence and has been unable to verify community resource unavailability.
2. In the event such a waiver is approved, the foster parent will be required to verify the unavailability of community resources at the time of the first daycare renewal. Otherwise, programs such as Head Start and Early Head Start should be utilized whenever possible.
3. When no child is currently placed in the home, this part may be left blank and completed at a later date. 4Kids then provides all documentation to CCS to be processed and approved for "prior authorization/eligibility." The family can be approved for up to one year.

Denial and Waiver Processes

1. When the family is not approved or does not meet the daycare requirements as determined by the State of Texas (CPS), 4Kids is able to request a waiver that is subject to approval from DFPS State Office.
 - 1.1. The waiver process can take up to 30 days and must be started as soon as the family becomes aware that they are not eligible or that a waiver may be needed.
 - 1.1.1. When a waiver is to be renewed annually, the Network Provider should provide all information at least a full month in advance to avoid a lapse in daycare.
 - 1.2. The Network Provider must provide all documentation (examples include letters, paystubs, proof of disability) etc. to 4Kids and reasoning why a waiver is necessary for the continued placement of the child.
2. Once all documents are received from the Network Provider, 4Kids will compile and submit for approval by DFPS State Office and notify the Network Provider of final decision.

Notifications of Changes to Daycare Processes or Eligibility Requirements

1. Any updated procedures will be included in the 4Kids policies, Provider Manual, or communicated to the Network Provider..

COMPLIANCE:

This policy complies with the 4Kids Provider Manual and the Joint Operations Manual.



Policy Title:	Disruption Mitigation Process		
Policy Number:	4Kids-SS-CM-020		
Chapter:	Service Standards	Sub-section:	Care Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/25/23

STATEMENT OF PURPOSE:

4Kids4Families (4Kids) placement stability is a key component of helping children gain permanency and exit care. Stabilizing placements allows for great caregiver investment in the children and help provide more normalcy and better continuity of services for those in care. 4Kids aims to utilize a disruption mitigation process to aid placement stability in the care of children.

POLICY STATEMENT:

This policy outlines the disruption mitigation process that 4Kids requires of Network Providers to assist children remain stable in their placements with providers.

SCOPE:

This policy applies to 4Kids staff, Network Providers, and children in Region 4 catchment area whether they are placed in region or placed out of region. It does not apply to youth from Legacy DFPS or other SSCCs who are placed in Region 4 Piney Woods area.

PROCEDURE:

1. 4Kids Care Coordinators will be engaging in disruption mitigation staffings to help prevent unnecessary moves when additional services could be implemented to stabilize placements and keep the youth safe.
2. When a disruption mitigation referral is received the following steps are followed:
 - 2.1. Care Coordinators set up staffings based on submitted discharges through the Provider Gateway and referrals received through email.
 - 2.2. Referrals may come from many different sources including CASA, providers, caregivers, stakeholders, or the Care Coordinators themselves.
 - 2.3. Automatic referrals will be made in the following cases:
 - 2.3.1. Youth have been placed in Turning Point or psychiatric hospital.
 - 2.3.2. Youth have met the criteria for a Triggered Review due to AWOL behaviors.
 - 2.3.3. Youth have been arrested and charged with a crime.
 - 2.3.4. Youth have perpetrated or been accused of a sexual offense.
 - 2.4. Care Coordinators monitor incident reports and make referrals for a Disruption Mitigation Staffing based on identified trends of increased frequency or intensity of incidents.
 - 2.5. Care Coordinators arrange the disruption mitigation staffing no later than 3 business days after receiving the referral.

- 2.6. Caregivers and Network Provider representatives must be included in Disruption Mitigation Staffings.
 - 2.6.1. Youth in congregate settings, case managers, therapists, or treatment directors should be invited. CASA, ad litem, community providers, DFPS caseworkers, and other relevant 4Kids staff will be invited to attend.
 - 2.6.1.1. All staffing is held within 3 business days, even if a stakeholder is unable to attend a scheduled staffing.
- 2.7. Youth are invited to attend when clinically appropriate. When a client declines to participate, staffing continues to occur.

Disruption Mitigation Staffing:

1. Care Coordinators lead the staffing and document it in CoBRIS.
2. All Disruption Mitigation Staffings focus on building on the youth's strengths. The permanency goal will be reviewed, and all services must support the youth's primary or concurrent goal.
3. Care Coordinators are responsible for doing a medication review and review of all services the youth is currently receiving in preparation for the Disruption Mitigation Staffings.
4. They will then send a follow-up email to all participants outlining what interventions are being put into place in an effort stabilize the placement.
5. The Care Coordinator will send a follow-up email within one week after to ensure sure everyone has completed their assigned task.
 - 5.1. In times when a further follow-up after the one-week email is no longer needed due to no additional concerns no longer being present, Care Coordinators will end the disruption mitigation process.
6. In the event the caregiver or Network Provider insists on moving forward with a discharge after additional support has been added, the Care Coordinator will notify the Intake Supervisor.
7. In times of long-term basis, a Care Coordinator is assigned to the youth at the discretion of the Director of Care Management, or designee.

COMPLIANCE:

This policy complies with the Provider Manual and Joint Operations Manual.



Policy Title:	Interstate Child Placement Compact Placements		
Policy Number:	4Kids-SS-CM-021		
Chapter:	Service Standards	Sub-section:	Case Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/25/23

STATEMENT OF PURPOSE:

The purpose of this policy is to establish guidelines for Interstate Child Placement Compact Placements (ICPC) request so that 4Kids4Families (4Kids) meet the requirements of the Interstate Placement of Foster Children Act and ensure timely permanency of children from other states.

POLICY STATEMENT:

4Kids ensures all children in Region 4 foster care placed out of their home state receive the same protections and services that would be provided if they remain in their home state.

DEFINITIONS:

1. Interstate Compact Placement of Children (ICPC) refers to a law put in place to ensure that all children in care receive the same protections and services regardless of where their placement is located.
2. *Contract Administration Manager (CAM)* refers an individual employed by the State to monitor SSCC process and procedures.

PROCEDURE:

1. When an out-of-state placement is identified for a child who is from the catchment area of Region 4 and under the care of 4Kids, the following steps are completed to ensure a continuum of care.
 - 1.1. Outgoing Foster Home or Adoption Study Requests:
 - 1.1.1. DFPS caseworker will complete and submit the outgoing ICPC request, including all required documents, through IMPACT and follow current ICPC process.
 - 1.1.2. DFPS caseworker will notify 4Kids of the possible placement change when they are not the ones recommending the change.
 - 1.1.2.1. DFPS caseworker will provide regular updates to 4Kids during the ICPC process.
 - 1.1.2.2. When out-of-state placement are approved by the receiving state, the DFPS caseworker will notify 4Kids of the approval. DFPS will be responsible for the out-of-state placement.
 - 1.1.3. 4Kids will assist DFPS with collecting necessary paperwork required for ICPC process. 4Kids will provide placement and services during the ICPC process.
 - 1.1.4. 4Kids will aid DFPS in preparing child for transition into approved out-of-state placement and caregiver for transfer.
 - 1.1.5. Once the child/youth is in the out-of-state placement, primary caseworker will Submit 100B in IMPACT within three (3) business days to ICPC Regional Coordinator and notify 4Kids4.

2. Therapeutic and above foster care placements or when the caregiver is verified through a private agency.
 - 2.1. When a child has a therapeutic or above foster care placement or when the caregiver is verified through a private agency, the DFPS caseworker and 4Kids will follow the Outgoing Foster Home and Adoption Study Request.
 - 2.2. 4Kids will coordinate with the private out-of-state provider for placement services and supervision of the child. The home will need to be a Network Provider with 4Kids prior to 4Kids placing a child. 4Kids staff will coordinate with the Quality & Compliance Department, CAM, and IMPACT database when placing an ICPC child.
 - 2.3. Placement will be completed by either 4Kids or DFPS.
3. Children placed with an out-of-state family who is approved through a private provider for adoption.
 - 3.1. DFPS caseworker and 4Kids will follow the Outgoing Foster Home and Adoption Study Request.

