Child and Family Services Reviews

Statewide Assessment Instrument

Rhode Island

April 9, 2018

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN & FAMILIES
Administration on Children, Youth and Families
Children's Bureau

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Table of Contents

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Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at http://www.acf.hhs.gov/programs/cb.)

Integration of the CFSP/APSR and CFSR Statewide Assessment

The CFSR process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFSR.

The Statewide Assessment Instrument

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFSR. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFSR process.

- Section I of the statewide assessment instrument requests general information about the state agency and requires a list of the stakeholders that were involved in developing the statewide assessment.
- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.
- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.
- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at http://www.acf.hhs.gov/programs/cb/resource/round3-cfsr-statewide-assessment.

Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;
- Facilitate identification of issues that need additional clarification before or during the onsite review;
- Serve as a key source of information for rating the CFSR systemic factors; and
- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)

Public reporting burden for this collection of information is estimated to average 240 hours for the initial review and 120 hours for subsequent reviews. This estimate includes the time for reviewing instructions, completing the assessment, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Statewide Assessment Instrument

Section I: General Information

Name of State Agency: Rhode Island Department of Children, Youth & Families

CFSR Review Period

CFSR Sample Period: April 1, 2017 through September 30, 2017

Period of AFCARS Data: 06-17-17 AFCARS

Period of NCANDS Data: 06-01-17 NCANDS

(Or other approved source; please specify if alternative data source is used):

Case Review Period Under Review (PUR): April 1, 2017 through June 8, 2018

State Agency Contact Person for the Statewide Assessment

Name: Fernanda Watson

Title: CFSR Coordinator

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Fax: (401) 528-3590

E-mail: Fernanda.Watson@dcyf.ri.gov

Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

State Response:

Development of the statewide assessment was accomplished through the use of workgroups. Each workgroup was assigned items to complete. Workgroup members were invited to a series of brainstorming sessions used to develop an initial draft response to the item. Subsequent drafts were then emailed to each workgroup participant for additional comments and revisions.

Last, First	Agency	Work Group
AGUIAR-RIVARD, MELISSA	CHILDREN AND FAMILY	SERVICE ARRAY AND LICENSING
ALLEN, DARLENE	ADOPTION RI	PERMANENCY OUTCOMES SAFETY OUTCOME
ARCHER, ROB	CHILD AND FAMILY	SAFETY OUTCOMES
AUCOIN, KEVIN	DCYF	CASE REVIEW SYSTEM SAFETY OUTCOMES
BARRON, CHRISTINE, MD	HASBRO CHILDRENS HOSPITAL	CASE REVIEW SYSTEM SAFETY OUTCOMES
BATASTINI, CHRISTINA	RI DEPARTMENT OF HEALTH	SAFETY OUTCOMES WELL-BEING OUTCOMES
BEDROSIAN, ANNETTE	DCYF	WELL-BEING OUTCOMES
BERGER, BLYTHE	RI DEPARTMENT OF HEALTH	WELL-BEING OUTCOMES
BRINIG, HEIDI	FAMILIES TOGETHER PROGRAM	CASE REVIEW SYSTEM PERMANENCY OUTCOMES
BRINKER, STEVEN	DCYF	PERMANENCY OUTCOMES
BUFFI, DEB	DCYF	SERVICE ARRAY AND LICENSING
BURK, MIKE	DCYF	AGENCY RESPONSIVENESS TO COMMUNITY WELL-BEING OUTCOMES
BURROWS, KIM	DCYF	CASE REVIEW SYSTEM
CAMPAGNA, KRISTINE	RI DEPARTMENT OF HEALTH	SAFETY OUTCOMES SERVICE ARRAY AND LICENSING
CAPRON, BETH	ADOPTION RI	CASE REVIEW SYSTEM
CARON, COLLEEN	DCYF	QUALITY ASSURANCE SAFETY OUTCOMES PERMANENCY OUTCOMES WELL-BEING OUTCOMES
CASCIANO-MCCANN, CARLENE	ST. MARY'S HOME FOR CHILDREN	PERMANENCY OUTCOMES
CLEMENT, REGINA	CHILDREN'S FRIEND - CFS	SERVICE ARRAY AND LICENSING
CLYNE, AILIS	RI DEPARTMENT OF HEALTH	STAFF AND PROVIDER TRAINING
CONLAN, LISA	PARENT SUPPORT NETWORK OF RI	QUALITY ASSURANCE SYSTEM SERVICE ARRAY AND LICENSING WELL-BEING OUTCOMES
COOPER, RACHEL	CHILDREN'S FRIEND	WELL-BEING OUTCOMES
CORTES, KATY	OFFICE OF THE CHILD ADVOCATE	SERVICE ARRAY AND LICENSING WELL-BEING OUTCOMES
D'ALESSIO, LORI	DCYF	PERMANENCY OUTCOMES WELL-BEING OUTCOMES

DAVIS, VERONICA	DCYF	SERVICE ARRAY AND LICENSING
DEEMS, COLLEEN	LIFESPAN	PERMANENCY OUTCOMES
DEORSEY-SMITH, KAREN	DCYF	AGENCY RESPONSIVENESS TO COMMUNITY SAFETY OUTCOMES
DIPINA, LORI	DCYF	WELL-BEING OUTCOMES
DOUGHERTY, RANNY	DCYF	WELL-BEING OUTCOMES
DRURY-HOUGHTON, DEB	DCYF	PERMANENCY OUTCOMES
DUSSAULT, LORETTE	FOSTER FORWARD	PERMANENCY OUTCOMES SERVICE ARRAY AND LICENSING
FONTAINE, PAULA	DCYF	WELL-BEING OUTCOMES
FRANKLIN, SEENA	FAMILY SERVICES OF RI	STAFF AND PROVIDER TRAINING
GARCIA, MAYRA	PROGRESO LATINO	STAFF AND PROVIDER TRAINING
GLOVACH, LORI	DCYF	SAFETY OUTCOMES
GOLDING, DEBORAH	RI DEPARTMENT OF HEALTH	AGENCY RESPONSIVENESS TO COMMUNITY SERVICE ARRAY AND LICENSING WELL-BEING OUTCOMES
GUILLETTE, LISA	FOSTER FORWARD	SERVICE ARRAY AND LICENSING
HARMON, JOAN	DCYF	PERMANENCY OUTCOMES
HARRIS, WENONAH	NARRAGANSETT INDIAN TRIBE	SAFETY OUTCOMES STAFF AND PROVIDER TRAINING
HARRY, JOANN	DCYF	WELL-BEING OUTCOMES
HOLLIDAY, PATRICIA	CHILD AND FAMILY	STAFF AND PROVIDER TRAINING
ILORI, JOLAYEMI	RI DEPARTMENT OF HEALTH	SAFETY OUTCOMES WELL-BEING OUTCOMES
IZZO, KAREN	CHILDREN'S FRIEND	PERMANENCY OUTCOMES
JAWHARJIAN, JENNIFER	DCYF	PERMANENCY OUTCOMES
JENKINS, TERESA	DCYF	PERMANENCY OUTCOMES
JOHNSON, ANDREW	FAMILY COURT	CASE REVIEW SYSTEM
KIESLER, LAURA	DCYF	SERVICE ARRAY AND LICENSING
KUBAS-MEYER, TANJA	RI COALITION FOR CHILDREN AND FAMILIES	AGENCY RESPONSIVENESS TO COMMUNITY QUALITY ASSURANCE SYSTEM STAFF AND PROVIDER TRAINING WELL-BEING OUTCOMES
LANGHAMMER, PEG	DAY ONE	SERVICE ARRAY AND LICENSING
LAWRENCE, CHARLES	WHITMARSH	AGENCY RESPONSIVENESS TO COMMUNITY
LEBRUN-COURNOYER, ANNE	DCYF	CASE REVIEW SYSTEM SERVICE ARRAY AND LICENSING
LESSING, BEN	COMMUNITY CARE ALLIANCE	AGENCY RESPONSIVENESS TO COMMUNITY SERVICE ARRAY AND LICENSING
LETOURNEAU, KATHLEEN	DCYF	SERVICE ARRAY AND LICENSING
LI, KELLI	COMMUNITY CARE ALLIANCE	PERMANENCY OUTCOMES
LINDBERG, SUSAN	DCYF	PERMANENCY OUTCOMES
LOPES, JONETTE	OFFICE OF THE CHILD ADVOCATE	AGENCY RESPONSIVENESS TO COMMUNITY STAFF AND PROVIDER TRAINING
LYON, EMILY	ADOPTION RI	AGENCY RESPONSIVENESS TO COMMUNITY CASE REVIEW SYSTEM SERVICE ARRAY AND LICENSING
MCKEE, MARY	DCYF	SAFETY OUTCOMES
MCKENNA, KEVIN	DCYF	PERMANENCY OUTCOMES STAFF AND PROVIDER TRAINING

MCPHAIL, LEAH	RI DEPARTMENT OF HEALTH	WELL-BEING OUTCOMES
MEDEIROS, IVY	COMMUNITY CARE ALLIANCE	SAFETY OUTCOMES
MOLINA, ALEJANDRO	DCYF	PERMANENCY OUTCOMES SERVICE ARRAY AND LICENSING
MULLEN, DANA	CHILDREN'S FRIEND	SAFETY OUTCOMES
NASH, JESSICA	DCYF	SERVICE ARRAY AND LICENSING
NEUBAUER, JOHN	DCYF	AGENCY RESPONSIVENESS TO COMMUNITY
NIKSA, JOANN	DCYF	WELL-BEING OUTCOMES
NOSIKE-UNAKA, HAPPINESS	CHILD AND FAMILY	CASE REVIEW SYSTEM
PEARLMUTTER, SUE	RIC/SCHOOL OF SOCIAL WORK	AGENCY RESPONSIVENESS TO COMMUNITY STAFF AND PROVIDER TRAINING
PHANTHAVONG, SOUNIVONE	RI DEPARTMENT OF HEALTH	AGENCY RESPONSIVENESS TO COMMUNITY
PRATT, KAYLEIGH	DCYF	SERVICE ARRAY AND LICENSING
PYRAM-LOYER, SANDRA	CHILD AND FAMILY	PERMANENCY OUTCOMES
REIL, DENIS	DCYF	STAFF AND PROVIDER TRAINING
RICHARDS, KEVIN	FAMILY COURT	WELL-BEING OUTCOMES
RIED, JESSICA	CHILD AND FAMILY	SERVICE ARRAY AND LICENSING
ROBBINS, DIANA	OFFICE OF THE CHILD ADVOCATE	PERMANENCY OUTCOMES STAFF AND PROVIDER TRAINING
RUBY, BRUCE	THE GRODEN CENTER	PERMANENCY OUTCOMES SERVICE ARRAY AND LICENSING
RUSSO, TAMMY	RI PARENT INFORMATION NETWORK	AGENCY RESPONSIVENESS TO COMMUNITY CASE REVIEW SYSTEM SERVICE ARRAY AND LICENSING
SANCHEZ, JACQUELINE	OFFICE OF THE CHILD ADVOCATE	SAFETY OUTCOMES STAFF AND PROVIDER TRAINING WELL-BEING OUTCOMES
SANDE, KIM	DCYF	AGENCY RESPONSIVENESS TO COMMUNITY
SARLO, BRIDGET	DCYF	CASE REVIEW SYSTEM
SAUGY, CANDACE	FAMILY COURT	PERMANENCY OUTCOMES
SAUNDERS, LEON	DCYF	AGENCY RESPONSIVENESS TO COMMUNITY CASE REVIEW SYSTEM SAFETY OUTCOMES WELL- BEING OUTCOMES QUALITY ASSURANCE SYSTEM
SCOTT, JOHN	DCYF	AGENCY RESPONSIVENESS TO COMMUNITY SERVICE ARRAY AND LICENSING
SEARS, CATHLEEN	DCYF	PERMANENCY OUTCOMES
SMITH, JANICE	DCYF	STAFF AND PROVIDER TRAINING
SMITH, KARALYN	DCYF	WELL-BEING OUTCOMES
SOARES, TERRY	DCYF	CASE REVIEW SYSTEM
SOUSA, WENDY	ADOPTION RI	QUALITY ASSURANCE SYSTEM STAFF AND PROVIDER TRAINING
SOUZA, DEB	DCYF	SAFETY OUTCOMES
ST.GERMAIN, PATRICIA	KEY PROGRAM, INC.	STAFF AND PROVIDER TRAINING
STANLEY, CINDY	DCYF	SERVICE ARRAY AND LICENSING
STONE, WINSOME	DCYF	PERMANENCY OUTCOMES
STRNAD, CHRISTOPHER	DCYF	WELL-BEING OUTCOMES

TAVARES, KATHERYN	ADOPTION RI	AGENCY RESPONSIVENESS TO COMMUNITY PERMANENCY OUTCOMES QUALITY ASSURANCE SYSTEM WELL-BEING OUTCOMES
TERRY, STEPHANIE	DCYF	AGENCY RESPONSIVENESS TO COMMUNITY SAFETY OUTCOMES
TURILLO, MARY	COMMUNITY CARE ALLIANCE	WELL-BEING OUTCOMES
VANDEN HOEK, DOUG	BOYS TOWN NEW ENGLAND	SERVICE ARRAY AND LICENSING
VENDETTI, TRAVIS	RI DEPARTMENT OF HEALTH	SAFETY OUTCOMES WELL-BEING OUTCOMES
WARNER, HEATHER	DCYF	SERVICE ARRAY AND LICENSING
WATSON, ERNIE	DCYF	SAFETY OUTCOMES
WATSON, FERNANDA	DCYF	AGENCY RESPONSIVENESS TO COMMUNITY CASE REVIEW SYSTEM PERMANENCY OUTCOMES QUALITY ASSURANCE SYSTEM SERVICE ARRAY AND LICENSING WELL-BEING OUTCOMES SAFETY OUTCOMES

Section II: Safety and Permanency Data

State Data Profile

State data profile deleted in its entirety

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Instructions

Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

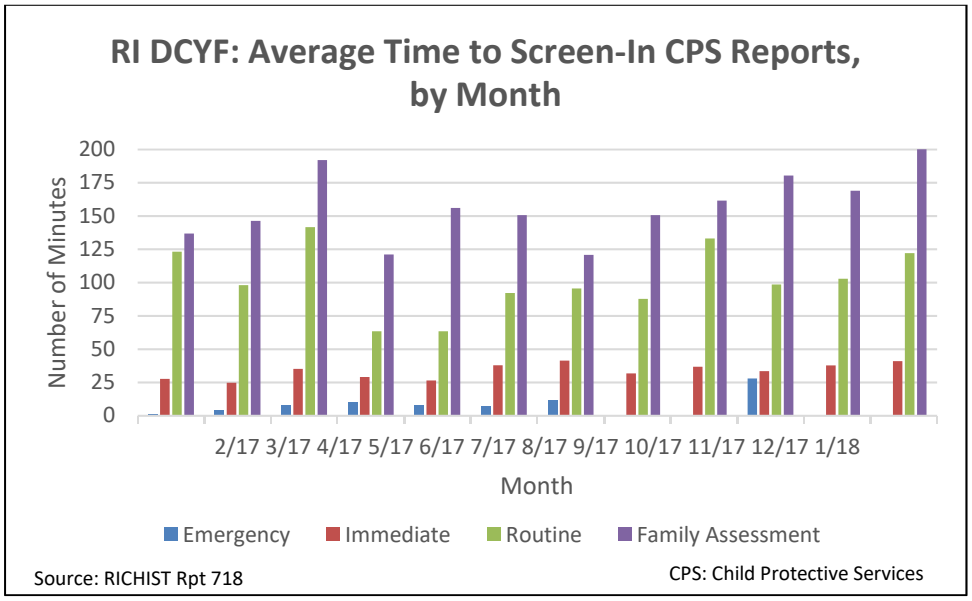
State Response:

All reports of child abuse/neglect in Rhodes Island are received through the centralized Child Abuse Hot Line. Each report is reviewed by a Child Protective Investigator and a Supervisor to determine if the information meets the criteria for an investigation. Each report is screened in accordance with the Criteria for a CPS Investigation which is defined in RI General Law. All child abuse and neglect reports are prioritized into 3 categories: Emergency, Immediate and Routine. All three (3) categories have time limits for processing the report and initiation of the actual investigation:

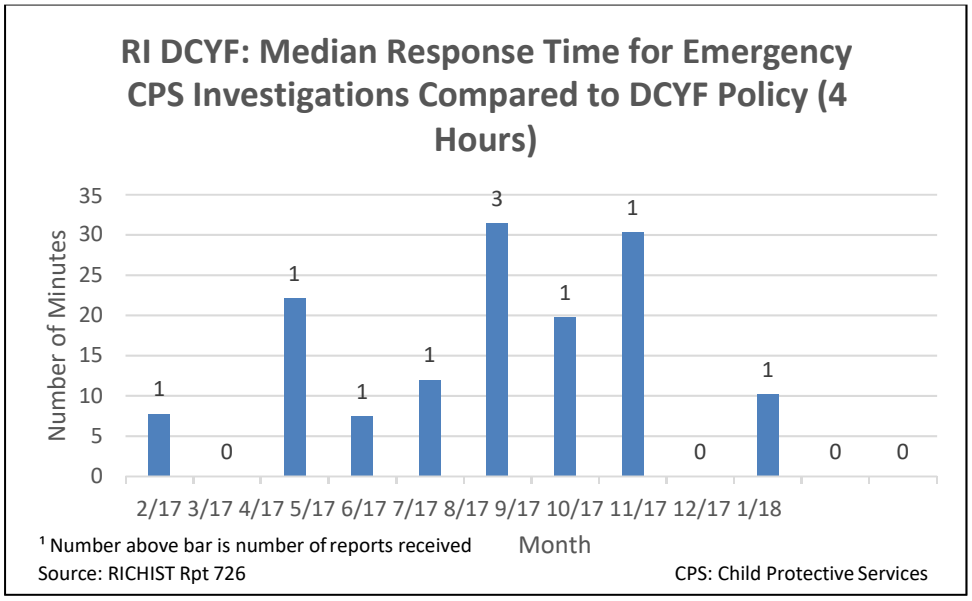
- Emergency Response – Call floor must process the CPS report within 10 minutes after the call is completed. A CPI must respond to the report within 10 minutes of assignment.
- Immediate Response – Call Floor must process the CPS report within 1 hour after the call is completed. A CPI must respond to the report within the shift in which the call was received.
- Routine Response – Call Floor must process the CPS report within 1 hour after the call is completed. A CPI must respond to the report within 24 hours of assignment.

Rhode Island DCYF is promulgating new policy regarding the screen-in and response times of child protective investigations. The proposed policy for promulgation is:

- 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 four (4) 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.

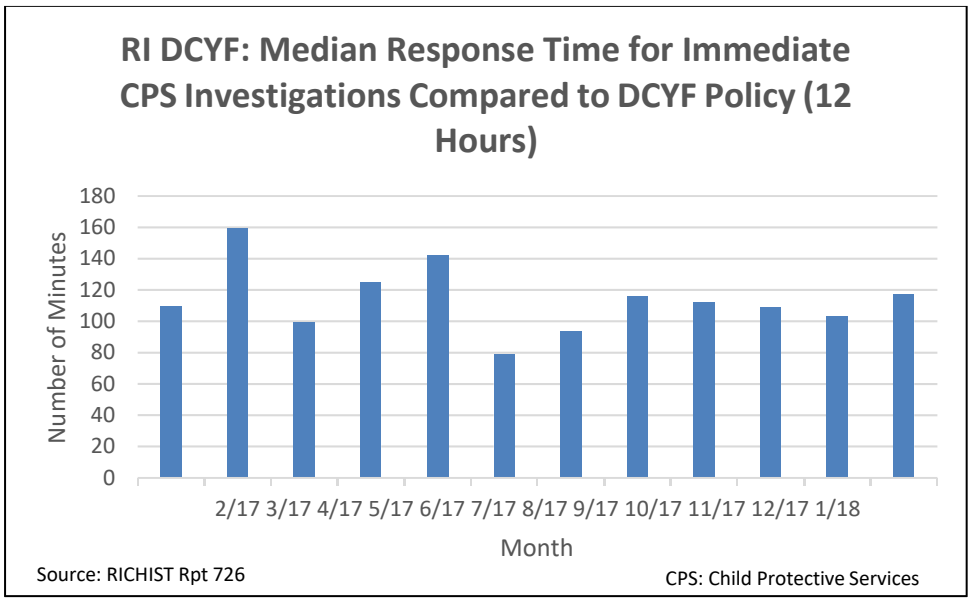


The above data reflects the average time in minutes to screen-in child protective services reports by month beginning February 2017 through January 2018. Screen-in time is defined as the number of minutes from creation of the CPS report by the call floor worker until acceptance of the report by the CPS Supervisor. Rhode Island met its policy of ten minutes to screen-in emergency reports ten (10) out of the twelve (12) months. Rhode Island met its policy of one hour to screen-in immediate reports every month. As to routine reports and reports requiring a family assessment response, Rhode Island was unable to meet its policy to screen-in routine reports and family assessments within one hour during the twelve-month period. A family assessment response pertains to cases that do not meet the criteria for a child abuse/neglect investigation but appear to need outreach to assess family functioning.

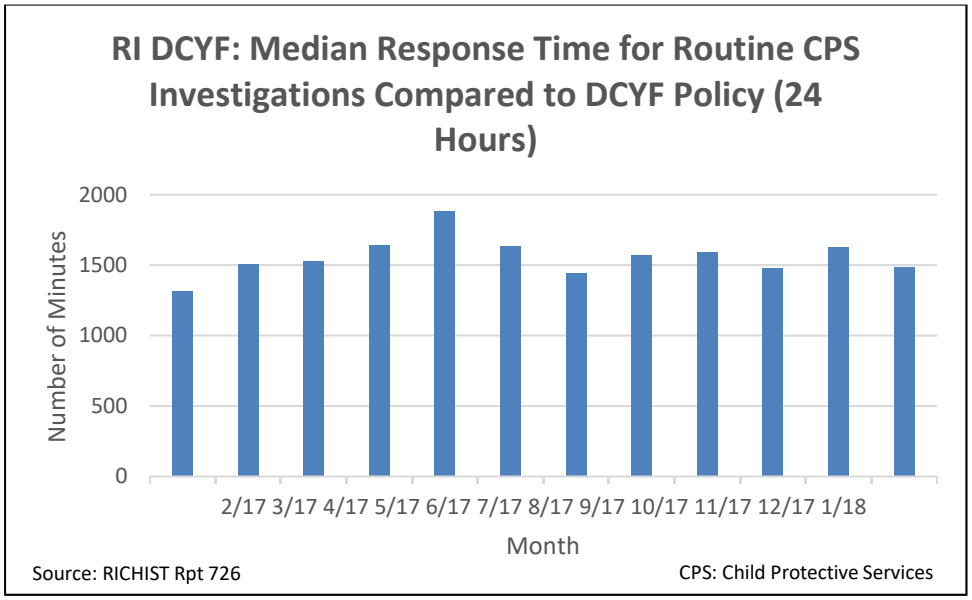


The above data reflects the median response time for Emergency CPS investigations compared to the **proposed DCYF policy** of four (4) hours beginning February 2017 through January 2018. The four-hour response time is being proposed for promulgation as the ten-minute response time has been determined to be unrealistic for investigators to achieve and not

consistent with what neighboring states utilize as their emergency response time (see factors affecting performance for more details). Response time is measured from supervisor acceptance of the CPS report to the investigator's first contact or attempted contact with any participant in the investigation. Of the twelve months, Rhode Island met its proposed policy of four hours 100% of the time every month that there was at minimum one emergency investigation.

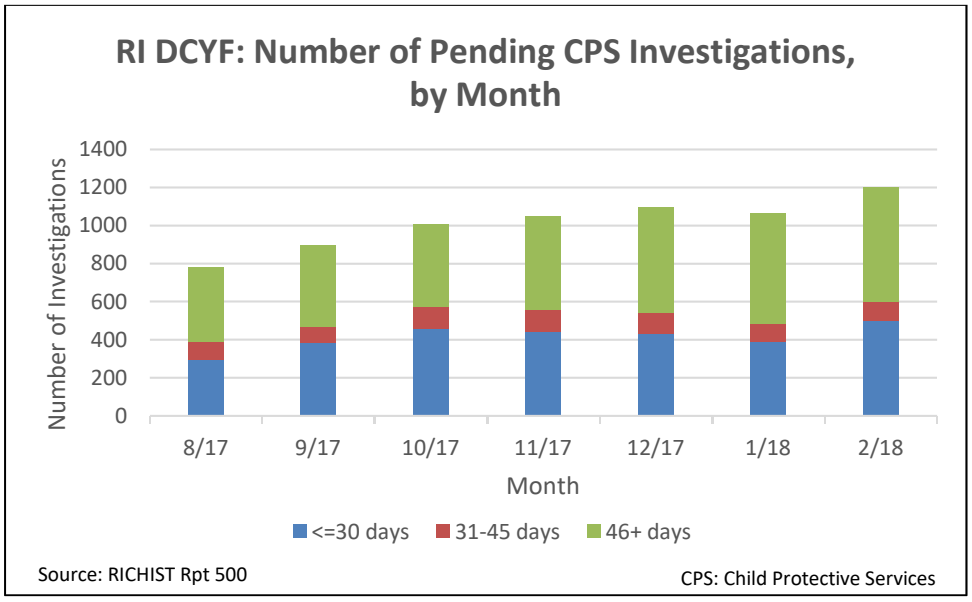


The above data reflects the median response time for Immediate CPS investigations compared to the **proposed DCYF policy** of within twelve (12) hours beginning February 2017 through January 2018. Response time is measured from supervisor acceptance of the CPS report to the investigator's first contact or attempted contact with any participant in the investigation. Rhode Island met its policy of twelve (12) hours at a median minimum of 79 minutes in July 2017 and a median maximum of 159 minutes in March 2017.



The above data reflects the median response time for Routine CPS investigations compared to DCYF policy of twenty-four (24) hours beginning February 2017 through January 2018. Response time is measured from supervisor acceptance of the CPS report to the investigator's first contact or attempted contact with any participant in the investigation. Rhode Island met its policy of twenty-four (24) hours (1440 minutes) at a median minimum of 1313 minutes in February 2017 and median maximum of 1884 minutes during the month of June 2017. Rhode Island met the median response time during the months of February and August 2017. Although Rhode Island is not meeting the routine response time 10 out of the 12 months, it is occurring shortly after the 24-hour mark at 30 hours. Rhode Island is proposing changing the response time for routine investigations from 24 hours to 48 hours to be more in line with the response times of our neighboring New England States such as Connecticut and Massachusetts.

In reviewing the above data, Rhode Island is substantially meeting the screen-in time for emergency and immediate CPS reports, but has been unable to meet the screen-in times for routine reports. Rhode Island is also meeting the investigative response times for emergency and immediate investigations, but is not meeting the response times for routine cases. Due to reduced staffing particularly on evening shifts and weekends, Rhode Island has been triaging cases to ensure that investigative time frames are met on emergency and immediate investigations as opposed to routine cases. Rhode Island is attempting to rectify this issue by increasing hiring of child protective investigators and assigning them to work evenings and weekends where there is the greatest need for staffing.



The above data reflects the number of pending CPS investigations by month beginning August 2017 through February 2018. All child protective investigations must be completed within ten days of commencement per policy. Extensions may be granted by an administrator but may not exceed 30 days. Rhode Island is proposing new policy that would extend the amount of time to complete an investigation from ten days to 30 days, with extensions being granted by an Administrator to not exceed 45 days. Since August 2017, there has been an increase in the number of pending investigations from August 2017 (780 total) to February 2018 (1200 total). There has also been an increase in the number of investigations pending for 46 or more days

over the last six months. The increase in the number of pending investigations is partially attributable to a 50% increase in the number of abuse/neglect calls over the last six months as shown in the table below:

Month	Number of CPS Reports
July 2017	1079
August 2017	1266
September 2017	1623
October 2017	1639
November 2017	1621
December 2017	1609

	2015	2016	2017
Substance Abuse	2914	3005	3012
Family Violence	2687	2693	2467
Total number of Reports	13922	14240	16134

When a hotline worker receives an abuse/neglect call and the reporter states that family violence and/or substance abuse is an issue of concern related to children's safety, then the hotline worker documents that substance abuse is a factor or family violence is a factor in the report. The above chart reflects the number of reports in which substance abuse and family violence were checked off as a factor in the report in fiscal years 2015, 2016, and 2017. Note that the total number of reports made to the DCYF hotline has substantially increased between the years of 2016 to 2017.

Factors Affecting Performance

There are several factors that affect the performance of this item in the positive. Despite the significant increase in hotline calls and investigations and reduced staffing levels, Rhode Island DCYF is still meeting the proposed response times for emergency and immediate investigations. In November 2017, there was an increase in staffing on the DCYF hotline to accommodate the higher volume of calls and investigations, in particular to address the

response times for routine investigations. Rhode Island has also provided overtime for investigators to complete investigations.

Another factor that affects the performance of this item in the positive is the recent development of the Family Assessment Response (FAR). Those reports which do not meet criteria for a CPS investigation, but contain the risks and vulnerabilities defined in revised CPS Policy is assigned as a Family Assessment Response. the Department recognized the importance of engaging parents to recognize concerns that affect their ability to parent; empower and help families and their supports identify solutions to address problems or concerns; the FAR focuses more on understanding the conditions that impact child safety and the factors that need to be addressed to strengthen the family; tailors the approach and services to correspond to the family's strengths, needs, and resources; taps into community services and the family's natural supports; and establishes strong community partnerships that can help support the family in times of need. The primary goal of this form or intervention is to ensure safety, and reduce risk through prevention and the establishment of community connections which the family can utilize in the present and as a resource in the future before crisis or maltreatment occurs. Rhode Island DCYF has begun piloting the family assessment response with two intake caseworkers with plans to fully incorporate the family assessment response in March, 2018.

Another barrier that affected the performance of this item is the lack of structure and consistency amongst CPS report dispositions on the DCYF hotline. Rhode Island recognized this as an area in need of improvement. In 2016, The Annie E. Casey Foundation and Child Protective Services did process mapping to analyze how Child Protective Services was organized and how investigative report decisions were made, , Rhode Island began the process of developing a validated and standardized tool consistent with Structured Decision Making to screen all CPS reports. Beginning in March 2018, all reports to the CPS Hot Line will be screened using the Structured Decision Making Hot Line Tool. The tool will screen in reports which meet criteria for an investigation. Those cases that do not meet the criteria for an investigation but do require outreach by DCYF due to identified risk areas and vulnerability factors will be referred for a family assessment response.

There are several barriers that have affected the performance of this item. There have been significant staffing shortages within the division of Child Protective Services, from approximately 72 investigators in 2006 to its lowest staffing level in February 2017 with 36 investigators. CPS is staffed 24 hours per day/7 days a week with investigators assigned to one of four shifts; 8AM-4:30PM, 11:AM-7:30 PM, 3:PM-11:30 PM and 11:30PM-8: AM. Traditionally, most staff had Saturday/Sunday or Sunday/Monday off in order to staff high volume call times and days. Since August 2016, staffing patterns changed, reducing the number of staff working on weekends and during the 11:00AM-7:30PM shift from thirty eight (38) investigators to eighteen (18) investigators working nights and weekends.. The 11:00-7:30 PM shift was created to accommodate a high volume of calls during the late afternoon, often from schools. A significant number of calls are also received on Friday nights, which results in increased Routine investigations pending assignment on Saturdays. Absent a sufficient number of investigators overall and in particular on weekends and evenings, the division prioritized limited staffing resources to respond first to Emergency and Immediate investigations, causing Routine investigations to be assigned outside of the time frame established by policy. This insufficient ratio of investigators to investigations resulted in delays entering data to memorialize investigations into the RICHIST system. With the recent hiring of additional child protective

investigators, CPS has been able to increase staffing on the 11:00-7:30 PM shift and on weekends.

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. Those reports that did necessitate a response to offer preventative services were assigned to Intake CPS Social Caseworkers to provide outreach. 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 that Information Referrals was in need of revision to better meet the needs of Rhode Island's families. In order to continue to outreach to families for prevention when reports are made which do not meet investigative criteria but there are risk factors evident, the Department incorporated a Family Assessment Response into the Call Floor screening process. Those reports which do not meet criteria for a CPS investigation, but contain the risks and vulnerabilities defined in revised CPS Policy will be assigned for a Family Assessment Response. The response, much like a Routine investigation, will be initiated within 3 working days and will involve outreach to the family to assess family functioning in the context of the report. Where needed, the family will be offered immediate access to home and community-based service options. The Family Assessment Response, unlike a CPS Investigation, does not involve an allegation of maltreatment and is therefore voluntary. (Rhode Island's Family Assessment Response is not a Differential Response in that there is no allegation of maltreatment or significant risk of maltreatment. Those reports shall continue to be classified as CPS Investigations.)

Another barrier that has affected the performance of this item are the current time frames to screen in and investigate child abuse and neglect cases. The response time for emergency investigations is currently ten minutes. This response time was determined to be unrealistic for investigators to achieve as it may take a minimum of ten minutes to drive to the scene of an emergency investigation. Rhode Island is proposing that the new response time for emergency investigations be increased to four (4) hours. Rhode Island DCYF recognized that not all routine investigative reports require a 24-hour response. Rhode Island DCYF has proposed increasing the response time for routine investigations from 24 hours to a 48- hour response time. Rhode Island DCYF is also proposing that the completion of a CPS investigation be increased from ten days to 30 days with the option for an extension of up to 45 days with administrative approval. These proposed time frames are more in line with New England states that border Rhode Island such as Connecticut (same day, within 24 hours, or within 72 hours) and Massachusetts (2 hours, 24 hours, and three business days). The goal of increasing the time frames is to afford the investigator time to engage with the family and conduct a more thorough assessment in those cases where impending danger is not present. This engagement allows for the ability to better assess family needs beyond the alleged incident and to connect the family with service options, where appropriate, in order to reduce the likelihood of future maltreatment.

