

Rhode Island Child and Family Services Review Round 3 Program Improvement Plan

State/Territory: Rhode Island

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Introduction

In January 2015, Governor Gina Raimondo tasked a Strategy Team to conduct a thorough review of DCYF's practices, policies and organizational structure in order to develop a plan to improve agency outcomes and increase efficiencies. With the assistance of consultants from the Harvard Kennedy School Government Performance Lab, the Annie E. Casey Foundation and Casey Family Programs, the Strategy Team undertook a comprehensive top-to-bottom review of agency practices including service delivery, procurement processes, caseload assignments, front-end assessments and other key functions to develop and implement a comprehensive transformation plan for DCYF. This transformation plan brought forth three (3) key strategic goals:

Goal 1-Improve overall consistency in investigations and safety and risk assessments.

Goal 2-Improve the service array of community-based and home-based services.

Goal 3-Improve face-to-face contact between the DCYF worker and the child.

These three goals resulted in the design and implementation of several new initiatives as part of the Department's transformation plan. These new initiatives included:

- A complete re-procurement of all congregate care, foster care, and home-based services resulting in 116 contracts with 37 providers. After years of contract extensions and limited ability to track service level payments, these new contracts connected payment to services and services to outcomes.
- The creation of the Central Referral Unit (CRU) within the Division of Children's Services and Behavioral Health. The CRU's mission is to connect children in DCYF care to the right services at the right times on a pathway to permanency and to reduce reliance on congregate care settings. The CRU maintains a single point of access for youth and families requiring services.

- The institution of the Level of Need Assessment tool. This tool helps by identifying and scoring various risk areas and behavioral health dimensions and allows for a more accurate matching of the child's needs to a placement.

In 2017, Governor Raimondo appointed Dr. Trista D. Piccola as the Director of DCYF. Dr. Piccola launched the Pivot to Prevention in April 2018. This operational direction focuses on preventative services and supports the redirection of resources to prevent out-of-home placement and the misuse of more restrictive levels of care for youth who are not in need of those services. Over the past year, RI DCYF has received valuable feedback about its work and how to ensure better outcomes for Rhode Island's child welfare system. As the department moves forward, there is dedication to zeroing in on prevention efforts so that vulnerable families and children receive the support they need when they need it. The considerations around this are farther reaching than DCYF, so the Department has re-engaged with other systems and community partners who are also focused on serious mental health and substance abuse issues, family violence, and poverty in our communities. These issues matter most in the lives of families and children and whether they reach the doorstep of the Department. In addition, our families and children of color who are most adversely impacted by these issues must be the constant lens through which we judge our successes and our failures.

The Pivot to Prevention focuses on **five key areas**:

1. Child Safety as a Public Health Issue

- a. use Kids Count data and other department data to continue meeting with and supporting individual communities as they use this data to further establish and strengthen locally-based interventions that capitalize on the strengths of their residents and resources;
- b. advocate with our state partners across Health and Human Services to use cross-system data to understand and respond to our shared priorities particularly around the economic instability of many of our families, substance abuse, mental health, and the needs of parents of very young children; and
- c. share information more publicly about prevention related outcomes and to define child safety as a public health issue and not a solely a DCYF issue.

2. Strong Network of Prevention

- a. create a Behavioral Health strategic plan that includes a clear plan for equality in access to services, increased mentoring services, and the elimination of voluntary relinquishments;
- b. implement a team-based decision-making process that fully incorporates family voice;
- c. improve communication with our school partners around responding to families in crisis; and
- d. develop a strategy for ensuring families impacted by addiction, particularly opioid addiction, are fully connected to services starting by reestablishing a substance abuse liaison in the department.

3. Competent, Stable, Diverse Workforce

- a. orient our training and professional development for staff toward a health response, particularly social determinants of health, and increasing opportunities for advocacy for community health;
- b. create ongoing diversity in hiring and promotions; and
- c. expand employee career paths.

4. Fiscal Soundness

- a. maximize all opportunities for federal funding including implementing additional actions to leverage Title IV-E and Medicaid funding;
- b. analyze the new Family First Act to determine how best to leverage this policy shift to strengthen prevention funding; and
- c. ensure a robust process is in place for determining budget priorities and a plan that allows for shifts in funding to occur when priorities change

5. Effectiveness of Services

- a. complete our study of the Training School effectiveness;
- b. expand our Active Performance Management process to all DCYF contracts and implement Active Division Management; and
- c. eliminate redundancy in processes and paperwork across the department.

As a result of these refocused efforts, DCYF has achieved the following outcomes:

- More children are living in families than ever before because of improvements made in our family-based foster care work.
- The number of licensed foster families has increased by 25%.
- The number of children living in institutional care has continued to decline by more than 25% since fiscal year 2016.
- The number of children placed in out-of-state care has remained at an all-time low of approximately 50 children and youth.
- The number of youth at the Rhode Island Training School has been safely reduced to an all-time low of averaging a daily census of 55 youth.
- The frontline staff vacancy rate has remained under 5% for more than eight months.
- Since implementation in March 2018, more than 600 families have received a Family Assessment Response (FAR), an alternative prevention response, through our CPS division.
- The Department's primary prevention partners, Family Care Community Partnerships (FCCPs), were expanded from 4 providers to 5 in March 2018 and, on average, 5% of families have subsequently opened to the dept within 6 months after receiving services from an FCCP.
- Since implementation in October 2017, over 300 youth and their families have had access to contracted behavioral health services outside of opening a DCYF case made available to the Family Court's Intake Unit and only 17% have subsequently opened to the Department.
- A series of permanency reviews for 563 children held between May 1, 2018 and October 31, 2018 resulted in 200 children moving to permanency and case closure.
- Passage of Article 15 in the FY2019 budget to create the Voluntary Extension of Care (VEC) Program. VEC provides the opportunity for youth and young adults in DCYF foster care who have not achieved permanency at age 18 to remain under the care and supervision of DCYF and the Family Court until their 21st birthday. While the offerings of services in this program will continue to grow, DCYF created a VEC unit in 2018 and began serving this population immediately. VEC provides youth and young adults with supports as they transition to adulthood and independence such as financial assistance for housing, access to vocational and educational resources, and enhanced case management services.

With the agency's focus on Pivot to Prevention, the Department has been assessing its practice as to how the agency responds to families in need but do not necessarily need ongoing services through the Department. Prior to the Pivot to Prevention, Rhode Island had a process to

categorize reports that did not meet investigative criteria as Information Referrals. The categorization of Information Referrals lacked consistency regarding the type of response it required or if it even required some type of CPS response. While effective in a number of cases, the process lacked consistency as to which reports were assigned as such and once assigned, how the workers responded. DCYF recognized the lack of consistency in a standardized protocol. In order to continue to reach families for prevention when reports are made which do not meet investigative criteria but there are risk factors evident, the Department developed and implemented Family Assessment Response (FAR). This preventative safety response addresses CPS reports that do not meet the criteria for investigation but contain risks and vulnerabilities. The FAR utilizes the Family Functional Assessment (FFA) tool (as described below) to assess the family's needs. The FAR process then allows for immediate access to home and community-based service options. Also, if a Child Protective Investigator conducts a FAR and determines that there is concern of abuse/neglect, the case can then transition to an investigation. By providing access to services to families through the FAR, families will have services in place to help keep their children safe.

To further support Pivot to Prevention, the practice approach of RI S.A.F.E. (Safety Assessment through Family Engagement) was recently adopted in late 2017. RI S.A.F.E. standardizes practice related to safety and risk assessment across the agency to:

- Reduce child maltreatment and re-maltreatment
- Reduce entries and re-entries into placement
- Increase the rate of families served by DCYF in-home vs. those served out of home
- Increase diversion from DCYF involvement
- Increase child safety, family stability and well-being through community ownership and prevention

Most importantly, RI S.A.F.E. will engage families, their natural supports, and communities in every step of the process to:

- Link parents to formal services needed to achieve behavioral change;
- Develop natural supports to create the safety net parents will need to manage future crisis; and
- Emphasize prevention strategies to reduce the likelihood of future maltreatment and re-maltreatment

By adopting the practice approach of RI S.A.F.E., staff will be able to identify and evaluate each families' strengths to assess safety and risk. RI S.A.F.E. will also impact service provision, as it will help families get the right services they need because they were assessed and engaged more effectively. The Department will utilize new standardized tools to promote consistent decision making and ensure safety and risk are assessed and managed uniformly throughout the life of the case. The new standardized tools that the Department is implementing are called the Family Functional Assessment (FFA) and the Ongoing Family Functional Assessment (OFFA).

The Family Functioning Assessment (FFA) includes deliberate information gathering related to specific areas of caregiver functioning to determine if children are unsafe in their caregiver's home. When children are unsafe, the Safety Plan Determination process contained in the Family Functioning Assessment provides a structured, systematic mechanism ensuring that the least intrusive, sufficient safety plan is implemented. The FFA identifies the types of services required to allow children to be maintained in their home and if removal must occur, the FFA clearly outlines the reason removal was required. The FFA Safety Planning process integrates family supports, clearly identifies roles and responsibilities and requires an assessment of the safety plan participants. When safety plans are warranted, SAFE requires consistent reassessment of caregiver functioning and child needs. The Ongoing Family Functioning Assessment, Case Plan Facilitation, Conditions for Return and Caregiver Progress Assessment are the model components that assure children are safe while diligent efforts occur to reach permanency in a timely manner. Safety, progress and the need for additional or different interventions at specific points in time are measured in a consistent manner of assessing functioning.

The Ongoing Family Functional Assessment (OFFA) is intended to build partnerships with parents and caregivers to identify and seek agreement regarding what needs to change related to child safety, permanency, and well-being, and to develop service plan goals using the parents' input and language that will enhance caregiver protective capacities and address child needs. The OFFA tool links to the service planning process with the family. Once Social Caseworker II's and caregivers develop the service plan, change focused contact occurs resulting in the caregivers taking action to enhance diminished caregiver protective capacity by achieving service plan goals. The mission of SAFE is to support and restore caregiver responsibility for the safety of their children. This includes emphasizing and supporting Caregiver accountability and involvement in meeting their children's needs during the change process. Parental involvement is a key principle of SAFE. The OFFA assesses children's educational, physical, emotional and behavioral needs and services are provided to meet those needs. The OFFA also includes a caregiver progress assessment which will be completed every 90 days after service plan development. The caregiver progress assessment will help to determine the status of services to meet the child's well-being needs.

A key component of the FFA and OFFA are the importance of engagement and collaboration with families. Through the FFA and OFFA training, staff will learn crucial skills to engage families. Staff will learn the five essential qualities of the Information Collection Protocol for Interviewing Families that is family oriented and reinforces consistency in the use of the tools (self-control, lower authority, respectful, genuine, and empathetic). Workers are taught core techniques for deliberate information gathering that encourages engagement with families such as attending behavior, asking open questions, paraphrasing, offering encouraging statements, conversational looping, and reflective listening statements. The FFA and OFFA encourages relationship and partnership building between the worker and families by asking parents to join with the worker in making the environment safe so that children can be safely maintained in their homes whenever possible, or if removal is necessary, can be safely returned.

In order to sustain the FFA and OFFA and support agency change, the Department will incorporate Change Champion coaches. Change Champions are front line staff and supervisors from the Family Service Unit, Child Protective Services and Juvenile Probation that were trained in the FFA and OFFA. They are subject matter expert trainers for the FFA and OFFA training and have trained staff on these tools. They will provide coaching and mentoring to staff within the regions by taking a hands-on approach with their peers to assist them in the practical application of the new model but also teaching them the skills that are necessary to engage families in creating the change. The Change Champions will be the leaders who will foster engagement and have ownership of this new system transformation.

In 2018, The Director established the Division of Performance Improvement (DPI) with the objective of improving practice across the Department. DCYF is rich with data and reports. However, the Department was challenged by turning that data into practice change. In addition, DCYF struggles to implement large scale initiatives required by law or for which the need was identified as part of a comprehensive data review. The Division of Performance Improvement is comprised of three distinct functional units; Performance and Evaluation, Change Management, and Practice Review. While DPI will assist in the building of capacity of staff to read and use data in day to day practice, it will also utilize a government performance model focused on outcomes and collaboration across DCYF. The continuous improvement process will be used by DPI in support of all prioritized areas needing improvement. The steps in this process include: problem diagnosis, strategic planning, project management, resource identification, active and ongoing management, and performance/program evaluation which leads back to the problem diagnosis stage. The Department will be establishing a new case review process which will provide valuable data about the experiences of children and families in the Rhode Island child welfare system to support this continuous improvement cycle.