COMPLIANCE:

This policy complies with the Texas Family Code, Texas Administrative Code, Minimum Standards, and the Joint Operations Manual.



Policy Title:	Legacy Transfers		
Policy Number:	4Kids-SS-CM-022		
Chapter:	Service Standards	Sub-section:	Case Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/25/23

STATEMENT OF PURPOSE:

Children who are currently in the Legacy system will need to be transferred over to the 4Kids4Families (4Kids) system. 4Kids will establish clear guidelines and procedures to ensure a smooth transition from one system to the other.

POLICY STATEMENT:

The purpose of this policy is to ensure a smooth transition for legacy children into the Provider Network.

SCOPE:

This applies to 4Kids staff, Network Providers, and children.

DEFINITIONS:

1. *Legacy* refers to the Texas Department of Family and Protective Services network.
2. *IMPACT* refers to the client information system utilized by DFPS.
3. *CoBRIS* refers to the 4Kids’ client information system utilized by 4Kids team members.
4. *Texas Provider Gateway (TPG)* refers to the client information system utilized by providers to enter their facilities/home information, as well as information related to the youth in care that is currently placed at their facility/home.

PROCEDURE:

1. During the beginning stages of implementation, 4Kids will transfer existing children, referred to as Legacy, into the Provider Network.
 - 1.1. Legacy transfers is an administrative change and does not affect the physical placement for a child.
2. Based on a pre-arranged schedule between 4Kids and each Network Provider, children will be transferred into the IMPACT, CoBRIS, and the TTPG network systems.
3. 4Kids will coordinate with each Network Provider and DFPS to ensure transfers are made in the IMPACT system and a secondary assignment is made to the appropriate 4Kids staff.
4. Upon completion of the referral in IMPACT, 4Kids will work with Network Providers and 4Kids team to enter child’s information into CoBRIS and TPG systems.
5. 4Kids Intake Specialist will collaborate with the Provider to get all State required documents completed and signed.
6. Within one (1) week of assignment 4Kids Care Coordinator will contact the Network Provider’s case manager and DFPS caseworker to begin communication about care in 4Kids.

7. Any updated procedures will be included in the 4Kids Provider Manual and/or communicated to Network Providers.

COMPLIANCE:

This policy complies with the Joint Operations Manual and SSCC Supervision Transfer Procedures Plan.



Policy Title:	Academic Services		
Policy Number:	4Kids-SS-CM-023		
Chapter:	Service Standards	Sub-section:	Case Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/25/23

STATEMENT OF PURPOSE:

4Kids4Families (4Kids) Network Providers ensure educational services based upon clients' educational needs are accessible, including public and private schools, GED preparatory classes, vocational training programs, and college. With education a critical part of care, proper and thorough educational assessment is completed in concert with other assessment tools for all 4Kids clients.

POLICY STATEMENT:

4Kids will ensure that Network Providers provide opportunities to academic services that are culturally competent, linguistically and developmentally appropriate to meet the needs of each client served. This policy outlines the expectations for Network Providers and academic services.

SCOPE:

This policy applies to all 4Kids Network Providers.

DEFINITIONS:

N/A

PROCEDURE:

1. Educational stability is a critical factor when identifying foster care placements. It is the expectation that Network Providers ensure children are enrolled in and attend an accredited Texas Public School within three (3) days of placement, unless an exception has been granted in writing by the child's DFPS Conservatorship worker and 4Kids Permanency Specialist (e.g., for private schooling, charter school, homeschooling, or temporary school absence due to physical or mental condition).
2. When a child over the age of three is placed in a residential facility, rather than a foster home, the Network Provider must provide written notice to the school district within three (3) calendar day from when the child is placed and enroll the child in pre-kindergarten programming.
3. Children between three (3) and five (5) years of age will attend a pre-kindergarten program offered through the local public school district or an early childhood education program offered through Head Start unless an exception has been granted from the child's DFPS Conservatorship worker and 4Kids Permanency Specialist.
 - 3.1. When such a program is not available and an exception has been granted, the 4Kids will assist the Network Provider in locating a program.
4. Network Providers ensure preschool age children will be provided access to appropriate Early Childhood Intervention programs (ECI). For each child who is younger than three (3) years of age, the

Network Provider must provide written notice to the local ECI program no later than the third calendar day after the date a child is placed. For this written notice, the Network Provider should reference the Texas Education Code §29.012.

5. Within five (5) calendar days of the child's school enrollment into an accredited Texas public school or an ECI program, verification of the enrollment will be provided by the Network Provider to DFPS Conservatorship worker and 4Kids.
 - 5.1. 4Kids staff keep ECI and school enrollment in client record.
6. All verifications will be provided through the Texas Provider Gateway (TPG). In compliance with the Texas Education Code §29.012, the Network Provider will notify the school district in which the school is located for all children three (3) years of age or older.
7. 4Kids will ensure Network Providers notify the school district in which the school is located for all children three (3) and older, in compliance with the Texas Education Code 29.012.
8. Network Providers set up a Texas Health Steps exam to evaluate developmental health for all children under age three (3).
 - 8.1. 4Kids will consult with DFPS and communicate with the Network Provider if a disability or developmental delay has been identified prior to the exam.
9. Network Providers set up evaluations for any child who is suspected of exposure to illegal abuse or prenatal drug exposure withdrawals.
 - 9.1. 4Kids will consult with DFPS and communicate with the Network Provider if an exposure to illegal abuse or prenatal drug exposure withdrawals is known.
10. 4Kids will ensure Network Providers monitor and document each child's educational progress, stability, and facilitates the coordination of educational services on behalf of the child and addresses issues impeding the provision of appropriate education-related services.
11. 4Kids will ensure the Network Provider consult with the regional education specialist and the DD specialist to ensure the needs are met for those children requiring special education or Section 504 services.
12. Network Provider ensure copies of all required documentation (e.g., report cards transcripts, standardized tests scores, school withdrawal documentation, immunization records, medication needs, correspondence to and from the school, copy of the birth certificate) are included in the portfolio, with original legal documentation being maintained in the child's case file with DFPS. The Network Provider will ensure the Education Portfolio is reviewed and updated as needed on a monthly basis and documentation is reflected in the child's record and discussed during monthly reviews with the caregiver.
13. For children receiving special education or Section 504 services, additional documentation is maintained in the client record (e.g., ARD meetings, results of FIE, IEP updated annually, current IFSP, documentation of services provided under Section 504, and Individual Transition Plan or Summary of Performance (9th -12th grade)).
 - 13.1. Network Provider case managers will coordinate with DFPS to ensure copies of needed documents are submitted to the child's school within 30 days of enrollment (if a change in school occurs). The Education Portfolio will be updated as needed on a monthly basis and discussed during monthly visits with the caregiver/facility.
14. 4Kids recognizes the involvement of biological parents and foster caregivers involvement in the educational process of children contributes to educational success. In many cases, biological parents maintain decision-making rights even after children are removed from the home.
 - 14.1. It is important to empower the biological parent as an educational advocate. The role of a caregiver is equally important in the educational processes, specifically if a child has a disability and an Individual Education Plan.
 - 14.2. To address the complexities of these roles:

- 14.2.1. Network Provider case managers will be trained to provide parents with enhanced information concerning their participation in their child's education;
 - 14.2.2. Foster parents will be able to mentor biological parent's participation; and
 - 14.2.3. The caregiver will be provided with information pertaining to their roles and responsibilities if assigned to act as a surrogate parent.
15. Parents will be invited to all meetings concerning educational progress and transportation will be facilitated when needed.

COMPLIANCE:

This policy complies with Texas Education Code.