Rhode Island's assessment of this item is that this is an Area Needing Improvement. Rhode Island is not meeting its standard for the screening of CPS reports, initiation of investigations, and completion of investigations. However, the Department believes the above-mentioned CPS organizational, policy and process changes as well as increase in staffing identified above, will result in RI meeting the response times across all response levels and the addition of a new FAR support that will meet the needs of family safety and well-being. Toward that end, the

Department currently tracks response times and provides monthly feedback to the Department administrators via the Department monthly dashboard as well as be reviewed during monthly Data and Evaluation meetings. The Department will be able to assess changes in response time as this new system is being implemented and make adjustments if needed.

Item 2: Did the agency make concerted efforts to provide services to the family to **prevent** children's **entry into foster care or re-entry** after reunification?

Table 1. Percentage Rated as Strength (Statewide) Out of Home Cases:

2015 (n=624)	2016 (n=899)	2017 (n=297) 1st Quarter
99.52%	98.91%	100%

Table 2. Percentage Rated as Strength (Statewide) In-Home QA'd:

2015 (n=246)	2016 (n=119)	2017 (1st Quarter)
88.16%	80%	Not available

Source: Administrative Service Plan Review Report #199: QA'd Only (In-Home) and ARU (out of Home).

The above data was collected from Administrative Reviews of in home and out of home cases. This data measure determines whether the agency made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification. Rhode Island is showing stronger performance within the out-of-home population as opposed to the in-home populations. It is important to note that the in-home cases are subjected to a quality assurance procedure to ensure that they are consistent with the CFSR process while the out of home cases are not. However, inherent in the Administrative Review is the expectation that reviewers are specifically trained and their function is to provide an objective review. The Department will enhance the quality assurance process for all cases as the department implements a state-run CFSR program.

Table 3. Entry Cohort: Percent of Children Re-Entering Care Within 12 months of Discharge and Selected Indicators

	FY13 entry cohort	FY14 entry cohort	FY15 Entry cohort
Percent re-entered	24.9%*	18.3%*	21.5%*
Median age at re-entry	14	14	14
Median length of time (days) since previous discharge	120.5	144.0	140.0

* Percentages in this section are unadjusted for age and number of entries. Children's Bureau adjusts for age and number of entries.

Notes: Some numbers are revised to reflect current data and may be different from last year's report.

The above table (table 3.) reflects children re-entering care within 12 months of discharging to reunification, guardianship, or living with a relative. The percent of children re-entering care in fiscal year 2013 was 24.9%, but then decreased to 18.3% in fiscal year 2014. In fiscal year 2015, the percentage of children that re-entered care increased to 21.5%. In reviewing the data, the state continues to struggle with a high rate of re-entry within 12 months.

An in-depth analysis to identify factors associated with subpopulations at elevated prevalence of foster care re-entry reveal older children compared to younger children, and children whose first placement was congregate care vs non congregate care (See figure 1). The Department tested for disproportionality of foster care re-entry. The reference group is White Non-Hispanic. Racial and ethnic groups are compared to White Non-Hispanic. After controlling for age, there were no statistically significant differences observed in the FY15 entry cohort (See Figure 2).

Figure 1. Demographics of children re-entering out-of-home placement in FY15-FY17 within 12 months of discharging to reunification, guardianship or living with a relative(s), FY15 entry cohort (N=103)

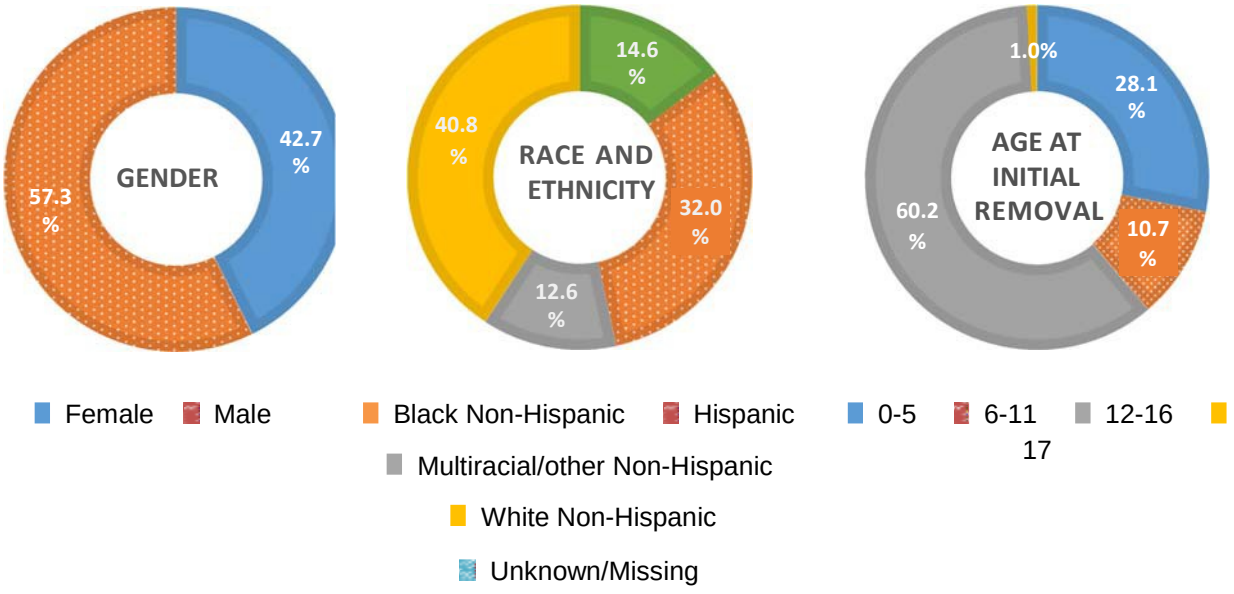
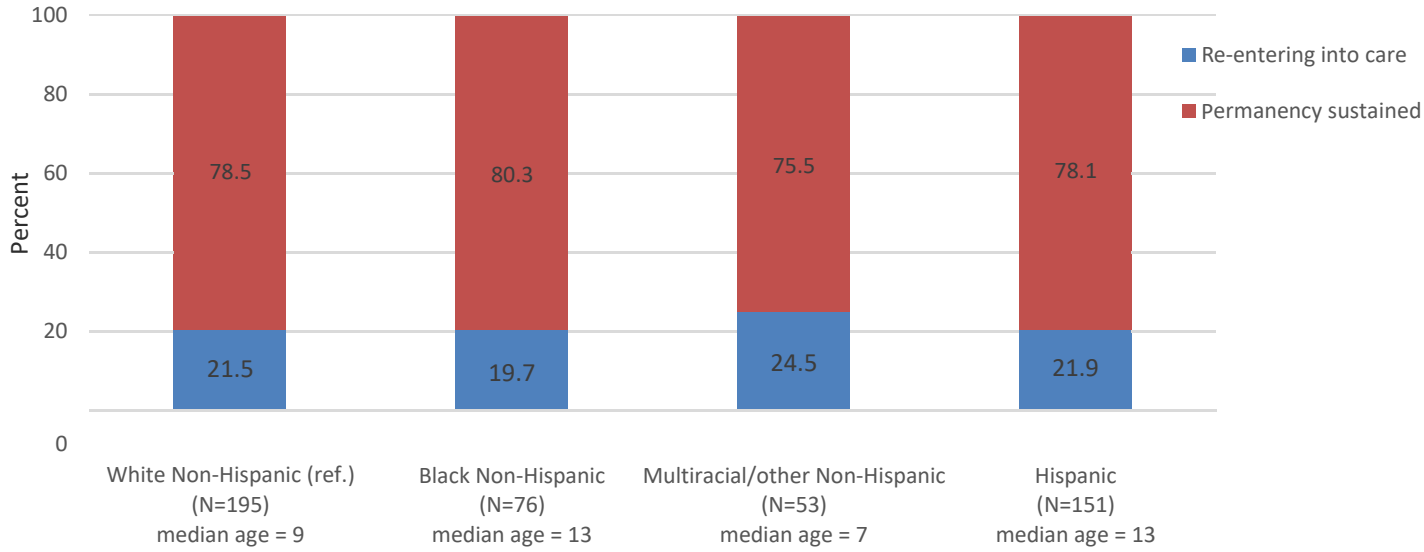
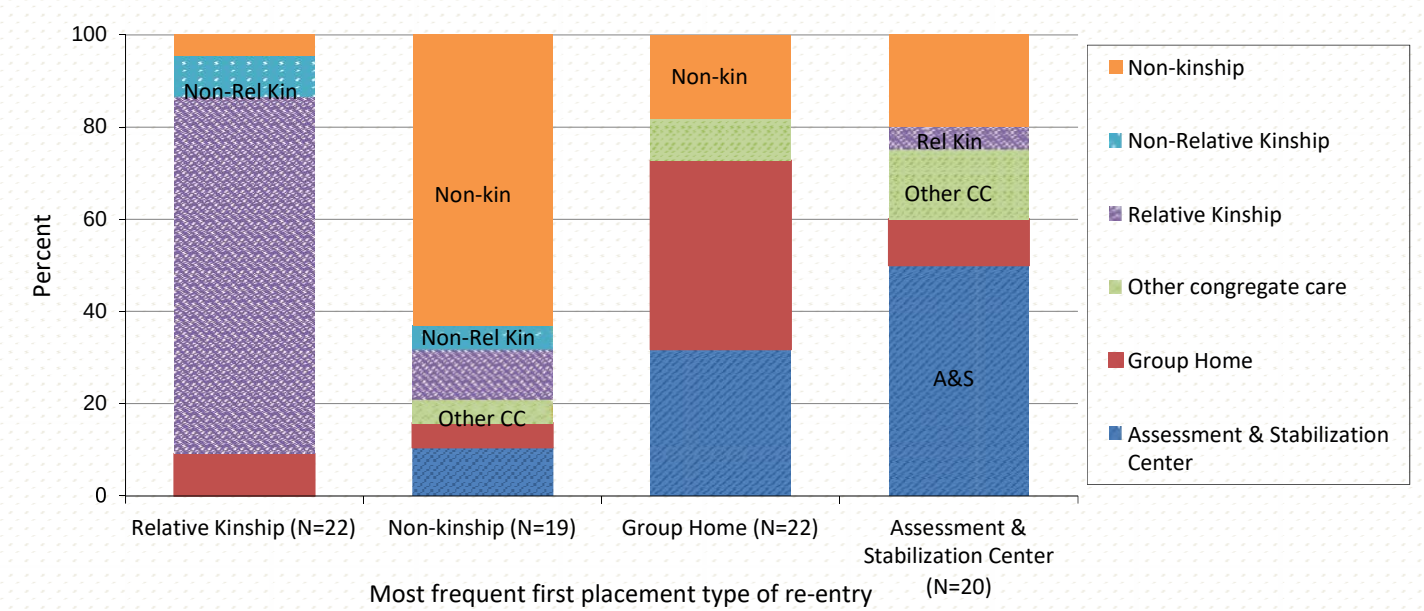


Figure 2. Disproportionality in children re-entering out-of-home placement in FY15-FY17 within 12 months of discharging to reunification, guardianship or living with a relative(s), FY15 entry cohort



Further analysis has shown that the majority of re-entries occur within the first six months of reunification. Figure 3 reveals a trajectory where most children re-entering into an out-of-home placement whose re-entry first placement is congregate care were previously discharged from a congregate care setting. This subpopulation is comprised primarily of older youth age 12 and older and removed for behavioral health reasons. Likewise, most children re-entering into an out-of-home placement whose re-entry first placement is a family-like setting were previously discharged from a family-like setting. This population is comprised mostly of younger children, age 0-11 removed primarily for maltreatment. Slightly over 80% of children re-entering into an out-of-home placement of congregate care in FY15-FY17 within 12 months of a previous discharge were discharged from a congregate care setting. Likewise, close to 80% of children re-entering into an out-of-home placement setting of a family-like setting in FY15-FY17 within 12 months of a previous discharge were discharged from a family-like setting.

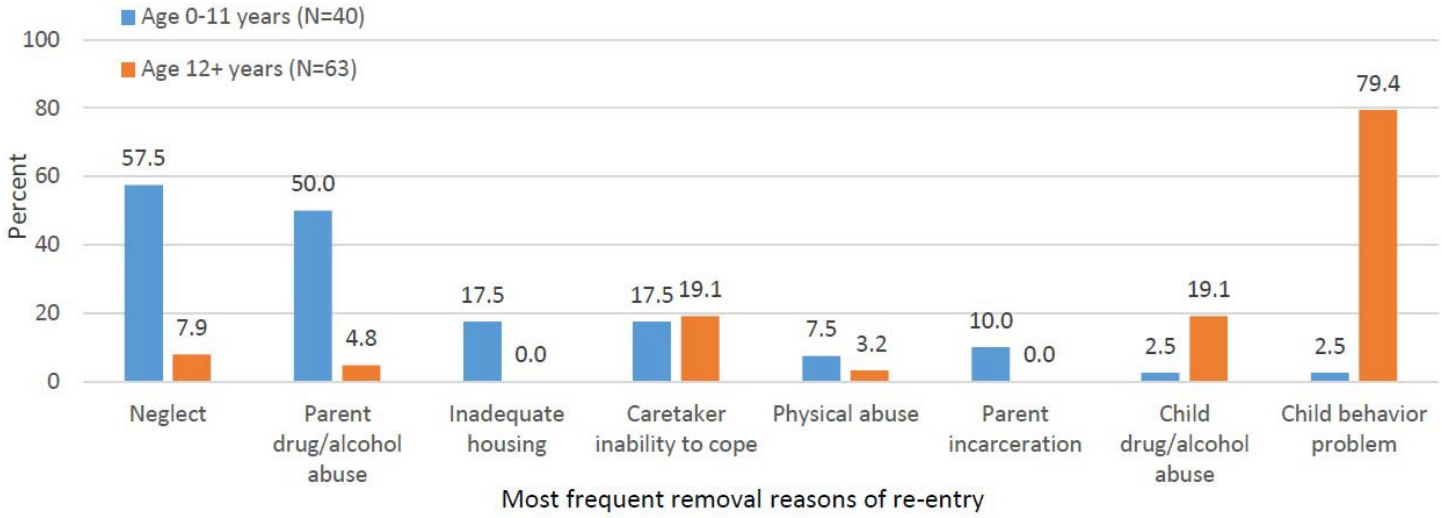
Figure 3. Percent of children re-entering into out-of-home placement in FY15-FY17 within 12 months of discharging to reunification, guardianship or living with a relative(s), by placement service type at previous discharge for the most frequent first placement service types of re-entry, FY15 entry cohort



To improve the success rate of reunifications, the department has expanded its home-based service array to address all populations with a particular emphasis on older youth age 12 and older who have been placed in congregate care. The Department has instituted a performance-based incentive system for providers who successful maintain youth in the reunification for at least six months. Active contract management will be monitoring this metric for all group home providers to identify and resolve practice issues that lead to failed reunifications.

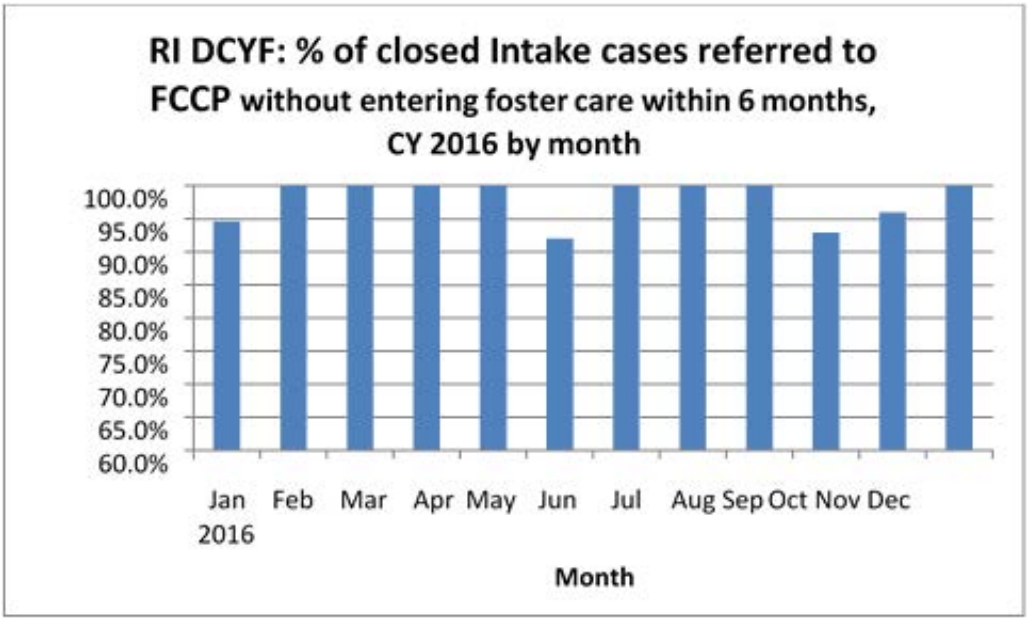
The data below reflects the percentage of children re-entering into out-of-home placement in FY15-FY17 within twelve (12) months of discharging to reunification, guardianship, or living with a relative(s), by most frequent removal reasons of re-entry and age at initial removal, FY15 entry cohort. Of children between the ages of 0-11 years old,57.5% re-entered care due to parental neglect, 50% or re-entries were attributable to parental drug/alcohol abuse, and 17.5% re-entered care due to Inadequate Housing and Caretaker Inability to Cope. Of children ages 12 years and older, the most common reasons for re-entry into care are due to Child behavior problem (79.4%) followed by Child drug/alcohol abuse (19.1%), and Caretaker inability to cope (19.1%). In reviewing the data, it appears that children under the age of eleven are more likely to re-enter care due to parental neglect than those children aged 12 years and older.

Figure 4. Percent of children re-entering into out-of-home placement in FY15-FY17 within 12 months of discharging to reunification, guardianship or living with a relative(s), by most frequent removal reasons of re-entry and age at initial removal, FY15 entry cohort

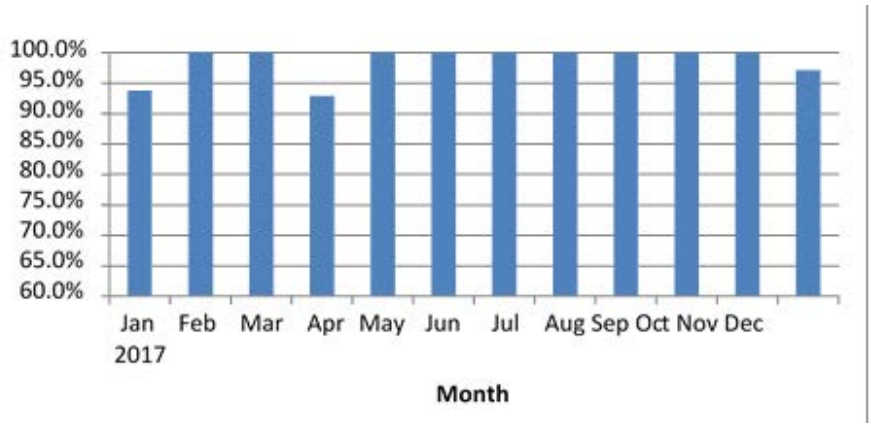


Focusing on the prevention of entry into care, the Department implemented the Family Care Community Partnerships in 2009 with the mission of addressing family needs within their own community and maintaining children safely within their homes. The FCCPs are 4 networks geographically located throughout the state to fulfill this mission and accept referrals from the Department and the community. The Department makes referrals to the FCCPs who come in contact with the Department and do not rise to the level of a Department Family Service Unit caseworker although present challenges aligned with FCCPs services and supports. The FCCPs practice model is Wraparound complete with a Wraparound facilitator, family support partner and service referrals responsive to family needs.

For calendar years 2015 and 2016, there was a slight increase in families, 1,511 and 1,527 families respectively, opened to the FCCPs. During that same period, 1,133 and 1,143 families were closed to the FCCP. Among the families that closed during CY15, the median length of time in the FCCPs was 85 days which decreased to 75 days in CY16. Among the families who engaged in Wraparound and closed to the FCCPs in CY15, 67% closed with partial or all WRAP goals met and in CY16 that percentage was 72%. There was a decrease among families who closed to the FCCP's for the reason of opening to the Department, 7.8% in CY 15 and 6.3% in CY16. Likewise, the percent of families closed to the FCCPs and who subsequently had either an investigation or removal from home within 6 months decreased from 7.0% to 6.1%.



RI DCYF: % of closed Intake cases referred to FCCP without entering foster care within 6 months, CY 2017 by month



The above data reflects the percentage of closed intake cases that were referred to the Family Care Community Partnership (FCCP) without entering foster care within six (6) months during calendar years 2016 and 2017 by month. In 2016, 100% of cases referred to the FCCP did not enter foster care eight (8) out of the twelve (12) months. The lowest percentage occurred in June 2016 with a total of 92%. The overall average for 2016 is ninety- eight (98) percent. In 2017, 100% of the cases referred to the FCCP did not enter foster care nine (9) out of the twelve (12) months. The lowest percentage occurred in April 2017 with a total of 92.9%. The overall average for 2017 is 98.7%. This data shows that cases that are closed to intake with a FCCP referral are highly likely to NOT enter foster care in six (6) months.

Rhode Island DCYF makes referrals where appropriate to Early Intervention and developmental screening service providers. In 2017, policy was revised to allow for nearly 100% of children identified in indicated cases of abuse or neglect to be referred for a developmental screening or evaluation. The following data relates to DCYF involved children under the age of 3 who were referred to Early Intervention and First Connections for Calendar Year 2017

1) Number maltreated children under age 3 in 2017:	**902**	**Total**
2) Of total, # already enrolled EI or otherwise screened (did not need referral)	**26**	**3.0 %**
3) Of total, # referred to EI for an eligibility assessment:	**248**	**27.5 %**
4) Of total, # referred to First Connections only for screening:	**461**	**51.2 %**
5) Remainder where case closed, parent refused consent for referral or not referred:	**167**	**18.3 %**

Of the 902 children, 78.7% were referred for services to Early Intervention and First Connections.

The Department provides an array of services aimed at preventing children from entering care and re-entering care among children who are open to the Department and assigned a RI DCYF caseworker. These programs are aimed across age groups. Among these programs is Family Preservation.

Table 3. Six-month follow-up of youth who started FP from in-home between 7/1/14-11/30/15, by age and selected outcomes. (N=47)

Age group	Total number of youth	Removal from home			CPS investigation			Indication of maltreatment			Stay at RITS			Adjudication		
		N	% (row)	Median days	N	% (row)	Median days	N	% (row)	Median days	N	% (row)	Median days	N	% (row)	Median days
0 – 10	22	6	27.3%	42.5	2	9.1%	84.0	2	9.1%	84.0	0	0.0%	-	0	0.0%	-
11 – 17	25	1	4.0%	5.0	3	12.0%	75.0	0	0.0%	-	0	0.0%	-	0	0.0%	-
18 – 21	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	**47**	**7**	**14.9%**	**27.0**	**5**	**10.6%**	**75.0**	**2**	**4.3%**	**84.0**	**0**	**0.0%**	**-**	**0**	**0.0%**	**-**

NOTES:

- Six month follow-up period begins on the service start date.
- A youth may be counted in more than one outcome category, if a youth experienced multiple outcomes within the 6 month period.
- Median length of time (in days) between the start of FP and the selected outcome.
- Depending on the length of time a youth received FP, a youth may or may not have been receiving FP at the time of experiencing the outcome. Youth may have ended FP any time before or after experiencing a selected outcome.
- In-home placements defined in this report include living arrangement of stay with friend, guardian, married parents, relatives, separated couple, single female parent, single male parent, subsidized adoption, and unmarried couple. This is not exclusively child welfare placement.

Family Preservation is a program that provides in home supports and case management to stabilize placements and reunification. The above data reflects youth who started a Family Preservation Program in-home between the dates of 7/1/14-11/30/15. Children that started a Family Preservation in-home program were followed up six months after. Of the 47 youth who were engaged in an in-home Family Preservation Program, 14.9% were removed from home and 10.6% had a Child Protective Services investigation within the six-month period. In 4.3% of the cases, there was an indication of maltreatment within the six-month period.

Table 3. Six-month follow-up of youth who started TP from in-home between 7/1/14-11/30/15, by age and selected outcomes. (N=28)

Age group	Total number of youth	Removal from home			CPS investigation			Indication of maltreatment			Stay at RITS			Adjudication		
		N	% (row)	Median days	N	% (row)	Median days	N	% (row)	Median days	N	% (row)	Median days	N	% (row)	Median days
0 – 10	25	5	20.0%	128.0	4	16.0%	54.0	2	8.0%	93.5	0	0.0%	-	0	0.0%	-
11 – 17	3	0	0.0%	-	0	0.0%	-	0	0.0%	-	0	0.0%	-	0	0.0%	-
18 – 21	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	**28**	**5**	**17.9%**	**128.0**	**4**	**14.3%**	**54.0**	**2**	**7.1%**	**93.5**	**0**	**0.0%**	**-**	**0**	**0.0%**	**-**

NOTES:
- Six month follow-up period begins on the service start date.
- A youth may be counted in more than one outcome category, if a youth experienced multiple outcomes within the 6 month period.
- Median length of time (in days) between the start of TP and the selected outcome.
- Depending on the length of time a youth received TP, a youth may or may not have been receiving TP at the time of experiencing the outcome. Youth may have ended TP any time before or after experiencing a selected outcome.
- In-home placements defined in this report include living arrangement of stay with friend, guardian, married parents, relatives, separated couple, single female parent, single male parent, subsidized adoption, and unmarried couple. This is not exclusively child welfare placement.

Positive Parenting Program (Triple P) is an evidence based model designed to teach positive strategies, parenting skills and their application to a range of target behaviors and settings. Triple P works to improve family functioning to promote safety and permanency as well as reduce behavioral and emotional issues and reduce family risk factors for child maltreatment. The above data reflects youth who started Triple P in-home between the dates of 7/1/14-11/30/15. Children that started a Positive Parenting Program in-home program were followed up six months after. Of the 28 youth who were engaged in an in-home Positive Parenting Program, 17.9% were removed from home and 14.3% had a Child Protective Services investigation within the six-month period. In 7.1% of the cases, there was an indication of maltreatment within the six-month period.

> Positive Parenting Program (Triple P) (The Key Program) – Evidence based model designed to teach positive strategies, parenting skills and their application to a range of target behaviors and settings. Works to improve family functioning to promote safety and permanency as well as reduce behavioral and emotional issues and reduce family risk factors for child maltreatment. Ages served 0-12. Geographic Area: Statewide.

There are several factors that affect the performance of this item in the positive. Rhode Island DCYF is looking at prevention being the responsibility of the community, not solely DCYF and has begun to engage specific communities where rates of maltreatment (See figures 8, 9) and removal are highest (See figures 5 – 7). This data along with community forums provided in-depth analysis by age groups, race, ethnicity and geographic location of children who are disproportionately impacted. During community forums, the agency has provided feedback to community leaders and members about their families. Through these partnerships, DCYF is collaborating with the communities with the highest maltreatment rates to create an emergency response to safety plan and provide immediate services to families to prevent removal or to identify and support placement within the community so as to reduce the risk of disruption to the child (please see Permanency item 9 for further details and information).

Figure 5. Rate of children entering out-of-home placement per 1,000 children under 18 years old in Rhode Island, by case town of removal, FY17 entry cohort

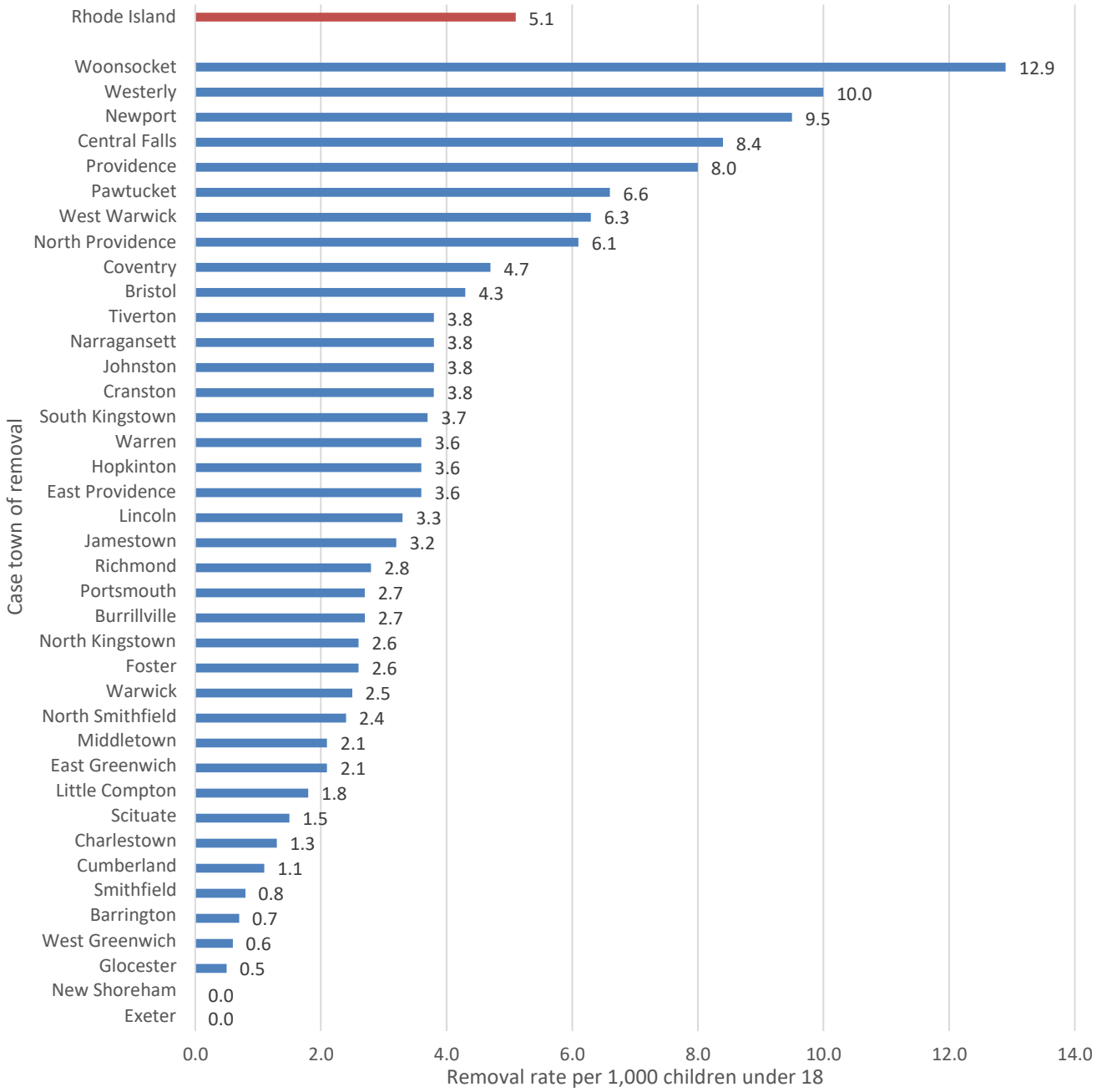


Figure 6. Percent of children entering out-of-home placement and population estimate of children *age 0-9* in Rhode Island, by race and ethnicity, FY17 entry cohort

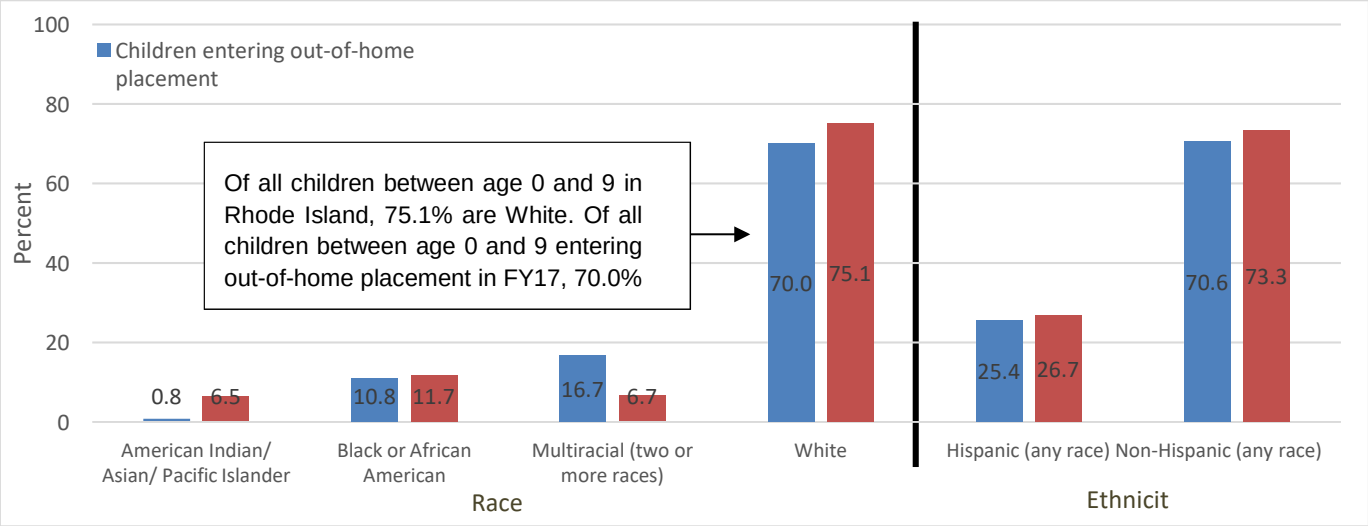


Figure 7. Percent of children entering out-of-home placement and population estimate of children *age 10-17* in Rhode Island, by age group, FY17 entry cohort.