Within the continuous improvement process, DPI is also establishing standards in implementation for the Department. Any priority project, including the strategies laid out in this PIP, will be managed by a member of the "change management" team in DPI. This role is meant to provide additional capacity and support to the senior leader for the project, build a clear project plan with clear deadlines and lines of accountability, track tasks and follow ups, coordinate communication streams, identify barriers needing attention of the Director, and any

additional data analysis needed throughout the implementation process. A consistent format and process for project plan development ensures that consideration is given to communication with internal and external stakeholders, training and workforce development needs, policy and procedure changes, RICHIST or other IT needs, and ultimately the sustainment of the new practice or procedure. By dedicating staff with project management skills will enable the Department to implement complex system change initiatives that lead to change in practice and improved outcomes for children and families.

One way in which DPI can drive towards that change in practice is through Active Divisional Management (ADM). Utilizing data and specific performance metrics, ADM will monitor internal divisional performance and implementation of practice improvements. ADM will convene staff from across all departmental divisions and levels on a monthly basis to discuss systemic strengths and barriers to performance outcomes. ADM will serve as the vehicle to monitor and support the work of staff, using available tools and data, to achieve compliance in meeting Department Policy requirements, federal and state laws and settlement agreements and build and sustain quality practice in the field.

In order to communicate strategies, successes, and obstacles, the Director has implemented quarterly open forum meetings in which all staff are invited to participate and attend. Staff are encouraged to provide feedback to the Director on new initiatives and to share ideas for practice improvement. Since Dr. Piccola's appointment as director in 2017, she has also committed to sending out a weekly message to staff of our agency's involvement and engagement with external stakeholders in the community and other government entities. Our CFSSR Coordinator and other staff have also been engaging in focus group discussions with biological parents, youth, and foster/adoptive parents as well as staff from the front-line and resource divisions. The agency is dedicated to a structure of continued open communication with its internal staff and external stakeholders in order to support our Department's mission.

The Department expects that the strategies outlined in Pivot to Prevention, the implementation of RI S.A.F.E, FFA, OFFA and DPI will result in continued improvements in outcomes for our children and families and effectuate positive change. Our Program Improvement Plan will help further guide and strengthen our Department.

Part One: Goals, Strategies/Interventions, and Key Activities

Goal 1

Goal 1 Rhode Island will standardize practice related to safety, risk and needs assessments across the agency.

(Safety 1, Safety 2, Permanency 1, Permanency 2, Well-Being 1, Well-Being 2, Well-Being 3)

Theory of Change: Rhode Island will standardize a set of tools and practices for front line workers and supervisors to improve response time and address safety, risk and protective capacities, initially and on-going, so that we engage families and their natural supports in conjunction with formal services which meet their needs so that they make behavioral changes which can be sustained through a safety net of support comprised of family and community to reduce the likelihood of requiring DCYF intervention in the future so that maltreatment is reduced.

Strategy 1: Improve the documentation of investigative responsiveness to routine investigations within 48 hours by establishing face-to-face contact, or attempting a face-to-face contact, with the alleged victim(s) from 63% to 80% by Quarter 5 as measured by the Department's internal case review process. The Department does not have a specific policy as to what is considered an acceptable attempt to locate parties/child victims in an investigation. The below criteria is accepted practice to establish attempted face-to-face contact in a CPS investigation. An attempt to establish face-to-face contact is delineated as:

- 1) More than one attempted in-person response to the family home or other known location, such as a child's school, in order to locate any party in the investigation at varying times during the CPI's shift.
- 2) Contacting the reporter (if identified) to verify facts and contact information for the family reported to the hotline.
- 3) Contacting any phone numbers listed on the CPS protocol to reach the family.
- 4) Contacting the local police department within the community that the family lives in to determine if they have moved to a different location or have additional contact information to reach the family.
- 5) For those families receiving public welfare benefits such as FIP, accessing DHS's BRIDGES system and KIDSNET to verify address and contact information for the family.

Background: The CFSR review found inconsistency in meeting investigation time frames for face-to-face contact with children within shift or within 24 hours. Quantitative and Qualitative data showed the following:

- Existing data show that 63% of routine investigations in the first six months of 2018 were responded to within the 48 hours compared to 93% of immediate investigations.
- A qualitative review of investigation timeliness data showed that while data entry for face-to-face contacts were properly documented the numerous unsuccessful attempts made by investigators to contact victims were not properly documented in RICHIST.
- In a focus group discussion with CPS front-line staff and management, staff identified staffing shortages as a contributor to delays in responding to and completing investigations within CPS as well as an increased number of investigations that were assigned a routine response led to the lack of documentation. CPS noted that the excessive number of assigned investigations resulted in staff documenting what they determined to be the most pertinent investigative contact notes in their investigations, thus not documenting attempted contacts on cases. This CPS focus group also noted that the high investigative caseloads was so overwhelming resulting in documentation not being prioritized.
- During the CFSR PUR, there were approximately 25 Child Protective Investigators available to respond to CPS investigations. There was also an increase in the number of calls made to the hotline during the PUR. In FY 2017, there were 14,528 calls made to the

DCYF hotline, resulting in 5271 completed investigations during that time period. In FY 2018, the number of hotline calls increased substantially to 20,320. This resulted in 8212 completed investigations during that fiscal year.

Because the volume of investigations increased, CPI's were being assigned two investigations per day. This resulted in a significant backlog of investigations. Due to the limited staff capacity and an increase in investigations, CPS administrators prioritized emergency and immediate response investigations. These investigations are responded to in accordance with policy. Due to the overwhelming number of investigative assignments, staff began to "shortcut" their documentation of attempted contacts within investigations by documenting all their attempted contacts within one investigative contact note or by not documenting their attempted contacts at all, especially with routine investigations.

Since the CFSR, there has since been an increase in hiring within CPS as well as added technology to support case documentation from the field. As of May 2018 there has been:

- An increase in hiring that resulted in an additional 18 investigators, totaling the number of available CPI's to 43. Since the increase in filling FTE's, there has been a reduction in the number of investigations assigned to each CPI each week.
- An emphasis on reducing the backlog of overdue investigations from 642 in 2018 to 160 in 2019. Recruitment and training of additional CPI's is currently underway with a goal to increase the number of investigators to 55 by January 2020.
- The implementation of the FFA to support the development and monitoring of safety plans as well as an emphasis on consistent and quality supervision between supervisors and CPI's to review investigative timeliness data.

Rhode Island DCYF also promulgated new policy regarding the screen-in and response time priorities of child protective investigations in May 2018. The newly promulgated policy was in effect just before Rhode Island's CFSR review in June 2018. The CPI must interview the victim(s) face to face, as soon as possible within the timeframes of the Response Priorities listed below.

- Priority 1 Response – The CPS report must be processed for case assignment within thirty (30) minutes after the call is completed. The CPI must respond to the report within two (2) hours of the report being received to CPS.
- Priority 2 Response – The CPS report must be processed for case assignment within two (2) hours after the call is completed. The CPI must respond to the report within twelve (12) hours of the report being received to CPS.
- Priority 3 Response – The CPS report must be processed for case assignment within four (4) hours after the call is completed. The CPI must respond to the report within forty-eight (48) hours of the report being received to CPS.

The Department recognizes that supervisory oversight on case documentation needs to be made a top priority. The goal of this strategy is to increase the number of routine investigations with a response time within 48 hours to 80% as shown by appropriate and adequate documentation in RICHIST.

- **Key Activity 1:** Develop a reporting mechanism to monitor the documentation of attempted contacts with alleged victim(s) in an investigation with the ability to view data by investigation type, investigation unit, and worker.
 - **Projected completion date:** Quarter 1
- **Key Activity 2:** Generate CPS timeliness data reports and distribute to divisional administrators and supervisors.
 - **Projected completion date:** Quarter 2
- **Key Activity 3:** Establish regularly scheduled supervisory meetings between division administrators and supervisors to review timeliness data reports to monitor compliance with policy timelines.
 - **Projected completion date:** Quarter 2

- **Key Activity 4:** CPS Supervisors will meet with line staff to review timeliness data reports specific to their CPS case assignments. Supervisors will ensure accountability for meeting timeframes for documentation of initial attempt at face to face contact with alleged victim(s) in all routine investigations through weekly reviews of these data reports with their staff.
 - **Projected completion date:** Quarter 2
- **Key Activity 5:** Replace the current child protective services investigation template with the Family Functional Assessment (FFA). The FFA streamlines the input of information into the RICHIST system which will also support more timely documentation of investigation responses.
 - **Projected completion date:** Quarter 2
- **Key Activity 6:** Communicate quantitative and qualitative investigation timeliness data results with staff and stakeholders utilizing the Division of Performance Improvement/Active Divisional Management structure. The DPI/ADM structure will be used to explore any further challenges and provide feedback to make adjustments to the timeliness data reports as necessary. (See Goal 4/Strategy 3).
 - **Projected completion date:** Quarter 6

Strategy 2: Ensure that safety, risk, and needs are assessed with all families by incorporating a standardized assessment tool to be used in both Family Assessment Responses (FAR) and investigations for those cases that are screened in to the Department. This tool, the Family Functioning Assessment (FFA), shifts this response from being incident based to one that assesses the family's overall functioning. The FFA tool also guides staff and families in the development of the safety plan, and monitored throughout the life of the case through the Ongoing Family Functioning Assessment (OFFA) (described in more detail in Goal 3/Strategy2). 90% of families that are screened in from the CPS hotline will have an initial assessment utilizing the FFA by PIP Quarter 6 and 90% of families who open to FSU for services will have on-going assessments informally on a monthly basis during the monthly face-to-face contact and formally every three months using the OFFA tool by PIP Quarter 8.

Theory of Change: The Department will implement a new set of safety, risk, and service plan tools for front-line staff entitled the Family Functional Assessment (FFA) and Ongoing Family Functional Assessment (OFFA). The FFA and the OFFA will ensure that safety will be assessed at the investigative stage and throughout the life of the case. The FFA and OFFA tools have been designed to be user friendly for investigators and workers to utilize. Because the tools are easier to use, they will be used more consistently to drive assessments and decision-making throughout the life of the case, resulting in more accurate assessments and improved identification of services.

Background: The Department recognized the need to standardize and improve practice related to safety assessment and management prior to the most recent CFSR. CPS would develop the initial safety plan during the initial investigation and FSU/JPROB would assess ongoing safety of families throughout the life of a case, utilizing an assessment tool called the Family Risk and Protective Capacity Assessment (FRPCA). The Data Analytic and Evaluation Unit determined through data that the FRPCA and Service Plans were not being completed timely. Staff from Data Analytic and Evaluation met quarterly with the Family Service Unit and Juvenile Probation staff to share feedback on data analytic results and obtain input from supervisors and administrators on their perspectives of the findings. Feedback from front-line supervisors indicated that the information obtained from the FRPCA was not "user friendly" nor was it very helpful in assessing risk and safety. Staff also reported that the tool "felt disconnected from the safety plan" and was cumbersome to complete in a timely manner. Through further research and exploration, it was determined that service plans were not being created in a timely manner thus impacting timeliness of case plan goal establishment as well as the appropriateness of the goal.

The Department has begun the transition to no longer utilize the FRPCA. In its place, the department will be implementing a new set of safety, risk, and service plan tools including the Family Functional Assessment (FFA) and Ongoing Family Functional Assessment (OFFA). These

tools, procedures and competencies are integrated into decision-making, documentation and quality assurance throughout the duration of a child's involvement with DCYF. Each assessment is informed by the previous assessment and formulates safety decisions by evaluating functioning over time. The FFA and OFFA tools have been designed to be user friendly for investigators and workers to utilize.

Implementation tasks for the FFA are identified in this strategy and implementation steps for the OFFA are identified in Goal 3, Strategy 2.