Policy Title:	Initial and Rolling Capacity Limits for Facilities		
Policy Number:	4Kids-SS-CM-024		
Chapter:	Service Standards	Sub-section:	Case Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/25/23

STATEMENT OF PURPOSE:

This policy aims to ensure that new facilities for children in Texas foster care, including residential treatment centers (RTC) and group residential operations (GRO), adhere to appropriate capacity limits. By setting clear guidelines for capacity limits, 4Kids4Families (4Kids) aim to provide the necessary support and care for each individual in these facilities.

POLICY STATEMENT:

This policy outlines the guidelines for establishing initial and rolling capacity limits for new RTC and GROs in Texas foster care. The policy aims to ensure the well-being and safety of youth in care by maintaining appropriate staffing ratios, providing adequate resources, and promoting individualized care.

SCOPE:

This policy applies to all 4Kids Network Providers who are RTC and GRO.

DEFINITIONS:

1. *Residential Treatment Centers (RTC)* refers to facilities providing comprehensive therapeutic services for children and adolescents with mental health or behavioral issues.
2. *Group Residential Operations (GRO)* refers to providing supportive and safe living environments for children and adolescents who require more structured care.

PROCEDURE

Initial Capacity Limits

1. Initial capacity limit for an RTC or GRO is based on the facility's physical layout, staffing capabilities, and available resources.
2. Capacity limits are established in consultation with regulatory authorities, including the Texas Department of Family and Protective Services (DFPS), and should not exceed the maximum limit set by the licensing body.

Rolling Capacity Limits

1. Facilities must regularly assess and adjust their capacity limits based on the needs and resources available for the youth in care.
2. Rolling capacity limits should consider factors such as available staffing, physical facility limitations, and the overall well-being of the youth.

3. Any adjustment to the capacity limit must be reported to the DFPS or relevant licensing authority and be in compliance with the applicable regulations and standards.

Factors Considered for Capacity Assessments

1. Staff-to-child ratio capacity limits ensure that adequate staff-to-child ratio is maintained at all times to provide proper supervision, care, and support for each individual.
2. Physical facility limitations ensure a facility's physical layout and available amenities are taken into consideration when determining the maximum capacity to ensure the well-being of the youth.
3. Specialized services and resources consider the availability of specialized services, such as therapy, education, healthcare, and recreational activities, to meet the individual needs of each child.

COMPLIANCE:

This policy complies with local, state, and federal regulations.



Policy Title:	Child and Family Assessments		
Policy Number:	4Kids-SS-CM-025		
Chapter:	Service Standards	Sub-section:	Case Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/25/23

STATEMENT OF PURPOSE:

4Kids4Families (4Kids) serves clients and families who have faced a multitude of challenges such as poverty, substance abuse, mental health illnesses, domestic abuse, and other forms of trauma. Gathering a thorough, detailed family history is essential to allow for early intervention, minimizes placement disruptions, shortens lengths of stay in care, and promotes child wellbeing and family stability independent of child welfare system involvement.

POLICY STATEMENT:

It is the policy of 4Kids that each client and his or her family participates in an individualized, strength-based, needs driven, client and family-centered, culturally competent, trauma informed comprehensive assessment that informs placement decisions and service planning. Assessments are completed within timeframes established by regulations in each respective state and as the needs of clients change at every point in the life of a case.

SCOPE:

This policy applies to all 4Kids staff, Network Providers, and children in care.

DEFINITIONS:

1. *Child and Adolescent Needs and Strengths Comprehensive Assessment (CANS)* refers to a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.
2. *Treatment services* refers to clients that may be served in foster care and kinship care that are determined to need a high level of treatment in the least restrictive environment and are leveled for treatment services. Other clients eligible for treatment services meet three (3) or more of the following criteria:
 - 2.1. Diagnosis of an emotional, behavioral, or psychological disorder;
 - 2.2. Global Assessment Functioning of 50 or below;
 - 2.3. Major self-injurious behavior including recent suicide attempt; and/or
 - 2.4. Difficulties that present significant risk of harm to others, including unpredictable physical aggression; or primary diagnosis of substance abuse/dependency and severe impairment because of it.

PROCEDURE:

1. 4Kids will ensure Network Provider’s staff complete the online CANS training and pass a test demonstrating competency in order to be certified to administer the CANS assessment tool.

2. To maintain the CANS certification, staff must retrain and retest annually. It is the Network Provider's responsibility to ensure staff who administer the CANS maintain their certification annually.
 - 2.1. The CANS assessment is completed and updated in accordance with the timelines outlined in the 4Kids provider manual.

Completed Assessments

1. The CANS assessment is considered complete after the following actions have occurred:
 - 1.1. The network provider or STAR Health provider completes the CANS assessment in eCANS according to the timeframes listed in the 4Kids provider manual.
 - 1.2. The CANS assessment is either accessed by 4Kids in the eCANS system or the Network Provider uploads the CANS assessment into the Texas Provider Gateway (TPG).

Additional Assessments

1. Prior to or within 30 days of admission and routinely thereafter, 4Kids may request from the Network Provider that the child receives a needs-driven screenings and assessments such as:
 - 1.1. Developmental (*clients 5 years and under*);
 - 1.2. Diagnostic strengths and needs (*treatment services*);
 - 1.3. Alcohol and drug screening;
 - 1.4. Mental health;
 - 1.5. Family violence, abuse, neglect, or exploitation;
 - 1.6. Sex trafficking;
 - 1.7. Trauma;
 - 1.8. Attachment;
 - 1.9. Risk assessment;
 - 1.10. Spiritual wellbeing;
 - 1.11. Negative cognitive errors;
 - 1.12. Depression;
 - 1.13. Anxiety; and
 - 1.14. Resilience;
 - 1.15. Psychological evaluations, in programs that provide this service.
2. Trained professionals administer a 4Kids approved substance abuse screening inventory to identify substance dependency even when clients are unable or unwilling to acknowledge their own relevant behaviors.
3. Clients receiving treatment services require a current psychological or psychiatric evaluation completed by a licensed psychologist, psychiatrist, other qualified mental health professional, or review a recent evaluation that includes:
 - 3.1. A psychiatric history;
 - 3.2. A mental status exam;
 - 3.3. A trauma assessment;
 - 3.4. Intelligence and projective tests, as deemed appropriate; and
 - 3.5. A behavioral appraisal.
4. When a treatment/service need is identified, appropriate referrals or interventions are designed to meet those needs and are reviewed at each treatment plan meeting to evaluate the effectiveness.
5. All children in the Managing Conservatorship of the Department upon turning 14 years old are required to complete the Ansell Casey Life Skills Assessment within 30 days of a new placement or turning 14.

COMPLIANCE:

This policy complies with all state regulations.



Policy Title:	Treatment Family Foster Care		
Policy Number:	4Kids-SS-CM-026		
Chapter:	Service Standards	Sub-section:	Case Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/25/23

STATEMENT OF PURPOSE:

4Kids4Families (4Kids) offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan and program service. The agency promotes a safe and therapeutic environment to keep staff, foster parents, and service recipients safe. 4Kids will utilize interventions that promote respect, healing, and positive behavior.

POLICY STATEMENT:

4Kids target population for Treatment Family Foster Care is children in DFPS conservatorship with very high needs and complex trauma history requiring treatment services. 4Kids promotes wellness and is intended to be effective in moving children directly to permanency with family, biological parents or relatives while caring for some of the most challenging children in the foster care system. TFFC serves to provide children with a higher level of care services and support outside of institutional setting and prevent placement disruptions. The goal of Treatment Foster Family Care is to stabilize children at risk of placement in a congregate care setting or psychiatric hospital who experience emotional, behavioral, or mental health difficulties.

SCOPE:

This applies to all 4Kids Child Placing Agency (CPAs) providing TFFC services for children served by 4Kids.

DEFINITIONS:

1. *Treatment Family Foster Care (TFFC)* refers to a short 9-12 month, 24-hour, intensive, family-based community integrated level of care model designed to provide innovative, multi-disciplinary treatment services to a child in a highly structured family home environment.