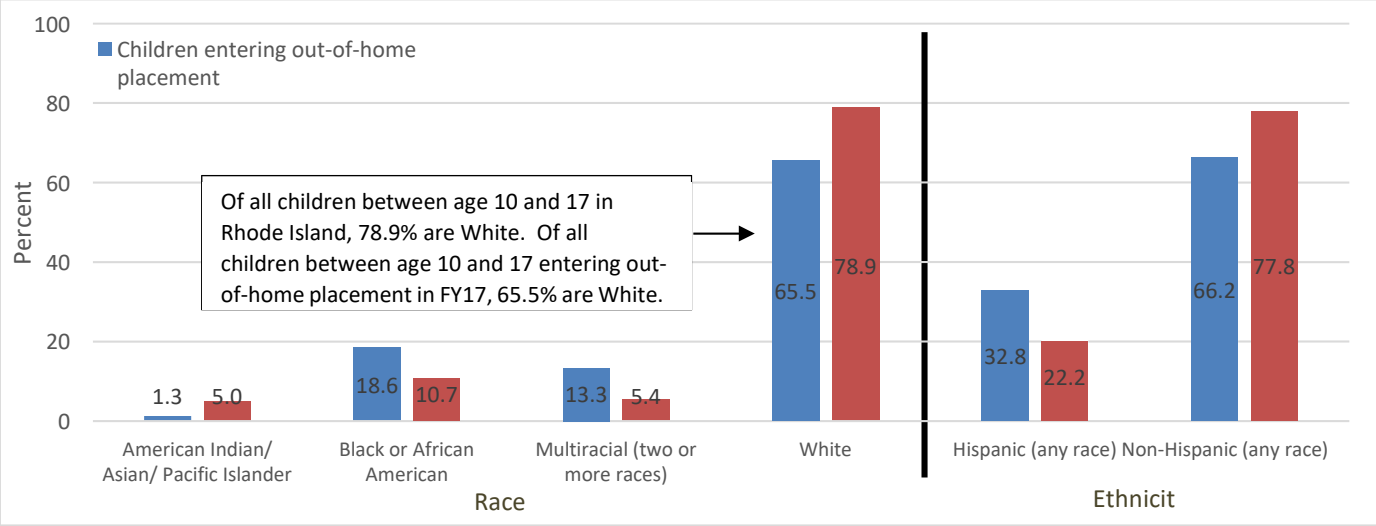


Figure 8. Rate of indicated child victims per 1,000 children under 18-year-old in Rhode Island, by family city\town, FFY17. (excluding maltreatment in foster care)

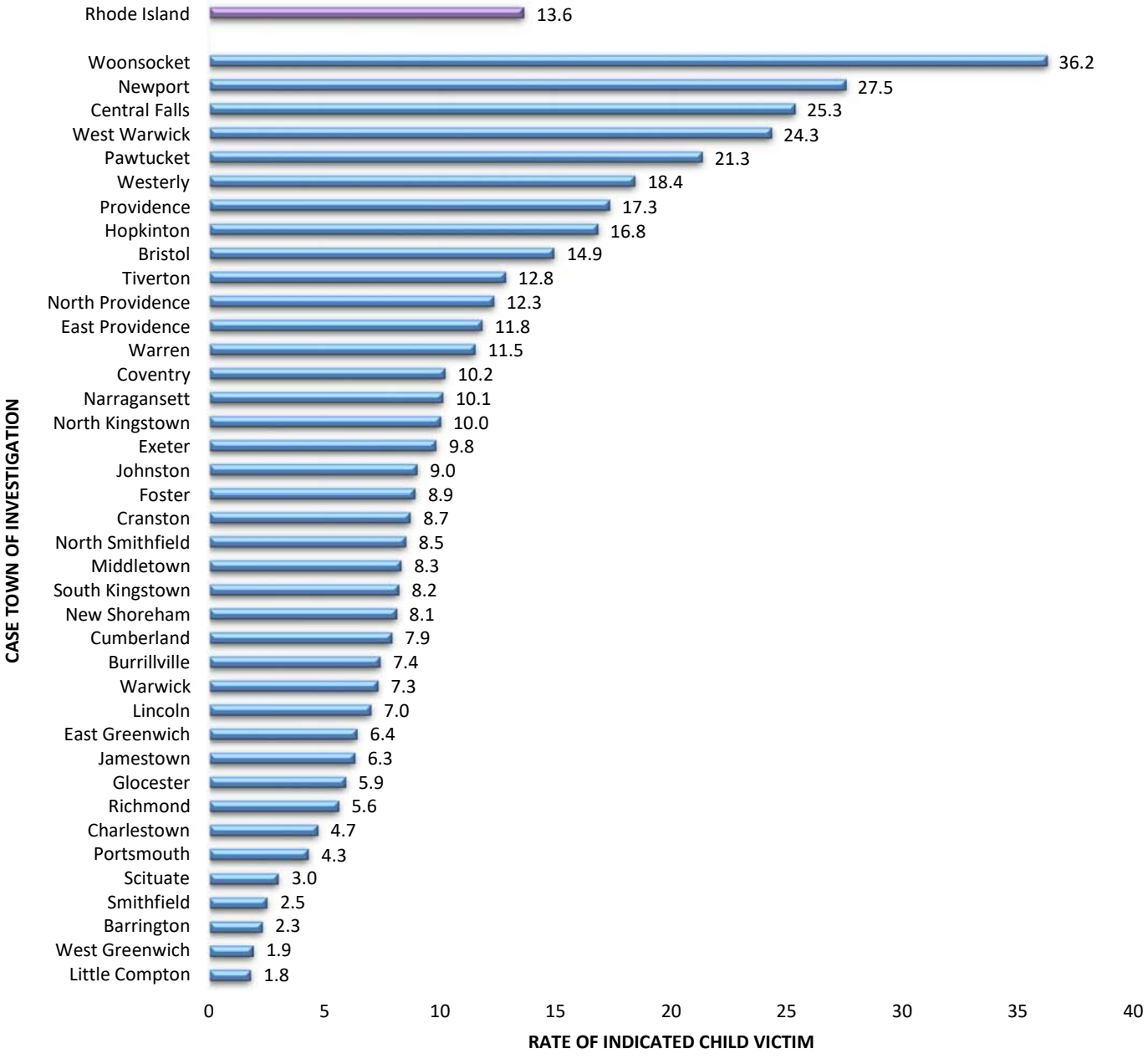
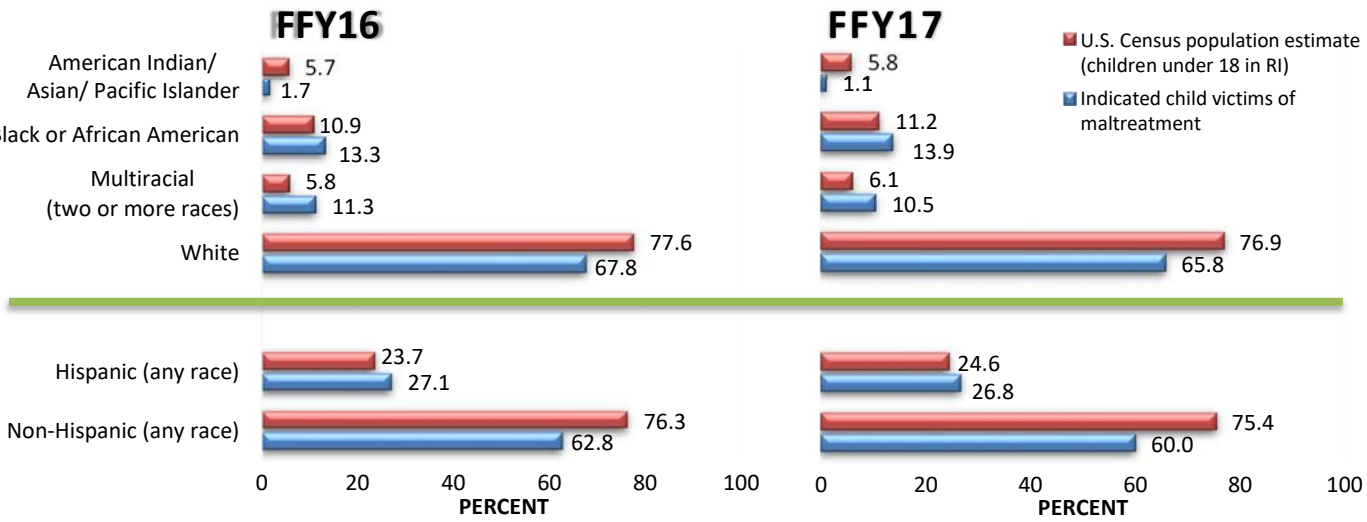


Figure 9. Percent of indicated child victims of maltreatment and population estimate of children under 18 years old in Rhode Island, by race, ethnicity and year.



Another factor that affects the performance of this item in the positive are the additional Family Preservation Services that are now accessible to families without the requirement that they be active with DCYF. Traditionally crisis stabilization, intensive behavioral health treatment, and other community based interventions not covered under commercial health care were only accessible to families upon becoming involved with and remaining open to DCYF. This limited the ability to practice prevention for many of these families who only became eligible for these services after an incident, or high risk of an incident, of maltreatment or psychiatric hospitalization. These restrictions limited our ability to practice prevention to the extent needed. These services are now available to families in need of these services who do not require DCYF case management. These families may access the services through contact with Child Protective Services and with the Rhode Island Family Court Diversion Program. Families will also have access to services through the FCCP with no DCYF or Family Court referral.

Rhode Island procured home based services to prevent children's entry or re-entry into foster care. Some of these services include Family Centered Treatment (FCT) through Child and Family Services and Communities for People, Enhanced Family Support Services (EFSS) through the Key Program and Communities for People and the Family Stabilization Program through Child and Family Services. The FCT is an evidence based program that supports rapid reunification with children, youth and their families when there has been an out of home placement. EFSS is a program that uses trauma informed treatment, motivational interviewing, family centered practice, safety planning and cognitive behavioral therapy to stabilize family relationships, improve functioning and help develop skills needed to ensure safety, health and well-being. The Family Stabilization Program is an evidence informed model that utilizes three phases of treatment to support families who have a child at imminent risk for removal from home and can also support reunification. Family Centered Treatment and the Family Stabilization Program are newly procured services.

There are several barriers that affect the performance of this item. In order to effectively manage risk and safety factors, it is critical that staff possess strong assessment skills to effectively and consistently make sound safety decisions. Lacking a clear understanding of how to develop viable safety plans places children at risk for re-maltreatment and consequent removal. Recognizing that staff struggle in this area, as part of our work in developing new tools and training, all levels of staff are being trained in a consistent valid framework of practice which incorporates coaching in order to sustain learning and embed the knowledge into practice.

Rhode Island DCYF is not the sole decision maker relative to removing children from home. There are instances in which investigators and caseworkers have developed what is believed to be viable safety plans involving children who remain at home and are brought before the Court as a matter of policy or to ensure compliance with services. In some instances, the Court determines that these plans are not acceptable and children are consequently removed from home. Not only must Rhode Island consistently develop and review effective safety plans, but in order to safely maintain children at home regardless of legal status, there must be a shared understanding and practice as it relates to the assessment and management of risk and safety.

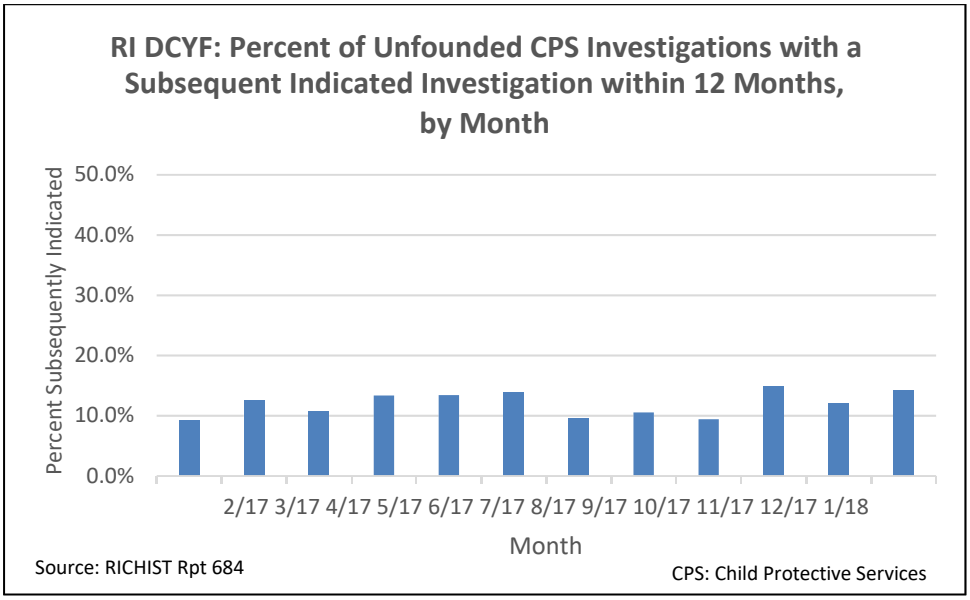
Data shows that community-based prevention services for those families referred to the FCCP are effective in reducing the likelihood of entry into foster care. These services are available to families who have been the subjects of substantiated CPS reports, as well as those deemed at

risk of future maltreatment subsequent to assessment as opposed to investigation. In both instances, unless these families reach the threshold which warrants that Rhode Island DCYF seek legal status, engagement in these services is strictly voluntary. For this reason, it is critical that CPS staff working with these families possess strong engagement skills to support families in making the decision to participate in voluntary interventions.

The Department works with families who have been involved with the RI Family Court for child behavioral issues which are not related to maltreatment. Examples of these cases are youth who are truant from school or have demonstrated wayward/disobedient behaviors. In those situations, Rhode Island DCYF may only become involved with the family after placement out of home has been ordered by the court. These cases do not afford the DCYF the opportunity to engage the family in services to prevent out of home placement. In our efforts to focus on prevention, the Department is actively working with the RI Family Court to provide access to previously unavailable community based services without DCYF involvement and is seeking that the court refers the family for these services prior to the decision to place a child out of the home.

Rhode Island's assessment of this item is that this is an area of strength. Rhode Island is showing positive performance with providing services to families to prevent entry into foster care. Services such as Early Intervention, Family Care Community Partnerships, Family Preservation, and Triple P are helping families to prevent removals and keep children safe at home. DCYF has also expanded its service array to provide supportive services to prevent re-entry into foster care.

Item 3: Did the agency make concerted efforts to **assess and address the risk and safety** concerns relating to the child(ren) in their own homes or while in foster care?

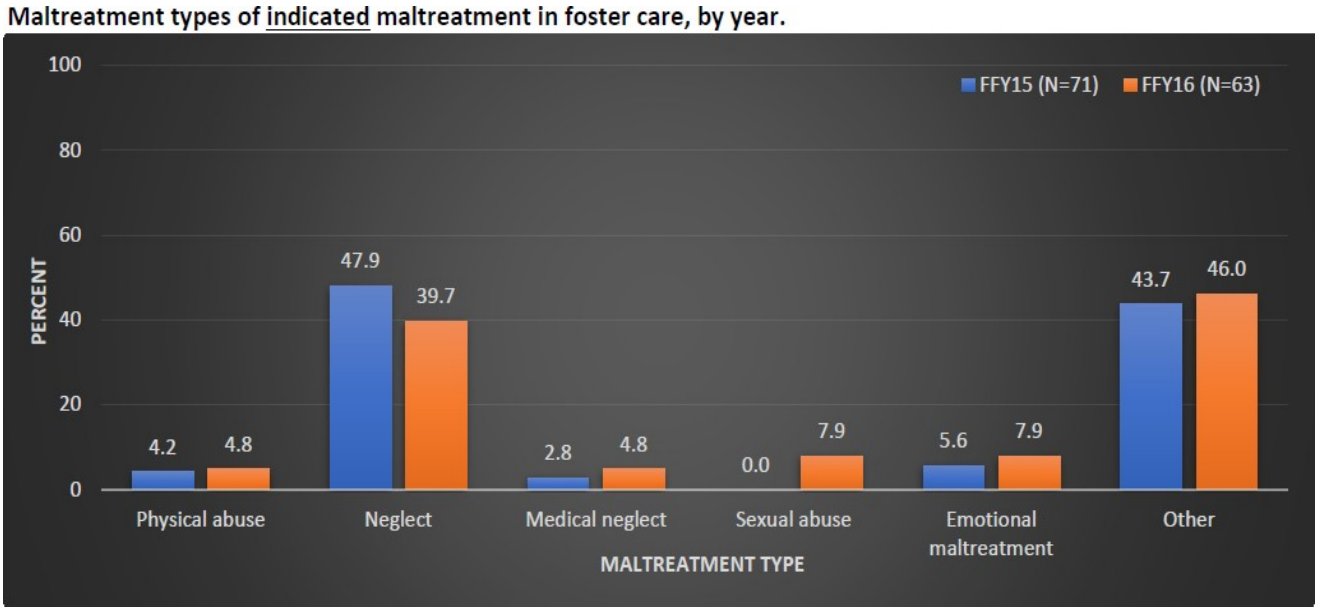


The above data reflects the percent of unfounded CPS investigations with a subsequent indicated investigation within twelve (12) months beginning February 2017 to January 2018. Performance appears to be slightly below or higher than 10% for all twelve (12) months.

National Standards	National Standard	RI FFY14	RI FFY15	RI FFY16*
Maltreatment in foster care	.57% or fewer	1.19%	1.04%	1.45%
Recurrence of maltreatment	6.1% or fewer	8.8%	9.3%	6.8%

Data Source: A*FCARS, NCANDS, RI Child Welfare Outcome Report prepared by The Consultation Center.*
*Unofficial data

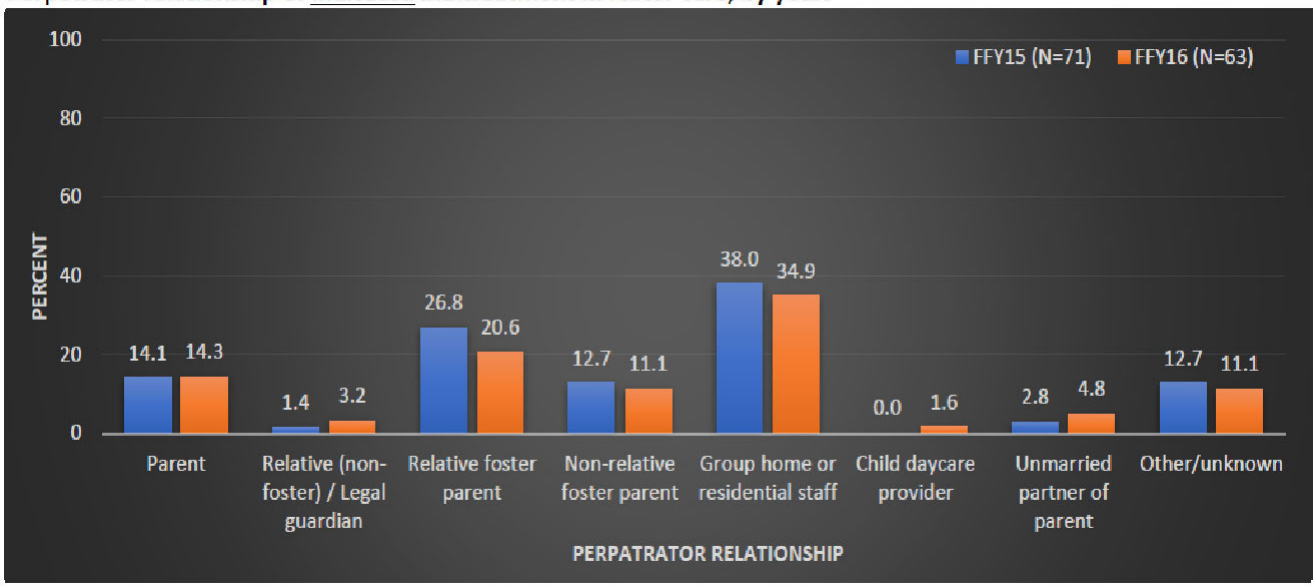
The above data reflects the national standards of maltreatment in foster care and recurrence of maltreatment. Rhode Island is not achieving the National Standard for maltreatment in foster care and recurrence of maltreatment. However, Rhode Island is demonstrating progress in maltreatment recurrence between FFY14 and FFY16 from 8.8% to 6.8%.



Data notes:
- Data shown in investigation level. An investigation may be counted more than once if multiple children indicated in investigation.
- Only the indicated allegations are reflected.
- Percentage may add up to more than 100% because a child may be a victim of multiple maltreatment types.
- NCANDS maltreatment categories may be different from RICHIST categories.
- NCANDS maltreatment type of "other" includes RICHIST allegation types of corporal punishment, inappropriate restraint, other institutional abuse and other institutional neglect under Institutional Abuse & Neglect.

Over the two years presented, the most frequent type of indicated maltreatment in foster care was “neglect” and “other”. In FFY15, 47.9% of maltreatment in foster care was “neglect” followed by 43.7% “other” whereas in FFY16, 46% of maltreatment in foster care was “other” followed by 39.7% “neglect”.

Perpetrator relationship of indicated maltreatment in foster care, by year.



Data notes:
- Data shown in investigation level. An investigation may be counted more than once if multiple children indicated in investigation.
- Percentage may add up to more than 100% because a child may have had multiple allegations and/or multiple perpetrators for each allegation.
- Other/unknown includes NCANDS perpetrator relationship of other professionals, friends or neighbors, other and unknown or missing.

- Only the perpetrator relationship to indicated allegations in foster care are reflected.

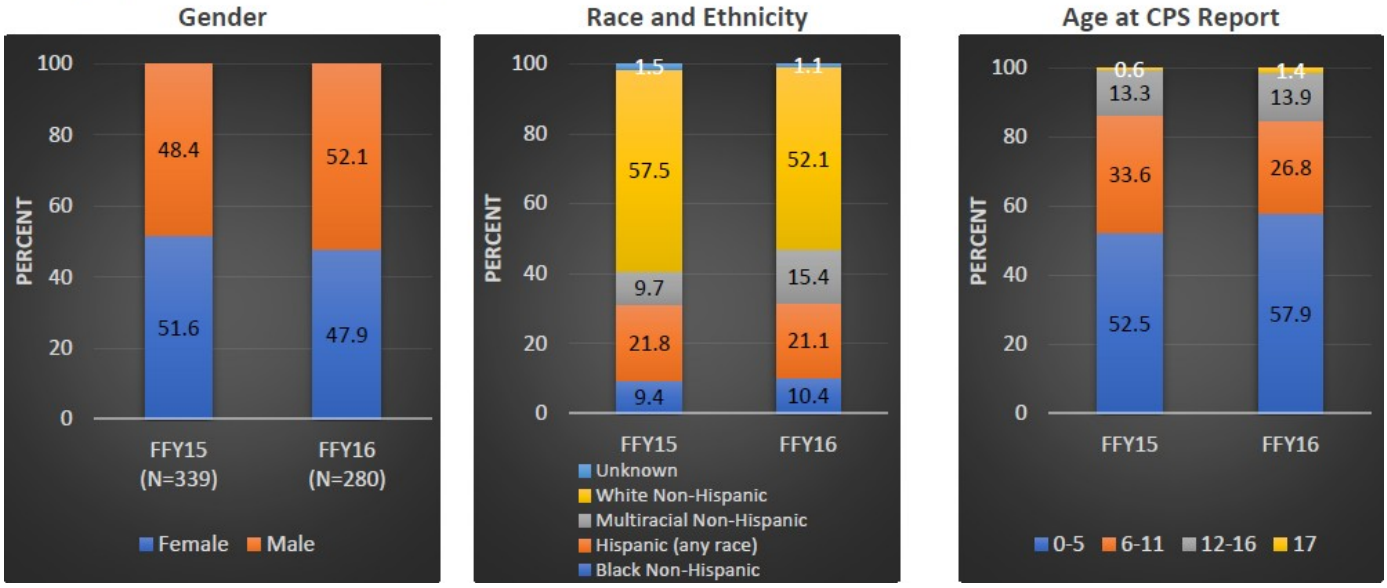
In both FFY15 and FFY16, the most prevalent perpetrator relationship is group home\residential staff, 38.0% and 34.9% respectively, followed by relative foster parent, 26.8% and 20.6% respectively. It is important to note factors that may influence these percentages that are unrelated to the relationship. For example, young age is associated with increased risk for child maltreatment. Another is the proportion of children in the placement setting. There are more children in foster families compared to children in congregate care.

In 2015, Rhode Island DCYF began to utilize the Trauma Informed Partnering for Safety and Permanence – Model Approach to Partnership in Parenting (TIPS-MAPP) curriculum for all prospective foster care providers including relative providers. The TIPS-MAPP training provides a foundation for foster parents on how to manage children’s behaviors and proper forms of discipline including training on issues related to child abuse and neglect. It is hoped that foster parents who complete the TIPS-MAPP curriculum, will show reduced instances of maltreatment in foster care especially among the relative and non-relative foster care population.

Maltreatment in congregate care account for 38% (fiscal year 2015) and 34.9% (fiscal year 2016) of perpetrator relationships of indicated maltreatment in foster care. DCYF recognizes

that congregate care providers need to implement training that will reduce maltreatment. DCYF will address this issue through active contract management and oversight of training requirements of congregate care staff.

Demographics of child victims of repeat maltreatment, by year.



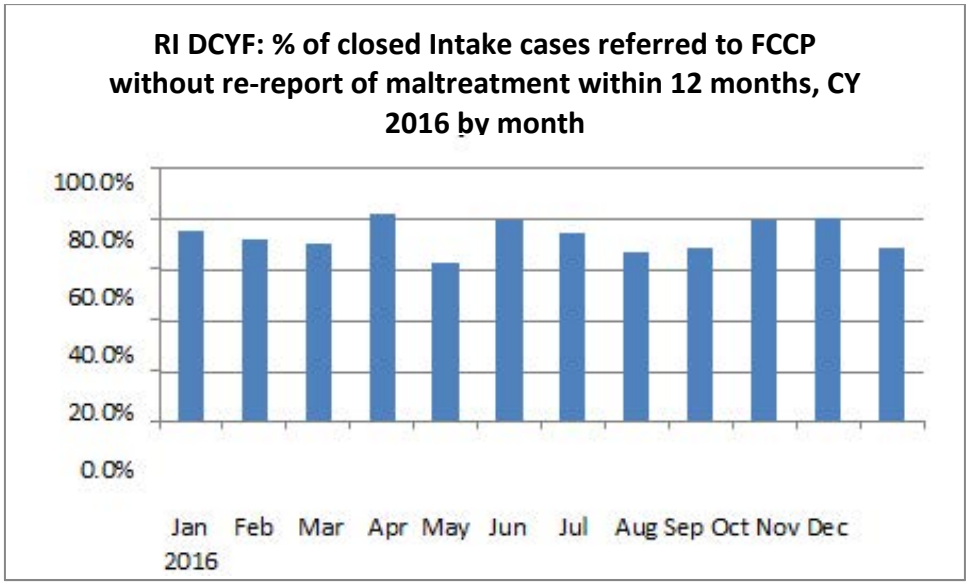
There is relatively equal distribution of repeat maltreatment between females and males and repeat maltreatment is more prevalent among young children. Among children victims of repeat maltreatment, children between the ages of 0-11 were most frequently victimized. In FFY15 86% of the victims were age 0-11 and in FFY16, 86% of the victims were age 0-11 (See Figure 17). Among children of repeat maltreatment, Multiracial Non-Hispanic increased from FFY15 to FFY16. It is important to note this sample size is small and small changes in the number of victims can translate into larger percentage changes. Among child victims of repeat maltreatment age 17 years and younger, approximately 1 in 5 were under the age of 1 years old.

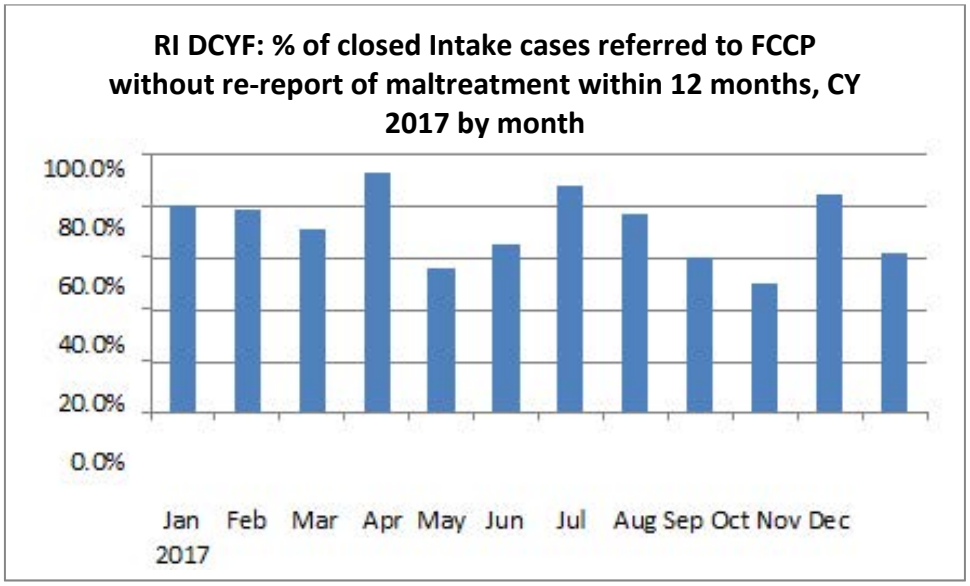
Rhode Island attributes the progress of this outcome to an established Family Care Community Partnership combined with a recent expansion of a community based service array. The Department recognizes that its current screening, risk and safety assessment tools are outdated and must be aligned with best practices. The agency is currently in the process of revising the tools and practices to better ensure safety and improve outcomes in this area.

Rhode Island DCYF implemented the Family Care Community Partnerships in 2009 with the mission of addressing family needs within their own community and maintaining children safely within their homes. The FCCPs are 4 networks geographically located throughout the state. The FCCP's accept referrals from the DCYF and the community. Investigators and intake caseworkers make referrals to the FCCPs for families who come into contact with DCYF through an investigation or a Family Assessment Response. The intent of the FCCPs is to assess families and provide services to prevent further involvement with the child welfare system. The FCCP's utilize the Wraparound practice model which includes a Wraparound facilitator, family support partner, and service referrals responsive to family needs. The FCCP's

also utilize the North Carolina Family Assessment which is an assessment tool applied to all children open to the FCCP to assess risk and safety.

For calendar years 2015 and 2016, there was a slight increase in families, 1,511 and 1,527 families respectively, opened to the FCCPs. During that same period, 1,133 and 1,143 families were closed to the FCCP. Among the families that closed during CY15, the median length of time in the FCCPs was 85 days which decreased to 75 days in CY16. Among the families who engaged in Wraparound and closed to the FCCPs in CY15, 67% closed with partial or all WRAP goals met and in CY16 that percentage was 72%. There was a decrease among families who closed to the FCPs for the reason of opening to the Department, 7.8% in CY 15 and 6.3% in CY16. Likewise, the percent of families closed to the FCCPs and who subsequently had either an investigation or removal from home within 6 months decreased from 7.0% to 6.1%.

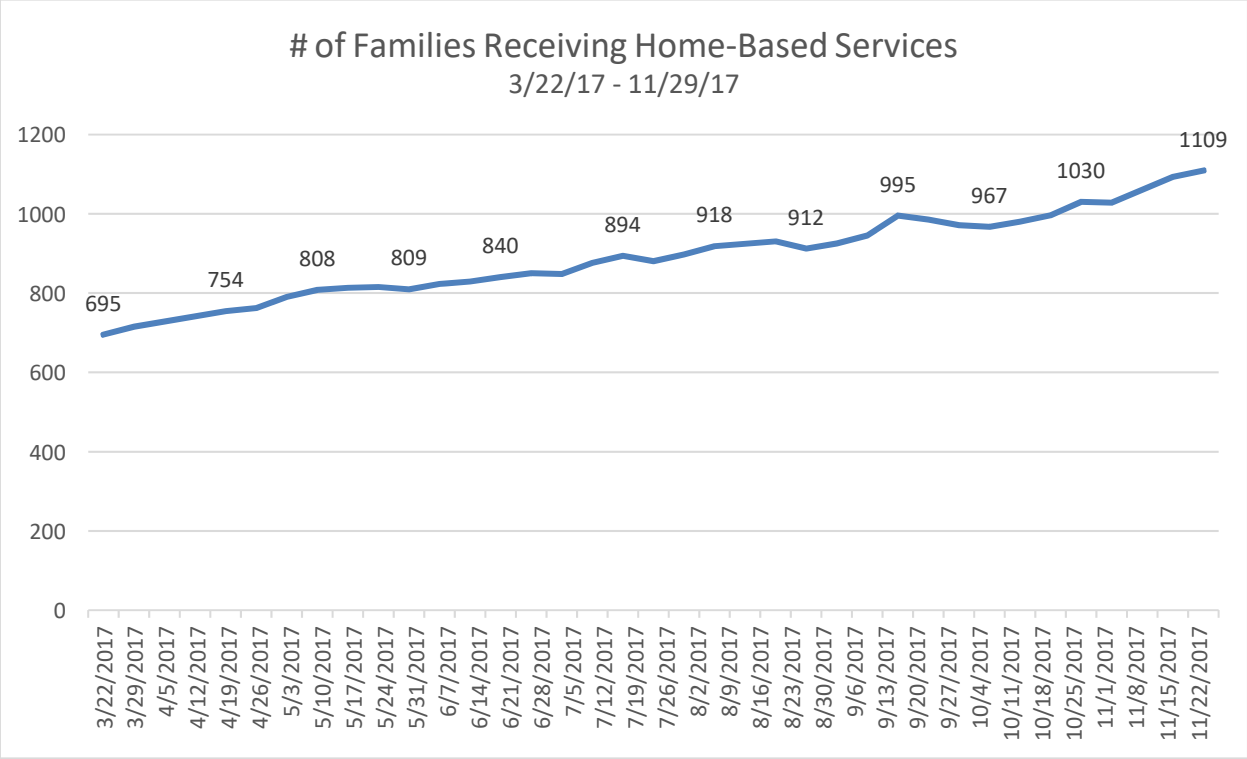




The above data reflects the percentage of closed intake cases that were referred to the Family Care Community Partnership (FCCP) without re-report of maltreatment within twelve (12) months during calendar years 2016 and 2017 by month. The overall average for 2016 is 73%. The overall average for 2017 is 71.9%. This data shows that cases that are closed to intake with a FCCP referral are more likely to NOT have a re- report of maltreatment.