- **Key Activity 1:** Train CPS, FSU, and Juvenile Corrections staff on a structured systematic safety assessment process utilizing the RI SAFE practice framework and the FFA so that they will be able to better and more consistently assess risk and safety, assess family needs, and refer for services for all families screened in by the CPS hotline. The training will be conducted by the Change Champion Coaches who are content experts on the RI SAFE Practice Framework and FFA tool.
 - **Projected completion date:** Quarter 1
- **Key Activity 2:** Modify RICHIST to incorporate the FFA. The FFA will replace the current investigative template so that staff will use the new format and tool for all responses which will bring consistency to the response from front line staff.
 - **Projected completion date:** Quarter 2
- **Key Activity 3:** Launch use of FFA through a soft roll out with Family Assessment Response cases in CPS. Staff and Change Champion Coaches will provide preliminary feedback regarding its usability and accuracy in assessing risk and safety in the field. This feedback will be used to make improvements to the tool and its use.
 - **Projected completion date:** Quarter 1
- **Key Activity 4:** Launch use of FFA in all responses to cases screened in by the CPS hotline utilizing the Change Champion Coaches. Change Champion Coaches are front-line staff who have been trained in the RI SAFE Practice Framework and FFA. They will assist staff in the field with ongoing training and support to ensure the successful implementation of FFA.
 - **Projected completion date:** Quarter 3
- **Key Activity 5:** Obtain feedback from staff through the Change Champion Coaches with input from line staff on usability and feasibility of the FFA Tool so as to make improvements to the tool as needed.
 - **Projected completion date:** Quarter 4
- **Key Activity 6:** Utilize results of the CFSR case review process to verify the quality and consistency of safety plans that were completed with the FFA tool.
 - **Projected completion date:** Quarter 6
- **Key Activity 7:** Communicate quantitative and qualitative data results with staff and stakeholders specific to the quality and consistency of initial safety plans through the FFA utilizing the Division of Performance Improvement/Active Divisional Management structure. The DPI/ADM structure will be used to explore any further challenges and provide feedback to make adjustments to the tool in RICHIST as necessary. (See Goal 4/Strategy 3).
 - **Projected completion date:** Quarter 6

Goal 2

Goal 2: Rhode Island will reduce barriers to achieving timely permanency for our children in foster care. (*Permanency 1, Permanency 2, Systemic Factor: Case Review System: items 21, 22, 23 Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment, and Retention: item 35*)

Theory of Change: Rhode Island will streamline the judicial process by utilizing mediation earlier in the case to resolve the underlying petition to reduce the number of continuances needed to reach resolution which will reduce the number of times the case is on the Family Court calendar so that Family Court and DCYF can target resources to those cases that require additional judicial intervention to achieve timely permanency so that children who can safely return home do so as soon as possible and so that children who cannot safely return home find permanency with a family through adoption or guardianship in the most expedient manner possible.

Background: The CFSR found that there is a lack of urgency in achieving permanency goals, particularly with the state's ability to finalize timely adoptions. The review found agency concerns affecting permanency to include delays in establishing, revisiting, or pursuing goals; delays in licensing, adoptive resources; and delays in filing timely termination of parental rights petitions. The CFSR also found court-related barriers to include multiple court continuances and a lengthy appeal process. In addition, in some instances the review identified an unwillingness by the agency and the court to move forward with adoption goals without an identified adoptive resource.

To determine where in the lifecycle of removal to TPR to permanency achievement that the Department could intervene to achieve a more timely permanency, data analysis was conducted by the Data Analytics and Evaluation unit utilizing information and court entry data within the RICHIST system by Social Caseworker II's for FFY16 Entry Cohort. Both the length of time to various decision points as well as the number of hearings by petition type was explored.

Among the 1059 children entering out-of-home placement in FFY16 (FFY16 entry cohort):

- Total number of children who had at least 1 petition documented in RICHIST after removal = 676 (64%) (duplicated count)
- Total number of petitions = 1127 petitions

Table 1 reveals among the 676 children in the FFY16 entry cohort who had at least 1 petition type, the median number of total hearings between removal and discharge from all placements was 8 (see Table1). Table 2 presents the median length of time from removal to discharge from all placements, by discharge reason. The median length of time from removal to discharge to adoption was 681 days.

Table 1. Among children who had at least 1 petition, the median number of total hearings between removal and discharge from all placements.

Number of children	676
Median number of total hearings for a child	8

Table 2. Number and percent of children¹ removed from home in FFY16 and median length of time (LOT) from removal to discharge from all placements, by discharge reason.

Discharge reason	N	%	Median LOT between removal and discharge
Adoption	161	15.2%	681 days
Guardianship	108	10.2%	491 days
Living with other relatives	10	0.9%	148 days
Reunification	525	49.6%	249 days
Emancipation	27	2.5%	381 days
Other	40	3.8%	297 days
Remaining in care	188	17.8%	not applicable
Total	1059	100.0%	351 days

To further explore the distribution of length of time across petition types, the median number of hearings per petition type was analyzed. The petition type with the largest median number of hearings, 9, was abuse/neglect/dependency compared to TPR with a median number of 3 hearings per petition (See Table 3.) Table 3 suggests that there is greater median number of hearings during the abuse/dependency/neglect petition time period (pre-TPR) compared to the TPR petition time period.

Table 3. Number and percent of petitions and median number of hearings per petition, by petition type².

Petition type	N	%	Median number of hearings per petition
Abuse/Dependency/Neglect	423	37.5%	9
Juvenile	122	10.8%	7
TPR	495	43.9%	3
Other	87	7.7%	1
Total	1127	100.0%	5

Table 4 suggests a similar pattern to Table 3 in that there is a greater median length of time prior to TPR being filed compared to time between TPR filed and discharge from all placements.

Table 4. Among children documented in RICHIST after removal who had a TPR petition filed, median length of time (LOT) between removal and TPR filed, TPR filed and discharge from all placements or if currently in placement, 3/6/2019. (N=255)

	N	Median LOT
Median LOT between removal and TPR filed ³	255	490 days
Median LOT between TPR filed and discharge from all placements ^{3,4}	172	304 days
Median LOT between removal and discharge from all placements ⁴	172	693 days
Median LOT between TPR filed and current date (not yet discharged)	83	925 days
Median LOT between removal and current date (not yet discharged)	83	1066 days

Both Table 3 and Table 4 reveal a greater proportion of the number of hearings and greater proportion of the length of time to achieve permanency occur prior to the TPR being filed and granted. Toward this end, an intervention, mediation, at the earlier phase of the removal to TPR to permanency achievement lifecycle could decrease the time to permanency. The Department recognizes that the data presented in table #3 above regarding number of hearings per petition is underreported due to its reliance on caseworker entry in the RICHIST system. The Department will continue to work with RI Family Court to refine this data.

Meetings amongst DCYF, Family Court, Children’s Bureau, CASA, Parents’ Attorneys, and Center for the Courts and Center for the States workgroups identified multiple court continuances and limited availability in court calendars as factors associated with timeliness to permanency achievement. Particular concern was raised about the lack of deadline in regards to resolving the underlying petition, without which underlying petitions can take extensive time to resolve and attorneys may be filing a TPR petition before that resolution. Attorneys representing parents reported continuances on the underlying petition was a concern and occurred largely due to the parties not reaching agreement with regard to service plan goals and objectives. These stakeholders did identify anecdotally that the utilization of mediation to resolve permanency is a strength in the Rhode Island Child Welfare system and that if mediation occurred earlier on in the case proceedings at the 2-3 month mark, then parents might be more likely to come to an agreement with the Department to resolve the status of the underlying petition. A focus group consisting of caseworkers and supervisors noted that mediation is a helpful process that produces agreements between the Department, parents, and foster parents that can lead to more timely permanency. Parents, attorneys, social workers, and others work together, asking and answering questions, airing concerns, and ultimately crafting a permanency plan that is acceptable by all the parties. The Department proposes that by expanding the use of the mediation process earlier in a case will result in a timelier resolution of the underlying petition, thus allowing all parties involved in the case to focus on the accomplishment of the service plan goals. This would then lead to a reduction in the number of court continuances, thus increasing availability in the court calendar to conduct more purposeful hearings on foster care cases resulting in more timely permanency.

Strategy 1: Rhode Island will expand its current mediation capacity to allow for a pilot mediation project to occur at the 2-3 month mark in the case to assist in resolving underlying petitions that have not yet been adjudicated and cases where the service plan has not yet been agreed to in order to decrease the time between the filing of the petition and the adjudication. By resolving these matters in mediation earlier in the

case timeline, the Family Court will have fewer ongoing pre-trial hearings thus reducing the case load that must be heard by a judge. By bringing all parties of the case together earlier in the timeline of the case, agreement to participate in the service plan and therefore following the service plan can begin sooner which will allow all parties to move towards permanency planning either via reunification or adoption/guardianship without delays associated with the continued court hearings. An earlier focus on permanency planning will increase the percentage of children achieving permanency within 12 months. The baseline and target goals will be determined by the Children's Bureau (see measurement plan).

- **Key Activity 1:** RI DCYF will continue engagement in a workgroup with RI Family Court, CASA, and parents' attorneys supported by the Center for Courts to develop an implementation work plan for this mediation project.
 - **Projected completion date:** Quarter 1
- **Key Activity 2:** RI DCYF will work with the RI Family Court to ensure there is enough capacity to mediate additional cases through the Court's mediation program.
 - **Projected completion date:** Quarter 2
- **Key Activity 3:** RI DCYF, in partnership with RI Family Court, CASA, and parents' attorneys, will develop criteria, procedures, and identify referral mechanisms from DCYF to the RI Family Court for this early mediation program.
 - **Projected completion date:** Quarter 2
- **Key Activity 4:** RI Family Court and DCYF will establish a number of cases to be referred on a monthly basis to this mediation program so as to reduce the amount of time to resolve the underlying petition and agree to a service plan.
 - **Projected completion date:** Quarter 2
- **Key Activity 5:** RI DCYF will engage in an ongoing communication and preparation process with stakeholders to include Judges, parents' attorneys, CASA, and agency staff regarding the design, implementation, and expectations of the mediation pilot program.
 - **Projected completion date:** Quarter 3
- **Key Activity 6:** In collaboration with RI Family Court, the Department will initiate the process of making referrals to the mediation pilot program.
 - **Projected completion date:** Quarter 3
- **Key Activity 7:** RI DCYF will partner with the RI Family Court to track these mediation cases to permanency to determine the pilot's effectiveness in the reduction of time to permanency.
 - **Projected completion date:** Quarter 4
- **Key Activity 8:** RI DCYF will continue to engage with RI Family Court to refine the data regarding number of court hearings per petition, in particular the time prior to a TPR being filed, so as to be able to accurately measure the improved permanency outcomes resulting from implementation of an earlier mediation process.
 - **Projected completion date:** Quarter 4

Strategy 2: To serve families that require services but do not require judicial oversight, the department will continue to reduce the number of cases assigned to the daily Family Court calendar by 10% by PIP Quarter 6 from the baseline established by PIP Quarter 1. Reducing the Family Court docket has resulted in a reduction of the number of hearings requiring a judicial officer, thus resulting in reduced workload for the Court and DCYF. This will also result in a reduction in the number of hearings DCYF staff have to attend and the number of reports that they

need to prepare for those hearings. A reduced workload will allow the Court and the agency to target their resources to achieving timely permanency for children in foster care.

Background: The agency's past practice has been to file straight petitions for cases where safety and risk concerns were present but did not warrant removal of children. A safety plan would be developed to ensure the safety of the children to remain in the home but a petition would also be filed with the Family Court to obtain legal status on the case. This resulted in an unnecessary and overabundance of cases being assigned to the Family Court Calendar which consumes the agency and the court calendar's time, thus interfering with timely scheduling of foster care cases that need to be heard in order to achieve timely permanency. Workers, CASA, and agency and parents' attorneys are spending numerous hours preparing court letters, obtaining reports from providers, and awaiting their cases to be heard in Court which takes away time from being utilized on those cases needing timely permanency. In CY 2017, a total of 729 straight petitions were filed. In August of 2018, the Department implemented a review process led by the Department's Executive Legal Counsel and CPS Administrator. The purpose was to identify those family situations for which, despite past practice, did not require intervention by the Family Court. As a result, there has been a 33% reduction in the number of straight petition filings. By reducing the number of straight petitions filed, there has been a reduction in Family Court docket cases. With fewer cases on the Family Court Calendar, workers and agency attorneys are attending fewer court hearings, thus reducing their workload and resulting in workers and agency attorneys having more time to focus on conducting the work needed to achieve timely permanency for children in foster care.