PROCEDURE:

Characteristics of Children Qualifying for TFFC

1. Children served in TFFC have one or more of the following characteristics:
 - 1.1. Multiple placements in various types of settings including but not limited to:
 - 1.1.1.residential treatment,
 - 1.1.2.juvenile justice,
 - 1.1.3.psychiatric hospitals, and
 - 1.1.4.foster homes.
 - 1.2. Extreme physical aggression that causes harm to others.

- 1.3. Recurring major self-injurious actions to include serious suicide attempts.
- 1.4. Other difficulties that present a critical risk of harm to self or others.
- 1.5. Severely impaired reality testing, communication skills, cognitive abilities, affect or personal hygiene.
- 1.6. History of abuse of alcohol, drugs, or other consciousness-altering substances whose characteristics include a primary diagnosis of substance dependency.

Primary Characteristics of TFFC Families

1. TFFC Families must possess characteristics that enable clients success in their home. These families should:
 - 1.1. Be available to meet the needs of the child placed in their home.
 - 1.2. Respond to crises involving the child.
 - 1.3. Have no more than two (2) children who meet criteria for TFFC in the home.
 - 1.3.1. In special cases, three (3) children who meet or have met the criteria for TFFC will be allowed if one (1) child is ready for discharge. There cannot be more than four children under 18 in the home at one time, which includes biological, adopted, and foster children.
 - 1.4. Demonstrate successful completion of a trauma-based training program specifically designed to increase their skills and capacity to work with children meeting the clinical criteria for TFFC services.
 - 1.5. Demonstrate the capacity to show continuity of effort with children who may frequently run away and/or have admissions into psychiatric hospitals.

Additional Requirements of Providers with TFFC Homes

1. Network Providers who offer TFFC programs at their agency are required to:
 - 1.1. Complete three personal and one relative reference for each TFFC home.
 - 1.2. Complete Trauma Based Relational Intervention training (TBRI), another evidence based, trauma informed curriculum as part of pre-service training, or thirty additional training hours of within their home study update increasing their license to accept TFFC youth.
 - 1.3. Provide pre-service and on-going child-specific foster parent training with follow-up competencies to ensure that the specific daily and emotional needs as indicated by the CANS/diagnosis of the child being placed are being met with the implementation of professional in-home treatment strategies, child involved treatment goals and interventions, child participation in treatment planning and goal setting, documentation of children's progress in the home and response to intervention.
 - 1.3.1. Provide preservice and on-going child-specific training on interfacing, facilitating, advocating, and navigating services provided by clinical, medical, child welfare, education, special education, and ancillary professionals.
 - 1.4. Be able and willing to treat all clients regardless of their race, religion, gender, sexual orientation, or gender identity.
 - 1.5. Provide two (2) days a month of Respite Care for TFFC parents.
 - 1.6. Limit the TFFC case manager case load to no more than eight (8) clients. Exceptions can be granted for a larger case load size when the case load consists of both traditional and TFFC youth.
 - 1.7. TFFC case managers will have contact with the child and TFFC foster parents in the TFFC home within seven (7) days of placement in the home. TFFC case managers conduct biweekly face to face visits in the home, maintain contact with biological family and all service providers to ensure continuous progress towards permanency and service goals. Home visits include a private meeting with the client and the TFFC foster parents.

- 1.8. TFFC case managers initiate contact and share information about the TFFC child with biological family and monitor biological family and child interactions to promote strong, healthy, supportive relationships within the biological family.
 - 1.9. Provide an on-call 24/7 crisis person available to their TFFC families.
 - 1.10. Complete placement disruption meetings prior to putting in any kind of discharge notice unless the discharge notice is due to an emergency.
 - 1.11. Provide behavioral health services (BHS) and clinical services as part of their TFFC program.
 - 1.11.1. These services can be provided internally when the Provider is certified to provide those services, or they can be provided through external providers. All TFC youth should receive weekly counseling, unless otherwise recommended by a mental health professional.
 - 1.12. Plan for, support, and document all discharge activities to ensure a positive transition to a less restrictive setting. Discharge documentation must outline the clinical course of TFFC, transition.
 - 1.12.1.1. When transitioning to the next placement setting, Network Provider will coordinate follow-up medical, clinical, and all other appointments, and aftercare services.
- when appropriate. Include the nature, frequency and duration of any services that may be needed.
- 1.13. Complete yearly performance evaluation that is completed by the case manager and/or program director. It should be collaborative and review the family's performance over the past twelve months which includes:
 - 1.13.1. Incident reports and other important correspondence to the family, such as collateral data supported from school districts, therapists, etc.
 - 1.13.2. Interviews with youth placed.
 - 1.13.3. Participation in support group and training provided throughout the year
 - 1.13.4. Willingness to provide mentorship and support to new families coming on board with TFFC program.
 - 1.13.5. Willingness to accept feedback from team and to implement suggestions and professional skills development.
 - 1.14. Aftercare services will be provided by the CPA to the child and their next placement following successful completion of the TFFC program. This serves to provide support and resource allocation to the next placement and reduce the risk of placement disruption. Aftercare should include:
 - 1.14.1. Identification, facilitation and coordination of transition services or after care support services needed for the subsequent placement caregivers, including biological parents, relatives and/or adoptive parents.
 - 1.14.2. After contacts are conducted at seven (7) days, thirty (30) days, three (3) months and six (6) months following discharge from TFFC.

Intake Process for TFFC Cases

1. 4Kids Staff meet regularly to review the children who meet initial placement criteria to identify and prioritize potential TFFC placements.
2. Emergency TFFC placements are referred by the 4Kids Intake and staffed at the Director level.
3. CPA Network Providers notify the designated 4Kids staff once a new TFFC home is licensed. 4Kids will maintain an ongoing list of TFFC openings.
4. Designated 4Kids staff and CPAs coordinate matching TFFC children and homes.
5. 4Kids will gather information for the child to be shared at the staffing and determine attendance to the staffing and those involved in the child's case.
 - 5.1. The CPA present whether the available family is able to meet the child's needs and receive confirmation from the TFFC foster parents on pursuing the TFFC placement.

6. Once placement is approved, the designated 4Kids staff will notify the CPA and follow the intake procedures as outlined in the 4Kids Policy Manual and Provider Manual.
7. When possible, a pre-placement visit is scheduled between the child and foster parents.
 - 7.1. The foster parents are provided with all relevant information about placement details and treatment planning, to include diagnosis, initial goals, and discussion of potential wrap and treatment needs to facilitate adjustment of the child into the home.

Responsibilities of 4Kids in TFFC Cases and Service Planning

1. The designated 4Kids staff will attend all wraparound and service plan meetings for TFFC placements and ensure the Network Provider is coordinating and meeting all therapeutic, treatment, rehabilitative, and supportive services necessary for the child.
2. The 4Kids team's focus during monitoring meetings is to monitor the Permanency and Discharge Plan, and to ensure that quality services are being provided as agreed upon.
3. Service Plan Meetings will be conducted within 30 days of placement and then reviewed at least every 90 days thereafter. The role of 4Kids will be to provide oversight to the program at the individual child's level and ensure that permanency efforts are directed throughout the case.
4. The TFFC Provider will ensure that Service Plans contain the following:
 - 4.1. Permanency Planning and Goals.
 - 4.2. specific diagnoses and/or presenting problems that lead to the TFFC referral and/or were identified in any pre-placement staffing.
 - 4.3. Addresses the child's needs regarding education, cultural, religious, language, recreation, diagnosis, stressors, triggers, normalcy needs/services, developmental, emotional, trauma, medical, psychotropic use, dosage, side effects, and contraindications, behavioral and medical emergency plans, and plans for respite, discharge, and aftercare.
 - 4.4. Siblings and Sibling Reunification Goals.
 - 4.5. Short- and long-term behavioral goals and interventions.
 - 4.6. Components of Child's Individual Education Plan (IEP) and the Individual Transition Plan (ITP) developed by the schools Admission, Review, and Dismissal (ARD) committee, when appropriate.
 - 4.7. Components of the CPS Transition Plan for youth 16 to 22 years of age to include results of the Ansell-Casey Life Skills Assessment, when applicable
 - 4.8. Early Childhood Education (ECI), when applicable.
 - 4.9. Additional areas necessary to aid the treatment of a client.
5. The treatment team participants should include but are not limited to:
 - 5.1. Child,
 - 5.2. Biological/adoptive parents,
 - 5.3. Foster Parents/Caregivers,
 - 5.4. 4Kids caseworker,
 - 5.5. Attorney Ad litem for child and parents,
 - 5.6. CASA,
 - 5.7. CPA Case Manager/Therapist and Supervisors,
 - 5.8. Clinical consultants, and
 - 5.9. Other professionals as needed (i.e., IDD, Education, Medical, or Well-being Specialist/s.
 - 5.9.1. Occupational, Educators, Physical and Speech Therapists) based on the child's need.