Rhode Island DCYF makes referrals where appropriate to Early Intervention and developmental screening service providers. In 2017, policy was revised that will allow for nearly 100% of children identified in indicated cases of abuse or neglect to be referred for a developmental screening or evaluation. Another 333 children were referred by RI DCYF Child Protective Services (CPS) for non-indicated CPS cases. Also, RI DCYF applied for and secured a 3-year, $415,000 grant from the W.K. Kellogg Foundation. The intention of this grant is to focus on the developmental and educational needs of children from birth to 5 years old in the child welfare system. One of the goals of this initiative include increasing the rate of developmental screening and access to supportive services for children birth to 5 in the RI Child Welfare System. The number of indicated children referred in calendar years 2016 and 2017 is shown below:

	2016	2017
Referred to EI for an eligibility assessment	243	248
Referred to First Connections only for screening	265	461



The above graph reflects the number of families receiving home based services. The number of families receiving a home-based service has increased steadily since March 2017 from 695 youth per week to over 1100 youth per week as a result of the expanded service array procured in 2016.

There are several factors that affect the performance of this item in the positive. In 2016, Rhode Island began the process of developing a validated and standardized tool consistent with Structured Decision Making to screen all CPS reports. Beginning in March 2018, all reports to the CPS Hot Line will be screened using the Structured Decision Making Hot Line Tool. The tool will screen in reports which meet criteria for an investigation. Those cases that do not meet the criteria for an investigation but do require outreach by DCYF due to identified risk areas and vulnerability factors will be referred for a family assessment response. This validated screening tool will ensure that reports of alleged maltreatment to the CPS Hot Line are screened and assigned consistent responses.

In order to assess and address risk and safety, Rhode Island has broadly expanded its home-based service array from less than (10) services in 2010 to over thirty (30) different services to include Preserving Families Network (PFN), Multi-Systemic Therapy (MST), Family Preservation, and many others (see Service Array: Item 29 for further details). These programs are able to perform comprehensive assessments of families and provide supportive services to maintain children in their homes and prevent removal. Historically, these services were only available to families open to DCYF. Through the revised FCCP contracts, these services will no longer require that DCYF be open to the family and will be accessible through the FCCP.

Another strength that affects the performance of this item is the utilization of the Risk and Protective Capacity Assessment. At the onset of a case that is open to the Family Service Unit, caseworkers complete this assessment to help the worker identify, consider, and weigh factors

that affect child safety, permanency, and well-being. This process recognizes patterns in behavior over time and examines family strengths and protective factors to identify resources to support the family's ability to protect their children.

There are several barriers that affect the performance of this item. Per policy, all CPS investigations require a Safety Assessment. All safety assessments are completed on every investigation 100% of the time, as an investigator cannot close an investigation unless a safety assessment was completed on the case and approved by a supervisor. The current assessment was developed more than a decade ago and is in need of revision. That tool is currently only used during a CPS investigation. Safety assessments for on-going cases is conducted using a different tool. CPS currently does not employ a risk assessment tool. In order to support consistency across roles and divisions, the Department is working on the development of a validated risk assessment tool to be used throughout the life of a case in conjunction with a revised safety assessment. Both tools will be utilized by all staff at various stages during the duration of a family's involvement with the agency. The goal of these standardized tools, which are based in best practices, is to reduce the likelihood of future maltreatment and increase the rate at which children can safely be maintained at home and in families. The agency worked with NCCD to develop the Hot Line Screening Tool and is currently working with NRC, Action for Child Protection to develop the risk and safety assessment tools.

Risk and safety assessment tools, like any other tools, can only be effective when used correctly. In order to effectively manage risk and safety threats, it is critical that staff possess strong assessment skills to effectively and consistently make sound safety decisions. Lacking a clear understanding of how to develop viable safety plans places children at risk for re-maltreatment and consequent removal. Recognizing that staff struggle in the development of quality safety plans for families, as part of our work in developing new tools and training, all levels of staff are being trained in a consistent valid framework of practice which incorporates coaching in order to sustain learning and embed the knowledge in practice. The Department is working with NCCD and Casey to train all supervisors on a teaching/coaching model of supervision which is based on Structured Decision Making. The model supports supervisors and administrators in using critical thinking skills during supervision. As part of our work with NRC, they will also be working with Casey and NCCD to train line staff utilizing a coaching model with the goal of sustaining and imbedding this knowledge in practice.

When legal status is involved, the RI Family Court renders the ultimate decision relative to placement. There are instances wherein the Agency believes children are safe at home, but the RI Family Court concludes otherwise and children are consequently removed from the home. Validated tools and a practice framework will support safety and placement decisions.

The array of home-based services has historically been limited. The most intensive level of services could traditionally only be accessed with DCYF involvement. The procurement of new FCCP contracts allows for those services to be accessible without an active DCYF case. While these services may become available to a family through CPS, they may also be accessed by families going directly to the FCCPs without coming to the attention of the Department.

The Department also recognizes that foster parents, kinship homes in particular who may not have intended to become foster parents, require services and supports to maintain children

safely in home. Traditionally, family preservation type services were only accessible to children living in their own homes. This posed a significant barrier to accessing the types of community based treatment and support some children need, even while living in foster homes, to maintain them safely in these homes. Absent these services, disruptions as well as incidents of maltreatment have occurred. An increasingly wider array of services is available to children and families regardless of placement setting.

In order to adequately assess a family, an investigator needs ample time to engage with the family and develop a rapport. The current time frame for completion of a CPS investigation does not afford the time to properly assess family functioning and develop a rapport with the family which is conducive to engaging them in voluntary prevention services. Adherence to the stringent time frame promotes a more incident based approach. This method succeeds in identifying or ruling out the presence of maltreatment, and Is not conducive to reducing the risk of future maltreatment. The Department is in the process of expanding the time frames for the completion of a CPS investigation to allow time for the required assessment and service referral needed in order to reduce the risk of re-maltreatment. In addition, the inclusion of the Family Assessment Response provides an alternative to practice prevention in those instances which fail to meet criteria for investigation, but evidence conditions which could benefit from voluntary prevention services.

In rating the performance of this item, Rhode Island's assessment is that this is an area needing improvement. Rhode Island is not achieving the National Standard for maltreatment in foster care and recurrence of maltreatment. However, Rhode Island has been demonstrating progress in maltreatment recurrence, with its lowest rate in 2016. Rhode Island is confident that with the addition of an expanded service array as well as validated assessment tools such as Structured Decision Making, performance will improve in the coming years.

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

State Response:

Item 4: Is the child in foster care in a **stable placement** and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?

Rhode Island is performing above the national average on placement stability which is measured in the number of placement moves per 100k days in care. The national performance on this measure is 4.44 moves per 100k days in foster care. Rhode Island's performance on this measure is shown below:

Time Period	Actual Performance	Risk Adjusted Performance
04/13 – 3/14	2.70	2.58
10/13 – 9/14	3.45	3.23
04/14 – 3/15	3.24	3.07
10/14 – 9/15	3.08	2.95
04/15 – 3/16	2.77	2.72
10/15 – 9/16	2.81	2.76
04/16 – 3/17	2.90	2.83

The federal Child and Family Services Review Data Profile shows that Rhode Island is performing statistically above the national average in terms of placement stability. With the national performance on this measure at 4.44 moves per 100k days in foster care, Rhode

Island is currently at 2.83. DCYF Administrative Review data also shows continued improvement in placement stability from 2015 – 2017Q1.

Percentage Rated as Strength (Statewide) Out of Home Cases:

2015 (N=624)	2016 (n=899)	2017 (n=297) 1st Quarter
88.78%	94.66%	95.29%

Previous analysis has shown that children in foster homes have greater stability than children in congregate care and the department has been working diligently to increase the number of youth placed in foster homes. The percentage of children placed in foster homes has steadily increased from 69.1% in July, 2012 to 78.9% in January, 2018. . Of those children in foster homes, the percentage of children placed with kin has increased from 55.3% in July, 2012 to 66.6% in January, 2018.

Since 2015, Rhode Island DCYF has increased focus on utilization management to ensure that all youth are in the correct level of care that meets their needs. DCYF has implemented new practices such as the Director's Approval Process (also known as DAP), Expedited Permanency Meetings (also known as EPM) and Utilization Management (UM) with the goal of reducing the number of youth in congregate care placement.

The Director's Approval Process (DAP) is a process for secondary review of requests to place children, age thirteen (13) and older, in a congregate care setting when their treatment needs cannot be addressed in their own home, a kinship home or in another family like setting. A DAP request may be submitted for children ages twelve (12) and under when a youth has substantial mental health and or behavioral needs that cannot be met in a family-like setting as documented by a treatment provider. The DAP process requires that whenever possible, all family placement options, including placement with kin, fictive kin or a non-relative foster family must be fully explored and exhausted prior to requesting a congregate care setting.

The DAP process applies to initial and subsequent placement requests for a congregate care setting as well as to specific court orders for placement in a congregate care setting. The requests are reviewed by the Director (or his /her Designee) for appropriateness and authorization.

The Stages of the Director's Approval Process (DAP) are as follows:

After consultation with his / her supervisor, the primary worker or supervisor completes a Level of Need/ DAP summary form.

The Casework supervisor signs off on the DAP summary form and submits it to the Regional Director (RD), who then reviews the summary form and if deemed appropriate will sign off on the DAP summary form and submit it to the DAP Administrator via e-mail.

The DAP Administrator then reviews the DAP summary form for appropriateness, makes a recommendation for approval or denial and then submits form to the Director (or designee) for a final disposition.

The Director (or Designee) reviews the DAP summary form and either approves the request or denies it. If a lower level of care is recommended, the primary service worker or supervisor then discusses lower level placement or community-based options with the Central Referral Unit (CRU).

In the event of an emergency (i.e. immediate placement is needed after business hours/weekends and a family based placement option is not available) a congregate care placement can be made in accordance with the Department's practice standards and policy. The DAP summary form is then submitted for the Director's (or Designee) for approval the morning of the next business day.

Since the inception of the DAP in November, 2015, there has been a total of 1325 DAP requests submitted. In 2016, there were 662 DAP requests made. 567 (86%) of those requests were approved and 93 (14%) were denied. In 2017, 578 DAP requests were made. 467 (81%) of those requests were approved and 111 (19%) were denied. More DAP requests were denied in 2017, but it doesn't necessarily mean that those particular children didn't end up in congregate care.

The following table shows the DAP approval status for youth entering congregate care between January – November 2017:

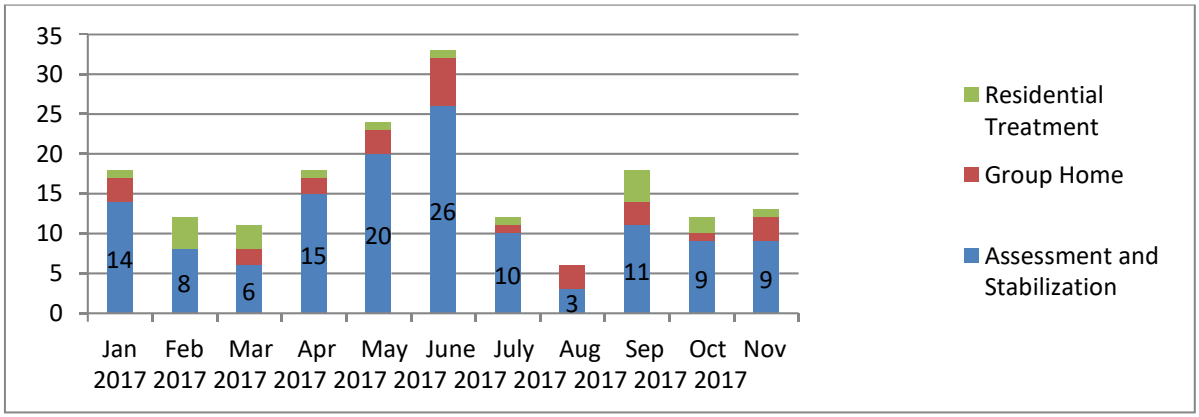
Referral Date	Approved	Exception	Referral Denied	No DAP Request	Grand Total
Jan-17	44	3	4	14	65
Feb-17	44	5		12	61
Mar-17	61	8	1	10	80
Apr-17	42	8	4	14	68
May-17	52	8	1	23	84
Jun-17	50	9	6	27	92
Jul-17	45	9	1	11	66
Aug-17	54	8	1	5	68
Sep-17	50	7	5	13	75
Oct-17	45	6	3	9	63

Referral Date	Approved	Exception	Referral Denied	No DAP Request	Grand Total
Nov-17	47	4	3	10	64

81% of youth entering congregate between January – November were reviewed through the DAP process. Of those, 84% were approved as needing a congregate care level of service. 4.5% were denied approval. Although these youths did not require a congregate care level of service, the lack of available foster homes necessitated their placement at that level. The department has identified this as an area needing improvement and have been working diligently to increase the number of available foster homes for youth.

There were 148 youth who entered congregate care and were not reviewed through the DAP process.

Table 1: Placement Type for CC Placements with DAP Required but not Approved YTD Trend



The data shows that 77% of youth that did not obtain DAP approval were placed in an Assessment and Stabilization Center. Many of these placements are emergency removals and the department is working to ensure all youth entering congregate care are reviewed through the DAP process.

Expedited Permanency Meetings (EPMs) are a process for moving children out of residential facilities and into families. The practice was developed from the recognition that many children currently living in group placements can live in families. EPM aims to reduce the number of children in unnecessary group care placements, overcome barriers to raising children in families and ensure that once EPM's get children out of unnecessarily restrictive settings, more children do not take their place. Since EPM first began in February, 2016, there has been three different population cohorts with a total of 83 EPM meetings. This has resulted in fewer children being in congregate care.

The first EPM cohort was conducted in 2016. The cohort consisted of 56 children aged 12 and under in DCYF congregate care placement as of January 14, 2016 through October 15, 2016.

13 of the 56 children originally selected into the cohort were dropped from the cohort, mostly because the children were in short-term placements, and exited care before the EPM meeting was scheduled. Of the remaining 43 children in the cohort, 17 (39.5%) of the children moved to a family-like setting, 20 (46.5%) remained in the original placement, and five (11.6%) moved to another congregate care placement. Of the 20 children that remained in their original placement, the EPM recommendation was “do not move” for 8 of those children. As a result of this first cohort, a total of 20 children have stepped down to a family like setting.

UM focuses on children who have been in placement where limited progress is occurring with the child. A Utilization Management specialist reviews the case and provides a report to a clinical reviewer, who then makes recommendations for the child to the Family Service Unit worker and to the child’s placement. The UM makes a determination if the child continues to need that level of care. Utilization Management staff review all youth placed in an Assessment & Stabilization center every 14 days. Reviews of youth in other congregate care settings will occur at least every 60 days with more frequent reviews occurring the longer the youth remains in the congregate care setting.

Other factors that have affected the performance of this item is an expansion of evidence based and promising practice programming in the community. The expansion of these services are described in item #29, Service Array. DCYF has also instituted changes to the training offered to foster families that has improved knowledge regarding trauma and ensures more consistency across foster care providers using the TIPS-MAPP. The Department first began to train foster parents using the TIPS-MAPP program in March 2015. The Department further trained private agency staff to serve as TIPS-MAPP leaders as part of their transition to the statewide use of the curriculum in February, 2015.

Although there has been great performance in promoting placement stability, there are areas of further growth that the DCYF should work toward improving and may be potential barriers affecting the performance of this item. DCYF recognizes that there could be better data sharing with health care and child serving providers. This would give providers better information about the child’s needs at the time of placement and would result in more appropriate services being delivered. DCYF would also like to increase support to foster families by offering more foster parent support service programs. DCYF anticipates releasing a Request for Proposal (RFP) to agencies that provide foster care services that includes supports for foster parents in 2018. DCYF recognizes that that there is a need to increase utilization management and to continue to reduce inappropriate usage of congregate care options for children who require short term out of home placement. The RICHIST data system could benefit from some enhancements that would more clearly identify the reason placements end; this would allow for improved data analysis in the future.

In rating the performance of stability of foster care placements, Rhode Island’s assessment is an overall strength for this item. The state is performing above the national average on placement stability. There has been an increase of children placed in foster homes as opposed to congregate care. Of those children that are placed in foster homes, there has been an increase of children placed with kin. The Department has actively been implementing new practices such as the DAP and the EPM to minimize congregate care placements which has been related to increased placement stability. There has also been a stronger emphasis on

supporting current foster parents with increased training and support services to reduce placement disruptions.

Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?

Administrative reviews are conducted for all youth in out of home placement every 6 months. DCYF conducts the first review at 6 months while the Family Court conducts the review at 12 months. Subsequent reviews are completed every 6 months alternating between the two agencies. During the DCYF administrative review process, each child is assessed to determine if the agency established an appropriate permanency goal for the child in a timely manner. Rating this item as a strength is determined by several criteria. First, the reviewer checks to see if a service plan was completed within the first 60 days of a case opening as the service plan documents the permanency goal. The reviewer also checks the case activity notes documented in the case and identifies any notes concerning the discussion of the permanency goal with the family. Lastly, if the parents attend the Administrative Review and verbally report that they have had a discussion with their social worker regarding the permanency goal, then the item is rated as a strength. Administrative review data is captured in RICHIST. This data shows continual improvements over the past three years:

Percentage Rated as Strength (Statewide) Out of Home Cases:

2015 (n=624)	2016 (n=899)	2017 (n=297) 1st Quarter	2017 (n=260) 2nd Quarter	2017 (n=245) 3rd Quarter
87.66%	**92.77%**	**93.94%**	**90.77%**	**92.24%**

In addition to the administrative review data, a sample of cases were reviewed in September 2017. Fifty-two (52) cases were randomly selected from the RICHIST database. Of the fifty-two (52) randomly selected cases, forty-five (45) met the criteria to be used for the sample. Of the forty- five (45) cases in the random sample, 100% of the service plans reviewed contained a permanency goal. Reviewers did not, however, evaluate whether the permanency goal was appropriate or timely at the time of the review.

In reviewing the data, one of the strengths of the performance of this item is that permanency goals are being established in a timely manner at the onset of a case opening. In order for a service plan to be approved, the FSU worker must document the permanency planning goal for the child. Also, all court letters submitted to the Family Court must document the child's permanency goal. In addition, workers are required to document discussions they have with families regarding permanency in a case activity note called "Permanency Goal CAN." It has been the Department's practice to establish a permanency goal at the onset of a case, and in almost all cases, the initial permanency goal is reunification with parents.

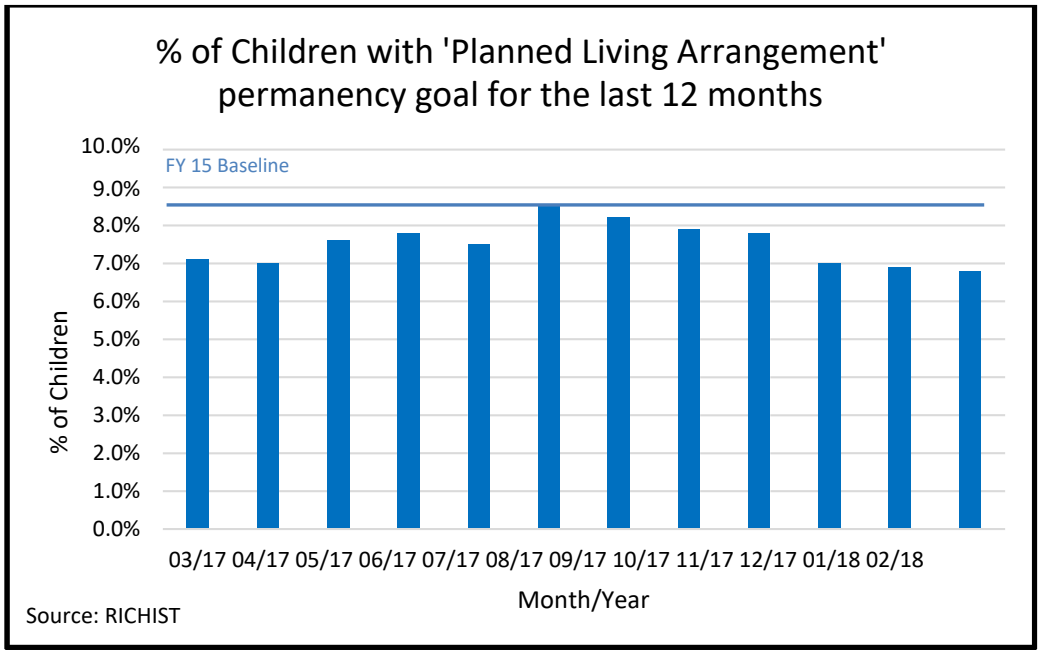
There are several areas of concern in the department's performance on this item. Although it appears that workers are documenting a permanency goal in RICHIST, there is a question

about whether caseworkers are engaging the families in the permanency goal determinations. A barrier that may affect the performance of this item are the high caseload numbers and staff turnover of Family Service Unit and Probation workers. High caseload numbers and increasing demands placed on workers often causes a delay in conversations with families about permanency goal determinations.

DCYF has recognized that there is a need for training on engaging families and that staff could benefit from additional training to assist them in the discussion and determination of permanency goals for families. In conjunction with the Workforce Development Unit and the Annie E. Casey Foundation, a training called Family Search and Engagement (FSE) was developed. FSE is an intensive outreach, information gathering and relationship-building processes that supports a youth's fundamental need for enduring family connections. The training teaches participants how to identify members of the youth's natural network of relationships and support identification of family, kin, and important adults who can offer a range of support and connection to the youth. Some of the additional learning objectives of this training include:

- A youth's need for connection to family, "kin", and community of origin
- The strategies to identify and locate family members and significant adults
- Skills for engaging "family" and building relationships
- The role of preparation with youth and adults for re-establishing lost relationships
- Practice tools to support effective family search and engagement
- How these strategies and skills can be applied throughout the life of a case

The FSE Training also offers post-training support to include group supervision and training of trainers. The first session of this training is being offered on January 29, 2018 to the Practice Review Unit as well as to community providers.



Another area of focus for the department has been the percentage of children with a service plan goal of Other Permanent Planned Living Arrangement (OPPLA). According to the above table, the department has been successful in reducing the percentage of children who have a goal of OPPLA from the FY15 baseline.

Regarding the timely establishment of appropriate permanency goals at the onset of a case, Rhode Island's assessment is an overall strength for this item in establishing an appropriate, timely permanency goal during the beginning of the case. However, Rhode Island does recognize that the ongoing assessment of the permanency goal to ensure that it remains appropriate and timely is an area needing improvement and the continued focus on youth with a goal of OPPLA to ensure youth who do age out of the foster care system have the appropriate supports and connections to be successful.

Item 6: Did the agency make concerted efforts to **achieve reunification, guardianship, adoption, or other planned permanent living arrangement** for the child?

This measure determines whether children had permanency in their living situations and if the permanency was achieved in a timely fashion.

Table 1. The Percent of Children Achieving Permanency by Permanency Type by Federal Fiscal Year

	2014	2015	2016
Adoption	**18.4%**	**19.2%**	**23.6%**
Guardianship	**8.1%**	**10.8%**	**11.6%**
Reunification	**55.3%**	**53.6%**	**47.3%**
Other	**18.2%**	**16.5%**	**17.5%**

Data Source: Child Welfare Outcomes Annual Report for FY2016; The Consultation Center; Yale

In reviewing AFCARS data, since 2014 there has been a steady increase in adoptions from 18.4% of all foster care exits to 23% and an increase in guardianships from 8.1% to 11% of all foster care exits. Reunifications have decreased from 55.3% in 2014 to 48% in 2016. "Other" includes children who did not gain permanency through Adoption, Guardianship, or Reunification. These children likely had a goal of APPLA and aged out of the foster care system.

Table 2. The Percent of Children in an Entry Cohort Achieving Permanency and Selected Statistics by Fiscal Year

	FY14 entry cohort	FY15 entry cohort	FY16 entry cohort
Percent achieved permanency	42.5%	39.8%	40.0%
Median age at removal for children achieved permanency	11	10	9
Median length of time (days) in placement for children achieved permanency	155.0	174.0	179.0
Of children achieved permanency, percent who entered into first placement of congregate care	39.1%	46.3%	38.3%

Data Source: RICHIST

Table 3. Number, percent, and median length of time in all placements combined in the episode (days) for children achieving permanency in FY14-FY17 within 12 months of entering out-of-home placements, by discharge reason, FY14-FY16 entry cohorts

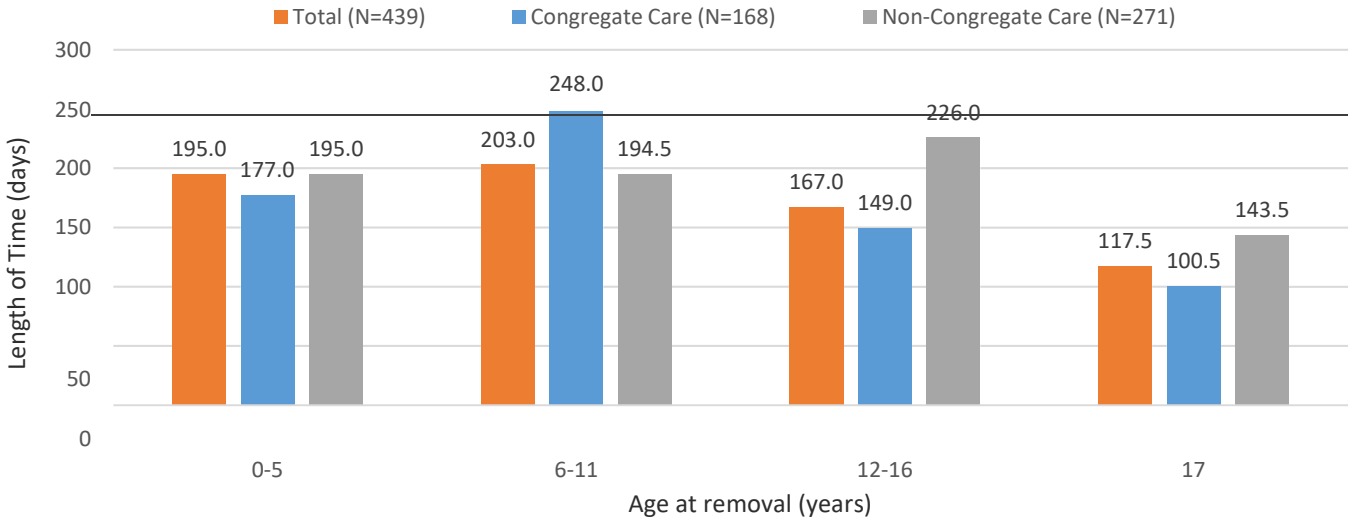
	FY14 entry cohort			FY15 entry cohort			FY16 entry cohort		
Discharge Reason	**N**	**%**	**Median length of time (days) in placement**	**N**	**%**	**Median length of time (days) in placement**	**N**	**%**	**Median length of time (days) in placement**
Adoption	2	0.4%	256.0	1	0.2%	248.0	5	1.1%	350.0
Adoption – Direct consent	7	1.2%	287.0	6	1.2%	269.0	7	1.6%	281.0
Guardianship	30	5.3%	295.5	21	4.3%	309.0	27	6.2%	280.0
Living with a relative(s)	7	1.2%	172.0	5	1.0%	217.0	9	2.1%	191.0
Reunification with parents	522	91.9%	149.5	453	93.2%	166.0	391	89.1%	169.0
Total	568	100.0 %	155.0	486	100.0 %	174.0	439	100.0%	179.0

The above table is the number, percent, and median length of time in all placements combined for children who achieved permanency within 12 months of entering out-of-home placement by discharge reason.

Based on Tables 2 and 3, over the three fiscal years, the percent of children in the entry cohort who achieved permanency within 12 months of entry slightly decreased, 42.5% in FY14 to 40.0% in FY16. In part the data suggest the percent of entry cohorts achieving permanency decrease is associated with a slight decrease in the percentage of children reunifying with parents 91.9% in FY14 compared to 89.1% in FY16 while the median length of time increased from 150 days to 169 days during that same timeframe. A trend the Department has observed, an unintended consequence, is children placed in foster families have longer lengths of time in foster care (out of home placement) compared to children placed in non-family like settings. As the Department has increased the percentage of children placed in foster families from 69.7% in January 2015 to 78.9% in January 2018,so has the length of time to achieve permanency. Compounding the length of time to achieve permanency is the increase in the proportion of removals of children who are younger. The median age of children removed has decreased over the last three fiscal years and younger children are more likely to be placed in foster families; children in foster families have longer lengths of time in out of home placement compared to children in congregate care. (See Table 4 and Figure 1.) Table 4 reveals reunification among entry cohorts FY14-FY16 aged 0-11 has decreased over this time period.

All but the entry cohort age 0-5 who are placed in non-congregate care settings as a first placement have longer median lengths of stay compared to congregate care.

Figure 1 Median length of time in all placements combined in the out-of-home episode (days) for children achieving permanency in FY16-FY17 within 12 months of entering out-of-home placements, by first placement type and age at removal, FY16 entry cohort (N=439)



The Department is addressing permanency timeliness among children in foster families through an RFP aimed at contractually including in the contracts with foster care agencies language aimed at developing supports for foster families and birth families that will result in timely permanency.

Another factor contributing to the increase in permanency achievement from previous CFSR data is the time to adoption. In CFSR Round 2 data analysis, time to adoption was measured separately from time to reunification. In CFSR Round 3, these measures have been combined into a single permanency measure. Since the time from removal to adoption is longer than the time to reunification, adoptions will have a greater impact on the performance of this measure. Among the 0-5 age entry cohort, adoptions increased and time to adoption more frequently occurs slightly beyond 24 months' time (See Table 4). The Department is in the process of reinstituting a permanency support unit within Licensing that will focus on timely adoptions, reducing adoption disruptions, reducing removals post adoption and reducing adoption dissolutions.

Table 4. Percent of children achieving permanency or discharged without achieving permanency in FY14-FY17 within 12 months of entering out-of-home placement, by discharge reason and age at removal, FY14-16 entry cohorts

Removal age	Age 0-5 years			Age 6-11 years			Age 12-16 years			Age 17		
Discharge reason	FY14 entry cohort (N=189)	FY15 entry cohort (N=184)	FY16 entry cohort (N=180)	FY14 entry cohort (N=99)	FY15 entry cohort (N=69)	FY16 entry cohort (N=76)	FY14 entry cohort (N=270)	FY15 entry cohort (N=218)	FY16 entry cohort (N=183)	FY14 entry cohort (N=75)	FY15 entry cohort (N=80)	FY16 entry cohort (N=53)
Adoption	0.5%	0.5%	2.8%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%
Adoption – Direct consent	3.2%	2.7%	2.2%	0.0%	0.0%	1.3%	0.4%	0.5%	1.1%	0.0%	0.0%	0.0%
Guardianship	4.2%	4.9%	3.9%	11.1%	5.8%	13.2%	4.1%	3.7%	4.9%	0.0%	0.0%	1.9%
Living with a relative(s)	1.1%	0.0%	2.2%	2.0%	1.5%	1.3%	1.1%	0.9%	2.2%	0.0%	2.5%	0.0%
Reunification with parents	91.0%	91.3%	85.0%	84.9%	92.8%	84.2%	85.6%	87.2%	84.7%	46.7%	58.8%	62.3%
Discharged without achieving permanency	0.0%	0.5%	3.9%	2.0%	0.0%	0.0%	8.5%	7.8%	7.1%	53.3%	38.8%	35.9%

Data Source: RICHIST

Guardianship, the third component of permanency achievement reveals slight improvement over this time period. The percent of children achieving permanency through guardianship increased from FY15 to FY16, 4.3% to 6.2% and the median number of days in placement (all placements combined) decreased to 280 days.