- **Key Activity 1:** DCYF will change procedure so that families may receive services while being open to the department without legal status. Preventive services and interventions that preserve families and provide for the safety and well-being of children will be available without Family Court oversight so that families have access to necessary services to avoid future DCYF involvement.
 - **Projected completion date:** Quarter 1
- **Key Activity 2:** DCYF will finalize a departmental operational procedure to standardize the process of filing straight petitions by establishing a protocol to review cases. This operational procedure will include two levels of oversight within CPS, FSU and the Chief Legal Counsel to ensure that only those families that most need legal status and oversight will be referred to the Family Court.
 - **Projected completion date:** Quarter 1
- **Key Activity 3:** RI DCYF will continue to monitor straight petition filings using the existing process to ensure that only families who require Family Court intervention receive it, so that the number of cases on the daily Family Court calendar is reduced, allowing for judges to have more time to conduct a purposeful hearing.
 - **Projected completion date:** Quarter 2
- **Key Activity 4:** DCYF will engage the RI Family Court to obtain more frequent court related data pulls to more accurately monitor the number of court events on each case. By obtaining more frequent data pulls, we can assess whether the reduction in straight petitions filed has led to more time on the Family Court calendar to be utilized for more timely and increased quality of permanency related hearings.
 - **Projected completion date:** Quarter 5
- **Key Activity 5:** Monitor data on the impact of the reduction in straight petitions filed with the goal of utilizing time saved being directed towards reducing the length of time between TPR trial continuances. By reducing the length of time between TPR continuances, cases can be resolved faster resulting in children in foster care achieving timely permanency.
 - **Projected completion date:** Quarter 6

Strategy 3: Restructure state-wide foster care to support increased recruitment and retention of foster families and children placed in family settings so that the Department increases the number of foster families available by 50 families by PIP Quarter 6.

Background: The CFSR findings identified a variety of areas in the current foster care system that need improvement, including, but not limited to: consistency in the application of licensing requirements, targeted recruitment for foster families in specific communities and to care for children with all levels of need, ongoing training requirements for foster parents, and supports for foster families.. While satisfaction and retention data of foster parents, and data regarding stability of placements is limited, focus groups have reported that they need more support and there is a concern with placement stability with children who can be cared for in a family setting, but are considered to be higher needs.

Between June 2017 and June 2018, the number of licensed non-kinship foster families in RI increased by 25% showing great improvement in our ability to recruit new foster families. These efforts, along with others, have supported a continued reduction in children and youth inappropriately placed in congregate care. At the beginning of CY 2017, there were approximately 220 children and youth in congregate care whose needs assessment indicated that they could be living in a family setting. In two years, that number fell to approximately 115, nearly half of what it was. In 2016, DCYF surveyed foster families and learned that if families had additional supports, they would be more willing to take placement of and care for children with higher medical and behavioral needs.

In the current foster care system, only families associated with a private foster care agency have consistent access to supports to meet the needs of children with all levels of needs. Families associated with DCYF do not have access to these supports. In addition for those families associated with a private foster care agency, the supports are dictated by the contract with the private agency, not by the needs of the child or family. As a result families with children with low level needs may be receiving services that they do not need and families with higher needs children may not be receiving the services they need. This mismatch of services to families leads to an inefficient use of resources, families feeling unsupported and therefore more likely to cease fostering. Finally, the financial compensation for foster families is also connected to the type of agency the family is associated with and is even inconsistent among the private foster care agencies. This leads to families feeling underappreciated compared to their peers with other agencies and also a mismatch between what the family may need to care for a child and the resources they receive.

To address the mismatch between supportive services and financial resources and the needs of the child and family that are key challenges with the current foster care structure, the Department is seeking to restructure the foster care system by re-procuring private foster care services through agencies which can provide recruitment, development, and clinical services for foster families to meet the needs of all children in the Department's care, not just those in families associated with private agencies. The goals of the new foster care system include specific efforts to increase equitable distribution of financial and service level supports for all families including:

1. Establishing equity of payment for Foster Parent board rates. All foster families shall be paid under the same structure for the Foster Parent Board rate by the Department, based on the level of need of the child in care.
2. Expanding in-service training options, based on individualized needs of families.
3. Connecting all non-kinship foster families with a private agency, to ensure supports before, during, and after placements.
4. Ensuring all foster families have supports to stabilize and maintain placements, and work towards timely permanency for all children.

Recognizing that supports and training are equally critical to the success of kinship providers, DCYF made the decision to bring all kinship services and activities back into the Department and not contract out for kinship-specific services. DCYF shares the same goals of connecting financial and non-financial supports to kinship providers based on the need of the child as it has with non-kinship providers. In January 2019, DCYF created a new unit within the Resource Family Division called the Kinship Support Unit. The new kinship unit aims to increase placement of children with kin and retain them as kinship providers. The Kinship Support Unit has been developed to immediately

connect with kinship resources earlier on the in the placement process .Each kinship caregiver has a needs assessment conducted and is connected to resources and supports as needed. The Kinship Support Unit also assists the provider with navigating through the foster care licensing process. Since the unit's inception, the kinship support staff have been referred nearly 150 cases with an average of 3-5 contacts made with the kinship foster parents, many of which occurred directly in the caregivers' home. This direct contact is providing an additional level of oversight and assessment for safety and well-being of the children placed in their care, but also helps to stabilize the placements. A more effective kinship support delivery system should allow the Department to increase kinship placements, particularly with older youth.

Theory of Change: Rhode Island will link the kinds of and volume of support to the actual needs of a child and family through more equitable distribution of resources across all foster families so that families feel supported and take placement of children at all levels of need who are in DCYF care which will increase the number of children in a family setting without disruption so that more children will be able to achieve permanency in a family setting via adoption or guardianship.

- **Key Activity 1:** Re-procure all provider-based non-kinship foster care contracts with private foster care agencies so that services for all levels of needs of children and families can be offered to all foster families (including current DCYF families), link payments to the needs of the child, and increase volume of foster families served by each agency so that all families have access to needed supports.
 - **Projected completion date:** Quarter 1
- **Key Activity 2:** Communicate with non-kinship resource families currently affiliated with DCYF that they have the opportunity to connect with a private agency to receive support services currently available to private agency family but not accessible to them which are specific to the child's needs.
 - **Projected completion date:** Quarter 2
- **Key Activity 3:** Transition all DCYF non-kinship families to private agencies so that they may build a relationship with private agency staff who can support them and connect them to services needed.
 - **Projected completion date:** Quarter 3
- **Key Activity 4:** Implement Active Contract Management (ACM) with key performance metrics related to recruitment and retention, disruptions, safety and family availability for older youth and children with all levels of needs.
 - **Projected completion date:** Quarter 4

Goal 3

Goal 3: Rhode Island DCYF will enhance child welfare practice for children remaining in the home and in foster care and strengthen our agency's engagement with children and parents. (*Safety 1, Safety 2, Permanency 1, Permanency 2, Well-Being 1, Well-Being 2, Well-Being 3*)

Theory of Change: The department will enhance child welfare practice to increase engagement of families, their informal supports and communities in every step of the process, while also ensuring parents' work with formal services to achieve behavioral change, and emphasizing prevention strategies so that children can be safely maintained in the home or achieve timely permanency.

Background: The CFSR findings found that the Department was better able to meet the well-being needs of children in foster care than those remaining in their homes. The CFSR findings revealed that concerted efforts were not always made to comprehensively assess the needs of children in the home, engage them in case planning, and visit with them at least monthly. The CFSR findings identified that the Department did not consistently engage with parents in both in-home and foster care cases. Parents were not always assessed for or provided appropriate

services to meet their needs. CFSR case reviews noted that workers did not visit with parents often enough to engage them in case planning in order to achieve their service plan goals, thus affecting timeliness to permanency. The CFSR found less engagement with fathers than mothers. Data from the CFSR shows that only 24% of mothers and 16% of fathers had sufficient frequency and quality of visits with the worker. The CFSR also showed that concerted efforts were made in only 31% to involve mothers in case planning and 21% with fathers.

Strategy 1: The agency recognizes the importance and value of engagement with families. The Department will shift agency culture and practice to recognize and prioritize the value of engagement with families, away from being compliance-driven to being values-driven which will lead to improvements in frequency and quality of face-to-face contacts with children and parents.

Background: Multiple focus groups were held with front-line workers and supervisors, birth parents, foster parents, youth, and administrators. The general consensus received from these focus groups noted that not all front line staff value the importance or understand the connection between quality engagement with families as critical to ensuring child safety, permanency, and well-being. Biological parents and foster parents frequently reported that they felt that workers did not spend enough quality time in their homes or were unable to consistently engage in conversations with families about case planning and permanency goals. A focus group consisting of administrators reported that they believed some staff may feel intimidated to engage with their clients because they lack core family engagement skills, which results in workers not meaningfully engaging with families. In addition, participants in the focus groups noted that typically supervision between the Casework Supervisor and Social Caseworker does not occur formally nor on a reliable schedule. They overwhelmingly concurred that consistent and quality supervision is strongly linked to workers who feel confident engaging families and therefore produce results that reflect that engagement. Without supervisors who value engagement, there are few other ways those values are transferred to front line staff. Workers reported that not all front line staff get the same level of support and mentoring from their supervisors to learn the skills of family engagement. Focus groups also reported that having supervisors who have a strong commitment to the value of family engagement leads to front line workers sharing those values.

- **Key Activity 1:** With input and engagement from staff, develop and clearly articulate core organizational values around the importance and value of family engagement that will be integrated into internal communication plans and modeled at all levels of the Department.
 - **Projected completion date:** Quarter 2
- **Key Activity 2:** Communicate with and train the DCYF senior team who will be responsible in carrying forward the core organizational values and engaging all staff in DCYF in these core values so that staff in all divisions in the Department (including service providing divisions and management and operational divisions), will participate in and experience a shift in the culture and practice.
 - **Projected completion date:** Quarter 2
- **Key Activity 3:** All FSU staff will participate in the OFFA training which will incorporate engagement skill development in addition to the mechanics of the OFFA tool. This skill development will increase staff's confidence in their ability and level of comfort in engaging families.
 - **Projected completion date:** Quarter 2
- **Key Activity 4:** Identify FSU supervisors who will be trained as Change Champions for the engagement training and OFFA tool and serve as Change Champion Coaches throughout the implementation of the OFFA tool to ensure engagement skills are being utilized that align with the tool by coaching and supporting staff in the use of it.
 - **Projected completion date:** Quarter 2

- **Key Activity 5:** Develop and distribute a practice-planning guide specific to engagement for in-home cases so that expectations around visits with all children and both parents are more clear and so that visits with in-home families are more purposeful and planful.
 - **Projected completion date:** Quarter 4
- **Key Activity 6:** Review quantitative and qualitative case review data about frequency and quality of face to face visits with parents and children differentiated by in-home and out-of-home cases monthly utilizing the Active Divisional Management structure (See Goal 4/Strategy 3).
 - **Projected completion date:** Quarter 6

Strategy 2: Increase engagement of both parents and children in assessing family needs and in service planning through the implementation of RI SAFE practice framework utilizing the Ongoing Family Functional Assessment (OFFA). The baseline and target goals for mother's, father's and children's involvement in service planning will be determined by the Children's Bureau (see measurement plan).

Background: Results from the CFSR notes that ongoing monitoring of services and engagement with families is lacking, particularly with fathers. Parent focus groups report that caseworkers do not consistently engage with them in service planning. Feedback obtained through the Fatherhood Initiative focus group revealed that fathers feel as though they are not given the same opportunities to service plan and engage in services as mothers do and that they are not given the same opportunities as mothers when it comes to reunification and permanency planning. An example provided by a father in the group was that fathers will express that they want to reunify with their children, but the service plan reflects that the goal is reunification with mother. Feedback from fathers reported that they found this to be accurate in their own cases. The OFFA tool is designed to facilitate the collaboration between mothers, fathers and the caseworker in developing their service plan and continuing to monitor it in monthly visits. For example, the process allows for and encourages natural supports identified by the family to be engaged in the service planning process which is something that occurs inconsistently in the current service plan process.