CANS (Child and Adolescent Needs and Strengths) Assessment

1. The CANS Assessment drives the service plan development and informs the appropriateness of placement and permanency goals. The CANS Assessment and Service Plan will both be individualized and unique to the child, family-focused, strength based, and culturally respectful. The frequency of CANS Assessments will follow the guidelines outlined in the 4Kids Provider Manual.

COMPLIANCE:

This policy complies with all state, federal and contract requirements.



Policy Title:	Recovery from Runaway		
Policy Number:	4Kids-SS-CM-027		
Chapter:	Service Standards	Sub-section:	Case Management
Nullifies:	N/A		
Revision History:	N/A		
Approving Authority:	Board of Directors		
Date Board Approved:	11/16/23	Date Effective:	9/25/23

STATEMENT OF PURPOSE:

There are times when a child has run away and/or has run across legal region/catchment area lines. When this occurs, primary considerations must include the child’s safety and best interest. 4Kids4Families (4Kids) and DFPS Legacy areas must work together to support a child in DFPS Conservatorship as needed to ensure their safety and well-being.

POLICY STATEMENT:

Children who have previously runaway are at higher risk for being victimized by physical, mental, and sexual abuse. The objective of this policy is to provide residential staff with rules and procedures to follow to safeguard children after a runaway or AWOL.

SCOPE:

This policy applies to 4Kids staff, Network Providers, and children. 4Kids children recovered in other CBC catchment areas will be covered in an agreement between the SSCC and vice versa.

PROCEDURE:

1. When the circumstances do not support the child being able to return to Region 4 immediately, DFPS legacy region and 4Kids develop a plan that meets the child’s immediate needs, including the need for securing temporary placement.
2. Circumstances that require a temporary placement for the child include but not limited to:
 - 2.1. Recovery at a late hour and a distance from Legal Region/Catchment that would not support safe return at the immediate time of recovery, or
 - 2.2. Weather conditions in either recovery or legal region/catchment that do not support a safe return to the Legal Region/Catchment at the immediate time of recovery.
3. The following individuals work collaboratively together to develop a plan for meeting this youth’s immediate needs and secure a safe place for them to stay until a child can be returned to their catchment area or legal region.
 - 3.1. Legal Region/4Kids Program/Permanency Director,
 - 3.2. Recovery Region/4Kids Program/Permanency Director, when applicable
 - 3.3. 4Kids Director of Placement, and/or
 - 3.4. Community-Based Care Administrator
4. Temporary placements after a runaway do not require multiple nights for placement.
 - 4.1. The Legal Region or 4Kids will secure placement for the youth the following day after the youth is recovered and facilitate a least restrictive placement.

4.1.1. In instances when 4Kids or DFPS cannot reimburse for placements that are less than 24 hours, payment will be made at the Emergency Shelter rate through appropriate DFPS Form 4116.

COMPLIANCE:

This policy complies with state regulations and the Joint Operations Manual.



Policy Title:	Service Planning and Monitoring		
Policy Number:	4Kids-SS-PS-002c		
Chapter:	Service Standards	Sub-section:	Program Services
Nullifies:	N/A		
Revision History:	11/22/22; 9/11/23; 9/12/23		
Approving Authority:	Board of Directors		
Date Board Approved:	8/29/2022	Date Effective:	8/1/2022

STATEMENT OF PURPOSE:

To provide clear procedures for the service planning process, service plan content, and timelines throughout the life of a case.

POLICY STATEMENT:

The service plan guides and focuses treatment, interventions, and other service decisions based on the individualized needs of clients and families. Service planning is a holistic, fluid process that is adapted, at regular intervals, to meet the changing needs of the client and family. Service plan reviews focus on monitoring client progress to ensure that clients receive effective, high quality service at all stages of delivery. The service planning process includes treatment team members coming together to mobilize a network of formal and informal supports to meet the unique needs of the client and family.

It is the policy of 4Kids4Families (4Kids) that clients and their families participate in the development and ongoing review of strength-based, client-centered, family-focused, culturally competent, trauma-informed service planning that is driven by individualized needs identified through an in-depth screening and assessment process.

SCOPE:

This Policy and Procedure applies to all 4Kids programs and services.

DEFINITION:

1. *Primary Medical Needs (PMN)* refers to the inability to live without mechanical supports or the services of others because of life-threatening conditions.
2. *Treatment services* refers to a client(s) that may be served in foster care and kinship care programs that are determined to be in need of a high level of treatment in the least restrictive environment and are leveled for treatment services. Other clients eligible for treatment services meet three (3) or more of the following criteria:
 - 2.1. Diagnosis of an emotional, behavioral, or psychological disorder;
 - 2.2. Global Assessment Functioning of 50 or below;
 - 2.3. Major self-injurious behavior including recent suicide attempt;
 - 2.4. Difficulties that present significant risk of harm to others, including unpredictable physical aggression, or primary diagnosis of substance abuse/dependency and severe impairment because of it.
 - 2.5. Intellectual disabilities with significant deficits and pervasive impairment in areas including, but not limited to, daily living and self-care, multiple physical disabilities, sensory impairments, and communication; or

- 2.6. Emotional disorders, autism spectrum disorder, primary medical needs, or trafficking victim services.

PROCEDURE:

Treatment Team

1. 4Kids is creative in its efforts to encourage and elicit full participation of the following individuals in the treatment/service planning process:
 - 1.1. Clients five years and older, are encouraged to participate in treatment planning to the greatest extent possible and as deemed appropriate;
 - 1.1.1. Treatment plan discussions are tailored to each client's level of understanding, with an emphasis on making participation meaningful. This process may take place through individual interactions or through team meetings that provide a venue for engagement of the client and family and ensures voice and choice.
 - 1.2. Parents and legal custodians;
 - 1.2.1. In cases where clients are victims of sex trafficking, a parent or other family member may be the trafficker or complicit in the trafficking. If determined clinically inappropriate, 4Kids will not support participation of these family members.
 - 1.2.2. In the case of domestic violence, service planning procedures are adjusted to promote safe, healthy, active participation of all family members.
 - 1.3. Foster caregivers and adoptive parents, when applicable;
 - 1.4. Responsible 4Kids staff;
 - 1.5. Representatives from the Indian or Alaskan Native tribe, when applicable;
 - 1.6. Referring agency caseworker;
 - 1.7. Extended family members or persons significant to family, with written consent from the client and his or her parent or legal custodian;
 - 1.8. Probation, when applicable; and
 - 1.9. Other professionals involved with the client's case.
2. In addition to these individuals, treatment team members of clients receiving treatment services include one or more of the following professionals, based on the individualized needs of each client:
 - 2.1. Licensed Professional Counselor;
 - 2.2. Psychologist;
 - 2.3. Psychiatrist or physician;
 - 2.4. Licensed masters-level registered nurse;
 - 2.5. Licensed masters-level social worker, with at least three years of experience working with clients with treatment needs;
 - 2.6. Licensed or registered occupational therapist;
 - 2.7. 4Kids Representative in planning services for clients with primary medical needs;
 - 2.8. Qualified Mental Health Professional/Behavior Support Specialist; or
 - 2.9. Any other person in a related discipline or profession that is licensed or regulated in accordance with state law.

