

**Rhode Island Department of Children, Youth and Families – Division of
Community Services and Behavioral Health**

Dear Provider:

In compliance with the recently published regulations on certification standards for Mental Health Emergency Service Interventions, I have attached the Provider Certification Application. The application may also be found in PDF format at www.dcyf.ri.gov . You may also call Regina Ramos at 528-3798 and request a hard copy to be mailed.

The regulations have been posted on the Secretary of State website, sec.state.ri.gov and also on the DCYF website listed above.

The certification process is open to any and all providers with no deadline for providers interested in applying to be certified. DCYF will give priority to applications received by October 4 in order to assemble a statewide network of certified providers ready to operate beginning January 1, 2007.

Specific Instructions on completion of the application are included.

DCYF will host a forum to answer questions on the completion of the application and the certification process. It will be held from 10:30 -12:30 on Thursday September 7 at the Department of Labor and Training.

Sincerely,

Janet Anderson, Ed.D
Assistant Director of DCYF for Community Services and Behavioral Health

Rhode Island Department of Children, Youth and Families – Division of Community Services and Behavioral Health

Instructions on Completion of Application for ES Certification

1. Submission Deadline

Please submit by Wednesday October 4 at 3:00 p.m. to be considered for the statewide rollout on January 1, 2007.

You may submit the application by email to regina.ramos@dcyf.ri.gov or mail to

Application for Certification as Emergency Service Provider
Children's Behavioral Health and Community Services
DCYF
101 Friendship St.
Providence RI 02903

2. Provider Cover Letter

With the application please include a cover letter from an authorized representative that states the following:

- That the applicant is willing to submit monthly aggregate data to DCYF per the regulations;
- The date that the organization will be ready to operate according to the regulations;
- A commitment to operating the proposed ES program according to the published standards;
- A willingness to work with DCYF on monitoring of standards; and,
- A willingness to work with other providers, families and other stakeholders in upholding the standards and in resolving clinical problems.

3. General Instructions on Completing Application

- Please keep narrative to the page limits in questions C-2, C-3, C-4 and C-5. Do not use less than an 11-point font and 1" margins.
- Back-up documentation, except the list of training topics, is NOT required to be submitted but must be available if requested by DCYF.
- Standards on cultural competency issued by the US Government's DHHS Office of Minority Health can provide guidance to applicants.
- Please identify the key person for the DCYF Review committee to contact for follow up questions on the application.

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Section A.

Please list both the name of the organization and the name of the ES program that is seeking certification. Include the address of the ES program and the phone number.

Section B.

Please complete each line, where applicable, for the organization for each of the five **bolded** categories: **Accreditation, MHRH License, DCYF Certification, Rhode Island Medicaid Certification, and RiteCare Behavioral Health Contracts for Children's Services.**

Section C - Note the page limits for each of the questions.

Please refer to the published regulations for the specific requirements for each of the questions. It is important to distinguish in your narrative what you are currently providing from what you are proposing to develop.

Question C – 5 b. See the next page for a list of the specific fields that are to be included in the monthly reports of program activity.

Section D

DCYF is seeking to evaluate the provider's presence in the communities they serve. If the type of working relationship doesn't fit into the categories, include a sentence in the description column.

Review Process

DCYF has assembled a team to review the applications and make recommendations for certification to the Assistant Director of DCYF for Community Services and Behavioral Health.

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**FIELDS TO BE COMPLETED FOR MONTHLY REPORTING ON ES
PROGRAM ACTIVITY**

ES Reporting Form

Monthly Totals

Age

0-3

4-12

13-18

Gender

Male

Female

Payor

Uninsured

FFS Medicaid

CSN-NHP

DCYF-NHP

Rite Care

Unknown

Time of Contact

Weekday-Daytime*

Weekday-Evening*

Weekday-Nighttime*

Weekend**

**Location of face to
face contact**

Hospital ER

Center-Based

Home

School

Police

Other Community
Setting

Disposition

Inpatient Admission

Refer to Other 24-Hour

Sent Home

Follow-up at

Organization

Refer to Present

Provider

Refer to New Provider

Other

*Day 8:00 a.m. - 3:59 p.m.; evening 4:00 pm. - 11:59 p.m.; Night 12:00 a.m. - 7:59 a.m

**Weekends are Midnight Friday to 8 am Monday

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Application for DCYF Emergency Services Program Certification

A. Organizational Information (Complete table below.)

Organization Name:		
Name of Mental Health Emergency Service Intervention Program		Address: Phone:
Children’s ES Program Manager		Phone: Email:
Child-Family Competent Subject Matter Expert		Phone: Email:

**B. Licensing, Accreditation, Certification and Contracting for Children’s
Behavioral Health Programs** (Complete table below.)