- **Key Activity 1:** Finalization of the Ongoing Family Functional Assessment (OFFA) tool in conjunction with Action for Child Protection which will replace the current service plan template currently in use.
 - **Projected completion date:** Quarter 1
- **Key Activity 2:** Train FSU, Juvenile Probation, and CPS staff on the OFFA. The OFFA training will be provided by the Change Champions. Change Champions are staff that were trained as trainers for the FFA and OFFA and are content experts on the RI SAFE Practice Framework and OFFA.
 - **Projected completion date:** Quarter 2
- **Key Activity 3:** Provide coaching and peer post-training support to supervisors and line staff through the Change Champions to assess consistent practice utilization of the OFFA.
 - **Projected completion date:** Quarter 3
- **Key Activity 4:** Amend RICHIST to incorporate OFFA.
 - **Projected completion date:** Quarter 2
- **Key Activity 5:** Monitor use of the OFFA throughout FSU and Probation.
 - **Projected completion date:** Quarter 2
- **Key Activity 6:** Utilize results of the case review process to verify the quality and consistency of ongoing assessments and safety plans that were completed with the OFFA tool.

- **Projected completion date:** Quarter 6
- **Key Activity 7:** Obtain feedback from FSU and Probation staff and the Change Champion Coaches on usability and feasibility of the OFFA Tool so as to make improvements to the tool as needed. Feedback will be obtained through the use of focus groups.
 - **Projected completion date:** Quarter 4
- **Key Activity 8:** The Department, in conjunction with the New England Fatherhood Commission and the Rhode Island Parent Support Network, will increase and enhance its engagement with fathers by identifying dedicated staff liaisons to identify specific areas of improvement targeted towards engaging fathers which will be incorporated in the CQI process and ADM.
 - **Projected completion date:** Quarter 4
- **Key Activity 9:** Communicate quantitative and qualitative data results with staff and external stakeholders specific to service planning engagement through the OFFA utilizing the Division of Performance Improvement/Active Divisional Management structure. (See Goal 4/Strategy 3).
 - **Projected completion date:** Quarter 5

Strategy 3: Enhance Child Welfare Practice by strengthening and supporting quality supervision by Casework Supervisors to Social Caseworkers by embedding Chief of Practice Standards in the family service unit regions to model and coach supervisory practice utilizing newly developed supervision protocols. 75% of Social Caseworkers will receive consistent weekly supervision that meets their needs by PIP Quarter 8.

Background: The DCYF Family Services Unit (FSU) serves as the division focused on on-going case management for families open to DCYF. FSU has been managed in four regions across the state, each with a regional director. Each regional director oversaw supervisors who supervised frontline caseworkers in units made up of 5 caseworkers. Because case assignments to regions were done based on geography, Regions 1 and Regions 4 which covered the urban core areas from where most of DCYF cases open, the number of units and case assignments varied by region. In addition, while Regional Directors were expected to supervise the supervisors and ensure consistent and quality practice, they were also asked to participate in and engage in Department-wide meetings, initiatives, and projects placing time constraints on their ability to oversee practice in the regions. Staff in two of the regions (regions 1 and 4) are physically located in the DCYF central office in Providence. Staff in regions 2 and 3 are located in outlying offices in Bristol and Wakefield, respectively. Because of the geographic differences and the workload of the Regional Directors, it was difficult to ensure consistent quality practice across all units of caseworkers in FSU. A reorganization of FSU resulted in equal number of units and a Chief of Practice Standards in each region. The Chiefs' report to two Regional Directors who oversee two regions each (one central region and one outlying region) so that supervision and leadership crosses regions and bridges any gaps in practice attributed to different leadership or geographic distance. Regional Directors are now engaged in Department-wide initiatives and strategies leaving the Chief of Practice Standards to solely focus on practice improvement.

In staff focus groups about any area of practice addressed in this plan, the need for consistent supervision came up as a critical tool in improving practice. In many cases, staff report that they receive supervision when needed between meetings and court appearances but not in a manner that they can count on to get oversight on all cases and guidance on practice. A group of field supervisors were gathered as part of a workgroup to provide input on the establishment of a clear set of protocols for supervision of front line staff. This protocol will set expectations for all supervisors to provide consistent and quality supervision for each of their workers.

- **Key Activity 1:** Embed Chiefs of Practice Standards in each FSU region to who will oversee all supervisors with a focus on quality practice for the staff in their units and report to one of two Regional Directors to ensure consistency in casework practice within and between regions.
 - **Projected completion date:** Quarter 1
- **Key Activity 2:** Re-structure the Family Service Unit across all four regions by equalizing the number of units and supervisors which will result in equalized caseloads across regions which allows for supervisors of caseworker units to receive more equitable supervision time focused on quality and consistent practice with the Chiefs of Practice Standards and Regional Directors.
 - **Projected completion date:** Quarter 1
- **Key Activity 3:** Finalize draft and development of supervisory protocols which will outline standard expectations for all supervisors to follow regarding formal supervision which will provide frontline workers the guidance and coaching they need for good practice in the context of each of their assigned cases.
 - **Projected completion date:** Quarter 3
- **Key Activity 4:** Implement coaching and supervisory support in each FSU region by the Chief of Practice Standards and Change Champions utilizing the supervisory protocols to teach and reinforce skills to assist supervisors in critical decision-making.
 - **Projected completion date:** Quarter 3
- **Key Activity 5:** Ensure consistent weekly supervision is occurring across all regions by developing a mechanism to track weekly supervision for Social Caseworker IIs in order to improve consistency in holding supervision sessions weekly and hold supervisors accountable to implementing the weekly supervision requirement in the supervisory protocols.
 - **Projected completion date:** Quarter 4
- **Key Activity 6:** Obtain feedback from supervisory and frontline staff regarding feasibility and usability of protocols and make suggested improvements through focus groups to get input.
 - **Projected completion date:** Quarter 6
- **Key Activity 7:** Revise the Supervision protocols based on feedback from workers and supervisors.
 - **Projected completion date:** Quarter 8

Goal 4

Goal 4: Rhode Island will enhance its Continuous Quality Improvement System to support improving outcomes for children, youth and families that will monitor the implementation of strategies intended to have a positive impact on safety, permanency and well-being outcomes. *(Systemic Factor: Case Review System: items 20 & 21, Systemic Factor: Quality Assurance System)*

Background: The CFSR found that the Department already has the components of a continuous quality improvement system but could benefit from the development of feedback loops, the engagement with larger child welfare community to include consumers, workers and supervisors; service providers; and judges. The CFSR review also identified that DCYF needs to develop a fully functional case review process capable of regularly gathering timely and accurate data on outcomes for children and families.

Theory of Change: The department will enhance its continuous quality improvement system to provide quantitative and qualitative data regarding safety, permanency and well-being outcomes of children with DCYF involvement so that we can understand where practice is

meeting our needs and where it needs to be improved so that we can incorporate feedback from workers, families and other stakeholders so that policy and practice can be enhanced resulting in improved case practice outcomes.

Strategy 1: Establish the Division of Performance Improvement (DPI). DPI will serve as DCYF's agency-wide CQI program to evaluate child welfare practice and improve performance outcomes through evaluation, case reviews, and change management strategies.

- **Key Activity 1:** Develop a clearly articulated mission and vision for the Division of Performance Improvement.
 - **Projected completion date:** Quarter 1
- **Key Activity 2:** Establish a foundational administrative structure to ensure that DPI is meeting the CQI needs of the agency as well as promoting an agency culture that values quality services and positive outcomes for our children and families.
 - **Projected completion date:** Quarter 2
- **Key Activity 3:** Produce and distribute annual reports on findings from all qualitative reviews occurring within the Department so that the results can be used in the field to inform and improve practice.
 - **Projected completion date:** Quarter 4

Strategy 2: Design, develop, and implement a CFSR case review system with support from the Capacity Building Center for States. The state will complete 65 case reviews annually beginning in June 2019.

- **Key Activity 1:** Establish a CQI unit which supports an ongoing case review system. This includes identifying staffing resources to complete case reviews.
 - **Projected completion date:** Quarter 1
- **Key Activity 2:** Develop a CFSR reviewer and quality assurance manual that contains standardized instructions for completing CFSR case reviews as well as quality assurance on the cases reviewed.
 - **Projected completion date:** Quarter 1
- **Key Activity 3:** Establish and implement training for the identified CFSR Case Reviewers through collaboration with the Workforce Development Unit. The training will consist of an overview of what the CFSR is, how to complete the Onsite Review Instrument through the CFSR Online Monitoring System, as well as how to engage with families and providers during the CFSR interview to obtain the information needed in order to complete the review.
 - **Projected completion date:** Quarter 1
- **Key Activity 4:** Develop protocol for establishing the sample universe of cases to be reviewed.
 - **Projected completion date:** Quarter 1
- **Key Activity 5:** Implement the CFSR case review system. Two reviews will occur each year and involve a statewide random selection of cases. The reviews will be conducted in a centralized location. Cases will be delineated in the OMS by Metro/Non-Metro Sites. The Department will pair seasoned CFSR state reviewers with newly trained state reviewers. Our state reviewers will consist of staff from across the agency to include FSU, CPS, Juvenile Corrections, Licensing, Division of Performance Improvement, and Workforce Development. For every review, the Department intends on recruiting additional staff from the above mentioned divisions to participate in the CFSR case reviews so as to have a continuous pool of CFSR trained reviewers. By recruiting additional staff, this will lead to more CFSR learning experiences which will lead to improved practice outcomes.
 - **Projected completion date:** Quarter 4

- **Key Activity 6:** Analyze the data collected from the CFSR case reviews and provide feedback to staff and external stakeholders through Active Divisional Management (ADM) (see Strategy 3 below).
 - **Projected completion date:** Quarter 6

Strategy 3: Launch Active Divisional Management (ADM) to review and monitor internal divisional performance and implementation of practice improvements (See introduction for ADM description).

- **Key Activity 1:** Identify critical FSU outcomes and process metrics for ADM in FSU.
 - **Projected completion date:** Quarter 1
- **Key Activity 2:** Develop a cadence of accountability through a standardized ADM meeting structure for all levels of FSU to review performance data and incorporate accountability into regular supervision. When performance improvement needs are identified, technical assistance, additional training, and improvements in process and technology can be identified to support the practice improvements in these areas.
 - **Projected completion date:** Quarter 2
- **Key Activity 3:** Reproduce and apply ADM principles to other divisions inclusive of Juvenile Probation, Child Protective Services, and Licensing.
 - **Projected completion date:** Quarter 8

Strategy 4: Develop a feedback system to allow both internal and external stakeholders to provide input and recommendations for changes to the system. The department will schedule quarterly meetings with foster and adoptive parents, birth parents, youth, front-line staff and supervisors and other internal and external stakeholders to seek input and recommendations.

Background: The CFSR results noted that the Department would benefit from stronger engagement with the larger child welfare community, including consumers, workers and supervisors; service providers; and judges. Hearing directly from those “on the ground” would lend valuable perspective to management reports and provide the additional expertise to further define systemic challenges and refine improvement efforts. Currently, the CFSR Coordinator is facilitating focus groups on an at minimum quarterly basis with birth parents, foster parents, and youth to obtain feedback for the Department’s Program Improvement Plan. The Department recognizes the need to continue this process to ensure that practice reflects the consumer voice as well as our front-line workers and supervisors.

- **Key Activity 1:** Identify existing external consumer stakeholder groups that the Department can partner with as a vehicle for feedback on agency initiatives and practices.
 - **Projected completion date:** Quarter 1
- **Key Activity 2:** Identify a process that will ensure the continuation of consumer stakeholder engagement. This will include identifying staff who would be most appropriate within the agency to engage with stakeholder groups on an ongoing basis.
 - **Projected completion date:** Quarter 2
- **Key Activity 3:** Meet with consumer stakeholder groups on a quarterly basis so as to ensure consistent communication, share data, discuss challenges, and engage in a problem-solving process.
 - **Projected completion date:** Quarter 2
- **Key Activity 4:** Provide feedback gained from consumer stakeholder groups to the Director and Senior Team quarterly for review and discussion of feedback gained.
 - **Projected completion date:** Quarter 4

- **Key Activity 5:** The Department's Director will continue to hold quarterly open forum meetings with all staff. These meetings are held in the central as well as outlying offices so as to accommodate front line staff and supervisors who work in those areas. All Departmental staff are invited to attend and are encouraged to actively participate. This allows those in attendance to bring questions, comments, and concerns to the Director.
 - **Projected completion date:** Quarter 1
- **Key Activity 6:** The Department's Director and Chief Legal Counsel will meet on a monthly basis with the representatives of the Rhode Island Family Court so as to ensure consistent communication, share data, discuss challenges, and engage in a problem-solving process.
 - **Projected completion date:** Quarter 1

Goal 5

Goal 5: RI DCYF will improve its service array to children and families. (*Systemic Factor: Service Array and Resource Development: items 29 & 30, Systemic Factor: Agency Responsiveness to the Community: items 31 & 32*)

Theory of Change: The department will improve internal communication between the Central Referral Unit (CRU) which handles all referrals to DCYF-funded services with line staff and streamline the referral process of insurance-based services to ensure all staff have a full and complete understanding of the availability and extent of services available to families and the process for requesting and linking families to services so that service referrals can be processed in a timely manner so that service providers can engage families more quickly so that families can receive the necessary services as soon as possible so that safety concerns can be mitigated.