Treatment/Service Planning

1. 4Kids utilizes a strength-based, client-centered, family-focused, culturally competent approach that establishes the foundation for the treatment planning process and is based on the following underlying principles:
 - 1.1. Clients and families have many strengths;
 - 1.2. Clients' and families' motivation is based on cultivating strengths;

- 1.3. Family culture is celebrated and integrated in the planning process to the greatest extent possible and as deemed appropriate, including traditional practice or customs of a client's tribe or faith-based community;
- 1.4. Environments have natural resources;
- 1.5. Services empower client and families; and
- 1.6. Services are comprehensive.
2. When working with victims of sex trafficking, methods for building rapport and establishing trust and safety is consistently applied to help facilitate the development of realistic goals in a manner that is trauma-informed and self-determined.
3. When working with clients with Primary Medical Needs, the 4Kids staff or contracted licensed registered nurse must lead or participate in the planning process.
4. Within 30 days of admission, the responsible 4Kids case manager completes and implements an initial treatment plan for each client.
5. Service planning is expedited in the case of a crisis or when urgent needs are identified.

Elements of the Treatment/Service Plan

1. The treatment/service plan includes:
 - 1.1. Demographic information;
 - 1.2. Legal status;
 - 1.3. Treatment Team member names;
 - 1.4. Assessments completed by 4Kids, when applicable;
 - 1.5. Current mental health diagnosis, when applicable;
 - 1.6. Currently prescribed psychotropic medication, when applicable;
 - 1.7. Medication goals and monitoring to evaluate for the possible effectiveness and side effects in the use of prescribed psychotropic medications, the client's behaviors and reactions to the medication as observed by the foster caregiver, professional service provider, and parents, if applicable;
 - 1.8. Reason for referral;
 - 1.9. Permanency Plan and concurrent plan;
 - 1.10. Discharge Plan, including anticipated date of discharge, except for Behavioral Health Services;
 - 1.11. Goals and objectives specific to the identified needs of the client and family;
 - 1.12. Strengths of the client and family that will enable them to achieve goals;
 - 1.13. Needs that present barriers to achieving goals;
 - 1.14. Culturally competent, strength-based interventions that impact safety, permanency, and wellbeing;
 - 1.15. Person(s) responsible for the provision of service;
 - 1.16. Frequency of services;
 - 1.17. Target dates for achieving goals;
 - 1.18. Methods of monitoring goal achievement;
2. The signature of the client, the parent or legal custodian, and all participating treatment team members.

Treatment/Service Plan Review

1. The client and their family, legal custodian, and responsible 4Kids staff regularly reviews each client's treatment/service plan. Timeframes are adjusted based on the needs of the client and family and the frequency and intensity of services provided.
2. Treatment/service plan reviews and updates include:
 - 2.1. An evaluation of progress toward meeting goals and objectives;
 - 2.2. Additional service needs that have been identified;
 - 2.3. A review of the estimated length of placement or services and the client's permanency plan;

- 2.4. Review and documentation of progress towards permanency.
- 2.5. Signatures of all participating team members.
3. When progress is not satisfactory, serious consideration is given to the needs of the client. Assessments driving the treatment plan are reviewed to make sure they are current and reflect the behavioral, emotional, educational, vocational, and cognitive functioning of the client.
4. If the needs or level of functioning have changed, the following strategies may be implemented:
 - 4.1. Comprehensive reassessment is conducted;
 - 4.2. Review of the effectiveness of existing service interventions and alternatives;
 - 4.3. Identification of new needs and strategies or techniques to meet these needs, including instructions to appropriate employees;
 - 4.4. Recommendations to continue treatment services is documented in the case record;
 - 4.5. Recommendation to continue placement at the current level of service;
 - 4.6. Discharge the client to a less restrictive setting; or
 - 4.7. Refer the client to an inpatient hospital.
5. The treatment/service plan is an evolving document that is adapted as necessary to meet the changing needs of clients and families to help them reach their goals.
6. The responsible 4Kids Care Coordinator ensure treatment plans are updates by DFPS and Network Providers under the following circumstances or as deemed appropriate:
 - 6.1. Subsequent placement moves within 4Kids;
 - 6.2. Runaway;
 - 6.3. Psychiatric hospitalization; or
 - 6.4. Other serious incidents.

Notification

1. All treatment/service plan meetings, updates, and reviews are scheduled at times and locations that accommodate clients, their family, extended family members, and treatment team members.
2. The client, their family, and legal custodian are notified of the treatment/service plan meeting 14 days in advance, unless there is agreement that the urgency of an issue warrants immediate intervention or otherwise limited by the referring agency or court order.
3. Attempts to include all applicable treatment team members in the review process are documented and included in the client's case record.
4. In the case of an Indian or Alaskan Native client, 4Kids provides a representative from the tribe or local Indian organization timely notification of treatment/service plan reviews and provides them an opportunity to participate and be informed of any changes to the plan.

Documentation

1. The Network Provider provides 4Kids with a copy of the treatment/service plan, updates, and reviews to the individuals listed below, when applicable:
 - 1.1. The client, if clinically appropriate;
 - 1.2. The parents or legal custodian;
 - 1.3. The foster caregiver;
 - 1.4. The referring agency; and
 - 1.5. Other family members, as appropriate, and with the client's or family's written consent.
2. 4Kids maintains documentation in the client's case record that verifies that a copy of the treatment/service plan was provided to the team.
3. If a client's treatment/service plan is not shared with him or her, 4Kids clearly documents in the client's case record the justification for not sharing the document.

Completed Treatment/Service Plan

1. The initial treatment/service plan and review are considered completed after the following actions have occurred:
 - 1.1. Reviewed and approved by an immediate supervisor within 30 days of placement;
 - 1.2. Signed and dated by the professional who completed the treatment/service plan;
 - 1.3. Results reviewed with and interpreted for the client/family, as appropriate; and
 - 1.4. Filed in the client case record.

COMPLIANCE:

This policy complies with all state regulations.



Policy Title:	Appropriate Boundaries		
Policy Number:	SS-PS-005c		
Chapter:	Service Standards	Sub-section	Program Services
Nullifies:	Gifts and Giving – Freedom Place; Staff and Client Boundaries – MD; Use of Social Media in Service Delivery		
Revision History:	5/25/2016; 9/2/2016; 7/6/2021		
Approving Authority:	Board of Directors		
Date Approved:	1/12/2014; 2/4/2013	Date Effective:	1/3/2014

STATEMENT OF PURPOSE:

To establish standard boundary practices between employees, non-employees, foster parents, clients, and clients’ families to ensure the safety of clients and employees/non-employees and ensure a therapeutic service environment.

POLICY STATEMENT:

Arrow Child & Family Ministries (Arrow) is committed to providing a safe and therapeutic environment for clients. Professional boundaries between employees, non-employees, foster parents, and clients of Arrow are a critical component of the treatment and services provided by the agency. The boundaries described in this policy are designed and enforced to protect the employees, non-employees, foster parents, the client, and the client’s family.

Given the nature of the abuse and trauma many of Arrow’s clients have experienced, it is important that employees, non-employees, foster parents are particularly mindful, sensitive, and responsive to the issue of touch and its implications for the client. Children, in particular, are susceptible to the influence of physical contact, both positively and negatively. Clients are to be provided with positive, healthy physical contact. However, common physical adult-child interactions may not be appropriate or may be counterproductive with clients served by Arrow. Any display of affection, even when consensual, must be within appropriate standards, as established by this policy.

It is the policy of Arrow that employees, non-employees, and foster parents are expected to model appropriate boundaries for clients and clients’ families. Clients observe employee, non-employee, and foster parent behavior and use it as a guideline for their own behavior. Interactions between employees, non-employees, and foster parents may be appropriate in the community outside of work, such as full-frontal hugs, but may cause confusion if displayed in front of clients. Employees, non-employees, and foster parents are expected to be diligent that they are modeling appropriate boundaries at all times.