Accreditation Type	Check if applicable to organization	Date of most recent Accreditation or Licensure	Date of expiration
JCAHO			
CARF			
COA			
MHRH License			
DCYF Certifications	Check if Certified	XXXXXXXXXX	XXXXXXXXXX
CIS			
Sexual Abuse Evaluation			
Substance Abuse Evaluation/Treatment			
Parent-Child Evaluation			
	Check if certified	Date Acquired	Date of Expiration
Rhode Island Medicaid Certification			

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Behavioral Health Contracts for Children’s Services	Office- or Home-Based Outpatient	Partial Hospital, Acute Residential, Intensive Outpatient, other specialties	Inpatient
United Behavioral Health - RiteCare			
Blue Cross/Blue Shield of RI - RiteCare			
Neighborhood Health Plan of Rhode Island			

C. Compliance with Performance Standards (Attach narrative within page limits specified in each question.)

1. Geographic Areas that can be covered:

List cities and towns that the applicant is proposing to serve. (Note: by listing these cities and towns, the provider is committing to providing face-to-face services within 120 minutes of the request of the family member or referral source in the community setting that is most appropriate.)

2. Timeliness of ES Response

Describe in two pages or less how you will deploy your ES staff to meet the requirements of the regulations in the following areas:

- a. 24/7 Telephone Coverage answered by a live voice
- b. Communication between the live telephone voice and the child-family competent clinician to meet the 15-minute telephone response turnaround time for the family
- c. The availability of child-family competent staff to provide face-to-face contact with the family within 120 minutes of the agreement between the family and the clinician for a mental health crisis intervention in community settings.

3. Meeting the Performance Specifications on Administrative and Clinical Back-up

- a. Describe in one page your on-call system for the Child-Family Competent Clinical Supervisor-Administrator, including the number of individuals on the schedule and the level of their participation in the Emergency Service Program.

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- b. Describe in one page your on-call system for on-call back up from a Child Psychiatrist. Please note the duties and other responsibilities of the on-call psychiatrists within the children's behavioral health programs offered by your organization.

4. Organizational Compliance with Child-Family Competency Standards

In four pages or less please submit narrative on sections a, b, and c.

- a. Staffing – Describe your proposed staffing pattern for emergency services.
- b. Recruitment - Describe your recruitment strategies for clinicians and other support staff in your children's behavioral health program. Identify successes and challenges. Provide detail on how you ensure recruitment of staff with cultural competencies in the communities you serve.
- c. Knowledge of community resources – Describe how the staff and managers in your children's behavioral health programs keep updated on the community resources that form the children's behavioral health System of Care in the communities you serve – including natural community supports for diverse ethnic and linguistic minorities. List any standing committees or workgroups involving community children's behavioral health providers that your staff participate in or contribute to.
- d. Training – Attach the most recent in-service training schedule for clinicians who provide children's behavioral health services.

5. Quality Improvement

In four pages or less please submit narrative to address the following. (If the organization has policies and procedures that cover these topics, please summarize the policy and refer to it in the response.)

- a. List any current program-specific or organization-wide quality improvement activities in children's behavioral health.
- b. Briefly describe how you will collect, aggregate and report to DCYF on a monthly basis the required information on encounters in the emergency services program. Identify any obstacles you foresee in collecting or reporting any of the specific fields that are included in the monthly report of the aggregate data. (See attached Excel Spreadsheet for specific fields to be completed.)
- c. Describe how you will review ES interventions for compliance with the standards.
- d. Describe how complaints from clients or other stakeholders will be received and addressed, including follow up with the client, his/her family, staff within the program and outside parties such as the referral source.

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- e. Describe any current or proposed methods of measuring family satisfaction, family voice in the design and operation of the program, or family evaluation of crisis intervention that will help inform your organization of opportunities to better serve children and families.

D. Linkage and Collaboration with Children’s Behavioral Health Services

1. Access to Children and Families in the Community

Please complete the following table on working collaborations you have with other organizations that serve children with SED in the geographic areas you are proposing to serve. Add rows as necessary.

Note the different types of collaboration:

- Contract for services (CON)
- Memorandum of understanding or agreement (MOU)
- Participation in task force or working committees sponsored by the applicant organization (TF)
- Informal cooperation (INF)
- Agreement to be developed (TBD)
- Other (OTH)

Organization	Type of Collaboration (Describe briefly or reference acronyms above.)	Average Number of ES Contacts per quarter	Written agree- ment Yes/No?

Note: Letters of support are **not** required with the application, but the applicant must have on file the name of a contact person at the organization to verify the working arrangement cited above.