Background: The CFSR identified gaps in the service array and the existence of waiting lists for some services to include parent/child evaluations, supervised visitation, and substance abuse services for youth some of which are not funded by or procured by DCYF, making it more challenging to increase or decrease service availability. In calendar year 2017, 32.2% of children removed from home were removed, in part, due to parental drug abuse or parental alcohol abuse. In the first six months of calendar year 2018, 35.0% of children were removed due to some parental substance abuse. The CFSR also revealed a gap between the current service array and the field's awareness of these services and the process for accessing individualized services is not always clear to staff. Despite the concern raised in the CFSR, the utilization of DCYF-funded home-based services has consistently increased since August 2017.

Strategy 1: Increase internal capacity for substance abuse knowledge, consultation and access to services available to workers, clients and families. 75% of front line staff will increase their knowledge and awareness about substance abuse services as measured by a pre and post survey by 10%.

Background: Resources to support Substance Use Disorder (SUD) treatment across the state is provided primarily through insurance reimbursement. DCYF does not have statutory responsibility for substance use treatment and does not contract for substance use disorder services. However, the Department does recognize that accessibility to such services is an area of need for our children and families. DCYF recognized that there was a need to address the lack of knowledge as to substance abuse treatment with our workers. In a focus group session, frontline staff reported that SUD treatment services are cumbersome to access because of the lack of a single source of information and they often spend significant amounts of time calling around to services to identify availability and navigate how to refer families. In addition, they reported frustration on the part of the families who do not know how to obtain services and having trouble getting into available services in a timely way.

In order to expand capacity and expertise in the Department around available SUD services, DCYF hired a SUD liaison who is now available to assist staff in supporting family access to treatment. In addition, Behavioral Health Link (BH Link) was established in 2018 through a partnership between the state's adult behavioral healthcare system, Horizon Healthcare Partners and Community Care Alliance (a private provider). BH Link is designed to provide immediate assistance to a person in crisis by providing innovative crisis intervention services, behavioral health services, and substance abuse services. BH Link helps to connect people to ongoing treatment and care. This is an additional resource that the agency can utilize to assist adults ages 18 and over. The liaison will assist staff in navigating through state resources including the new BH Link.

- **Key Activity 1:** Develop protocols for accessing consultation services from the newly established Substance Use Disorder Liaison to inform requests for services and the service planning process with families.
 - **Projected completion date:** Quarter 1
- **Key Activity 2:** The SUD Liaison will provide consultation on available services and resources and training on the ongoing efforts of EOHHS, BHDDH, and RIDOH pertaining to the overdose epidemic and related initiatives so that staff's knowledge about available treatment services increases.
 - **Projected completion date:** Quarter 2
- **Key Activity 3:** Develop tracking mechanism to identify how many consultation sessions with the SUD Liaison are occurring each month and to ensure staff in all regions are gaining access to this resource.
 - **Projected completion date:** Quarter 2
- **Key Activity 4:** Conduct pre and post surveys with frontline staff on their level of knowledge of services to measure whether the SUD Liaison activities results in an increase in staff knowledge related to SUD Services. These survey results will be used to inform the work of the SUD Liaison and refine the ways in which the consultations and trainings are being offered and the content.
 - **Projected completion date:** Quarter 3
- **Key Activity 5:** In conjunction with the state's adult behavioral healthcare system, the Substance Use Disorder Liaison will engage in a process to identify agencies willing to provide Substance Use Disorder (SUD) assessments at the regional offices of DCYF. These assessments will be available for either youth or their parents. The purpose of the SUD assessment will be to determine the type and severity of a person's substance use and to determine appropriate recommendations and resources at the time DCYF becomes involved with the family rather than delaying it to gain access. The timeliness of these assessments will support and encourage families to obtain treatment sooner than if they had to wait for referrals later in the case timeline.
 - **Projected completion date:** Quarter 4
- **Key Activity 6:** Through collaboration with Rhode Island Parent Support Network, the Department will engage in a process of using peer recovery coaches to assist parents with substance use disorders and/or other co-existing mental health conditions to access immediate support and referral for treatment and services through BH Link. The utilization of peer recovery coaches can be immediately accessed at the CPS point of contact so as to connect parents as quickly as possible to substance use disorder services which will reduce the barriers and time it takes for families to begin engaging in services.
 - **Projected completion date:** Quarter 5

Strategy 2: Improve communication between workers and the Central Referral Unit to increase awareness of the types of services and reduce barriers for referral to ensure services are appropriate and service delivery is timely. Reduce the median length of time from referral creation to referral completion by 10% by PIP Quarter 2.

Background: Feedback received from caseworkers during the CFSR Stakeholder group reported some disagreements with the Central Referral Unit (CRU) about appropriateness of services to provide to the families they are assigned to. Further analysis and feedback suggests that workers felt their opinions were “not heard” about what services would be best for their families. CRU utilizes a home based referral form that identifies multiple domains of need for children as well as families. The home based referral form requests specific needs and behaviors to assist in determining appropriate services for youth and family. There has been inconsistency as to how these forms are completed by primary workers. In addition, the CFSR notes comments from staff that having more frequent in-person contact with staff in CRU results in quicker referrals and fewer concerns about the referrals made. The challenges with the form and frustration of accessing CRU staff in a timely and meaningful way can lead to delays in getting services to families as the CRU needs to send providers completed referral forms.

A focus group made up of caseworkers and supervisors had also voiced that they frequently had to navigate multiple pathways to make referrals for services. To request DCYF-funded services, a referral is made to the CRU who submits the referral to the appropriate service provider. However, if the service the caseworker is looking for is insurance-based such as parent/child evaluations and behavioral health services, they must work directly with the insurance provider to obtain access for the family or child. This requires each worker to become “content experts in managed health care” and spend excessive time navigating insurance companies and linking families with timely and appropriate services. Key Activity 3 targets this specific concern by developing a resource within the CRU to assist workers with targeting services so that expertise could be centralized to assist workers with identifying and connecting families to the most appropriate services.

- **Key Activity 1:** Establish a schedule for home-based referral staff to be available to staff in the outlying offices at least one half day per month to build in-person relationships between caseworkers and CRU staff, improve communication, and increase staff understanding of the referral process and forms. .
 - **Projected completion date:** Quarter 1
- **Key Activity 2:** Develop a brown bag lunch series to provide a forum to educate staff on the service referral and delivery system, availability of services and education around identification of needs for youth and family to best match services to family needs and appropriate providers.
 - **Projected completion date:** Quarter 2
- **Key Activity 3:** Develop a procedure for a single point of referral for all contracted DCYF-funded services and non-contracted insurance-based services (including evaluations for adults and children and behavior health services) to support a consistent process for service referral and provision for adults and youth. A single point of referral in CRU will leverage expertise of centralized staff who will focus on relationship building with insurance representatives and providers which will allow front line staff to leverage those relationships and knowledge resulting in more appropriate and timely services for families, thus positively impacting safety, permanency and well-being for families.
 - **Projected completion date:** Quarter 4

Strategy 3: Ensure visitation services are available when needed. Analysis of contracted capacity in the area of family visitation services consistently shows little to no additional availability in family visitation and the CRU reports higher demand for the service than contracted capacity, thus creating a waitlist. In addition, internal staff who provide support for visitation (Child Support Technicians) are experiencing high

demands for their time as demonstrated by their overtime requests. The number of families on the visitation services waitlist will be reduced by 20% by PIP Quarter 6 from the baseline established by PIP Quarter 1.

- **Key Activity 1:** Complete an analysis of visitation needs state-wide to determine how to obtain more quality family visitation services in the most cost-effective way. This analysis will lead to recommended action on how to best increase state-wide capacity in this area.
 - **Projected completion date:** Quarter 1
- **Key Activity 2:** Implement recommended actions that extend from the needs analysis by either increasing contractual capacity or by increasing availability of Child Support Technicians to support visitation which will allow more families access to this service so that relationships between children and parents can be maintained while children are out of home which will support timely reunification with parents.
 - **Projected completion date:** Quarter 3

Goal 6

Goal 6: Develop a competent, stable and diverse workforce, focused on frontline workers, through enhanced recruitment, training, and retention strategies. (*Safety Outcomes 1 and 2, Permanency Outcomes 1, 2, & 3, Well-Being Outcomes 1, 2, & 3, Systemic Factor: Staff and Provider Training-items 26 & 27*)

Theory of Change: A well-trained, knowledgeable front-line workforce with the necessary skills and supports to confidently and effectively carry out their duties related to the safety, permanency and well-being of children will increase staff retention and reduce staff turnover resulting in a decrease in vacant frontline positions so caseworkers will have manageable workloads and cases will not need to transfer between workers as often. This stability and confidence among the workforce will lead to improved practice across all cases and improved outcomes for children and families.

Background: The CFSR found that the Department lacks a fully functional staff training system that ensures workers have the knowledge and skills they need to work effectively with families. Since January 2017, the percentage of new Social Caseworker II's who successfully completed initial 6 month probation period was 64%. During the same time period, the percentage of new Child Protective Investigators who successfully completed initial 6 month probation period was 59%. Administrators in these divisions noted that this low rate of retention results from a combination of hiring workers whose experience and expectations do not align with the realities of the requirements for frontline staff and the lack of a quality and comprehensive pre-service training for in-coming staff. Feedback from focus groups with workers, supervisors, birth parents and foster parents also reported that staff turnover often resulted in increased caseloads and workload for front-line staff as cases would then need to be reassigned. The Department has worked with the RI Dept. of Administration to scrutinize the recruitment and civil service exam application process for Social Caseworkers II's to more accurately reflect the skills and proficiencies needed to be successful in frontline DCYF positions. The strategies in this goal will improve initial and ongoing training for frontline FSU and CPS workers and change the requirements and process for hiring for these positions so that workers starting in FSU and CPS are prepared and better understand the expectations of quality practice and are more likely to successfully complete the probationary period. In addition, if current frontline staff are provided with training that meets their needs and enhances their child welfare case practice, then they are less likely to leave the Department which will reduce the amount of staff turnover.

Strategy 1: Enhance existing pre-service training experience for new staff that better prepares staff for the position, sets clear expectations of what the job requires, and communicates the Department's values from the beginning and throughout the training process.

Background: Currently, pre-service training for new staff is conducted in cohorts as staff are identified from the civil service exam list, interviewed, and selected as a Social Caseworker II or Child Protective Investigator. Cohorts participate in 70 hours/4 weeks of training with the DCYF training staff prior to being given an assignment in the field. Participants complete surveys at the end of each training course about their experience. However, there has not been a method to quantify that data for results due to limited resources. No additional survey data is gathered once staff are in the field about the quality of the training to prepare them for the work they are doing. Because of the noticeable uptick in staff leaving these frontline positions within a short amount of time or not completing the six month probation period, the Department began conducting exit conferences for all staff leaving the Department in 2017. Feedback given in those conferences consistently points to feeling unprepared for the job and a lack of clear understanding of what the job required through the selection and training process.

While pre-training is critical for new staff, on-going training for staff in the positions is also important to continue to build skills and refine practice. RI General Law 42-72-5 (b) (10) requires a minimum of 20 hours of training annually for all staff at the Department. The CFSR highlighted that the Department has no way to ensure the number of hours staff has taken and no consistent offering of trainings for staff to attend in order to meet this requirement. While training hours are recorded in RICHIST, there has not been a reporting mechanism for supervisors and administrators to monitor the 20 hours.