SCOPE:

This Policy and Procedure applies to all Arrow programs and services, including employees, non-employees, and foster parents in the scope of their interactions with Arrow clients, former clients, and clients’ families.

DEFINITIONS:

1. *Non-employee* refers to an individual who serves as an Arrow independent contractor, volunteer, or intern.

2. *Boundary* refers to multiple types of interactions between non-employee, employees, foster parents, clients, former clients, and clients' families, including verbal and physical boundaries.
3. *Client* refers to any individual served by Arrow.
4. *Gift* refers to any items given to another individual. For employees and non-employees, gifts refer to any item given to a client of monetary or non-monetary value. Gifts includes but is not limited to food, drinks, clothing, cards, homemade item, or item of monetary value.

PROCEDURE:

Gifts and Gift Giving

1. Employees, non-employees, and foster parents monitor gifts that are both received and given to ensure appropriate sentiment. Employees, non-employees, and foster parents ensure that a gift given or received is not a means of exploitation.
2. Clients are permitted to give an employee, non-employee, or foster parent a small gift as a way to show appreciation. These gifts should be both affordable and appropriate.
 - 2.1. Employees, non-employees, and foster parents do not accept from a client, former client, or client's family gifts of monetary value. Appropriate gifts include a greeting card or something homemade by the client or family.
 - 2.2. Examples of inappropriate gifts include personal items, such as clothing, or a gift certificate. If an employee, non-employee, or foster parent has any doubt whatsoever whether to accept a gift, he or she should ask his or her supervising Arrow employee.
3. Arrow prohibits the exchange of the following items between any clients and employees, non-employees, or foster parents:
 - 3.1. Weapons;
 - 3.2. Tobacco products;
 - 3.3. Alcohol;
 - 3.4. Illegal drugs and substances;
 - 3.5. Drug paraphernalia;
 - 3.6. Incendiary devices; and
 - 3.7. Pornography.
4. Prior to an employee/non-employee giving a client a gift, he or she discusses the appropriateness of the gift and circumstances with his or her immediate supervising Arrow employee to ensure the gift does not jeopardize professional obligations to the client and his or her family.
 - 4.1. Employee/non-employees do not give food or drinks to a client without prior approval from the immediate supervising Arrow employee.
5. If a client or family has a specific need, the employee/non-employee addresses it through proper channels within Arrow. Employees/Non-employees, excluding foster parents, do not give a client, former client, or a client's family money or gifts/possessions of monetary value.
6. If a client or employee/non-employees receives a gift that is inappropriate, the gift will be returned to the person giving the gift.
7. If an employee/non-employee exchanges gifts with another employee/non-employee, the gift should be of nominal value and be exchanged away from clients. When gifts are exchanged, the employees/non-employees do so without expectation of favor or preferential treatment. For further guidance regarding gift giving, please review the Ethical Conduct Policy and Conflict of Interest Policy.

Verbal Interactions

1. Approved verbal interactions between employees, non-employees, foster parents, and clients include:
 - 1.1. Positive reinforcement;
 - 1.2. Appropriate jokes;

- 1.3. Encouragement; and
- 1.4. Praise.
2. Prohibited verbal interactions between employees, non-employees, foster parents, and clients include:
 - 2.1. Name calling;
 - 2.2. Discussing sexual encounters or involving clients in any way in the personal problems or issues of an employee/non-employee;
 - 2.3. Telling secrets;
 - 2.4. Cursing;
 - 2.5. Telling off-color or sexualized jokes;
 - 2.6. Shaming;
 - 2.7. Belittling;
 - 2.8. Derogatory remarks;
 - 2.9. Harsh language that may frighten, threaten, or humiliate clients;
 - 2.10. Making derogatory remarks about a client or a client's family; and
 - 2.11. Discussing personal information about another client, employee, non-employee, or foster parent with a client.
3. Employees, non-employees, and foster parents must use extreme caution when sharing any personal information with clients or clients' families.
 - 3.1. Information may only be shared when there is therapeutic value, and not for the benefit or satisfaction of the employee, non-employee, or foster parent.
 - 3.2. Non-employee, employees, and foster parents may not have conversations with a client, former client, or client's family during which the employee, non-employee, or foster parent discloses personal information about sexual behavior, drug use or abuse, or psychiatric treatment.
 - 3.3. If a client, former client, or client's family discloses personal information about sexual behavior, drug use or abuse, or psychiatric treatment, the employee, non-employee, or foster parent should respond in a manner appropriate with his or her position.
4. Employees, non-employees, and foster parents may not make any promises to the client or client's family that extend beyond the scope of the employee's, non-employee's, or foster parent's normal role expectations. For example, an employee should not make statements such as, "If you behave you will be able to go back home to live with your mom."
5. Employees/Non-employees, excluding foster caregivers, may not make any reference to a client, former client, or client's family member(s) about fostering or adopting the client or taking him or her to live with the employee/non-employee. Employees/Non-employees may not pursue such a relationship with a client, former client, or client's family member(s).
6. Employees/Non-employees, excluding foster parents, may not provide a client, former client, or client's family with sensitive personal information or personal contact information, such as a home or personal cell phone number, personal e-mail address, or social network site.

Physical Interactions

1. Approved physical contact between employee, non-employee, or foster parent and client, when the contact is acceptable to the client, include the following:
 - 1.1. Side hugs or shoulder-to-shoulder hugs;
 - 1.2. Pats on the shoulder or back;
 - 1.3. Handshakes;
 - 1.4. "High-fives" and hand-slapping;
 - 1.5. Pats on the head when culturally appropriate;
 - 1.6. Touching hands, shoulders, and arms;
 - 1.7. Holding hands (*young children*); and
 - 1.8. Arms around shoulders.

2. Prohibited affection/physical contact between employee/non-employee, or client against a client include the following:
 - 2.1. Showing affection in isolated areas;
 - 2.2. Sexual contact of any kind;
 - 2.2.1. Employees/Non-employees may not have sexual contact of any kind with a client or former client, a member of the client or former client's family, any family member met in conjunction with a case at Arrow, or a client's custodial agency worker.
 - 2.3. Full-frontal hugs;
 - 2.3.1. Arrow recognizes the therapeutic value of nurturing interactions with clients. Exceptions may be made if a full-frontal hug is an appropriate nurturing interaction, is of therapeutic value to the client, and benefits the emotional wellbeing of the client;
 - 2.4. Piggyback rides;
 - 2.5. Lap-sitting;
 - 2.5.1. Exceptions may be made when an employee's/non-employee's role involves modeling for caregivers appropriate parenting and nurturing skills;
 - 2.5.2. Arrow recognizes the therapeutic value of nurturing interactions with clients. Exceptions may be made if lap-sitting is an appropriate nurturing interaction, is of therapeutic value to the client, and benefits the emotional wellbeing of the client;
 - 2.6. Kisses;
 - 2.7. Touching bottoms, chests, or genital areas or touching of the knees or legs;
 - 2.7.1. This does not preclude touching that is necessary for the proper bathing or care of an infant or young child;
 - 2.8. Lying in bed with a client;
 - 2.9. Wrestling with clients;
 - 2.10. Tickling;
 - 2.11. Playing with hair;
 - 2.11.1. This does not preclude styling or cutting of a client's hair, with appropriate consents;
 - 2.11.2. Arrow recognizes the therapeutic value of nurturing interactions with clients. Exceptions may be made if playing with hair is an appropriate nurturing interaction, is of therapeutic value to the client, and benefits the emotional wellbeing of the client;
 - 2.12. Any type of massage given by a client to an employee/non-employee;
 - 2.13. Any type of massage given by an employee/non-employee to a client;
 - 2.13.1. This does not preclude therapeutic massage by an employee/non-employee to an infant or client with special needs when the need for therapeutic massage is documented in the client's Treatment Plan;
 - 2.14. Any form of affection that is unwanted by the client, the employee, or the non-employee; and
 - 2.15. Compliments that relate to physique or body development.
3. Prohibited affection/physical contact between Arrow foster parent and client include the following:
 - 3.1. Sexual contact of any kind;
 - 3.1.1. Employees/Non-employees may not have sexual contact of any kind with a client or former client, a member of the client or former client's family, any family member met in conjunction with a case at Arrow, or a client's custodial agency worker.
 - 3.2. Touching bottoms, chests, or genital areas;
 - 3.2.1. This does not preclude touching that is necessary for the proper bathing or care of an infant or young child;
 - 3.3. Any type of massage given by a client to an employee/non-employee;
 - 3.4. Any type of massage given by an employee/non-employee to a client;
 - 3.4.1. This does not preclude therapeutic massage by an employee/non-employee to an infant or client with special needs when the need for therapeutic massage is documented in the

client's Treatment Plan;