Reunification:

(CFSR 3) Data Profile

National Standards	National Performance			
Permanency in 12 months	42.7% or higher	50.3% (4/11-3/12)	40.1% (9/13-10/14)	38.5% (4/14-3/15)
Permanency in 12-23 months	45.9% or higher	44.8% (4/13-3/14)	50.5% (9/15-10/16)	48.4% (4/16-3/17)
Permanency in 24+ months	31.8% or higher	28.0% (4/13-3/14)	37.6% (4/15-3/16)	32.5% (4/16-3/17)

According to the CFSR 3 Data Profile, the national performance standard for achievement of permanency within 12 months is 42.7% or higher. In 2011, Rhode Island was performing above the national standard at 50.3%. However, between 2011 and 2015, Rhode Island saw a steady

decline in performance. By 2015, Rhode Island performed below the national standard at 38.5%.

The national performance standard for achievement of permanency between 12-23 months is 45.9% or higher. Rhode Island was statistically no different than the national standard in 2013-2014 and then exceeded the national standard in 2015-2016. As of 2017, there has been a 2% decline from the prior year but is still meeting the national standard.

The national performance standard for achieving permanency in 24+months is 31.8% or higher. Rhode Island was meeting the national standard in 2013 at 28% and then exceeded the national standard in 2015-16 at 37.6%. As of 2017, Rhode Island saw a 5% reduction in achieving permanency in 24+ months but is still meeting the national performance standard.

Re-Entry

Table 5. Entry Cohort: Percent of Children Re-Entering Care Within 12 months of Discharge and Selected Indicators

	FY13 entry cohort	**FY14 entry cohort**	**FY15 Entry cohort**
Percent re-entered	24.9%*	18.3%*	21.5%*
Median age at re-entry	14	14	14
Median length of time (days) since previous discharge	120.5	144.0	140.0

* Percentages in this section are unadjusted for age and number of entries. Children's Bureau adjusts for age and number of entries.

Notes: Some numbers are revised to reflect current data and may be different from last year's report.

The above table reflects children re-entering care within 12 months of discharging to reunification, guardianship, or living with a relative. The percent of children re-entering care in fiscal year 2013 was 24.9%, but then decreased to 18.3% in fiscal year 2014. In fiscal year 2015, the percentage of children that re-entered care increased to 21.5%. In reviewing the data, the state continues to struggle with a high rate of re-entry within 12 months, therefore not sustaining permanency through reunification, guardianship, or living with relatives. Analysis has shown that the majority of re-entries occur within the first six months of reunification. To improve the success rate of reunifications, the department has expanded its home-based service array and has instituted a performance-based incentive system for providers who successful maintain youth in the reunification for at least six months. Active contract management will be monitoring this metric for all group home providers to identify and resolve practice issues that lead to failed reunifications.

Table 6. Demographics of children re-entering out-of-home placement in FY13-FY17 within 12 months of discharging to reunification, guardianship or living with a relative(s), FY13-15 entry cohorts

	FY13 entry cohort (N=146)		FY14 entry cohort (N=102)		FY15 entry cohort (N=103)	
	N	**%**	**N**	**%**	**N**	**%**
Gender						
Female	68	46.6%	43	42.2%	44	42.7%
Male	78	53.4%	59	57.8%	59	57.3%
Race and ethnicity						
Black Non-Hispanic	20	13.7%	14	13.7%	15	14.6%
Hispanic	46	31.5%	30	29.4%	33	32.0%
Multiracial/other Non-Hispanic	13	8.9%	16	15.7%	13	12.6%
White Non-Hispanic	66	45.2%	41	40.2%	42	40.8%
Unknown/Missing	1	0.7%	1	1.0%	0	0.0%
Age at initial removal						
0-5 years	45	30.8%	31	30.4%	29	28.1%
6-11 years	19	13.0%	13	12.8%	11	10.7%
12-16 years	79	54.1%	55	53.9%	62	60.2%
17 years	3	2.1%	3	2.9%	1	1.0%
Median age at initial removal (years)	12.5		13		13	
Median age at re-entry (years)	14		14		14	

Notes:

- Multiracial/other includes Multiracial Non-Hispanic, Asian, American Indian and Pacific Islander.
- Some numbers are revised to reflect current data and may be different from last year's report.

The above table reflects the demographics of children re-entering out-of-home placement in FY13-FY17 within 12 months of discharging to reunification, guardianship or living with a relative. According to the above data, there was a greater percentage of males compared to females who re-entered within 12 months of discharge to reunification, guardianship, or living with relatives. Among the three cohorts, the largest percentage of children re-entering were White Non-Hispanic. The largest age group who re-entered care were between the ages of 12-16 years old. The median age at re-entry has remained at 14 for the three cohorts.

In order to reduce the number of children re-entering care, the Department has expanded its service array and added new services for youth. Some of these services include Family Centered Treatment (FCT) through Child & Family Services and Communities for People, Family Stabilization Program through Child &Family Services, Homebuilders through Bethany Family Services, Functional Family Therapy (FFT) through Tides Family Services and Child and Family Services, and Family Centered Treatment (FCT) through Child & Family Services and Communities for People. Other services that support reunification and help maintain the child in the home are Enhanced Family Support Services (EFSS) through the Key Program and Preserving Families Network (PFN) through Tides Family Services. These services are further described in detail in Item 29 of the Service Array Section.

Also, in order to sustain permanency for children and to prevent re-entry into care, DCYF will be making incentive-based bonus payments to providers. These performance based payments are being offered to all residential, home-based, and foster care providers to continue services with youth after reunification and are able to maintain them in their homes for a minimum of six months. The Department will verify that the child did remain in a permanent setting by checking RICHIST records.

A factor that has affected the performance of this item in the positive is the implementation of Expedited Permanency Meetings (EPM). The goal of the EPM is to move children from congregate care to family like settings if clinically appropriate for the child. The EPM also works to engage families and find natural supports for youth to help support the child. Since the implementation of the EPM, more children have been moved to a family like setting.

Guardianship:

Table 7. Number, percent and median length of time in all placements combined in the out-of-home episode (days) for children achieving permanency in FY14-FY17 within 13-24 months of entering out-of-home placements, by discharge reason, FY13-FY15 entry cohorts (excluding children who discharged within 12 months of entry)

	FY13 entry cohort			FY14 entry cohort			FY15 entry cohort		
Discharge Reason	**N**	**%**	**Median length of time (days) in placement**	**N**	**%**	**Median length of time (days) in placement**	**N**	**%**	**Median length of time (days) in placement**
Adoption	21	8.2%	640.0	22	7.3%	581.0	26	8.6%	572.0
Adoption – Direct consent	49	19.2%	566.0	66	21.8%	648.0	62	20.6%	583.0
Guardianship	53	20.8%	563.0	47	15.5%	520.0	62	20.6%	539.0
Living with a relative(s)	4	1.6%	511.5	4	1.3%	453.5	0	0.0%	--
Reunification with parents	128	50.2%	480.0	164	54.1%	529.5	151	50.2%	491.0
Total	255	100.0 %	529.0	03	100.0 %	558.0	301	100.0%	524.0

The above table reflects number, percent, and median length of time in all placements combined for children achieving permanency in FY14-17 within 13-24 months of entering out-of-home placements, by discharge reason, FY13-FY15 entry cohorts. In FY13, 20.8% were discharged to permanency through Guardianship. In FY14, the percentage of children discharged to permanency through guardianship decreased to 15.5%. In FY15, the percentage of children who were discharged to permanency through guardianship increased to 20.6%. Overall, the number of children who were discharged to permanency through guardianship has remained steady with a slight decrease over three years.

A factor that has affected the performance of this item in the positive is that there has been a culture of acceptance within Rhode Island DCYF for promoting guardianships. This culture shift has resulted in practice changes where the Department's staff across all units explore guardianship when neither reunification or adoption is a viable option. This culture shift has resulted in a reduction in time for children to exit to guardianship. The median length of time that children remain in placement until they are discharged to guardianship within 12 months has reduced to 280 days over the last three years (see Table 10 above). For children who discharged to guardianship within 13-24 months the median length of time has also reduced to 539 days over three years (see table 16 above).

Adoption:

Data collected during the administrative review process shows that there has been an increase in the number of youth reviewed where the filing of a TPR is consistent with ASFA. If a child has been in care for fifteen of the last twenty-two months and a Termination of Parental Rights has been filed, then this item is rated as a strength:

Was a TPR filed consistent with ASFA data?		
2015	2016	2017 (Jan.-Sept quarterly combined)
67.2 %	74.35%	62.5%

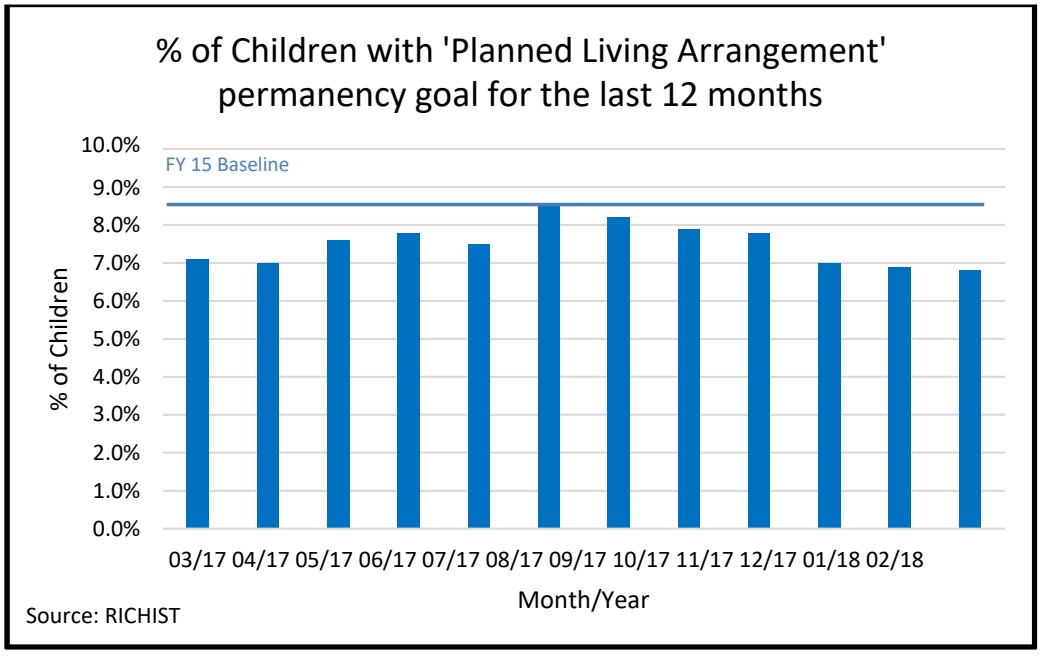
National Standards	National Standard	RI FFY14	RI FFY15	RI FFY16
Reduce time in foster care to adoption within 24 months	32% or more	36.8%	34.5%	35.9%

The Department continues to meet the national standard of achievement of adoption within 24 months of foster care entry. The Department has completed two in-depth Adoption Surveillance Reports titled Adoption Surveillance Report 2014 and Adoption Surveillance Report 2016. Each of these reports have been shared with the Department and with community partners and stakeholders and is located on the Department's website http://www.dcyf.ri.gov/dataevaluation.php. The report is an extensive in-depth analysis of trend data on children adopted including descriptive statistics, longitudinal analysis and predictive analytics on what factors are statistically significant to achieving adoption within 24 months. One of the highlights of that report is of children whose parental rights were terminated (TPR) in FY2008-13, 93.5% were adopted within two years of TPR.

Rhode Island DCYF works closely with Adoption Rhode Island. In addition to the work Adoption Rhode Island does to recruit, match, and support permanent families for children in DCYF care without a family resource and a goal of adoption, the agency has also expanded its services to include permanency tracking for youth who are currently placed in a foster home that has indicated willingness to provide permanency for the youth through adoption or guardianship. Through communication with DCYF and the Family Court, as well as outreach to the foster family to offer information and support, Adoption Rhode Island promotes timeliness to permanency and placement stability. In the event that a youth disrupts from their placement or the family is no longer able to provide permanency, the child can quickly and seamlessly be transferred to Adoption Rhode Island's Adoption and Permanency Services to begin family search and engagement and recruitment planning. In the last two years (FY2016 and FY2017) Adoption Rhode Island served 297 youth through permanency tracking services.

During Permanency Hearings or other court reviews, Judges may at times court order a referral to Adoption Rhode Island for recruitment, clinical support, or permanency tracking. Through a partnership between Adoption Rhode Island, the RI Family Court, and the Office of the Court Appointed Special Advocate (CASA), a list of court ordered referrals is sent to Adoption Rhode Island's Court Liaison, who can then reach out to and follow up with DCYF and Family Court staff in order to ensure the referral is made in a timely manner and that any supports or consultation the agency can provide are put into place. Since this process began in 2015, Adoption Rhode Island has received notice of court ordered referrals for 186 youth.

<u>Other Permanent Planned Living Arrangement:</u>



There has been an increased focus on youth with the goal of APPLA. This focus resulted in the creation of the APPLA Court. During the summer of 2017, an APPLA Court calendar was

conducted in the Rhode Island Family Court. The purpose of this court calendar was to engage youth who were aging out of foster care with an APPLA goal. The Court focused on engaging with the youth, learning about his/her goals, and reviewing how DCYF has supported the youth to gain independence and transition successfully to adulthood. Between June 26 and July 28, 2017, 100 APPLA children had their cases reviewed before a court magistrate. The department and the Family Court are coordinating to hold a second APPLA Court in 2018.

Adoption Rhode Island is the provider of the Dave Thomas Foundation for Adoption's Wendy's Wonderful Kids program. Wendy's Wonderful Kids is an evidence-based program whose primary focus is to keep older youth stable in a supportive living arrangement while striving towards legal and relational permanency through adoption, guardianship and/or development of a network of peer and adult supports. The program employs three staff that do family search and engagement for children in need of permanent homes. From Fiscal Year 2015 through Fiscal Year 2017 (7/1/14 – 6/30/17), 73 youth were served by Adoption Rhode Island's Wendy's Wonderful Kids program. During that time, approximately 50 matches were made with prospective pre-adoptive families and 22 youth were successfully closed as they obtained permanency through adoption or reunification.

Data shows an increase in the youth 17+ exiting to reunification and a decrease in percentage of youth exiting without permanency. In reviewing the data as to youth ages 12-16, there has been a decrease in the number of youth exiting without permanency from 8.5% in FY14 to 7.1% in FY16.The number of youth ages 12-16 who discharge to reunification has decreased slightly from 85.6% to 84.7%. For youth older than 17, there has been a substantial increase in the number exiting to reunification from 46.7% in FY14 to 62.3% in FY16. This age population also demonstrates a considerable decrease in the percentage of youth 17+ exiting without permanency from 53.3% in FY14 to 35.9% in FY16.

In rating the performance of this item, Rhode Island's assessment is that this is an Area in Need of Improvement. Although the state is performing above the national average in some areas such as reducing time in foster care to adoption in 24 months, there is a need for improvement in areas such as reducing time to reunification within 12 months. There is also a need for improvement in reducing re-entry of children into the foster care system.

Item 7: Did the agency make concerted efforts to ensure that **siblings in foster care are placed together** unless separation was necessary to meet the needs of one of the siblings?

Table 1. Number and percent of *families* with more than one child removed from home, by sibling group*.

Number in Sibling group	April 1,2016 (N=334)		July 1, 2016 (N=312)		October 1, 2016 (N=313)		January 1, 2017 (N=313)	
	N	%	N	%	N	%	N	%
2	208	62.3%	200	64.1%	201	64.2%	188	60.1%
3	78	23.4%	68	21.8%	71	22.7%	79	25.2%
4	39	11.7%	35	11.2%	31	9.9%	35	11.2%
5 or more	9	2.7%	9	2.9%	10	3.2%	11	3.5%

*Data may be a slight undercount of families with multiple children removed and a slight over count of families with one child removed from home due to approximately 12 families from 4/1/2016, 11 families from 7/1/2016, 10 families from 10/1/2016, 10 families from 1/1/2017 each child having their own TPR case and not linked as sibling group.

Table 1 shows the number and percent of families with more than one child removed from home, by sibling group as of April 1, 2016, July 1, 2016, October 1, 2016, and January 1, 2017. Table 1 shows that the most common number of children removed from home by sibling group is two children, which accounts for approximately 60-64% of all sibling groups removed. The second most common number of children removed from home by sibling group is three children (21-25%), followed by four (9-11.7%), then five or more (2.7-3.5%).

Table 2. Among families with more than one child removed from home, percent of *families* with siblings staying together in out-of-home placement by removal date.
(Staying together is defined as all siblings in the sibling group were placed together.)

	Siblings removed on the same day				Siblings removed on different days			
	April 1, 2016 (N=202)	July 1, 2016 (N=189)	Oct 1, 2016 (N=192)	Jan 1, 2017 (N=193)	April 1, 2016 (N=132)	July 1, 2016 (N=123)	Oct 1, 2016 (N=121)	Jan 1, 2017 (N=120)
All siblings staying together	70.3%	70.4%	71.3%	67.4%	29.6%	28.5%	28.1%	30.8%
Any of the siblings staying at different placement	29.7%	29.6%	28.7%	32.6%	70.4%	71.5%	71.9%	69.2%

Data Source: RICHIST

Table 2 shows families with more than one child removed from home and what percent of those families with siblings stayed together in out-of-home placement by removal date. In evaluating the data, children who are removed on the same date are more likely to be placed together than those children who are removed on different days. Of siblings that were removed on the same day, there has been a slight decrease from April, 2016, where 70.3% were placed together to January 1, 2017, where 67.4% were placed together. There has been a slight increase of siblings removed on the same day who are staying at different placements with 29.7% in April, 2016 to 32.6% in January, 2017. Of siblings removed on different days, there has been a slight increase of siblings staying together from 29.6% in April, 2016 to 30.8% in January, 2017.

Table 3. Among families with more than one child removed from home, percent of *families* with siblings staying together in out-of-home placement by sibling groups.
(Staying together is defined as all siblings in sibling group stayed together. There may be cases where 2 of the siblings are staying together and 1 staying at different placement counted as staying at different placement)

	Sibling group of 2				Sibling group of 3				Sibling group of 4				Sibling group of 5 or more			
	April 1, 2016 (N=208)	July 1, 2016 (N=200)	Oct 1, 2016 (N=201)	Jan 1, 2017 (N=188)	April 1, 2016 (N=78)	July 1, 2016 (N=68)	Oct 1, 2016 (N=71)	Jan 1, 2017 (N=79)	April 1, 2016 (N=39)	July 1, 2016 (N=35)	Oct 1, 2016 (N=31)	Jan 1, 2017 (N=35)	April 1, 2016 (N=9)	July 1, 2016 (N=9)	Oct 1, 2016 (N=10)	Jan 1, 2017 (N=11)
All siblings staying together	66.4%	64.5%	64.7%	65.4%	42.3%	45.6%	47.9%	44.3%	23.1%	22.9%	22.6%	25.7%	11.1%	0.0%	0.0%	0.0%
Any of the siblings staying at different placement	33.6%	35.5%	35.3%	34.6%	57.7%	54.4%	52.1%	55.7%	76.9%	77.1%	77.4%	74.3%	88.9%	100.0%	100.0%	100.0%

Table 3 shows families with more than one child removed from home, and what percentage of these families with siblings stay together in out-of-home placement by sibling groups. Table 3 reveals that smaller sibling sizes are more likely to be placed together than larger sibling sized families.

Table 4. Among families with more than one child removed from home, percent of *families* with siblings staying together in out-of-home placement by age difference between sibling groups*.

	Ages 3 years apart or less				Ages 4 – 9 years apart				Ages 10 years part or greater			
	April 1, 2016 (N=173)	July 1, 2016 (N=160)	Oct 1, 2016 (N=155)	Jan 1, 2017 (N=142)	April 1, 2016 (N=123)	July 1, 2016 (N=116)	Oct 1, 2016 (N=127)	Jan 1, 2017 (N=140)	Apri 1, 2016 (N=38)	July 1, 2016 (N=36)	Oct 1, 2016 (N=31)	Jan 1, 2017 (N=31)
Siblings staying together	64.7 %	66.9 %	66.5 %	67.6 %	48.0 %	45.7 %	48.8 %	47.1 %	26.3 %	22.2 %	19.4 %	16.1 %
Siblings staying at different placement	35.3 %	33.1 %	33.5 %	32.4 %	52.0 %	54.3 %	51.2 %	52.9 %	73.7 %	77.8 %	80.6 %	83.9 %

*Age difference between sibling groups calculated as difference between age of the oldest child removed and age of the youngest child removed from home at point in time.

Table 4 shows families with more than one child removed from home, the percentage of families with siblings staying together in out-of-home placement by age difference between sibling groups. Table four reveals siblings with smaller age gaps between the youngest sibling and oldest sibling are more likely to be placed together.

In summary of the above data:

- The largest percentage of sibling groups were comprised of two siblings.
- The larger the sibling group is, the less likely they are to be placed together in the same home.

- Siblings who are removed on the same day are more likely to be placed together than children who were removed on different dates.
- The greater the age difference between siblings, the less likely they will be placed together in the same home.

There are several factors that have affected the performance of this item in the positive. There has been a focus to increase the licensing capacity of existing foster homes so as to include sibling groups. There has also been a stronger emphasis on the recruitment of foster homes, especially those that are able to accept sibling groups. Rhode Island has also increased Kinship and Foster Support Services to foster parents to help preserve sibling placements. Some of these services include Family Preservation and Permanency through Communities for People, Resource Family Support Service through Family Service of RI, Kinship Support Service through Devereux, SAFFE through St. Mary's Home for Children, and Services for Foster Families through Children's Friend and Service. (For further details regarding these specific programs, please refer to Item 29: Service Array of the Statewide Assessment).

Another program that supports sibling placement is the Child and Family Support Program of Adoption Rhode Island. This program provides an array of family focused support services that acknowledge and promote the primacy of sibling relationships for youth affected by foster care and/or adoption. This program provides sibling assessments to inform decisions about placing siblings together.

Also, as part of the Children's Rights Lawsuit settlement, Rhode Island's goal is to have a minimum of at least 80% of all siblings be placed together. The only exceptions to this would be if it was determined that doing so:

- would not be in the best interest of one or more of the siblings,
- that one of the siblings has treatment needs that need to be met in a specialized placement or facility,
- the size of the sibling group makes such placement impossible due to licensing regulations restricting such placement, or specific placements were made by an order of the court.

DCYF will need to demonstrate that they met this benchmark by providing supporting data and will be considered having met this benchmark for two consecutive six- month reporting periods beginning July 1, 2018.

A barrier that affects the performance of this item is that there is a lack of foster homes that have the capability to take in large sibling groups. Rhode Island is hoping to remedy this by increasing the current capacity of foster homes and increasing supports to foster homes who accommodate large sibling groups.

In assessing the performance of this item, Rhode Island recognizes that this is an area in need of improvement. Rhode Island anticipates that this item's performance will improve as the state continues to increase the number of youth placed with relatives and recruits more foster families capable of fostering sibling groups.

Item 8: Did the agency make concerted efforts to ensure that **visitation between a child in foster care and his or her mother, father, and siblings** was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?

For children who started a visitation service in FY13-FY14 while in an out of home placement, 51 children (40.5%) were discharged from placement within 12 months. 92.2% of those discharges were to reunification, 3.9% to guardianship and 3.9% to adoption. The median length of time between the start of the visitation services and reunification was 113 days.

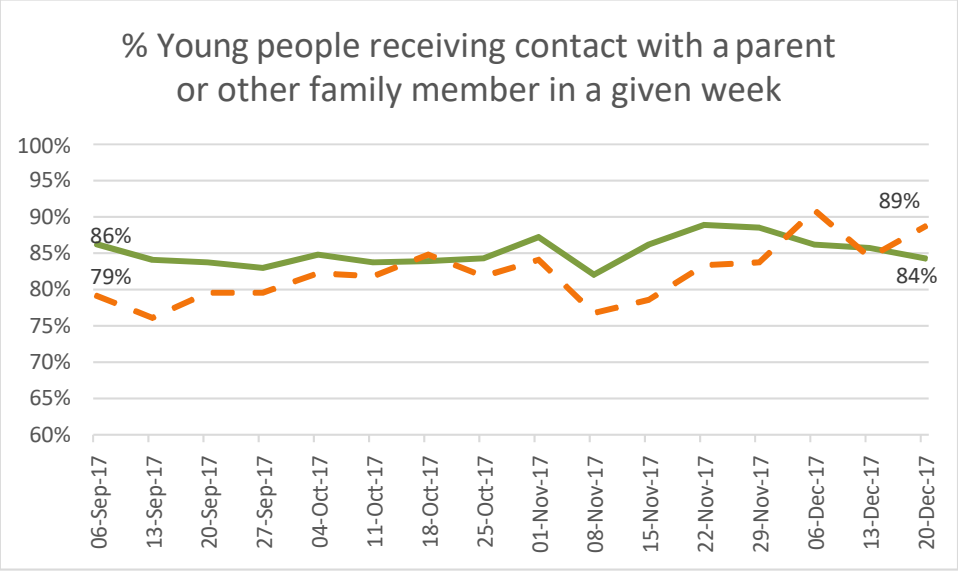
As of January 2017, DCYF has 3 contracted providers for visitation services: Boys Town New England, Family Service of RI and Community Care Alliance. Between 1/1/17 and 9/30/17, DCYF approved 388 service authorizations for visitation services for 228 families and paid for 33,405 units of service. The department has begun collecting outcome data when families exit the visitation program. 121 families exited the program during this period of which 46 were identified as successfully completing the program and 27 refused engagement (32 did not specify the service end reason). In order to reduce the amount of families that refuse engagement in visitation programs, Rhode Island DCYF is exploring the possibility of providing a training and follow up technical assistance on Family Engagement to visitation program providers.

In addition, the department has a visitation program with the Providence Children's Museum. The Providence Children's Museum served 156 families in 2015 and 132 families in 2016. The Providence Children's Museum conducted a survey in 2015 and 2016 to assess parents' satisfaction with their visitation program. 43 Families volunteered to fill out the survey. Some of the parent responses to the survey include the following:

- 93% of parents surveyed felt that they benefited from the Families Together Program.
- 63% of parents surveyed felt that they were more aware of their child's abilities/interests/needs.
- 60% of parents surveyed felt that they were better able to talk with/listen to their children.
- 65% of parents surveyed felt that they were better able to plan and have fun with their children.
- 58% of parents surveyed felt that they were better able to be with their child in a positive way.

As part of the 2018 Rhode Island Child and Family Service Review, fifty-two (52) cases were randomly selected from the RICHIST database. Of the fifty-two (52) randomly selected cases, only forty-five (45) met the criteria to be used for the remaining questions in this review. The following are the results:

- 62% had all monthly visits conducted between the child and parent(s), while 31% did not. 7% of the cases were N/A.
- 36% had all monthly visits conducted between the child and sibling(s), while 27% did not. 38% of the cases reviewed were N/A, with the majority due to the child not having any siblings or the child was placed in a home with their sibling(s).



Between September and December 2017, several congregate care placements and Semi-Independent Living Programs provided data to DCYF specific to youth having contact with their parent and family. The above graph represents the percentage of young people receiving contact with a parent or other family member in a given week. Family contact was defined as:

- A clinical session between the child, family member, and staff that met for a minimum of 30 minutes.
- Youth and/or youth's parent/caregiver engaged in contact such as visiting, family counseling, or phone call during the week.
- Youth and youth's other family (e.g. siblings, stepsiblings, stepparents, extended family, or other individuals the youth identifies as family) engaged in contact such as visiting, family counseling, or phone call during the week.

Semi-Independent living programs (represented by broken green line) increased the frequency of contact between young people and their family from less than 80% in September to almost 90% in December. Congregate care placements (represented by solid black line) remained steady at 86%. Some congregate care placements through Family Service of Rhode Island (Farnum House, Greenville House, and Wilson House) saw a steady increase in family contact since September, 2017.

There are several factors that affect the performance of this item in the positive. In recent years, Rhode Island DCYF has expanded its capacity of visitation programs for the families they serve to include: Boys Town New England, Family Service of RI and Community Care Alliance. There has also been an expansion of evidence based programs that contain a visitation component. With the exception of Community Care Alliance, all new visitation programs are offered statewide and serve all geographic areas. The following are three new programs that have visitation components:

Trauma Systems Therapy Visitation (TST) - Family Coaching and Visitation (Family Service of RI) - Program is built on the TST model and is designed to assist parents in developing parenting skill and family resources to promote safety, while also supporting

the children's ability to regulate emotions and behaviors. Ages served 0-18. Geographic Area: Statewide.

Early Connections (NEC) (Community Care Alliance) – 2 intensive visitation programs for children who have just been removed and are under 2 to maximize permanency outcomes and improve parent/child attachment. Program provides case management, recovery coaching, crisis intervention, education and coaching to parents. Ages Served 0-2. Geographic Area: Northern RI or parents must be able to get to Woonsocket on their own.

Parent Partner Services with Visitation (Parent Support Network of RI) – Parent partner services is an evidence based program. It offers ongoing telephone and face to face, peer support, individual and group parent education, supports at education related meetings, case management and supervised visits. Ages served 0-21. Geographic Area: Statewide.

In October 2016, the DCYF Data and Evaluation Unit conducted a report on Community Based Services-Visitation Centers. The data reflected children who were involved in visitation programs in FY13-FY14. The children who started Visitation Center from an out-of-home placement were followed for a year from the service start to see if they reunified with parents or achieved other types of permanency after receiving the service. Then, those children who reunified with their parents were followed for another six months upon reunification to see if they experienced any of these selected outcomes after returning home: 1) Subsequent removal from home, 2) CPS investigation, and 3) Indication of Maltreatment. Of 41 children ages 0-10 who started a visitation center service while in out of home placement in FY13-14 and reunified within 12 months, 17.1% were subsequently removed, 24.4% had a CPS investigation, and only 7.3% had an indicated maltreatment. This data from 2013-2014 shows that families that are involved in visitation programs have fewer subsequent indicated investigations or removals from home.

The Rhode Island Department of Corrections provides visitation for incarcerated parents and their children. Fathers who are incarcerated in the Men's Medium security prison are able to participate in what is called the Special Saturday Visit. Prior to participating in this visitation program, fathers are expected to take part in a parenting class. The Special Saturday Visits are child centered with games, toys, arts and crafts, etc. Fathers and children are able to play sports or do homework. On Father's Day, children are able to take pictures with their fathers. This visitation program is also available to father's in the Minimal Security Prison as well as to mothers. In 2016, 115 incarcerated fathers participated in the Saturday Special Parenting Visit Program and in 2017 there were 173 fathers who took part. Although this is not a DCYF-specific program and is open to all incarcerated parents, children who are open to DCYF and are in foster or congregate care are able to participate in this visitations program.

There are some identified barriers that affect the performance of this item. There is a need to improve availability and access to visitation programs for older youth. Because of this recognized need, two of the new programs that have been developed that have visitation components and work with older youth are Trauma Systems Therapy Visitation (TST) - Family Coaching and Visitation through Family Service of Rhode Island and Parent Partner Services with Visitation through Parent Support Network of RI.

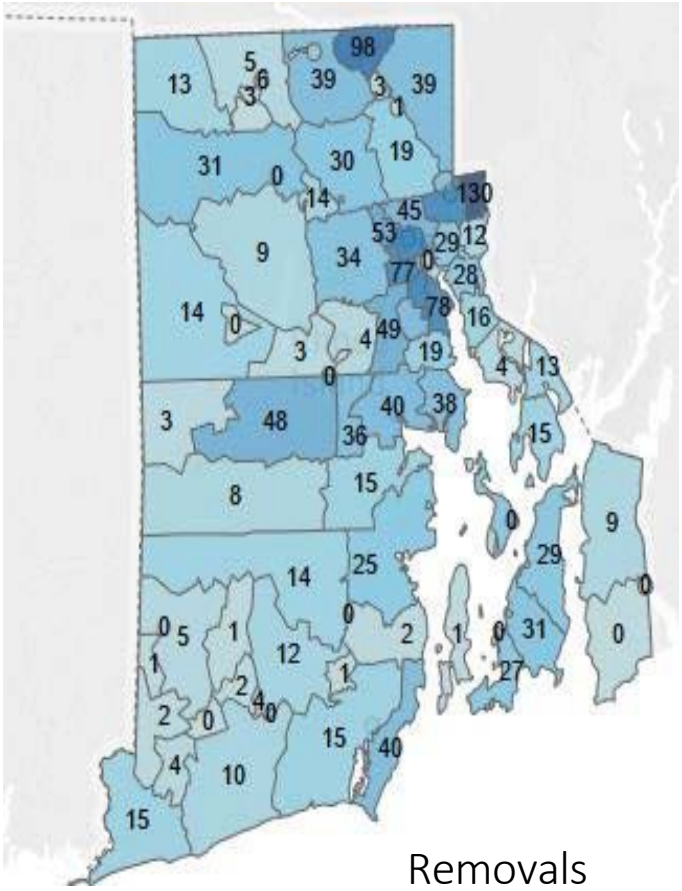
There is also a need to improve family engagement between the worker and family. When there is more engagement, families are more likely to participate in visitation programs. Another barrier that affects the performance of this item are the high caseloads that workers carry. Family Service Unit workers are often limited with the amount of time they have to make referrals on behalf of families to visitation programs, and once those referrals are made, there could be waitlists for those visitation programs. High caseloads for workers can also impede their ability to schedule supervised visits with parents and siblings as well as the timely documentation of those visits in the RICHIST system

Another barrier that affects the performance of this item is that there are waitlists for visitation programs. Visitation programs have an average wait time of 2-3 months. To address this issue, the Department recently amended their service contract with the Children's Museum to increase their capacity from 45 to 60 slots. The Department is also working with a second provider to possibly increase their capacity. Each of the families that are waiting for visitation services is reviewed on a case-by-case basis to determine if other services are needed until the desired service becomes available.