- **Key Activity 1:** Identify competencies required for DCYF frontline staff to be successful in their positions which will be used to evaluate the current training curriculum and identify areas of improvement.
 - **Projected completion date:** Quarter 1
- **Key Activity 2:** Establish a working committee to review current pre-service and ongoing training provided by the Division of Workforce Development (WFD) to assess whether or not it aligns with the competencies, functionality and relevance to workers' needs.
 - **Projected completion date:** Quarter 1
- **Key Activity 3:** Develop new pre-service training to replace the current curriculum so that all new workers will benefit from the skills development and strong preparation for work in the field.
 - **Projected completion date:** Quarter 3
- **Key Activity 4:** Implement new pre-service and ongoing training recommendations for all incoming cohorts of new workers.
 - **Projected completion date:** Quarter 3
- **Key Activity 5:** Develop and implement a pre and post- test evaluation process for pre-service trainings and share results with WFD who will continue to refine the training experience accordingly.
 - **Projected completion date:** Quarter 5

Strategy 2: Develop a mechanism to accurately monitor participation in on-going training to ensure all FSU and CPS workers receive 20 hours of training annually. The department will increase the percentage of line staff receiving 20 hours of training annually from 55% to 80% by PIP Quarter 6.

- **Key Activity 1:** Create report for supervisors that shows the amount of training each staff in the unit has had so that supervisors may work with staff to identify trainings to attend, ensure that time for training is planned, and hold staff accountable for the attendance of 20 hours of training annually.
 - **Projected completion date:** Quarter 1

- **Key Activity 2:** Develop a format and process for conducting an audit of all available trainings annually to ensure course offerings are available and aligned with needs of the workers.
 - **Projected completion date:** Quarter 1
- **Key Activity 3:** Evaluate RICHIST training windows for accuracy and adequacy in collecting training data and attendance. Address any issues with data entry, quality, and/or collection so as to ensure accurate data is available.
 - **Projected completion date:** Quarter 3
- **Key Activity 4:** Distribute training report to all frontline supervisors and clear expectations and instruction on how to utilize the information.
 - **Projected completion date:** Quarter 4

Strategy 3: Based on previous work with Department of Administration (DOA) in hiring for FSU SCWII positions, improve the process for the recruitment and hiring of an appropriate and diversified workforce in CPS to increase the percentage of staff successfully completing period of probation from 59% to 70% by PIP Quarter 6.

Background: Beginning in 2017, there has been a significant effort to hire Child Protection Investigators. Since 2017, there have been 35 new Child Protective Investigators hired. However, since the increase in hiring began, there has been concern about the quality of hired for this position. A focus group with front-line staff and managers reported that some of the new hires did not have specific child welfare experience and/or an educational degree in a social services/child welfare related field. Many of these newly hired investigators either did not pass probation or chose to resign. The current hiring system does not result in recruiting and hiring the appropriate staff who are better prepared to meet the demands of the work done by a Child Protective Investigator. Similar issues were identified in FSU in 2018. As a result, the Department partnered DOA to amend the job description, experience and education requirements for Social Caseworkers, and replaced the civil service test with a new test that more accurately reflects the skills needed for DCYF workers. Under the previous test, almost all applicants for Social Caseworker II positions would be approved for hiring at the Department. However, under the revised process and test, only 184 out of approximately 400 applicants were approved to be on the list for hiring at the Department. While the onboarding of this new class has only recently started, so far the results are promising with workers who are coming better qualified and prepared to perform the duties of the position. Because of these same issues identified in the hiring of CPS staff, the Department has determined that a re-examination of the hiring process that is similar to what was utilized to hire Social Caseworker II's would be implemented as well for Child Protective Investigators. This will result in reducing the pool of candidates to only those who have the appropriate educational degree and child welfare experience, thus resulting in hiring individuals who are better prepared to be Child Protective Investigators which will increase the number of investigators making it through the six month probationary period.

- **Key Activity 1:** Convene stakeholder groups to review existing CPS job classifications to determine appropriateness for current practice.
 - **Projected completion date:** Quarter 1
- **Key Activity 2:** Amend hiring protocols related to the recruitment and hiring of Child Protective Investigators as well as the pre-civil service applicant screening process for the CPS civil service exam to ensure staff who are hired as CPI's are the most appropriate for the position. By hiring those who are the "best fit" for the position will lead to a reduction in the number of CPS staff who do not pass probation and increase the number of staff available to complete investigations.
 - **Projected completion date:** Quarter 2

- **Key Activity 3:** Engage Department of Administration (DOA) with recommended changes in order to develop implementation strategies for an improved CPI hiring process and a revised civil service exam that aligns with the qualifications for a Child Protective Investigator.
 - **Projected completion date:** Quarter 3
- **Key Activity 4:** Begin revised hiring and selection process for all incoming applicants for a CPI position.
 - **Projected completion date:** Quarter 4

Part Two: Measurement Plan

Statewide Data Indicators

Instructions: Complete the following table for each statewide data indicator included in the PIP, adding as many tables as needed to capture all statewide data indicators requiring improvement. List the statewide data indicator and, if applicable, the companion measure in the first column. Identify the national standard for the data indicator in the second column. Identify the baseline for the statewide data indicator in the third column. Identify the improvement goal and, if applicable, the threshold for the companion measure in the fourth column. In the last row of the table, indicate data quality concerns or whether an alternative source of data is used to generate the safety-related data.

Statewide Data Indicator/Companion Measure	National Standard	Baseline	Improvement Goal/Threshold
N/A	N/A	N/A	N/A

Data Quality:

Case Review Items

Instructions: Complete the following table for each case review item included in the PIP, adding as many tables as needed to capture all case review items requiring improvement *and* measurement. List the case review item in the first column. Identify the baseline for the item in the second column. Identify the improvement goal for the item in the third column. In the last row of the table, describe the data source and approach to measurement for the case review, including the time period that is represented in the baseline, the total number of cases rated (numerator) and the total number of cases rated as a Strength (denominator).

Case Review Item	Baseline	Improvement Goal
Safety Outcome 1 Item 1. Timeliness of Initiating Investigations of Reports of Child Maltreatment	To be set in December 2019 based on 65 cases reviewed during June 2019 and November 2019. % of the applicable cases reviewed rated strength on Item 1. Once baseline has been established, subsequent periods must have a minimum number applicable cases in order to match the baseline	To be determined in December 2019 based on the 65 cases reviewed during June 2019 and November 2019. X% of the applicable cases reviewed will be rated strength on Item 1 (goal may be considered achieved in any 12-month period, advancing by 6 months, during the PIP or non-overlapping period, based on CB evaluation).

Case Review Item	Baseline	Improvement Goal
<p>Safety Outcome 2</p> <p>Item 2. Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care</p>	<p>To be set in December 2019 based on 65 cases reviewed during June 2019 and November 2019.</p> <p>X% of the applicable cases reviewed rated strength on Item 2.</p> <p>Once baseline has been established, subsequent periods must have a minimum number applicable cases in order to match the baseline</p>	<p>To be determined in December 2019 based on the 65 cases reviewed during June 2019 and November 2019.</p> <p>X% of the applicable cases reviewed will be rated strength on Item 2 (goal may be considered achieved in any 12-month period, advancing by 6 months, during the PIP or non-overlapping period, based on CB evaluation).</p>
<p>Safety Outcome 2</p> <p>Item 3. Risk and Safety Assessment and Management</p>	<p>To be set in December 2019 based on 65 cases reviewed during June 2019 and November 2019.</p> <p>X% of the applicable cases reviewed rated strength on Item 3.</p> <p>Once baseline has been established, subsequent periods must have a minimum number applicable cases in order to match the baseline</p>	<p>To be determined in December 2019 based on the 65 cases reviewed during June 2019 and November 2019.</p> <p>X% of the applicable cases reviewed will be rated strength on Item 3 (goal may be considered achieved in any 12-month period, advancing by 6 months, during the PIP or non-overlapping period, based on CB evaluation).</p>
<p>Permanency Outcome 1</p> <p>Item 4. Stability of Foster Care Placement</p>	<p>To be set in December 2019 based on 65 cases reviewed during June 2019 and November 2019.</p> <p>X% of the applicable cases reviewed rated strength on Item 4.</p> <p>Once baseline has been established, subsequent periods must have a minimum number applicable cases in order to match the baseline</p>	<p>To be determined in December 2019 based on the 65 cases reviewed during June 2019 and November 2019.</p> <p>X% of the applicable cases reviewed will be rated strength on Item 4 (goal may be considered achieved in any 12-month period, advancing by 6 months, during the PIP or non-overlapping period, based on CB evaluation).</p>

Case Review Item	Baseline	Improvement Goal
Permanency Outcome 1 Item 5. Permanency Goal for Child	To be set in December 2019 based on 65 cases reviewed during June 2019 and November 2019. X% of the applicable cases reviewed rated strength on Item 5. Once baseline has been established, subsequent periods must have a minimum number applicable cases in order to match the baseline	To be determined in December 2019 based on the 65 cases reviewed during June 2019 and November 2019. X% of the applicable cases reviewed will be rated strength on Item 5 (goal may be considered achieved in any 12-month period, advancing by 6 months, during the PIP or non-overlapping period, based on CB evaluation).
Permanency Outcome 1 Item 6. Achieving Reunification, Guardianship, Adoption, or Other Planned Permanency Living Arrangement	To be set in December 2019 based on 65 cases reviewed during June 2019 and November 2019. X% of the applicable cases reviewed rated strength on Item 6. Once baseline has been established, subsequent periods must have a minimum number applicable cases in order to match the baseline	To be determined in December 2019 based on the 65 cases reviewed during June 2019 and November 2019. X% of the applicable cases reviewed will be rated strength on Item 6 (goal may be considered achieved in any 12-month period, advancing by 6 months, during the PIP or non-overlapping period, based on CB evaluation).
Well-Being Outcome 1 Item 12. Needs and Services of Child, Parents, and Foster Parents	To be set in December 2019 based on 65 cases reviewed during June 2019 and November 2019. X% of the applicable cases reviewed rated strength on Item 12. Once baseline has been established, subsequent periods must have a minimum number applicable cases in order to match the baseline	To be determined in December 2019 based on the 65 cases reviewed during June 2019 and November 2019. X% of the applicable cases reviewed will be rated strength on Item 12 (goal may be considered achieved in any 12-month period, advancing by 6 months, during the PIP or non-overlapping period, based on CB evaluation).

Case Review Item	Baseline	Improvement Goal
Well-Being Outcome 1 Item 13. Child and Family Involvement in Case Planning	To be set in December 2019 based on 65 cases reviewed during June 2019 and November 2019. X% of the applicable cases reviewed rated strength on Item 13. Once baseline has been established, subsequent periods must have a minimum number applicable cases in order to match the baseline	To be determined in December 2019 based on the 65 cases reviewed during June 2019 and November 2019. X% of the applicable cases reviewed will be rated strength on Item 13 (goal may be considered achieved in any 12-month period, advancing by 6 months, during the PIP or non-overlapping period, based on CB evaluation).
Well-Being Outcome 1 Item 14. Caseworker Visits With Child	To be set in December 2019 based on 65 cases reviewed during June 2019 and November 2019. X% of the applicable cases reviewed rated strength on Item 14. Once baseline has been established, subsequent periods must have a minimum number applicable cases in order to match the baseline	To be determined in December 2019 based on the 65 cases reviewed during June 2019 and November 2019. X% of the applicable cases reviewed will be rated strength on Item 14 (goal may be considered achieved in any 12-month period, advancing by 6 months, during the PIP or non-overlapping period, based on CB evaluation).
Well-Being Outcome 1 Item 15. Caseworker Visits with Parents	To be set in December 2019 based on 65 cases reviewed during June 2019 and November 2019. X% of the applicable cases reviewed rated strength on Item 15. Once baseline has been established, subsequent periods must have a minimum number applicable cases in order to match the baseline	To be determined in December 2019 based on the 65 cases reviewed during June 2019 and November 2019. X% of the applicable cases reviewed will be rated strength on Item 15 (goal may be considered achieved in any 12-month period, advancing by 6 months, during the PIP or non-overlapping period, based on CB evaluation).