4. Prohibited affection/physical contact between clients include the following:
 - 4.1. Showing affection in isolated areas;
 - 4.2. Sexual contact of any kind;
 - 4.3. Any type of massage given by a client to a client;
 - 4.4. Any form of affection or physical contact that is unwanted by the client, and
 - 4.5. Verbal comments that relate to physique or body development.
 - 4.6. Full-frontal hugs;
 - 4.7. Kisses;
 - 4.8. Touching bottoms, chests, or genital areas or touching of the knees or legs;
 - 4.9. Lying in bed with a client;
 - 4.10. Wrestling with clients;
 - 4.11. Tickling;
 - 4.12. Playing with hair;
 - 4.12.1 This does not preclude styling or cutting of a client's hair, with appropriate consents;
 - 4.13. Piggyback rides;
 - 4.14. Lap-sitting;
5. Arrow recognizes the therapeutic value of nurturing interactions with clients especially between clients who are members of a sibling group. Exceptions may be made when the affection and physical contact is an appropriate nurturing interaction, is of therapeutic value to the client, and benefits the emotional wellbeing of the clients.

One-on-One Interaction

1. Conversations between employees/non-employees, excluding foster caregivers, and clients that require privacy from others take place in an appropriate professional setting, such as an office or conference room. Unless given permission by program leadership, employees/non-employees do not engage in one-on-one conversations with clients in a bedroom behind a closed door.
2. All one-on-one interactions between clients and employees/non-employees occur in areas of the facility that allow for random and informal monitoring by other employees/non-employees.
3. The employee/non-employee informs other employees/non-employees or supervising Arrow employee when a one-on-one interaction between an employee/non-employee and client cannot be avoided; exceptions apply to employees/non-employees working in clinical roles.

Transporting Clients

1. When transporting clients, employees, non-employees, and foster parents should exercise judgment regarding the client's history of high-risk behaviors (e.g., running away). Employees, non-employees, and foster parents should determine the necessity of the client to ride in the backseat of the vehicle and the necessity of enforcing child-safety locks in the vehicle.
2. Employees/Non-employees may not take a client or client's family in the employee's/non-employee's personal vehicle without the expressed permission of his or her supervising Arrow employee, at which time substantiation that this is the only way to accomplish a specific professional task and proof of qualification to transport clients must be provided.
 - 2.1. This prohibition does not apply to employees/non-employees who work in a position for which transportation in personal vehicles is an expected part of the role and insurance coverage has been verified.

Contact Outside the Facility

1. Employees/Non-employees must immediately disclose any preexisting relationships with a client, client's family, or client's custodial agency worker to the supervising Arrow employee and Program

Administrator. Documentation of the employee's/non-employee's preexisting relationship and supervisory awareness is filed in the client's record.

2. An invitation to a social event held by a client, former client, or client's family must be shared with the employee's/non-employee's supervising Arrow employee. The supervising Arrow employee and Program Administrator determine whether the employee's/non-employee's attendance is appropriate. If attendance is deemed appropriate, documentation of the employee's/non-employee's attendance and supervisory approval is filed in the client's record.
3. Employees/Non-employees may not have a dual relationship with a client, former client, or client's family. Examples include utilizing a mechanic, hairdresser, or accountant that is a client's family member.
4. Employees/Non-employees may not bring a client, former client, or client's family to the non-employee's or employee's home.
5. Employees/Non-employees may not take a client out of Arrow when the employee/non-employee is not conducting company business.
6. Employees/Non-employees may not share with a client, former client, or client's family an interest in seeing the client or client's family in any scope beyond the normal Arrow relationship to the client or client's family, without the prior approval of the Program Administrator or designee and the client's therapist or individual responsible for the case. This prohibition includes making or maintaining contact with the client or client's family in any way outside of office hours, on weekends while the client is at home, after the client is discharged from the program, after the employee's/non-employee's role with Arrow has ended, outside of normal role expectations, or in any other way not specifically part of the employee's/non-employee's role.
7. When an established friendship exists *prior* to the client's request for services from Arrow, Arrow does not deny the right of the employee/non-employee and client to continue the friendship, but requires the provisions that:
 - 7.1. No Arrow business is discussed through this relationship; and
 - 7.2. The employee/non-employee is not responsible for the care of or service provision to the client.
 - 7.2.1. This includes but is not limited to care and service provision through clinical services, case management, daily care, and discipline.

Electronic Communication

1. Any electronic communication between an employee/non-employee, and a client, including the use of social networking websites like Facebook, instant messaging, blogging, or comment and messaging features in electronic forums is prohibited. The following exceptions apply:
 - 1.1. Employees/Non-employees may have social media contact with former clients and clients' families once the client has reached 21 years of age. The employee/non-employee should notify Program Leadership that they are maintaining these contacts through social media.
 - 1.2. Employees/Non-employees may have social media contact with former foster families once the foster family is no longer licensed through Arrow. The employee/non-employee should notify Program Leadership that they are maintaining these contacts through social media.
2. All personal social networking profiles and blogs of employees/non-employees must be private to clients and clients' families.
3. Employees/Non-employees with personal profiles on social networking sites may not request to be friends with clients, former clients, and clients' families or approve friend requests from clients or clients' families.
 - 3.1. Except in circumstances when a current or former client is at risk and makes contact with an employee/non-employee through social media, the employee/non-employee may accept and participate in social media contact with prior approval by Program Administrator or law enforcement.

- 3.2. If an employee/non-employee is contacted by a client, former client, or client's family via personal means, the employee/non-employee must report the contact to his or her supervising Arrow employee or in writing. The employee/non-employee is to refrain from responding to the personal contact (e.g., responding to email, answering a call on a personal phone that is not otherwise utilized for work purposes, or accepting a "friend" request on a social networking site). The employee/non-employee may respond using Arrow resources, such as a work phone or work email address, if the nature of the contact was appropriate (e.g., homework clarification, question about a client's progress, etc.).

Arrow recognizes the responsibility of employees/non-employees at all levels of the organization to ensure the safety and wellbeing of clients served. When improper interactions are observed, employees/non-employees have a responsibility to fully adhere to this policy. For example, they may address the interaction with the individual involved or report the interaction to the supervising Arrow employee.

Employees/Non-employees should be extremely selective regarding exceptions to the prohibitions. Exceptions to this policy may include impromptu events that necessitate natural expressions of emotion or affection that may include a brief hug. Clients may impulsively hug an employee/non-employee, and the employee/non-employee is expected to be careful to establish boundaries while not embarrassing the client.

1. Only the treatment team, with participation from the family, can determine which employee/non-employee-client interactions are appropriate for a given client. Some exceptions may be appropriate for young children or children who are developmentally delayed if the exception is utilized as part of the treatment plan.

In general, if something feels questionable, the employee/non-employee must discuss it with his or her supervising Arrow employee.

COMPLIANCE:

This policy complies with state regulations and COA Standards: RPM.