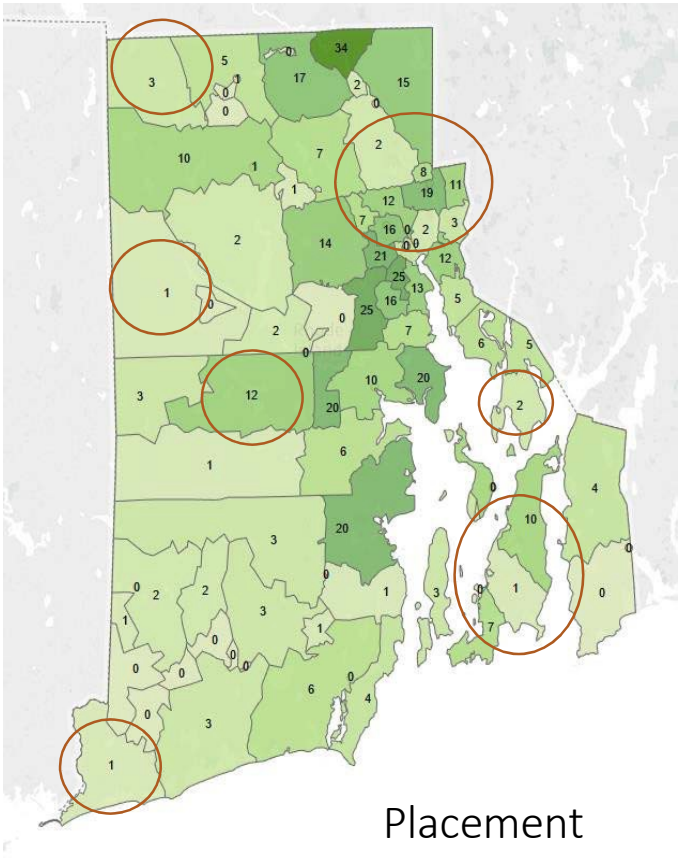
In rating the performance of Item 8: Visiting with Parents and Siblings in Foster Care, Rhode Island's assessment is that this is an Area in Need of Improvement. Although Rhode Island has increased contracts and services for visitation programs for families, there continue to be delays in providing the service due to waitlists and workload. The department will be implementing a review process to monitor sibling visitation and parent visitation. Using a proportional stratified random sample, the department's goal is that at least 85% of all visitation between siblings and parents occur as indicated in the service plan.

Item 9: Did the agency make concerted efforts to **preserve the child's connections** to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?

The Annie E. Casey Foundation produced foster care removal and placement maps of all Rhode Island communities. The removal map shows how many children were removed from each respective zip code. The placement map shows how many of those children who were removed were placed in the same zip code. The communities that have the largest number of removals include Central Falls, Newport, Pawtucket, Providence, and Woonsocket. These communities have the greatest number of children removed and not placed in their community. This data shows that there is a need for more foster care providers throughout the state and for all age groups and ethnicities. Increasing the number of available foster homes in the communities with the most removals will provide more opportunity to keep a child connected to their community.



Removals

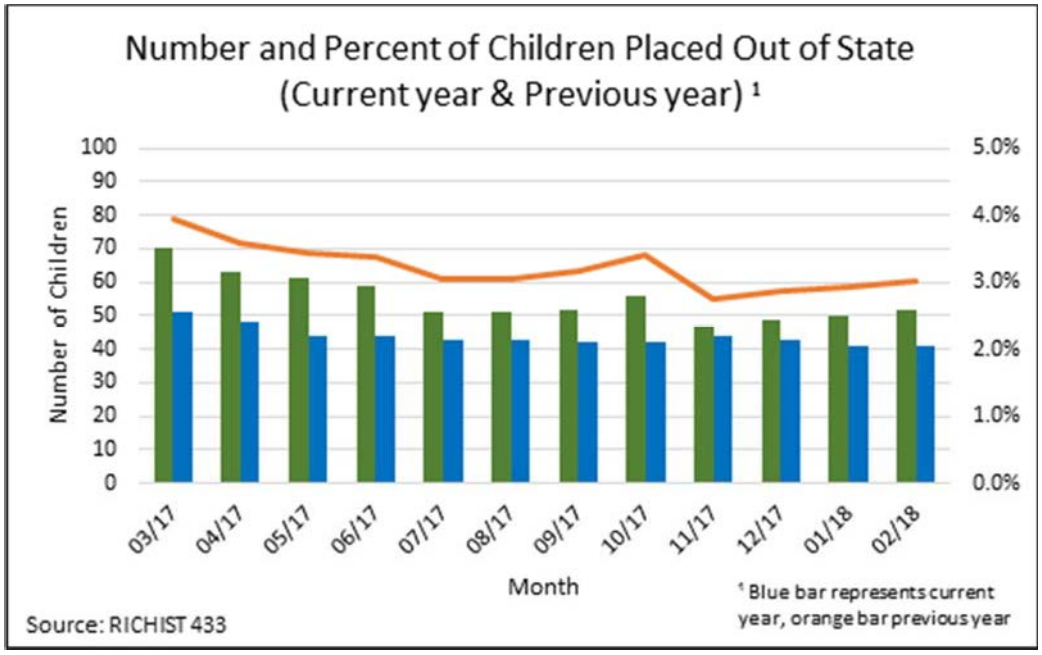


Placement

In 2015, the Every Student Succeeds Act (ESSA) was signed into law by President Obama. The implementation of ESSA has set the framework for keeping children connected to their schools and communities. In order to comply with ESSA, states must maintain children in their respective schools whenever possible. In an effort to maintain children in their communities and schools, DCYF is providing transportation to children who are not placed within the community they were removed from. The following data shows a significant increase in the number of workers and the number of overtime hours utilized to transport children to and from school:

Number of Workers and Total Number of Hours Worked for "School Transport"			
Fiscal Quarter	Number of Shifts Worked	Number of Hours	Number of Distinct Workers Total
2017-1st Quarter	4	11.25	1
2017-2nd Quarter	22	88	8
2017-3rd Quarter	34	129	9
2017-4th Quarter	434	1496.25	51

Below are the number and percent of children placed out of state in a residential placement (current year and previous year). There has been a significant decrease in the use of out of state placements. The average number of children placed out of state in SFY 2016 was 78. In SFY 2017, this number was reduced to 50. As of January 1, 2018, there are 41 children placed out of state. The department has focused efforts on returning children placed out of state back in state through the use of Expedited Permanency Meetings. These meetings, along with an enhanced service array has resulted in fewer children in out of state congregate care settings and more children placed in state and closer to their communities.



Since 2017, Director Trista Piccola has been meeting with elected officials, parents, non-profit organizations, faith-based organizations, and other stakeholders across Rhode Island to discuss each community's child welfare needs. Director Piccola has also been collaborating with school superintendents in an effort to encourage these school districts to take ownership and responsibility for the children that were removed from their respective communities. In Newport,

Woonsocket, and Central Falls, DCYF and stakeholders reviewed each community's rates of removal (children being removed from their homes), how few of those children remain in the hometown while in care, and rates of child maltreatment. Successes in these cities to date include:

- In Newport, DCYF met with the Newport Partnership for Families during the summer of 2017.This meeting resulted in a foster family recruitment drive and a foster training class. There are plans to do this again in 2018.
- In Woonsocket, DCYF met with a variety of community members to present data on their community and to brainstorm ideas for how to collaborate on behalf of Woonsocket's children. As a result of this, DCYF has partnered with Community Care Alliance to begin a pilot project to conduct crisis planning with families before children are removed from home. A foster family training class will begin there shortly.
- In Central Falls, DCYF met with the Police Chief to discuss factors in their city that lead to child maltreatment and have partnered closely with the Central Falls school system. We have conducted foster family recruitment with teachers and other employees of the school system, and plan to do so again on February 12. Central Falls has also hosted two foster family training classes to date.

There has been a greater emphasis by Rhode Island DCYF to place children with relatives and kin. This greater emphasis on relative/kin placements has increased the number of children that are placed within their own communities. In an effort to increase foster care placements in the communities where we need them most, DCYF will be hosting a Foster Family Recruitment weekend. This event is scheduled to take place March 9-11, 2018 at the Rhode Island Convention Center. This event will provide orientation, training, evaluation, and support for up to 200 potential resource families. After attending the weekend event, families will have completed a significant portion of their foster family training. Rhode Island's Governor is also proposing an investment of $1.36 million towards an increase in foster care rates for foster families. It is hoped that this increase in foster care rates will encourage individuals to become foster parents within the communities where foster homes are most needed.

Adoption Rhode Island is the provider of Teen Focus. Teen Focus was launched in March 2017. To date, the program has accepted and served 56 youth. Teen Focus staff have used family search and engagement to help rebuild relationships that had been severed due to child welfare involvement. In the program's first nine months, full case record mining was done for 24 youth in the Teen Focus program, over 20 online customized database family searches have been completed and numerous community outreach strategies have been utilized to identify relatives, fictive kin and others. Through this record mining as well as other tools completed with the youth such as genograms, birth family and/or former foster/adoptive families for more than 10 youth, have been found and engaged in discussions about rebuilding connections with youth in the program.

While the Department does not have any specific data related to keeping children connected to their faith, Rhode Island DCYF and our providers do maintain relationships with faith-based organizations including the Rhode Island Council of Churches. The Rhode Island Council of Churches is a network of roughly 300 faith-based organizations across the state. Rhode Island DCYF and our providers have been working with the RI Council of Churches to assist with both

the recruitment of foster families and as a resource to keep children connected to their community.

The Narragansett tribe is our only federally recognized tribe in Rhode Island. Stephanie Terry (Associate Director of Child Protective Services) has been identified as the DCYF's tribal liaison who is dedicated to working with the Narragansett Indian Tribe. Mrs. Terry continues to collaborate with the tribal liaisons, Wenonah Harris and Anemone Mars on a regular basis. Immediate notification of involvement with a family whose members identify as being members of a Federally Recognized Indian Tribe is made to Ms. Harris and/or Ms. Mars. Tribal representatives are immediately notified of and consulted for CPS investigations. They are also consulted on for case planning purposes, reviews and court hearings. Ms. Harris as the contact person responsible for providing child welfare services and protections for Tribal children is the qualified expert witness for the Narragansett Indian Tribe. The DCYF Liaison insures that notification is made to the Tribal Liaison when a family who identifies as Native American enters the DCYF system. The DCYF liaison and the Tribal Liaison meet on a quarterly basis and maintain regular contact for consultation and updates. At this time, DCYF does not collect quantitative and qualitative data as to the timeliness of notification to the Narragansett Tribe and recognizes this as an area of opportunity to obtain such data. However, internal stakeholders have reported that when a family who is recognized as being members of the tribe or report affiliation, immediate notification is made to Wenonah Harris often within twenty-four (24) hours.

There are several barriers that have been identified that affect the performance of this item. If a child cannot be placed with relatives and kin within their own community, then efforts are made to locate a non-relative placement in that town or city. However, in certain communities in Rhode Island, there is a lack of placement resources. Because of this lack of placement resources, a child may not always be able to be placed within their own community. Another identified barrier is that there is a lack of transportation resources to keep a child connected to their community. Of those children that are placed in group home facilities, there may not always be enough group home staff available to provide youth with transportation to their community.

Another barrier that affects the performance of this item are the high caseload numbers and staff turnover of Family Service Unit and Probation workers. High caseload numbers and increasing demands placed on workers can prevent them from spending more time focusing on keeping children connected to their communities.

In assessing the performance of this item, Rhode Island recognizes that this is an area in need of improvement. DCYF has been making efforts to recruit foster parents from the communities where foster homes are most needed and has been engaging with schools to maintain children in their own school systems. Despite these efforts, DCYF continues to struggle with securing placements for children within their own communities as evidenced by the lack of foster placements in the core cities of Providence, Newport, Central Falls, Pawtucket, and Woonsocket.

Item 10: Did the agency make concerted efforts to **place the child with relatives** when appropriate?

The percentage of children placed with kin has increased from 54.5% in FY13 to 63.8% in FY17. As of December 1, 2017, the percentage of children placed in foster homes and placed with kin is 65.5%.

The department has developed a Family Search and Engagement Unit which comprises of two full time staff who conduct family and kinship services. The Family Search and Engagement Unit utilizes The Last Option (TLO) search engine, run by TransUnion to identify and locate kin as potential placement options or supports for families. These searches are requested by line staff. The number of TLO searches completed between July 2017 – October 2017 is:

July – 36

August – 28

September – 68

October – 56

In November 2015, the DCYF instituted the Director's Approval Process (DAP). As described in Permanency Item 4, the DAP is a process for secondary review of requests to place children. The DAP process requires that whenever possible, all family placement options, including placement with kin, fictive kin or a non-relative foster family must be fully explored and exhausted prior to requesting a congregate care setting for a child. A DAP request must document whether a TLO search for relatives has been initiated. Since the inception of the DAP in November, 2015, there has been a total of 1325 DAP requests submitted.

30 Days to Family is a program offered through Rhode Island Foster Forward. 30 Days to Family is an intense and short-term intervention that searches for and aims to place children with safe and appropriate relatives within 30 days of entering care. Family specialists engage in decision-making, get advice from family on who might be available to help the child with respite care, assistance with home, mentoring and emotional support. Since May 2017, 22 referrals have been made to the program. Of those 22 referrals:

- 4 have gone to placement with family
- 8 are pending decisions with the DCYF caseworker and/or ICPC.

Rhode Island has implemented Expedited Permanency Meetings (EPMs) as a process for moving children out of residential facilities and into families. The practice was developed from the recognition that many children currently living in group placements can live in families. The first EPM cohort was conducted in 2016. The cohort consisted of 56 children aged 12 and under in DCYF congregate care placement as of January 14, 2016 through October 15, 2016. As a result of this first cohort, a total of 6 children stepped down to a kinship foster home.

Rhode Island has also implemented Utilization Management Reviews (UM). UM focuses on children who have been in placement where limited progress is occurring with the child. A Utilization Management specialist reviews the case and provides a report to a clinical reviewer, who then makes recommendations for the child to the Family Service Unit worker and to the child's placement. The UM makes a determination if the child continues to need that level of care. Utilization Management staff review all youth placed in an Assessment & Stabilization center every 14 days. Reviews of youth in other congregate care settings will occur at least every 60 days with more frequent reviews occurring the longer the youth remains in the

congregate care setting. Rhode Island recognizes this as an area of opportunity to obtain quantitative and qualitative data as to whether UM reviews resulted in children stepping down from congregate care to placement with relatives.

There are several factors that have affected the performance of this item in the positive. Rhode Island DCYF has had a change in practice in which greater emphasis has been placed on finding kin for placement and as a natural support resource for children who come into care. As a result of this change in practice, a dedicated position was created specifically to conduct relative searches and engagement through the TLO (The Last Option). There has also been a hiring of staff for Diligent Recruitment to locate kinship families.

As described in Permanency Item 9, there has been more community engagement and outreach to develop foster care resources in the communities that lack foster care resources. Rhode Island has also increased Kinship and Foster Support Services through its service array (see Service Array: Item 29 for further details). Through a partnership between Adoption Rhode Island and Family Services of Rhode Island, additional foster parent training has been provided to kinship families through the Adopt Well Being Trauma Training.

Another factor that has affected the performance of this item in the positive is the implementation of Expedited Permanency Meetings (EPM's). EPM's are a process for systematic review of children in residential settings in order to develop a specific, action oriented plan for moving the youth into family based placements whenever possible. The EPM's are made up of a team of people including the DCYF worker, the child, parents, program staff, and service providers. If a child/youth is not ready for reunification or if reunification is not possible (e.g. deceased or incarcerated parent) then the team, including the child, are asked to identify any relatives or natural supports who may be placement options.

There are several barriers that affect the performance of this item. Although Rhode Island has placed greater emphasis on placing children with relatives and kin, DCYF continues to struggle with locating relatives and kin who are able to care for children who were removed from home. When a relative or kin is located, sometimes they are not always able to care for the child due to socioeconomic limitations. Rhode Island is attempting to remedy this by increasing foster care rates paid to foster parents. Another barrier that affects the performance of this item are the challenges related to Rhode Island's Housing Market, particularly housing quality. In order for a foster home to be licensed, they must pass a lead paint inspection and a fire inspection. The prevalence of lead paint in homes, particularly in the urban areas, may prevent a home from being licensed. Also, multi-family homes that consist of three units or more are required by law to have a hard wired fire alarm system. If a potential relative foster home does not have fire alarms or appropriate fire escapes, then the home cannot be licensed. Rhode Island is helping to address this issue by assisting prospective foster parents with the cost of smoke detectors and remote boiler switches.

Another barrier that affects the performance of this item is that there has been a lack of a comprehensive and fully developed service array to support kinship placements. The Department has rectified this by expanding its services to kinship placements to include more foster and kinship supports. Some of the new services that have been procured are: Family Preservation and Permanency (Communities for People), Resource Family Support Service

(Family Service of Rhode Island), Kinship Support Service (Devereux), SAFFE (St. Mary's Home for Children), and Services to Foster Families (Children's Friend and Service).

Another barrier that affects the performance of this item are the high caseloads that workers carry and increasing workload demands. Family Service Unit workers are often limited with the amount of time they have to search for relatives of children who are in congregate care and in non-relative foster homes. Because of this, DCYF a dedicated position was created specifically to conduct relative searches and engagement through the TLO (The Last Option). There has also been a hiring of staff for Diligent Recruitment to locate kinship families.

Workers and supervisors have expressed that there has been a lack of training related to searching for relative placements. In collaboration with Casey Programs, DCYF has developed a Family Search and Engagement training. This training is being offered to DCYF and Provider Partners. Some of the learning objectives of this training include:

- The strategies to identify and locate family members and significant adults.
- Skills for engaging "family" and building relationships.
- Practice tools to support effective family search and engagement.
- The role of preparation with youth and adults for re-establishing lost relationships.
- How these concepts, strategies, and skills can be applied throughout the life of a case.

The Family Search and Engagement training was first offered on January 29, 2018 and will be offered on a continuing basis for the next several months to all DCYF staff.

In rating the performance of placing children with relatives when appropriate, Rhode Island's assessment is an overall strength for this item. There has been an increase of children placed in relative and kinship foster homes since 2013. Rhode Island has made efforts to place children with relatives by dedicating a position for relative search and engagement utilizing TLO searches. The Department has also expanded its service array to include programs that assist with finding and locating relatives as placement options for children and developing training to assist staff in family search and engagement.

Item 11: Did the agency make concerted efforts to promote support, and/or maintain **positive relationships between the child in foster care and his or her mother and father** or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

Project Connect and Project Family is a program through Children's Friend and Service that provides services to children and their families who are at risk of removal as well as reunification of children who have entered care. A Family Preservation Worker or a Visitation Worker provide additional supervised visits to families either in the community, in the parents' home, or at the Children's Friend visitation room. Project Connect also provides transportation to parents for supervised visits or to medical appointments and school meetings for their children. As of July 2017, the program has provided services to 78 families with a total of 115 children. Of those 115 children, 40 are in DCYF foster care.

Social Caseworkers also encourage parents, if appropriate, to attend school meetings and medical appointments for their children. Foster parents are encouraged by caseworkers to

involve parents whenever possible in activities related to the children such as sporting events, school recitals, phone contact, etc. DCYF recognizes this as an area of opportunity to collect quantitative and qualitative data on how often parents whose children are in care are able to participate in activities other than visitation and attend medical appointments, school meetings and activities, etc.

There are several factors that affect the performance of this item in the positive. The Department has recently expanded their service array and re-negotiated their service provider contracts. Some of these contracts include transportation for parents so that they may be able to attend school meetings and activities, medical appointments, extra-curricular events, and additional visits for their children. Some of these programs that include transportation for parents in their contracts include: Enhanced Family Support Services (EFSS) through Communities for People and the Key Program, Family Centered Treatment (FCT) through Communities for People and Child and Family Services, the Parent Support Network, and the Youth Advocate Program.

The Rhode Island Department of Corrections provides visitation for incarcerated parents and their children. Fathers who are incarcerated in the Men's Medium security prison are able to participate in what is called the Special Saturday Visit. Prior to participating in this visitation program, fathers are expected to take part in a parenting class. The Special Saturday Visit are child centered, with games, toys, arts and crafts, etc. Fathers and children are able to play sports or do homework. On Father's Day, children are able to take pictures with their fathers. This visitation program is also available to father's in the Minimal Security Prison as well as to mothers. In 2016, 115 incarcerated fathers participated in the Saturday Special Parenting Visit Program and in 2017 there were 173 fathers who took part. Children who are open to DCYF and are in foster or congregate care are able to participate in these visitations programs if their parent is incarcerated.

A barrier that affects the performance of this item are the high caseloads that workers carry and the increasing workload demands placed on them. Family Service Unit workers are often limited with the amount of time they have to spend providing transportation for parents and/or caregivers to medical appointments and school meetings for their children. In order to assist with transportation needs, DCYF has recently hired ten Child Support Technicians (CST's). CST's assist caseworkers with supervising visits between parents and their children. They can also assist with transporting parents to meetings. CST's often work outside of normal working business hours and on weekends to accommodate parents' schedules.

In rating the performance of supporting and maintaining positive relationships between children in foster care and their parents, Rhode Island's assessment is that this is an area in need of improvement. Rhode Island has attempted to remedy this by expanding its service array to help with additional visitation and transportation for parents as well as increase staffing, particularly CST's.

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

Item 12: Did the agency make concerted efforts to **assess the needs** of and **provide services** to **children, parents, and foster parents** to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?

WELL-BEING INDICATORS – PERIODS 11/1/13 – 1/31/14, 11/1/14 – 1/31/15, 11/1/15 – 1/31/16						
Percentages are those rated as "Strength"						
	In-home			**Out of Home**		
Well-being Indicator	**11/1/13 - 1/31/14 n=60**	**11/1/14 - 1/31/15 n=59**	**11/1/15 - 1/31/16 n=57**	**11/1/13 - 1/31/14 n=244**	**11/1/14 - 1/31/15 n=233**	**11/1/15- 1/31/16 n=274**
Comprehensive Assessment and Services to Address Needs						
Mother	64%	66%	61%	98%	100%	99%
Father	26%	23%	37%	97%	99%	96%
Child(ren)	73%	66%	72%	100%	100%	99%
Data Source: RICHIST RPT 199 2/28/14, 2/28/15, 3/1/16.						

The above data was collected from Administrative Reviews of in home and out of home cases. This data measure determines whether mothers, fathers, and children are comprehensively assessed and provided with services to address their needs. Rhode Island's primary tool for assessing families is the Risk and Protective Capacity Assessment which is completed by the worker on each case. Rhode Island is showing better performance with assessing mother's needs and child's needs compared to father's needs over the three time periods among the in-home populations. There is less variability among mother, child and father needs assessment within the out-of-home population. It is important to note that the in-home cases are subjected to

a quality assurance procedure to ensure that they are consistent with the CFSR process while the out of home cases are not. Enhancing the quality assurance process for all cases will be a top priority as the department implements a state-run CFSR program.

Rhode Island DCYF makes referrals where appropriate to Early Intervention and developmental screening service providers. In 2017, policy was revised that will allow for nearly 100% of children identified in indicated cases of abuse or neglect to be referred for a developmental screening or evaluation. Another 333 children were referred by RI DCYF Child Protective Services (CPS) for non-indicated CPS cases. Also, RI DCYF applied for and secured a 3-year, $415,000 grant from the W.K. Kellogg Foundation. The intention of this grant is to focus on the developmental and educational needs of children from birth to 5 years old in the child welfare system. One of the goals of this initiative include increasing the rate of developmental screening and access to supportive services for children birth to 5 in the RI Child Welfare System. The number of indicated children referred in calendar years 2016 and 2017 is shown below:

	2016	2017
Referred to EI for an eligibility assessment	243	248
Referred to First Connections only for screening	265	461

There are several factors that have affected the performance of this item in the positive. The Department has implemented Expedited Permanency Meetings (EPMs). EPM's are a process for moving children out of residential facilities and into families. The practice was developed from the recognition that many children currently living in group placements can live in families. EPM aims to reduce the number of children in unnecessary group care placements, overcome barriers to raising children in families and ensure that once EPM's get children out of unnecessarily restrictive settings, more children do not take their place. The EPM's are made up of a team of people including the DCYF worker, the child, parents, program staff, and service providers. During these meetings, there is discussion regarding how the child is doing in congregate care, their level of compliance, and what specific services they are engaged in at their placement. The needs of the child are assessed during this meeting with a strength based planning approach to improve wellbeing.

Adoption Rhode Island and Family Service of Rhode Island have collaborated to create the Adopt Well Being of Rhode Island (AWBRI) team. Through the Adopt Well Being Initiative, the Family Service Unit has been piloting a trauma and assessment tool to assess children ages 6-18 who are open to the DCYF. Two (2) Family Service units have piloted the use of the tool and more units are expected to be included. The tool being utilized is the Connecticut Trauma Screen. Once a child is assessed and it is determined that the child could benefit from trauma focused treatment, then a referral for trauma services can be made on behalf of the child.

- As of September 2017, the AWBRI team has held nine (9) training sessions for FSU staff to train and orient them to the screening tools with over 45 workers trained.

- From the period of March-September, 2017, over 74 screenings of children ages 7 and older have been completed. Of the seventy- four (74) children that completed the screening, six (6) children have completed additional re-screenings to monitor their well-being in care.

In order to assess the needs and provide services to foster parents, Rhode Island has also increased its Foster Support Services through its service array (see Service Array: Item 29 for further details). Some of the new programs that have been procured are: Family Preservation and Permanency (Communities for People), Resource Family Support Service (Family Service of RI), Kinship Support Service (Devereux), SAFFE (St. Mary's Home for Children), and Services for Foster Families (Children's Friend).

In order to assess and address the needs of parents and children, Rhode Island has broadly expanded its home based service array from less than (10) services in 2010 to over thirty (30) different services to include Preserving Families Network (PFN), Multi-Systemic Therapy (MST), Family Preservation, and many others (see Service Array: Item 29 for further details). These programs are able to perform comprehensive assessments of families and provide supportive services.

Juvenile Probation utilizes several tools to assess youth. The first tool is the Structured Assessment of Violence Risk in Youth (SAVRY). The SAVRY assesses risk and needs in static and dynamic areas of criminogenic factors in youth. The tool is used to determine the level of supervision appropriate for that youth and assists the probation worker in determining what services are appropriate so as to get the best response from the youth, reduce recidivism, and promote youth and community safety. A SAVRY re-assessment is completed every six months or when there is a new significant event that may change the score. The second tool used by Juvenile Probation is the Massachusetts Youth Screening Instrument (MAYSI II). The MAYSI II is a screening tool used to assess for mental health issues and self-harm. Depending on how youth scores on the instrument, it indicates whether a youth may benefit from a mental health evaluation or if an evaluation is needed urgently for a risk of self-harm. The CRAFFT tool (CRAFFT stands for the categories of the questions: car, relax, alone, forget, family or friends, and trouble). The CRAFFT is utilized to screen for substance abuse to indicate whether a substance abuse evaluation may be warranted. Each of these tools are administered to each new probationer as well as to youth in detention at the Rhode Island Training School. The results of these assessment and screening tools assist Juvenile Probation with determining what services are most appropriate to meet the needs of the probation youth and with the development of service plan goals.

Another factor that has affected the performance of this item in the positive is the implementation of The Special Investigations Unit. This unit is responsible for tracking, locating, and returning DCYF children who go absent from care. Once a child who is absent from care is found, they can then be re-engaged in services and case planning. In order to assess children who may be a victim of Sex Trafficking, the Special Investigations Unit implemented a standardized screening tool in October, 2017. Since implementing the screening tool, the Special Investigations Unit has confirmed three (3) trafficking victims, six (6) at high risk of being trafficked, and fourteen (14) at risk. This screening tool is utilized only for children who were identified as potential victims of sex trafficking by caseworkers, child protective investigators, the Rhode Island Training School, Probation, schools, law enforcement, and hospitals.

Rhode Island DCYF has also implemented a Family Search and Engagement Unit (as described in Permanency Item 10). This unit is comprised of two full time staff who conduct family and kinship searches. By utilizing The Last Option (TLO) search engine, staff can attempt to locate absent parents. If an absent parent is located, then the caseworker can assess that parent's needs and provide services.

There are several barriers that have been identified that have affected the performance of this item. One of those barriers is the high caseload numbers and staff turnover of Family Service Unit and Probation workers. High caseload numbers and increasing demands placed on workers can prevent them from doing a comprehensive assessment of families on their caseloads or referring them for services to address their needs. It can also cause a delay in entering documentation to support that quality assessments and subsequent planning are occurring. Workers are expected to complete a Risk and Protective Capacity Assessment on every case they are assigned to. However, the completion of this assessment can be time consuming and cumbersome to complete without necessarily providing the information needed to accurately assess a child and family.

Internal stakeholders have reported that although most staff are initially trained to assess and service plan when as part of pre-service training, there is a lack of comprehensive ongoing training. There are also some perceptions by staff who do not view fathers as caregivers whom we should be assessing and planning. Another barrier identified that has affected the performance of this item is the lack of racially, ethnically, and culturally diverse staff who are bilingual. Language barriers are impacting our ability to assess and plan with families and children. The Department is attempting to rectify this by the recent hiring of bilingual and multicultural staff in the Family Service Units and in Child Protective Services.

Rhode Island's assessment of the performance of this item is that this is an area in need of improvement. Although Rhode Island DCYF utilizes various assessment tools as part of its child welfare practice, the provision of services to address those service needs may not always be occurring. Rhode Island DCYF is attempting to remedy this by piloting a trauma and assessment tool and by expanding its service array.

Item 13: Did the agency make concerted efforts to involve the **parents and children** (if developmentally appropriate) **in the case planning** process on an ongoing basis?

WELL-BEING INDICATORS – PERIODS 11/1/13 – 1/31/14, 11/1/14 – 1/31/15, 11/1/15 – 1/31/16						
Percentages are those rated as "Strength"						
	In-home			**Out of Home**		
Well-being Indicator	**11/1/13 - 1/31/14 n=60**	**11/1/14 - 1/31/15 n=59**	**11/1/15 - 1/31/16 n=57**	**11/1/13 - 1/31/14 n=244**	**11/1/14 - 1/31/15 n=233**	**11/1/15- 1/31/16 n=274**
Involvement in Case Planning						
Mother	54%	69%	54%	94%	94%	93%
Father	21%	20%	30%	94%	90%	93%
Child(ren)	55%	71%	70%	97%	93%	94%
Data Source: RICHIST RPT 199 2/28/14, 2/28/15, 3/1/16.						

The above data was collected from Administrative Reviews of in home and out of home cases. This data measure determines whether mothers, fathers, and children were involved in the case planning process. Rhode Island is showing better performance with assessing mother's needs and child's needs compared to father's needs over the three time periods among the in-home populations. There is less variability among mother, child and father needs assessment within the out-of-home population. It is important to note that the in-home cases are subjected to a quality assurance procedure to ensure that they are consistent with the CFSR process while the out of home cases are not. Enhancing the quality assurance process for all cases will be a top priority as the department implements a state-run CFSR program.

As part of the Rhode Island Child and Family 2018 Service Review, fifty-two (52) cases were randomly selected from the RICHIST database at random. Of the fifty-two (52) randomly selected cases, only forty-five (45) met the criteria to be used for the remaining questions in this review. Of the forty-five (45) cases reviewed:

- Forty of the cases identified that both parents were known and available to service plan with. In 26 (65%) of those cases, service plans were developed with both parents. There were nine cases where only one parent was available to service plan. 7 (78%) of single parent cases included the parent in the service planning.
- 14 of the 45 cases involved children who were of appropriate age (children who are elementary age or older may be expected to participate in the development of the service plan to some extent) to participate in the development of their service plan. Of those, 11 (79%) participated in the development of their service plan.

In reviewing the above data, Rhode Island is showing positive performance with developing service plans jointly with one parent. When it comes to developing service plans jointly with two parents, there is decreased performance. Of children whom DCYF can service plan with, 79% were able to join the development of the service plan. However, the majority of children in the sample were not of the appropriate age at the time the service plan was developed.

There are several factors that have affected the performance of this item in the positive. The Department has implemented Expedited Permanency Meetings (EPMs). EPM's are a process for moving children out of residential facilities and into families. The practice was developed from the recognition that many children currently living in group placements can live in families. The EPM's are made up of a team of people including the DCYF worker, the child, parents, program staff, and service providers. During these meetings, there is discussion regarding how the child is doing in congregate care, their level of compliance, and what specific services they are engaged in at their placement. The needs of the child are assessed during this meeting with a strength based planning approach to improve wellbeing. This meeting often serves as an opportunity to develop the service plan for the family as both the parents and child are most often present.

Another factor that has affected the performance of this item in the positive is the implementation of The Special Investigations Unit. This unit is responsible for tracking, locating, and returning DCYF children who go absent from care. Once a child who is absent from care is found, they can then be re-engaged in services and case planning. The department has also implemented a Family Search and Engagement Unit (as described in Permanency Item 10). This unit is comprised of two full time staff who conduct family and kinship searches. By utilizing

The Last Option (TLO) search engine, staff can attempt to locate absent parents. If an absent parent is located, then the caseworker can assess that parent's needs and develop a service plan.