Data Source and Approach to Measurement:

The Rhode Island Department of Children, Youth and Families (RI DCYF; The Department) proposes a proportional stratified random sample methodology of cases for the Department’s Case Review Process. The Department will conduct two statewide reviews per year to create yearlong measurement periods. The Department’s first statewide sample period will be May 1, 2018 to October 31, 2018. The second statewide sample period will be November 1, 2018 to April 30, 2019. For the total yearlong measurement period comprising case reviews

conducted in June and November of each year. The Department will review a random sample of 65 cases for the baseline period, 25 in-home family cases and 40 out-of-home foster care cases. The Department intends to increase the number of cases for review after the baseline is established, the number of which will be determined in conjunction with the Children's Bureau.

The Department will conduct a random sample without replication of a case review within the same yearlong measurement period. For example, if a case was reviewed in the June 2019 review, the case would be excluded from the random sample in November 2019.

The Department will follow the in-home and out-of-home sampling frame guidance as outlined in the Children's Bureau CFSR Technical Bulletin #7. Illustrative is the number of days (24 hours) a child must be in foster care to be considered foster care and the minimum number of days a family case must be open (45 consecutive days) as in-home to be considered in-home.

The proportional stratified random sample will be at the Department's 3 division/unit strata:

- 1) Family Service unit (FSU only or open to FSU/FCCP concurrently or open to CPS) strata; and
- 2) Juvenile Probation (JPROB only, not open to FSU) strata; and
- 3) Family Care Community Partnerships (FCCP only, not open to FSU)

The Department has moved to a statewide case assignment process thus both reviews will encompass cases from throughout the state. The department will conduct two reviews annually consisting of 32/33 statewide cases per review for a total of 65 cases annually. A proportional stratified random sample will be used to determine the sample size across and within three strata.

Reviews will be conducted by sixteen 2-person teams consisting of volunteers from throughout the department. CQI staff will provide training to the teams at the beginning of each review period. Each team will review two cases and each of the cases will receive 2 levels of quality assurance. Quality assurance will be conducted by a combination of dedicated CQI staff and volunteers. Cases will be entered into the OMS system allowing for reporting by case type as well as Metro Site/Non-Metro Site. Each review will occur within a one week timeframe and will be sent for secondary oversight by the end of the review week. The Children's Bureau will complete secondary oversight within two weeks of that date and cases will then be finalized in the OMS.

Information gathered for the case review will include a review of the RICHIST system (i.e., SACWIS), a review of the hard copy record and interviews with case participants. Concerted efforts will be made to interview the following individuals as part of the case review:

1. Children who are of school age and are developmentally capable of participating in such interview.
2. Parents/legal guardians who are applicable to at least one item being reviewed. For those cases in which the parent(s) rights were terminated prior to the PUR, an interview with that parent(s) will not be required. However, if a parent(s) rights was terminated during the PUR, then the assigned caseworker will be asked to provide input as to whether that parent should be interviewed. The decision of whether to interview these parents will be made on a case-by-case basis in consultation with the Children's Bureau.
3. Foster parents who cared for the target child during the Period Under Review.
4. The DCYF Social Caseworker, and/or FSU Supervisor who is or was assigned to the case. If the caseworker is no longer employed by the Department, then efforts will be made to interview the supervisor.

A case may be eliminated at any point during the case review if an interview is not able to be conducted with at least one of the following: parent/legal guardian, relative placement during the PUR, or school aged target child. Cases will not be eliminated if one or more of these interviews occur, or if the case circumstances do not allow for any of these interviews. The Department will consult with the Children's Bureau related to any child interviews with school aged children in which the Department believes there is reason to not interview the child, and any case that does not include a parent/guardian. Case elimination decisions related to interview availability will be made on a case by case basis

in consultation with the Children's Bureau. Interviews are conducted in-person whenever possible. If in-person interviews cannot be conducted, then a phone interview may be used in its place.

Concerted efforts to conduct the above interviews include:

- 3-4 phone calls at varying times of the day and week to all known phone numbers.
- Consultation with the assigned caseworker, supervisor, and/or Regional Chief of Practice Standards regarding other possible means or methods to make contact with the parent or legal guardian and follow-up on any such information to locate the family such as a formal letter sent to the last known address, e-mail to last known e-mail address etc.
- Reasonable efforts to encourage the parent/legal guardian to participate in the interview if the parent/legal guardian initially refuses to do so. For example, a secondary individual may reach out to the parent/legal guardian to explain the CFSR process and encourage their participation.

Case Elimination Criteria:

- in-home case open and active for fewer than 45 consecutive days during the PUR,
- in-home case in which any child in the family was in foster care during the PUR,
- out-of-home case in which the target child was in out-of-home care for less than 24 hours during the PUR,
- out-of-home case in which the target child was on a trial home visit (placement at home) during the entire PUR,
- a case in which the target child reached the age of 18 before the PUR,
- a case in which the target child is in the care and responsibility of another State and Rhode Island is providing supervision through an ICPC agreement,
- a case that has already been selected for review and is still open for the same case open episode,
- a case in which the child was placed for the entire PUR in a locked juvenile facility (such as the Rhode Island Training School) or other placement that does not meet the federal definition of foster care, and
- a case assigned to a DCYF Social Caseworker who already has 2 cases selected for review for baseline measurement (for the baseline cases) or improvement measurement (for the improvement cases).
- A case open to CPS (investigation or FAR) not open for safety or service provision.

Any cases that are eliminated from the sample will be tracked and documentation provided to the Children's Bureau upon request.

In order to eliminate bias and resolve conflicts of interest, reviewers will not review cases where they had direct or supervisory involvement. In those cases where there are identified conflicts will be assigned or re-assigned to a different review pair who have no prior history with the case.

If during the case review, a safety/red flag concern is raised about a child and/or family, the review pair will immediately notify the Chief of Practice Standards, family service unit caseworker and supervisor assigned to the case. The Chief of Practice Standards will be responsible for ensuring the child's immediate safety. If abuse and/or neglect is being alleged, then a report will be made to the DCYF Child Abuse Hotline.

The Department will report progress twice yearly, advancing 12-month measurement periods after each review following the baseline period.

Rhode Island Department of Children, Youth and Families Child and Family Services Review (CFSR) Round 3 Performance Improvement Plan (PIP) Sample Size

Review Period 6/1/19-5/31/20 Number of cases to review (Total = 65)	OOH (40 cases)			IH (25 cases)		
	FSU	JProb	FCCP	FSU	JProb	FCCP
Total number of children*	2026	101	-	936	214	462 ⁺
Proportion	95.25%	4.75%	-	58.06%	13.28%	28.66%
Number of cases to review	38	2	-	15	3	7

*Point in time. As of 2/28/2019.

⁺Between 1/1/28-6/30/18, 66% of children who entered the FCCP stayed open for at least 45 days. This proportion was applied to the total number of FCCP cases open at a point in time.

Report Data source: RICHIST Face-to-face Dashboard as of 2/28/2019, RIFIS as of 2/28/2019.

Data notes:

- For purposes of this report, Out-of-home is defined as current living arrangement of assessment and stabilization center, AWOL, Group home, Independent living, Medical hospital, Minor w/ mother in ASC/GH/RTC, Non-relative foster home, Out-of-state/other agency custody, Pre-adoptive home, private agency foster care, psychiatric hospital, relative foster home, residential facility, respite care.
- For purposes of this report In-home is defined as current living arrangement of friend, guardian, job corps, married parents, other, relatives, separated couple, single female parent, single male parent, step parent, subsidized adoption, unmarried couple.
- Excluded from the count and proportion if the current living arrangement is RITS or blank.

Review Half	Review Month	PUR	FSU OOH	FSU IH	JProb OOH	JProb IH	FCCP OOH	FCCP IH	Review Total OOH	Review Total IH
5/1/19-10/31/19	June 2019*	5/1/18-to date of review	19 [cases]	8 [cases]	1 [case]	2 [cases]	-	3 [cases]	20 [cases]	13 [cases]
11/1/19-4/30/20	November 2019	11/1/18-to date of review	19 [cases]	7 [cases]	1 [case]	1 [case]	-	4 [cases]	20 [cases]	12 [cases]

The state plans to conduct two (2) week-long reviews per review year. These reviews will occur in May and November in each review year.

*In the baseline year the reviews will occur in June and November 2019. June was selected instead of May in order to provide time for initial training and implementation. This schedule and stratification plan will be replicated by advancing sample periods and PUR dates six months for subsequent reviews and continue until PIP measurement goals are met or the end of the non-overlapping evaluation period, whichever date occurs first.

Child and Family Services Review (CFSR) Round 3

Rhode Island: Program Improvement Plan (PIP) Measurement Plan Goal Calculation Worksheet

Case Review Items Rated an Area Needing Improvement (ANI) and Requiring Measurement Based on CFSR Findings and Technical Bulletin #9

Prospective Method Used to Establish PIP Baselines and Goals Based on Case Reviews Conducted June 2019 – November 2019

CFSR Items Requiring Measurement	Item Description	Z value for 80% Confidence Level ¹	Number of applicable cases ²	Number of cases rated a Strength	PIP Baseline ³	Baseline Sampling Error ⁴	PIP Goal ⁵	Adjusted PIP Goal ⁶
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	1.28	TBD	TBD	TBD	TBD	TBD	TBD
Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	1.28	TBD	TBD	TBD	TBD	TBD	TBD
Item 3	Risk and Safety Assessment and Management	1.28	TBD	TBD	TBD	TBD	TBD	TBD
Item 4	Stability of Foster Care Placement	1.28	TBD	TBD	TBD	TBD	TBD	TBD
Item 5	Permanency Goal for Child	1.28	TBD	TBD	TBD	TBD	TBD	TBD
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	1.28	TBD	TBD	TBD	TBD	TBD	TBD
Item 12	Needs and Services of Child, Parents, and Foster Parents	1.28	TBD	TBD	TBD	TBD	TBD	TBD

CFSR Items Requiring Measurement	Item Description	Z value for 80% Confidence Level ¹	Number of applicable cases ²	Number of cases rated a Strength	PIP Baseline ³	Baseline Sampling Error ⁴	PIP Goal ⁵	Adjusted PIP Goal ⁶
Item 13	Child and Family Involvement in Case Planning	1.28	TBD	TBD	TBD	TBD	TBD	TBD
Item 14	Caseworker Visits With Child	1.28	TBD	TBD	TBD	TBD	TBD	TBD
Item 15	Caseworker Visits With Parents	1.28	TBD	TBD	TBD	TBD	TBD	TBD

Explanatory Data Notes:

¹Z-values: Represents the standard normal (Z) distribution of a data set and measures the number of standard errors to be added and subtracted in order to achieve the desired confidence level (the percentage of confidence we want in the results). In order to have 80% confidence in the results of the sample data, a Z-value of 1.28 is used to calculate the margin of error.

²Number of Applicable Cases: Identifies the minimum number of applicable cases reviewed for the baseline period. Measurement samples must be equal to or greater than the number of applicable cases used to establish the baseline for each item. A two percent (2%) tolerance is applied to the number of cases reviewed to measure goal achievement compared to the number of cases reviewed to establish the baseline.

³PIP Baseline: Percentage of applicable cases reviewed rated a strength for the specified baseline period.

⁴Baseline Sampling Error: Represents the margin of error that arises in a data collection process as a result of using a sample rather than the entire universe of cases.

⁵PIP Goal: Calculated by adding the sampling error to the baseline percentage.

⁶Adjusted PIP Goal: Identifies the adjusted improvement goal that accounts for the period of overlap between the baseline period and the PIP implementation period. The adjustment is calculated using an adjustment factor that reduces the sampling error up to one half based on the number of months of overlap, up to 12 months. Percentages computed from at least 12-months of practice findings are used to determine whether the state satisfied its improvement goal. To determine a PIP measurement goal using case review data is met, CB will also confirm CB has confidence in accuracy of results, significant changes were not made to the review schedule, the minimum number of required applicable cases for each item were reviewed, the ratio of metropolitan area cases to cases from the rest of the state was maintained, and the distribution and ratio of case types was maintained for the measurement period. A five percent (5%) tolerance is applied to the distribution of metropolitan area cases and case types between the baseline and subsequent measurement periods. When a state has an improvement goal above 90% and is able to sustain performance above the baseline for three consecutive quarters, the Children’s Bureau will consider the goal met even if the state does not meet the actual goal.