There are several barriers that have been identified that have affected the performance of this item. One of those barriers is the high caseload numbers and staff turnover of Family Service Unit and Probation workers. High caseload numbers and increasing demands placed on workers can prevent workers from involving parents and children in the service planning process on an ongoing basis. The high caseloads and workloads can also cause a delay in entering documentation to support that ongoing service planning is occurring with families. DCYF is also in need of mobile technology such as laptop computers as well as an updated information technology infrastructure that would allow workers to access the RICHIST database system in the field. This mobile technology would allow workers to meet with families in the community and develop service plans jointly together. At this time, when workers develop service plans with families, they handwrite the service plan first and then need to return to the office to enter the developed service plan into RICHIST before it can be approved by a supervisor and signed by the parents. To improve staff access to RICHIST while in the field, Management Information Systems (MIS) staff are web-enabling RICHIST to allow for remote access. During the 24-month implementation/ conversion period to a web-enabled system, staff will be provided with tablets / laptops and VPN accounts to log into the state network to access RICHIST remotely through the existing client-server architecture.

Internal stakeholders have reported that although most staff are initially trained to involve parents and children in service planning when they are hired, there is a lack of comprehensive ongoing training. There are also some perceptions by staff who do not view fathers as caregivers whom we should be case planning with. As discussed in wellbeing item 12, a barrier identified that has affected the performance of this item is the lack of racially, ethnically, and culturally diverse staff who are bilingual. Language barriers are impacting our ability to service plan with families and children. The Department is attempting to rectify this by the recent hiring of bilingual and multicultural staff in the Family Service Unit and in Child Protective Services.

Rhode Island's assessment of the performance of this item is that this is an area in need of improvement. Although it appears that Rhode Island is more consistent with developing service plans with one parent, there is room for improvement to service plan with a second parent and with children who are of the appropriate age.

Item 14: Were the **frequency and quality of visits between caseworkers and child(ren)** sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

Figure 1

WELL-BEING INDICATORS – PERIODS 11/1/13 – 1/31/14, 11/1/14 – 1/31/15, 11/1/15 – 1/31/16						
Percentages are those rated as "Strength"						
	In-home			**Out of Home**		
Well-being Indicator	**11/1/13 - 1/31/14 n=60**	**11/1/14 - 1/31/15 n=59**	**11/1/15 - 1/31/16 n=57**	**11/1/13 - 1/31/14 n=244**	**11/1/14 - 1/31/15 n=233**	**11/1/15- 1/31/16 n=274**
Caseworker Visits						
Child(ren)	33%	73%	65%	97%	97%	94%
Data Source: RICHIST RPT 199 2/28/14, 2/28/15, 3/1/16.						

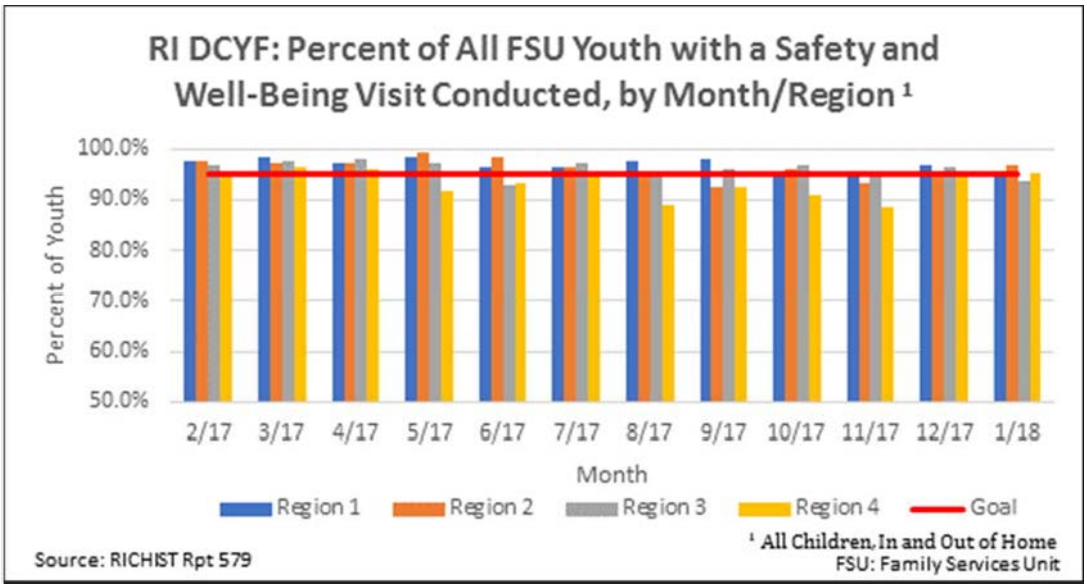
The above data was collected from Administrative Reviews of in home and out of home cases. This data measure determines the frequency and quality of caseworker visits with children. Rhode Island is showing better performance with frequency and quality of visits between caseworkers and children in the out of home population as opposed to the in-home population. The in-home population shows a significant increase from the time period of 11/1/13-1/31/14 to 11/1/14-1/31/15 from 33% to 73%. However, there was a reduction from 73% to 65% during the time periods of 11/1/14-1/31/15 to 11/1/15-1/31/16. With the out-of-home population, from 11/1/15 to 1/31/16, there was a three (3) percent reduction in frequency and quality of visits as opposed to the two prior years. There is more variability with caseworker visits among the in-home populations than with the out-of- home population. It is important to note that the in-home cases are subjected to a quality assurance procedure to ensure that they are consistent with the CFSR process while the out of home cases are not. Enhancing the quality assurance process for all cases will be a top priority as the department implements a state-run CFSR program.

When assessing frequency and quality of visits among the in-home and out of home populations, reviewers first check RICHIST and review the case record. In order to assess frequency, reviewers check to see if at minimum, monthly face to face visits are occurring with the child(ren) and if some of those contacts were made in the child's placement. The reviewer also checks to see where the location of the face to face contact is occurring. For example, in order to assess quality, reviewers do a qualitative review of documented face-to-face visits. Reviewers specifically look for documentation or details not documented from the supervisor such as:

- Did the caseworker directly speak with the child, and if so, was this done privately? Did the caseworker visually see the child?
- Was there discussion with the child (if age appropriate) regarding his or her services, progress, safety, permanency plan, and well-being?

- Did the worker discuss with the parent/foster parent/placement provider the child's progress and service needs?
- Was the child's sleeping and living arrangements viewed?

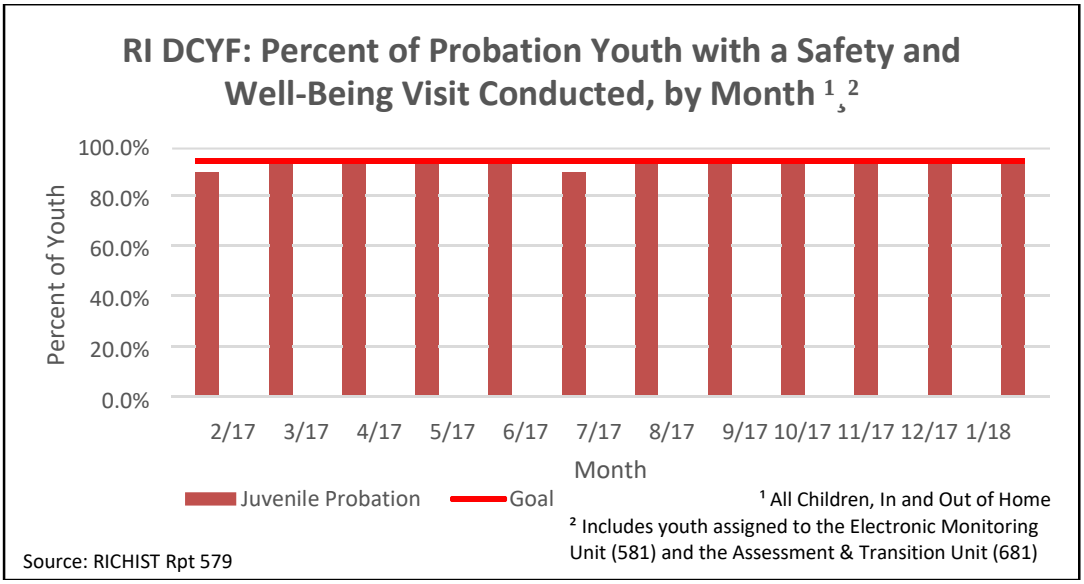
Administrative Review Officers who review out-of-home cases also obtain the information necessary to assess frequency and quality of visits with children through in-person interviews conducted during the Administrative Review Hearing.



The above data is obtained from RICHIST Report 579 and shows the Percent of all FSU Youth with a Safety and Well-Being Visit Conducted by Month and Region for the time period beginning February 2017 to January 2018. The red line reflects Rhode Island's goal that 95% of all children (in-home and out-of-home) will have a documented safety and well-being visit each month. The calendar year average for all safety and well-being visits for each region is shown below:

	CY17 Average
Region 1 (Providence Metro Area)	97%
Region 2 (Bristol/East Bay)	96%
Region 3 (Wakefield/West Bay)	96%
Region 4 (Pawtucket/Northern Rhode Island)	93%

This difference in performance may be attributed to Region 4 having the highest caseload numbers of all the regions.



The above data, also obtained from RICHIST Report 579, shows the Percent of Probation Youth with a Safety and Well-Being Visit Conducted by Month for the time period beginning February 2017 to January 2018.

A factor that has affected the performance of this item in the positive is that there has been increased monitoring of face-to-face compliance between caseworkers and children. Supervisors receive a RICHIST generated report that shows which children have not had a documented face-to-face prior to the end of the month. A supervisor can then work with the caseworker on implementing a plan to ensure that face to face contact with that child occur. If a face-to-face does not occur by the end of the 30-day mark, then the Regional Director follows up with the supervisor and worker as to why that face-to-face did not occur. Workers are also given a set amount of time by which they must document their face-to-face contacts. This has led to improvement in results for frequency. In the past year, DCYF has brought this to the forefront and highlights this data at monthly data meetings with all senior and middle management staff. Supervisors have been instructed to use the monthly face-to -face dashboard with caseworkers during supervision to assist with compliance and best practice.

The Department uses the Monthly Caseworker Visit grant to improve the quality of caseworker visits with an emphasis on improving caseworker decision-making on the safety, permanency, and well-being of foster children and caseworker recruitment, retention and training. In 2017, the Department used Monthly Caseworker Visit funding to purchase SpeakWrite services to support front line caseworkers and investigators. SpeakWrite enables workers to call in their dictation and receive it back in Microsoft Word form via email. The workers can then cut and paste into the RICHIST system. Many workers have voiced this is as a valuable service in assisting with the documentation of face-to-face visits with children.

There are several barriers that have been identified that have affected the performance of this item. One of those barriers is the high caseload numbers and staff turnover of Family Service Unit and Probation workers. High caseload numbers and increasing demands placed on workers can prevent workers from visiting children on their caseloads on an at minimum monthly basis. Region 4 in particular has had the highest caseload counts among all the regions in Rhode Island. Also, in an effort to ensure that workers are seeing all the children on their caseloads, they may not always be spending the amount of quality time necessary to meet the expectation of a quality visit with that child. The high caseloads and workloads can also cause a delay in entering documentation to support that workers are seeing their children on a monthly basis and that those visits are of sufficient quality. Family Service Unit Supervisors are also overburdened by the amount of cases they oversee and supervise. They are often assisting caseworkers with their daily workloads that it makes it difficult for them to properly supervise and train their front line staff on how to properly conduct a quality face-to-face visit and follow up with the documentation of that visit.

As discussed in prior items, DCYF is also in need of mobile technology such as laptop computers as well as an updated information technology infrastructure that would allow workers to access the RICHIST database system in the field. In 2018, the Department is planning on purchasing new broadband-enabled tablet laptops to assist workers in the field. The laptops will allow staff to complete face-to-face visits more efficiently and effectively by allowing them to work directly with their clients in the field. Information can be entered directly into our RICHIST system without the need to return to the office. To improve staff access to RICHIST while in the field, MIS staff are web-enabling RICHIST to allow for remote access. During the 24-month implementation/ conversion period to a web-enabled system, staff will be provided with tablets / laptops and VPN accounts to log into the state network to access RICHIST remotely through the existing client-server architecture. In 2017, Rhode Island DCYF was able to provide iPhones to front line staff such as caseworkers, investigators, and supervisors to utilize in the field. Front line staff have reported that this has been especially helpful for them, as they are now able to make phone calls and access e-mail while out in the field.

Internal stakeholders have reported that although most staff are initially trained on how to document face-to-face visits with children when they are hired, there is a lack of comprehensive ongoing training on how to conduct and document a visit that demonstrates quality. As discussed in wellbeing item 12, a barrier identified that has affected the performance of this item is the lack of racially, ethnically, and culturally diverse staff who are bilingual. Language barriers are impacting our ability to communicate with parents and children in their native language. If a family does not speak English, then a worker will need to make arrangements for an interpreter to accompany them on the home visit. The Department is attempting to rectify this by the recent hiring of bilingual and multicultural staff in the Family Service Unit and in Child Protective Services.

Rhode Island’s assessment of the performance of this item is that this is an area in need of improvement. Although it appears that Rhode Island is more consistent with making monthly face to face contacts with children, there is concern that those visits are not always of sufficient quality to ensure safety, permanency, and well-being.

Item 15: Were the **frequency and quality of visits between caseworkers and the mothers and fathers** of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

WELL-BEING INDICATORS – PERIODS 11/1/13 – 1/31/14, 11/1/14 – 1/31/15, 11/1/15 – 1/31/16						
Percentages are those rated as "Strength"						
	In-home			**Out of Home**		
Well-being Indicator	**11/1/13 - 1/31/14 n=60**	**11/1/14 - 1/31/15 n=59**	**11/1/15 - 1/31/16 n=57**	**11/1/13 - 1/31/14 n=244**	**11/1/14 - 1/31/15 n=233**	**11/1/15- 1/31/16 n=274**
Caseworker Visits						
Mother	41%	59%	44%	99%	99%	98%
Father	18%	15%	24%	98%	96%	95%
Data Source: RICHIST RPT 199 2/28/14, 2/28/15, 3/1/16.						

The above data was collected from Administrative Reviews of in home and out of home cases. This data measure determines the frequency and quality of caseworker visits with mothers and fathers. Rhode Island is showing better performance with frequency and quality of visits between caseworkers and parents in the out of home population as opposed to the in-home population. As to mothers, the in-home population shows a significant increase from the time period of 11/1/13-1/31/14 to 11/1/14-1/31/15 from 41% to 59%. However, there was a reduction from 59% to 44% during the time periods of 11/1/14-1/31/15 to 11/1/15-1/31/16. As to fathers, the in-home population shows some variability from 18% during the time period of 11/1/13-1/31/14 to 15% during 11/1/14-1/31/15. The percentage of caseworker visits with fathers in the in-home population then increased to 24% during the time period of 11/1/15-1/31/16. The out-of-home population shows caseworker visits with mothers and fathers to be above 95% across the three time periods. There is more variability with caseworker visits among the in-home populations than with the out-of- home population. It is important to note that the in-home cases are subjected to a quality assurance procedure to ensure that they are consistent with the CFSR process while the out of home cases are not. Enhancing the quality assurance process for all cases will be a top priority as the department implements a state-run CFSR program.

Rhode Island recognizes an area of opportunity to collect quantitative and qualitative data as to the frequency and quality of visits between caseworkers and mothers and fathers.

A factor that has affected the performance of this item in the positive is implementation of a Family Search and Engagement Unit (as described in Permanency Item 10). This unit is

comprised of two full time staff who conduct family and kinship searches. By utilizing The Last Option (TLO) search engine, staff can attempt to locate absent parents. If an absent parent is located, then the caseworker can engage with that parent, develop service plan goals, provide visitation, and help ensure safety, permanency, and well-being. Another factor that has affected the performance of this item in the positive is the obtainment of the Monthly Caseworker Visit grant. The intent of the grant is to improve the quality of caseworker visits with an emphasis on improving caseworker decision-making on the safety, permanency, and well-being of foster children and caseworker recruitment, retention and training. In 2017, the Department used Monthly Caseworker Visit funding to purchase SpeakWrite services to support front line caseworkers and investigators. SpeakWrite enables workers to call in their dictation and receive it back in Microsoft Word form via email. The workers can then cut and paste into the RICHIST system. Many workers have voiced this is as a valuable service in assisting with the documentation of visits with parents.

There are several barriers that have been identified that have affected the performance of this item. One of those barriers is the high caseload numbers and staff turnover of Family Service Unit and Probation workers. High caseload numbers and increasing demands placed on workers can prevent workers from visiting parents on their caseloads on an at minimum monthly basis. In an effort to ensure that workers are making face-to-face contacts with the children on their caseloads, visiting with parents may be less of a priority at times, especially with those parents that are minimally involved in their child's case. Also, workers may not always be spending the amount of quality time necessary to meet the expectation of a quality visit with mothers and/or fathers. The high caseloads and workload can also cause a delay in entering documentation to support that workers are seeing mothers and fathers on a monthly basis and that those visits are of sufficient quality. Family Service Unit Supervisors are also overburdened by the amount of cases they oversee and supervise. They are often assisting caseworkers with their daily workloads that it makes it difficult for them to properly supervise and train their front line staff on how to properly conduct a quality face-to-face visit with a parent and follow up with the documentation of that visit. As discussed in prior items, DCYF is also in need of mobile technology such as laptop computers as well as an updated information technology infrastructure that would allow workers to access the RICHIST database system in the field. This mobile technology would allow workers to be able to document visits and face-to-face contacts with parents in a timely manner. To improve staff access to RICHIST while in the field, MIS staff are web-enabling RICHIST to allow for remote access. During the 24-month implementation/ conversion period to a web-enabled system, staff will be provided with tablets / laptops and VPN accounts to log into the state network to access RICHIST remotely through the existing client-server architecture.

Internal stakeholders have reported that although most staff are initially trained on how to document visits with mothers and fathers when they are hired, there is a lack of comprehensive ongoing training on how to conduct and document a visit that demonstrates quality. As discussed in wellbeing item 12, a barrier identified that has affected the performance of this item is the lack of racially, ethnically, and culturally diverse staff who are bilingual. Language barriers are impacting our ability to communicate with parents and children in their native language. If a family does not speak English, then a worker will need to make arrangements for an interpreter to accompany them on the home visit. The Department is attempting to rectify this by the recent

hiring of bilingual and multicultural staff in the Family Service Unit and in Child Protective Services.

Rhode Island's assessment of the performance of this item is that this is an area in need of improvement. Rhode Island is not showing consistency regarding frequency and quality of visits with parents particularly within the in-home populations.

Item 16: Did the agency make concerted efforts to assess **children's educational needs,** and appropriately address identified needs in case planning and case management activities?

As part of the 2018 Rhode Island Child and Family Service Review, the service plans of fifty-two (52) cases were randomly selected from the RICHIST database. Of the fifty-two (52) randomly selected cases, only forty-five (45) met the criteria to be used for this review. Of those forty-five cases, 84% of the service plans included education records of the child, while 11% did not. 4% (2 cases) were N/A (not applicable) as the child was not yet of school age.

The Fostering Connections and Increasing Adoptions Act of 2008 requires child welfare agencies to assure that each foster care placement of a child takes into account the current educational setting and the proximity to the school in which the child is enrolled at the time of placement. In accordance with the time frames for writing and updating service plans, an educational stability plan must be included in every child's record for an initial removal from home and whenever there is a change in foster care placement (inclusive of congregate care) is made.

In 2015, the Every Student Succeeds Act (ESSA) was signed into law by President Obama. The implementation of Fostering Connections and ESSA has set the framework for keeping children connected to their schools and communities. In order to comply with ESSA, states must maintain children in their respective schools whenever possible.

Rhode Island DCYF has provided training to the Family Service Unit Caseworkers, Supervisors, and Probation workers on ESSA. The first training was offered in April 2017, and there have since been eight to ten more trainings, with the most recent one offered in January 2018. An informational session on ESSA has also been provided to foster care providers. DCYF and the Rhode Island Department of Education (RIDE) also co-lead an informational session to the Rhode Island Association of Special Education Administrators in January 2018.

By policy, social caseworkers assess educational needs of all of the children in the home as part of a comprehensive assessment using the Family Story/Risk and Protective Capacity Assessment tool, conducted within the first 60 days of assignment to the FSU caseworker, and every six months thereafter.

If the case did not open primarily due to education concerns, or education is a concern stemming from a primary reason for case opening, as part of the comprehensive assessment or reassessment caseworkers will inquire from parents, children and others, as to attendance, behavior and academic success. If there is an indication there may be a concern, the worker will follow-up with the school to obtain further information and determine if there are educational

needs, if they are being addressed, and if they are being addressed adequately. If needs exist or needs are not being adequately addressed, caseworkers work with the family and school to refer the child for appropriate services, which may include a referral for special educational assessment and services, tutoring, or additional mental health and parenting services. If the case opened due to education concerns, caseworkers will seek additional information from the school department, family court, or providers currently or previously involved with the family.

A factor that has affected the performance of this item in the positive is the increase in referrals for screening and evaluations of developmental delays for children up to 3 years of age, identified as victims in indicated abuse neglect cases, is up from 81.7% in CY 2017 to a consistent monthly rate of referral above 90% since a new specific data system and policy and procedures, were developed and implemented by CPS staff in May of 2017.

Utilizing lessons learned from development of the birth to age 3 referral system, the department will implement a referral process to increase the rate of successful screening for developmental delay for children age 3 to 5 years. This process should be substantially in place by the fall of 2018 with the overall goal of increasing the rate of developmental screening for children in the Rhode Island child welfare system.

A factor that affects the performance of this item in the positive is the development of an educational stability tool used to assess children when entering care. When a child enters foster care, a conference call is held with the assigned social worker, supervisor, child's parent (if appropriate), the educational advocate (if there is one assigned to the child) and the child's last school placement prior to entering care. The Department implemented the educational stability-best interest determination tool to help the DCYF worker, the child, family, and the school to think through a decision that may involve having the child's educational placement change to a new public school. During the conference call, an educational stability plan is developed for the child. This plan is then placed in the child's case plan and should be reviewed by an Administrative Review Officer and/or the Court.

Some of the questions that are discussed and answered utilizing the tool include:

- The student's preference for which school they would like to attend
- If the student's siblings attend the same school
- If the student's permanency goal, plan and expected date to achieve permanency supports a change in educational placement.
- If the distance/length of commute to return to the school of origin would negatively impact the student's education and/or special needs.
- If changing schools would undermine the student's ability to stay on track to graduate.

Another factor that has affected the performance of this item in the positive is that DCYF is making efforts to keep children within their school of origin whenever possible. In an effort to maintain children in their communities and schools, DCYF is providing transportation to children who are not placed within the community they were removed from to their schools of origin. This has led to a significant increase in overtime to caseworkers and child support technicians who are transporting children. The number of overtime hours utilized to transport children to school is also discussed in Permanency Item 9: Preserving Connections.

The implementation of ESSA has resulted in a more coordinated effort between Rhode Island DCYF and school districts. Internal stakeholders have reported that there is better open dialogue between DCYF and schools. This is now resulting in more effective Best Interest Conference calls with more children remaining in their schools of origin because all parties recognize the importance of it.

In an effort to maintain children in their communities and schools, DCYF is attempting to work with local school districts and the Rhode Island Department of Education (RIDE) to ensure school transportation is provided by the districts. However, that has not worked as effectively as possible so, in the interim, DCYF is providing transportation to children who are not placed within the community they were removed from. The following data shows a significant increase in the number of workers and the number of overtime hours utilized to transport children to and from school:

Number of Workers and Total Number of Hours Worked for "School Transport"			
Fiscal Quarter	Number of Shifts Worked	Number of Hours	Number of Distinct Workers Total
2017-1st Quarter	4	11.25	1
2017-2nd Quarter	22	88	8
2017-3rd Quarter	34	129	9
2017-4th Quarter	434	1496.25	51

At this time, no Rhode Island school district has developed a written foster care transportation procedure as required by ESSA. Because school districts have not yet developed such a procedure, children's transportation needs are being assessed on a case by case basis. This has led to a burden being placed upon DCYF caseworkers, child support technicians, providers, and foster parents to have to transport children to and from their schools of origin. This has also contributed to a delay to placing children in foster care. For example, if a foster parent works full time and has a child placed with them who attends school outside of the foster parent's community, that foster parent may be unable to maintain that child in their home because of the added burden of travel and its impact upon that foster parent's work schedule. The lack of a foster care transportation procedure has also led to delays for children who are being discharged from psychiatric hospitals and are awaiting placement.

A barrier that affects the performance of this item are the high caseload numbers and staff turnover of Family Service Unit and Probation workers. High caseload numbers and increasing demands placed on workers can prevent them from making timely referrals to educational advocates and prevent workers from attending and participating in children's IEP meetings. This also affects the timely input of pertinent educational data of children into our RICHIST system Also, the Department currently has one staff person who is designated as the educational services coordinator to oversee and manage the educational advocacy for all children in state

care. Rhode Island DCYF has now procured authorization for a new unit of Youth Development Specialists to be a part of the current Youth Development and Educational Support Services Staff with plans to hire six caseworkers and one supervisor.

Rhode Island DCYF works in conjunction with the RIDE to refer children who come into DCYF care for Educational Advocates when a child is identified as at risk for needing special education services or are receiving special education services at the time of entry. The DCYF caseworker sends a request for an Educational Advocate to the DCYF Educational Services Coordinator who in turn sends the referral to RIDE. Depending on the type of child welfare petition (dependency, neglect, abuse), either the parents are asked if they wish to retain educational decision making rights or a professional Educational Advocate is appointed. There are currently seven educational advocates who are assigned to school districts within Rhode Island. DCYF can also request that a foster parent become the educational advocate for a child in their care. The Educational Advocate's office will screen the foster parent, provide training and then officially appoint them as the student's educational advocate. Since 2015, the number of children that have been referred for an Educational Advocate is as follows:

2015 – 2016 855 Students

2016 – 2017 860 Students

2017 – 2018 As of 1/31/18 770 Students

There is an area of opportunity to share information and for increased collaboration between DCYF and the Rhode Island Department of Education (RIDE). An area that was identified by internal stakeholders where collaboration could be increased between the two state agencies is the appointment of educational advocates for foster children placed in out of state foster homes on an Interstate Compact for the Placement of Children (ICPC).

In rating the performance of assessing and addressing the educational needs of children, Rhode Island's assessment is that this is an Area in Need of Improvement.

Item 17: Did the agency address the **physical health needs** of children, including dental health needs?

WELL-BEING INDICATORS – PERIODS 11/1/13 – 1/31/14, 11/1/14 – 1/31/15, 11/1/15 – 1/31/16						
Percentages are those rated as "Strength"						
	In-home			**Out of Home**		
Well-being Indicator	**11/1/13 - 1/31/14 n=60**	**11/1/14 - 1/31/15 n=59**	**11/1/15 - 1/31/16 n=57**	**11/1/13 - 1/31/14 n=244**	**11/1/14 - 1/31/15 n=233**	**11/1/15- 1/31/16 n=274**
Physical/Dental Needs of Child(ren)						
	42%	30%	22%	98%	97%	100%

Data Source: RICHIST RPT 199 2/28/14, 2/28/15, 3/1/16.

The above data was collected from Administrative Reviews of in home and out of home cases. This data measure determines whether the agency addressed the physical and dental health needs of children. Rhode Island is showing better performance with addressing physical/dental needs of children with the out of home population as opposed to the in-home population. The in-home population shows a significant decrease from the time period of 11/1/13-1/31/14 to 11/1/14-1/31/15 from 42% to 30%. During the time periods of 11/1/14-1/31/15 to 11/1/15-1/31/16, it again decreased from 30% to 22%. The out-of-home population shows that children's physical/dental health needs are met to be above 97% across the three time periods. There is more variability with caseworker visits among the in-home populations than with the out-of- home population. It is important to note that the in-home cases are subjected to a quality assurance procedure to ensure that they are consistent with the CFSR process while the out of home cases are not. Enhancing the quality assurance process for all cases will be a top priority as the department implements a state-run CFSR program.

As part of the 2018 Rhode Island Child and Family Service Review, fifty-two (52) cases were randomly selected from the RICHIST database. Of the fifty-two (52) randomly selected cases, only forty-five (45) met the criteria to be used for the remaining questions in this review. Of the forty-five (45) cases reviewed 89% of the service plans included updated health records of the child, while 11% did not.

By policy, social caseworkers assess medical needs of all of the children in the home as part of a comprehensive assessment using the Family Story/Risk and Protective Capacity Assessment tool, conducted within the first 60 days of assignment to the FSU caseworker, and every six months thereafter.

There are several factors that affects the performance of this item in the positive. Rhode Island continues to collaborate with the Rhode Island Department of Human Services (DHS) and Rhode Island's Medicaid Authority to provide children who are in foster care with medical insurance through the Neighborhood Health Plan of Rhode Island (NHPRI). Once a child's entry into foster care is documented in the RICHIST system, NHPRI is activated within twenty-four hours. NHPRI will contact the foster caregiver within 14 days in order to assess the child's medical and behavioral health needs. If the child is in need of a physical examination or a behavioral health evaluation, these services are scheduled between the foster caregiver and the health plan, and a notice is sent to the assigned Department social caseworker. If a health issue is identified, the foster parent follows up with the child's medical provider for additional services. This process ensures that children are being assessed and provided with medical care right from the start of placement. If the case opened to DCYF for a physical health issue, the service plan will contain steps to monitor and address the issue.

Rhode Island DCYF has access to KIDSNET through the Rhode Island Department of Health. KIDSNET is a secure database that provides information about children's health such as immunization records, pediatric appointments, and other pertinent medical information. The database facilitates the collection and appropriate sharing of health data for the provision of timely and appropriate preventive health services and follow-up. Any child who is a Rhode

Island resident and is seen by a pediatrician in Rhode Island can be found on KIDSNET. This database is available to front-line staff in Child Protective Services and Family Service Units. This is especially helpful when conducting investigations regarding medical maltreatment or to confirm if a child that is open to the Department is up to date on their well child checks and immunizations.

Another factor that affects the performance of this item in the positive is the collaborative relationship Rhode Island DCYF has with Hasbro Children's Hospital, particularly with the Aubin Child Protection Center. DCYF contracts with the Aubin Center to provide medical evaluations for children suspected of being abused and/or neglected. The Aubin Child Protection center is available Monday through Saturday for scheduled appointments and can accommodate DCYF workers and investigators on a drop-in basis to conduct medical evaluations. They are also on call on a twenty-four basis to the Hasbro Children's Hospital emergency room to provide consultation, assessment, and evaluation of child abuse and neglect cases. This is especially helpful for child protective investigators who may remove children in the evenings and on weekends who may require a medical evaluation of a child who was abused or neglected.

The RiteSmiles Program is a dental services program offered through Rhode Island Medicaid Managed Care Organizations. Children born after May 1, 2000 who are Medicaid eligible are enrolled in the RiteSmiles program. All children in out of home care are eligible and receive this service. In-home children, if Medicaid eligible, are also enrolled and receive this service. RiteSmiles provides dental screenings, education, and treatment.

There are several barriers that have been identified that have affected the performance of this item. One of those barriers is the high caseload numbers and staff turnover of Family Service Unit and Probation workers. High caseload numbers and increasing demands placed on workers can prevent them from addressing the physical health needs of children on their caseload, especially among the in-home population. The high caseloads and workloads can also cause a delay in entering documentation to support that children open to DCYF are getting routine medical and dental care. Also, caseworkers may not always be in regular contact with medical providers to monitor whether children open to DCYF are getting routine care and having their physical health needs addressed. Dental care of children both in home and out of home may not always be a priority to a caseworker to assess and address, especially with the in-home cases and for non-active children.

Another barrier that affects the performance of this item is the lack of ongoing training for staff. Internal stakeholders have reported that although most staff are initially trained to assess the medical needs of children on their caseloads as part of pre-service training, there is a lack of comprehensive ongoing training related to this subject. It has also been identified that the RICHIST database system does not keep a full history of medical and dental visits of children. When a social caseworker documents the most recent medical appointment, it overwrites the last documented appointment.

Rhode Island's assessment of the performance of this item is that this is an area needing improvement. According to the administrative review data, physical health needs for children at home are not addressed on a regular basis. Workers routinely obtain medical releases from the parent at the time of case opening but they may not updated as frequently as necessary particularly in regards to non-active children.

Item 18: Did the agency address the **mental/behavioral health needs** of children?

WELL-BEING INDICATORS – PERIODS 11/1/13 – 1/31/14, 11/1/14 – 1/31/15, 11/1/15 – 1/31/16						
Percentages are those rated as "Strength"						
	In-home			**Out of Home**		
Well-being Indicator	**11/1/13 - 1/31/14 n=60**	**11/1/14 - 1/31/15 n=59**	**11/1/15 - 1/31/16 n=57**	**11/1/13 - 1/31/14 n=244**	**11/1/14 - 1/31/15 n=233**	**11/1/15- 1/31/16 n=274**
Mental/Behavioral Health Needs of Child(ren)						
	63%	51%	67%	99%	98%	98%

Data Source: RICHIST RPT 199 2/28/14, 2/28/15, 3/1/16.

The above data was collected from Administrative Reviews of in home and out of home cases. This data measure determines whether the agency addressed the mental/behavioral health needs of children. Rhode Island is showing better performance with addressing mental/behavioral health needs of children with the out of home population as opposed to the in-home population. The in-home population shows a significant decrease from the time period of 11/1/13-1/31/14 to 11/1/14-1/31/15 from 63% to 51%. During the time periods of 11/1/14-1/31/15 to 11/1/15-1/31/16, it then increased from 51% to 67%. The out-of-home population shows that children's mental/behavioral health needs are met to be above 98% across the three time periods. There is more variability within the in-home populations than with the out-of- home population. It is important to note that the in-home cases are subjected to a quality assurance procedure to ensure that they are consistent with the CFSR process while the out of home cases are not. Enhancing the quality assurance process for all cases will be a top priority as the department implements a state-run CFSR program.

By policy, social caseworkers assess mental and behavioral health needs of all of the children in the home as part of a comprehensive assessment using the Family Story/Risk and Protective Capacity Assessment tool, conducted within the first 60 days of assignment to the FSU caseworker, and every six months thereafter.

All out of home providers are required to complete a comprehensive mental health assessment within 30 days of placement. Many in-home providers are also required to complete a mental health assessment. The Biopsychosocial assessment serves as the model for these comprehensive assessments.

DCYF contracts for a number of Evidence-based services that are specifically targeted towards children and youth who have experienced trauma. Examples include Trauma System Therapy, Trauma Focused Cognitive Behavioral Therapy and Family Centered Treatment.

There are several factors that affect the performance of this item in the positive. Rhode Island DCYF works closely with Beacon Health Options. Beacon Health is the mental health/behavioral health provider through Rhode Island's Health insurance provider, Neighborhood Health Plan. Case managers from Beacon Health Options are co-located in each of the family service unit regional offices to provide support and mental health referrals for staff. There is also a mobile case manager who is available to staff to assist with any questions related to children's mental health needs.

DCYF has designated a staff liaison who works collaboratively with the mental health hospitals and ARTS programs regarding referrals for children who may need DCYF care or are already involved with the Department. This staff member works with the mental health hospitals to ensure that children who may need a high level of care but don't necessarily require hospitalization can step down to some type of day treatment or partial hospitalization program. Our liaison also meets monthly with Beacon and Neighborhood Health Plan to discuss trends, service needs, priorities, and concerns regarding children in foster care. Rhode Island DCYF also has a psychiatrist on staff to provide consultation on the behavioral health needs of children in DCYF's care. Clinical consultation is available for complex behavioral health concerns, psychotropic medications and quality reviews.

In 2014, the department issued a psychotropic medication review plan. This plan requires prescribers to submit a Request for Administrator Authorization in order to obtain administrative approval to prescribe psychotropic medication to children in DCYF care. The department has a part-time Child and Adolescent Psychiatrist (CAP) who consults on these requests. The CAP consultation may include review of:

a. RICHIST and/or paper file; or

b. Paper file and discussion with the primary worker/supervisor; or

c. Paper file, discussion with the primary worker/supervisor and discussion with the identified provider.

On the basis of this review, the CAP will make a recommendation to the Administrator, who either approves or declines to provide consent for the psychotropic medication. The CAP may also request additional documentation from the provider, such as copies of blood work, before making a recommendation to the administrator.

There are several barriers that have been identified that have affected the performance of this item. One of those barriers is the high caseload numbers and staff turnover of Family Service Unit and Probation workers. High caseload numbers and increasing demands placed on workers can impact worker's ability to conduct timely assessments and can also cause a delay in entering documentation to support that children's mental health needs are being addressed.

Internal stakeholders have reported that although most staff are initially trained to assess and provide service referrals for children's mental/behavioral health during pre-service training, there is a lack of comprehensive ongoing training. Another barrier identified that has affected the

performance of this item is the lack of racially, ethnically, and culturally diverse staff who are bilingual. Language barriers are impacting our ability to communicate with parents about their children's mental/behavioral health needs. The Department is attempting to rectify this by the recent hiring of bilingual and multicultural staff in the Family Service Units and in Child Protective Services.

Stakeholders have reported that oftentimes, there are long waitlists for mental health services for children open to DCYF. In order to address the mental and behavioral health needs of children in a timely and more efficient manner, Rhode Island has broadly expanded its home based service array from less than (10) services in 2010 to over thirty (30) different services to include: Trauma Systems Therapy (TST) through Family Service of RI, Teen ACT through the Providence Center, Parenting with Love and Limits (PLL) through NAFI, and Preserving Families Network (PFN) through Tides Family Services. Two new home-based services were procured that specifically provides mental health services to children. Those two new services are Functional Family Therapy (FFT) through Tides Family Services and Child and Family Services and Family Centered Treatment (FCT) through Child and Family and Communities for People (see Service Array: Item 29 for further details). These programs are available statewide and are able to provide mental/behavioral health treatment to children as well as provide supportive services. The expansion of these services has significantly reduced or eliminated these waitlists.

In assessing the performance of this item, Rhode Island's assessment is that this is an area needing improvement. Rhode Island is showing strong performance with addressing the mental health needs of out-of-home children and has taken corrective action by expanding its service array to provide additional mental health services for in-home youth as well as adding a mental health liaison and psychiatrist to work in conjunction with the mental health hospitals and DCYF staff. Continued monitoring of this data is needed to measure the impact of these actions.

Section IV: Assessment of Systemic Factors

Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

1. Review the *CFSR Procedures Manual* (available on the Children's Bureau Web site at http://www.acf.hhs.gov/programs/cb), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.
2. Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.
3. Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).
4. Include the sources of data and/or information used to respond to each item-specific assessment question.
5. Indicate appropriate time frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

A. Statewide Information System

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

> Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

The Rhode Island Children's Information System (RICHIST) is the official Rhode Island child welfare agency information system. This comprehensive system is designed to link all of the Department's case-related functions into an integrated database. RICHIST includes management information relating to: individuals and families (Service Management), client services (Provider Management), finances (Financial Management) and staff (Staff Management). RICHIST maintains a history of service information from initial point of contact in Intake through post-adoption services.

RICHIST is a statewide, client-server information system that is utilized by all staff within the department. Access to RICHIST is also provided to external agencies such as the Office of the Child Advocate, Court-Appointed Special Advocate (CASA) and Foster Forward. RICHIST was implemented in 1997. As a legacy system, RICHIST does not have a mobile interface to allow workers to view or enter information from the field. The department has recognized this limitation and is working on upgrading the system to be web-based.

Data elements recorded in RICHIST include, but are not limited to, the following; personal and familial demographic characteristics, case assignment, child abuse reports and investigations, court activity and legal status, foster care placement and living arrangements, service plans and goals, case narratives and assessments, adoption information, vendor payroll/payment, and eligibility information. All DCYF staff performing case related functions are able to retrieve the case information necessary for them to make fact based decisions related to their specific child welfare and youth-related responsibilities through RICHIST.

The data elements maintained in RICHIST allow staff to readily identify the status, demographic characteristics, location and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

RICHIST allows for timely data reporting and analysis which is essential for monitoring outcomes, trends, and areas of opportunity. RICHIST is the sole source of data for all federal reporting including: Adoption and Foster Care Analysis and Reporting System (AFCARS), National Child Abuse and Neglect Data System (NCANDS), and National Youth in Transition Database (NYTD).

Placement data for children in foster care is verified on a monthly basis. For children placed in DCYF foster homes, the payment to the foster parent is generated from RICHIST placement data. This integration between placement data and foster parent payroll ensures that

discrepancies are corrected immediately and foster parents are accurately compensated for the services they provide. For children placed in private agency foster care or congregate care, a RICHIST generated census is securely emailed to providers every month. This data is imported by the provider into a department-supplied invoice template. Providers update any inaccurate data and submit the invoice back to the department's contract unit. The invoice data is then automatically matched against RICHIST to identify inaccurate or missing data. If a determination is made that the provider's information is accurate, RICHIST is updated to reflect the correct information. The department receives approximately 900 placement invoice records per month. During the 3 month period from June – August, 2017, there were 187 placement invoice records reviewed for accuracy. Of those, 70 (37%) were determined to be accurate (child may have been in respite or hospital for a brief period during the billing cycle). 55 invoice records (29%) had correct placement data but an inaccurate per diem rate (child's placement rate changed during the billing period). 62 invoice records (33%) needed to be corrected by entering or updating placement data in RICHIST or the provider was required to correct the data on the invoice. Discrepancies identified through this process are send via email to the RICHIST Helpdesk and are generally corrected within 1 business day. Exceptions occur when additional information needs to be obtained from the social worker or provider before the correction can be made.

Data from calendar year 2016 through the third quarter of 2017 were analyzed to measure the timeliness of data entry for entry into placement and exit from placement. 5,582 placement records where the placement begin date was between 1/1/2016 and 9/30/2017 were analyzed. The time to record data entry was calculated by subtracting the placement date from the data entry transaction date in RICHIST. If the placement begin date was 1/5/16 and the placement was recorded in RICHIST on 1/9/16 then the data entry time is 4 days.

Results show that recording the exit of a youth from a placement in RICHIST is more timely than recording the entry into the placement.

Timeliness of recording placement entry

Quarter	% of entries recorded within 7 days	% of entries recorded within 14 days	% of entries recorded within 21 days	% of entries recorded within 28 days
2016 Q1	61.7%	68.1%	74.9%	78.8%
2016 Q2	62.5%	70.6%	76.5%	81.0%
2016 Q3	60.1%	68.8%	73.0%	80.8%
2016 Q4	63.4%	71.5%	77.7%	83.3%
2017 Q1	49.5%	59.5%	66.7%	72.4%
2017 Q2	60.1%	70.0%	73.9%	78.4%
2017 Q3	67.0%	75.2%	83.3%	87.5%

Timeliness of recording placement discharge

Quarter	% of entries recorded within 7 days	% of entries recorded within 14 days	% of entries recorded within 21 days	% of entries recorded within 28 days
2016 Q1	70.8%	82.0%	85.4%	89.7%
2016 Q2	77.9%	83.3%	86.5%	90.1%
2016 Q3	76.7%	84.5%	89.9%	92.5%
2016 Q4	79.2%	85.5%	89.3%	91.9%
2017 Q1	68.2%	74.5%	78.7%	82.6%
2017 Q2	78.6%	88.7%	90.8%	93.1%
2017 Q3	81.1%	88.5%	92.0%	94.3%

The above data shows a drop in timeliness for 2017 Q1 for both placement entry and placement discharge. During 2017 Q1, the department entered into new contracts with a number of foster care and residential provider agencies. Thus, a significant number of placement records needed to be closed and re-entered into RICHIST to link to the new contract ID and/or contract rate.

Overall, the data shows that placement discharge data is entered into RICHIST more timely than placement entry data. Further analysis showed that more than one-third of the placement entries documented more than 31 days after the actual placement occurred were for placements of youth in relative foster homes. This delay in recording the actual placement is due to the fact that the relative kinship family must be created as a provider entity in RICHIST before the social worker can record the placement. The process for creating the provider record includes completion of a preliminary assessment of the relative home and the completion of background checks. Once the licensing packet is received by the licensing unit, the provider record is created and the placement can be entered. Please note that while the placement may not be recorded in RICHIST, the youth's actual physical location and living arrangement are recorded in a separate window in RICHIST at the time the placement is made. Therefore, RICHIST is always up-to-date on the youth's physical location.

Timeliness of recording living arrangement entry

Quarter	% of entries recorded within 7 days	% of entries recorded within 14 days	% of entries recorded within 21 days	% of entries recorded within 28 days
2016 Q1	78.0%	85.0%	88.2%	90.2%
2016 Q2	85.3%	89.8%	91.4%	93.1%
2016 Q3	77.5%	84.4%	87.3%	89.3%
2016 Q4	76.0%	85.4%	89.4%	91.5%
2017 Q1	77.7%	83.2%	86.4%	89.9%
2017 Q2	81.0%	88.3%	90.9%	92.4%
2017 Q3	83.2%	88.9%	91.6%	93.0%

Based on the analysis completed above, the department is reviewing the process of creating relative foster care providers in RICHIST in an effort to reduce the amount of time before the worker is able to enter a placement record.

A survey to measure the accuracy of information in RICHIST was completed during the third quarter of 2017. A random sample of 370 active children were selected from a pool of 3550 active children including cases from family services, intake, and probation. Supervisors were asked to validate the accuracy of 14 different data fields including demographic, service planning and placement information. 329 of the 370 (89%) surveys were fully completed and an additional 26 surveys were partially completed. The 329 fully completed surveys represent 9.3% of the active child population at the time the survey population was generated. The table below summarizes the results of the survey:

RICHIST Data Element	% Accurate
Child's Name	99.7%
Mother's Name	97.1%
Father's Name	92.2%
Child's DOB	99.7%
Child's Race	96.3%
Child's Ethnicity	96.6%
Child's Gender	100%
Placement Name	94.3%
Placement Service Type	95.8%
Placement Begin Date	92.1%
Placement Address	93.8%
Service Plan Goal	86.1%
Service Plan Concurrent Goal	85.5%
Service Plan Expiration Date	86.7%

Overall, the data shows that the information contained in RICHIST is very accurate especially related to demographics and placement. Service plan information is less accurate. This result is not surprising since workers have expressed that the service planning process can be time-consuming. The department is currently reviewing the service planning process to address this concern.

Regarding the State Information System, Rhode Island's assessment is an overall strength for this systemic factor. The Statewide Information System is functioning well in Rhode Island and it does, at a minimum, readily and accurately identifying the status, demographic characteristics, location and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

> Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

The Department utilizes a comprehensive assessment and service planning process for each child and family receiving services from the initial point of contact to case closure. The comprehensive assessment and service planning identifies, considers and weighs factors that affect child safety, permanency and well-being.

Rhode Island General Law (RIGL) 42-72-10 and Department policy require a written Service Plan for the care and treatment of each child under the Department's supervision. The Service Plan must include:

- A plan for assuring that the child receives safe and proper care and that appropriate services are provided to parents, children, and foster parents;
- The health and education records of the child, to the extent available and accessible;
- Where appropriate, for a child age fourteen or over, a written description of the program and services which will help prepare the youth for the transition toward a self-sufficient and productive adult life; and,
- In the case of a child with respect to whom the permanency plan is adoption, guardianship or another planned permanent living arrangement (APPLA), documentation of the steps the agency is taking to find an adoptive family or other permanent living arrangement.

The documents used in the assessment process are the Family Story (DCYF 148 A) and the Risk and Protective Capacity Assessment (RPCA) (DCYF #148 B). The service plan is developed jointly in partnership with the Department worker, child (if age appropriate), parent(s)/caregiver(s), formal providers, informal providers and natural supports to the family. The primary service worker must attempt to engage all members of the family in the assessment process and document efforts in a case activity note. The primary service worker completes as much of the DCYF #148 A and #148 B as possible to effectively evaluate and address risk factors requiring the Department's involvement. The Service Plan is time-limited, individualized and strength-based.

Each Service Plan includes a visitation plan, an Educational/Medical Statement, and a permanency goal specific to the family's situation including a projected date for achieving the

identified permanency goal. The Primary Service Worker(s) obtain signatures on the Service Plan to confirm that all parties participated in the development, review and revision of the plan and were provided the opportunity to agree or disagree with the content.

As part of the 2018 Rhode Island Child and Family Service Review, fifty-two (52) in-home and foster care cases were randomly selected from the RICHIST database. Of the fifty-two (52) randomly selected cases, only forty-five (45) met the criteria to be used for the remaining questions in this review. Of the seven (7) cases removed from the random sample, one (1) case was hidden in RICHIST, two (2) cases had youths at the RITS at the time of removal and service plans were not required, and four (4) cases had no service plans created. The following are the results:

- Within sixty (60) days of removal or case assignment to FSU/Probation, service plans were developed in 60% of the cases reviewed. In 35% of the cases, the service plans were developed after sixty (60) days. 6% (3 cases) were found to be N/A. This analysis identifies an area needing improvement in the timely completion of the service plan.

- Forty of the cases identified that both parents were known and available to service plan with. In 26 (65%) of those cases, service plans were developed with both parents. There were nine cases where only one parent was available to service plan. 7 (78%) of single parent cases included the parent in the service planning.

- 79% of children of appropriate age (children who are elementary age or older may be expected to participate in the development of the service plan to some extent) joined in the development of their service plan.

- 100% of the service plans reviewed contained a permanency goal.

- 36% of the service plans described services to prevent removal of the child including each parent, child, or foster parent; 64% of the cases reviewed did not.

- 93% of the service plans designed were to be a safe placement for the child in the least restrictive setting available, while 7% were N/A. 2% (1 case) did not provide an answer to this question in their service plan.

- 84% of the children were placed at an address that was in proximity to their parents' home address when the permanency goal was reunification, where only 9% were not. 7% of the cases were N/A, and 2% (1 case) did not provide an answer for this question in their service plan.

- 80% contained a visitation plan that was consistent with the permanency goal, while 13% of the cases did not. 7% of the cases were N/A.

- 89% of the service plans included updated health records of the child, while 11% did not.

- 84% of the service plans included education records of the child, while 11% did not. 4% (2 cases) were N/A as the child was not yet of school age.

- Of the forty-five (45) cases reviewed, 59% of the service plans were signed by all appropriate parties, including the child if they were age appropriate. In 38% of the cases, the service plans were not signed by all appropriate parties, and 3% (1 case) was N/A.

- Of the seven (7) cases reviewed involving a youth sixteen (16) and older, 57% of the cases included a description of preparation of youth for transition, while 43% did not.

- 58% had subsequent plans completed every six (6) months, while in 18% of the cases they were not. 24% of the cases reviewed were N/A.

Administrative Review Data

Prior to an Administrative review, the reviewer reads through the case in the RICHIST system and checks to see if there is an existing service plan. If there is an existing service plan, the reviewer checks to see if it was completed in a timely manner and includes measurable behavior change outcomes. During the administrative review meeting, the service plan is discussed with the caseworker, parents, and if applicable, the foster parents and child. Based on the information provided, the reviewer determines if the mother, father, and youth were engaged in the development of an individualized strength based service plan of care. The reviewer then documents the information obtained during the meeting in the review instrument in RICHIST. The reviewer also checks off the pertinent box that applies to the question of "Was the service plan written in a timely manner and does it include measurable behavior change outcomes?" with the choices being yes, no, or partially. The following table shows Data collected from the Administrative Review meeting instrument from 2015 and 2016:

	Calendar Year 2015	Calendar Year 2016
Service plans were timely and included measurable behavior change outcomes	53.7%	56.6%
Service plans lacked timely completion and measurable outcomes change	40.7%	32.2%
Service plans partially met criteria	5.6%	11.23

In reviewing the data, some of the strengths of the performance of this item is that the majority of service plans are being developed jointly with at least one parent, contain permanency goals for each child, document that the child is in the least restrictive setting possible, and are placed in close proximity to their parents. It also appears that the majority of medical and educational records are being updated in the service plans. Some of the challenges that are affecting the performance of this item is the lack of service planning with both parents/guardians as well as obtaining signatures of parents and age appropriate children on service plans. The data also reflects that subsequent service plans are not always completed every six months and that visitation plans between children and their parents/siblings are not always documented.

A barrier that affects the performance of this item is service planning with both parents. The Department seems to be consistently service planning with one parent, but not with a second parent. This could be due to the second parent either being absent/unable to be located or they have refused to service plan with the Department. Another barrier that affects the performance of this item are the high caseload numbers and staff turnover of Family Service Unit and Probation workers. High caseload numbers and increasing demands placed on workers often causes a delay in service planning with families within the first sixty days of a case opening and subsequent service plans thereafter. Also, workers may have engaged in service planning with their families, but due to a lack of support staff, the service plans may not have been formally written or documented in RICHIST in a timely manner. Workers have expressed that they obtain training in service planning when they initially began working for the Department but have not always gotten ongoing training in service plan development.

In assessing the performance of this item, Rhode Island recognizes that this is an area in need of improvement. As of 2016, 56% of all service plans were created in a timely manner and included measurable behavioral change outcomes with the remaining 44% either partially met or lacked timely completion. Rhode Island also recognizes that there needs to be more inclusion of ensuring that all required provisions of the service plans are included where appropriate, such as services to prevent removal, visitation plans, and transition plans. Rhode Island also needs to ensure that all participants (parents and youth) are included in the service planning process.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

> Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

The Department's case review system includes the Department's 6 and 18-month administrative review process as well as the 12 and 24-month court permanency review. According to Federal and State Law (RIGL 40-11-12.1), a permanency hearing in Family Court is required to take place within 12 months of a child's placement in foster care, and every 12 months thereafter until permanency is achieved and the case closes. The permanency reviews in Family Court meet the criteria for a periodic review as it occurs before a child reaches twelve months in foster care placement and addresses the visitation between parents and children, the progress towards permanency and the general well-being of the child in care. A Permanency Hearing can be substituted for an Administrative Review. The process by which a Permanency Hearing completed by the Family Court is substituted for an Administrative Review is as follows: On a weekly basis the ARU scheduler reviews a list of families who require a review within six weeks. Based on the RICHIST record, the ARU scheduler determines if a Permanency Hearing has been conducted within 30 days prior to the ARU date for review or within 30 days after. If the Permanency Hearing was done or scheduled within 30 days, the permanency hearing meets the criteria for a review and documented in RICHIST in the ARU icon.

During the Permanency Hearing, the FSU worker provides a permanency hearing court letter to the Family Court to update the Court on the status of the case and the permanency plan for the child or children involved. In the permanency hearing court letter, the following elements are included:

- Introduction to the case and the reason for opening.
- Progress towards the service plan goal/Update since the last Court Hearing
- Transition Plan for Youth age fourteen (14) and older (if applicable)
- Child's current placement (is it safe, least restrictive, and meets child's best interests and needs)
- Placement for Youth with APPLA Goal
- Visitation (with mother, father, siblings)
- Recommendations (can the child be returned and safely maintained at home or placed for adoption or legal guardianship)

Family Court Judges are required to complete a checklist to ensure that all the required elements of the hearing are covered. This checklist ensures that there is consistency among the

Judges in asking the pertinent questions related to the permanency of the child. The documentation of the permanency hearing includes:

- Parties present during the hearing
- Whether the case plan is approved
- The permanency goal and concurrent permanency goal
- Whether the child is able to return home safely at that time
- Whether reasonable efforts shall be required to reunify
- Whether DCYF has made sufficient reasonable efforts to reunify
- Whether DCYF has filed a termination of parental rights. If not filed, why
- Whether the court ordered DCYF to file a TPR petition
- If a TPR petition has been filed, whether DCYF shall make efforts to place the child for adoption or guardianship and, if not, why
- Whether other services or efforts required to strengthen the family are needed
- Whether DCYF involvement should be terminated

The department analyzed administrative and court review data to determine if the appropriate number of administrative reviews were completed and whether those reviews were completed in a timely manner. The data analyzed included 2891 youth who were removed from home between 1/1/2015 – 8/17/2017. Youth who were in placement for at least 6 months were assessed to determine if the appropriate number of reviews were completed.

Number of months in Placement	Percentage of Youth Receiving Reviews
6-11 months	100% received a review
12-17 months	90% received 2 reviews
18+ months	91% received 3 or more reviews

Data also shows that not all reviews are completed in a timely manner. The percentages shown are cumulative, therefore if a youth had three reviews completed, all three had to be completed timely in order to meet the standard. The data below shows that only 57% of youth received a timely review in the first six months.

Number of months in Placement	Percentage of Youth Receiving Timely Reviews
6-11 months	57% received a timely review
12-17 months	43% received timely reviews
18+ months	38% received timely reviews

In reviewing the data on the timeliness of periodic reviews for children in foster care, it appears that overall the reviews are occurring, but are not always held in a timely manner. Many of the reviews that were scheduled for children who have been in care for 6-11 months occurred shortly after the 6-month mark. Of youth who did not have a review completed within 6 months, the median time to completed a review was 195 days.

DCYF Administrative Reviews:

The Administrative Review Unit currently consists of two reviewers and a scheduler. RICHIST generates a report that provides a list of children in need of an administrative review who have been in out of home care for four months and are approaching the six-month mark. The scheduler then schedules the review as close to the six-month mark as possible and will often schedule the review at the five-month mark. The Family Service Unit worker also gets a computer generated notice via e-mail that a child/family is in need of an Administrative Review at the four-month mark and are then directed to contact the Administrative Review Unit to schedule the review.

Family Court Permanency Hearings:

When a child is removed from home, a Permanency Hearing is scheduled at the Pre-Trial court hearing. Permanency Hearings are held every twelve months. The Permanency Hearing is scheduled at the eleven-month mark to ensure that it will be held in a timely manner. If the initial Permanency Hearing date is delayed or changed, the rescheduled date must be within the 12-month timeframe.

Barriers the Department faces regarding the successful performance of this item are the loss of two (2) reviewer positions in 2017 from a prior total of four (4) reviewers. The reduced workforce within the Administrative Review Unit has had a negative impact on the ability to reschedule reviews. If a review needs to be rescheduled, it makes it much more difficult to reschedule as the reviewers' schedules may be full and unable to accommodate a timely rescheduling of the review. Also, the high caseloads and workload of Family Service Unit workers impacts their ability to attend reviews. FSU workers frequently have to cancel and reschedule reviews due to unexpected emergencies and court hearings on their caseloads. Another barrier that affects performance is the lack of flexibility in the scheduling of administrative reviews. Reviews are scheduled during the workday hours of 8:30-4:00 PM, which precludes many working parents, working foster parents, and school age youth from attending. In order for working parents and foster parents to attend, overtime or flextime would be needed to accommodate families so as to increase participation in the administrative review process. Also, due to the lack of access to public transportation, some families are unable to attend administrative reviews if the closest DCYF office is not within walking distance. Lastly, a barrier to the successful performance of this item is the current computer system used to schedule reviews. An automated list is generated with children needing a six- month review which alerts the scheduler as to whom is in need of a review meeting. However, the scheduler has to manually create notification letters and schedule the reviews with parents, foster parents, and FSU workers. Additional automated support could be beneficial to streamline the process to make scheduling more efficient.

Regarding the functionality of the Statewide Case Review System, Rhode Island's assessment of this item is that it is an area needing improvement. Although The state provides a process for

the periodic review of the status of each child in foster care, these reviews do not always occur in a timely manner.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

> Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response:

Federal and state law (RIGL 40-11-12.1) and the Department's policy on Obtaining Custody of Child through the Dependent/Neglected/Abused Petition require a Permanency Hearing take place within 12 months of a child's placement in foster care, and every 12 months thereafter until permanency is achieved and the case closes.

When a child is removed from home as a result of dependency/abuse/neglect, a Permanency Hearing is scheduled at the arraignment hearing. The court schedules the Permanency Hearing at the eleven-month mark from the arraignment date to ensure timeliness occurs within the 12-month timeframe. During the Permanency Hearing, Family Court Judges are required to complete a checklist to ensure that all the required elements of the hearing are covered. This checklist ensures that there is consistency among the Judges in asking the pertinent questions related to the permanency of the child. The documentation of the permanency hearing includes:

- Parties present during the hearing
- Whether the case plan is approved
- The permanency goal and concurrent permanency goal
- Whether the child is able to return home safely at that time
- Whether reasonable efforts shall be required to reunify
- Whether DCYF has made sufficient reasonable efforts to reunify
- Whether DCYF has filed a termination of parental rights. If not filed, why
- Whether the court ordered DCYF to file a TPR petition
- If a TPR petition has been filed, whether DCYF shall make efforts to place the child for adoption or guardianship and, if not, why
- Whether other services or efforts required to strengthen the family are needed
- Whether DCYF involvement should be terminated

At the conclusion of the permanency hearing, the court schedules a subsequent permanency hearing in 12 months.

Data on 1,152 youth who were removed from home between 2015 – 2017 and who stayed in care at least 12 months were analyzed. The date of removal from home was extracted from the RICHIST database and the date of the permanency hearing was extracted from the court ODYSSEY system. The average number of days for a permanency hearing was 334 days and the median number of days was 343. Data also showed that 75% of youth received a

permanency hearing within 367 days and 90% of youth received a permanency hearing within 392 days from the date of removal from home.

An analysis was then conducted on the 159 youths who did not appear to have a permanency hearing. Of the 25 sample cases reviewed, it was determined that 8 of the 25 either had a permanency hearing or did not require a permanency hearing. In 7 of the 9 cases, the match could not be made due to an incorrect or missing ID but it was determined that the permanency hearing did occur within 12 months; in one case, the youth was TPR'd and adopted (adoption was finalized on day 372).

In 4 of the 25 cases, it was determined that a permanency hearing was held but not within the 12 month time frame.

13 of the 25 cases did not receive a permanency hearing. 9 of the 13 were juvenile justice cases open to probation (Includes youth held at the Rhode Island Training School and subsequently placed on Temporary Community Placement (TCP). Historically, the probation court liaisons would ask for the permanency hearing date when youth were adjudicated with a placement. Over time, court liaisons strayed from this practice. Probation officers have been re-instructed to request permanency hearing dates at time of placement. A tracking mechanism will be developed to monitor this population of youth.

Among children removed from home in CY2013-14 and stayed in care between 730-1094 days (2 years or longer and less than 3 years), 88.5% percent had a subsequent permanency hearing within 12 months of the first hearing. Among children removed from home in CY2013-14 and stayed in care for 3 years or longer, 68.5% percent who had third permanency hearing within 12 months of the second hearing.

Rhode Island's assessment of this item is an area needing improvement. Although the court has developed a standard process to schedule and conduct permanency hearings at 11 months from date of arraignment for youth removed from home as a result of dependency/abuse/neglect, the data reflects that this is only occurring in 75% of the cases. Areas needing improvement include the monitoring of juvenile probation cases to ensure that these youth have a permanency hearing scheduled, as well as, modification of the scheduling of dependency/abuse/neglect cases to ensure the hearing is completed within 12 months of removal instead of arraignment.

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

> Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

As required by the Adoption and Safe Families Act, Family Service Unit supervisors and administrators review cases of children who have been in care fifteen out of the last twenty-two months. Supervisors receive an automated e-mail notification from RICHIST that a case has met the 15 of 22 month benchmark and that an ASFA review must be completed. This is done to track the ASFA timeline requirements for permanency planning and to assess the progress made by families. The supervisor and regional director meet and review the case. They discuss what progress the parents have made with their service plan goals and how the children are doing in care and if a TPR should be filed. If a family appears to be making progress towards reunification, then that would be a compelling reason to not file a TPR. If there is limited or no progress made towards reunification, then the recommendation would be to file a TPR. If an ASFA review is completed and it is determined that there is a compelling reason to not file a termination of parental rights, it is documented in the RICHIST system. When a worker completes the service plan for the case, the compelling reason for not filing a TPR must be documented in order for the supervisor to approve the service plan.

In reviewing data for this item, the State identified 943 youth who were removed from home after 1/1/2015 and remained in care for at least 15 months. This data was matched against TPR filing data from the ODYSSEY court system. Of the 943 youth in care for at least 15 months, 332 (35.2%) were identified as having a TPR filed (Note: includes all TPRs filed. TPR may have been filed within or after 15 months of removal). 16.7% of youth had a TPR filed within 15 months. The median time from removal to TPR filing was 462 days (15 months). For 95% of youth with a TPR filed, the filing date was within 735 days (24 months) of removal.

The compelling reasons not to file a TPR for children who stayed in care for 15 months or longer was then reviewed and is shown in the table below:

Compelling Reason	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	131	21.44	131	21.44
APPLA	22	3.60	153	25.04
Adopted	20	3.27	173	28.31
Guardianship	18	2.95	191	31.26
Insuffcnt Grnds	4	0.65	195	31.91
Reunification	194	31.75	389	63.67
Review	193	31.59	582	95.25
SED/DD/MH Dx	4	0.65	586	95.91
TPR-Filed	13	2.13	599	98.04
TPR-Granted	12	1.96	611	100.00

The State has identified the documentation of compelling reasons not to file TPR as an area needing improved data collection. The existing dropdown of values includes options to document the compelling reason (i.e. Guardianship, APPLA, Insufficient Grounds, etc.) as well as options for why the review was not needed (i.e. Reunification, TPR already filed or granted). In addition, 21% of the youth were missing a compelling reason not to file TPR.

There are several barriers that have affected the performance of this item. Family Service Unit workers have been overburdened with high caseloads. Because of the high caseload numbers and increasing demands placed on their daily workload, workers are not always able to write and prepare TPR's in accordance with federal timelines. Staff changes and turnover also affects the timeliness of filing TPR's. There has also been a decrease in support staffing who could assist workers with their daily tasks, thus limiting the amount of time workers have in researching and writing TPR petitions.

Another barrier that the State recognizes is that there are waiting lists for some services. Parents are expected to engage in and complete services that are pertinent to their needs, whether it be substance abuse, parent child evaluations, psychological evaluations, mental health treatment, etc. Oftentimes, there are long waitlists for services thus delaying parents' compliance with their service plans which could further delay the filing of a termination of parental rights. This is further complicated by the RI Dept. of Human Services transitioning to the UHIP system in 2016. UHIP caused applications for benefits and health insurance to be delayed for months for many of the families the Department serves. This delay in obtaining insurance and benefits further delayed access to services for parents.

Anecdotally, line staff have expressed that they feel some Judges in the Family Court will not terminate parental rights if a child is not in a pre-adoptive home. Because of this, workers may be hesitant to file a TPR in anticipation of the petition being denied by a Judge and then having to re-file that same petition when an adoptive home is identified.

In assessing the performance of this item, Rhode Island recognizes that this is an area in need of improvement. Although Rhode Island has a process in place for terminating parental rights in accordance with the ASFA provisions, it appears that these filings do not always occur in a timely manner and when a compelling reason not to file TPR exists, it is not clearly documented in a manner that allows for easy reporting. High caseloads, waitlists for some services, delays in obtaining health insurance, and delays in filing of TPRs affect the performance of this item.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

> Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

Notification to foster parents of their right to be heard has been identified in the past as an area needing improvement. To address this concern, the department modified the state SACWIS to generate notifications to foster parents automatically. If a youth has an open foster care placement and a permanency hearing is scheduled, an automated notification is generated to the foster parent two weeks before the hearing date and is sent via U.S. Mail to the foster parent's home address. Between January – June, 2017, DCYF mailed 420 permanency hearing notification letters to 394 foster and pre-adoptive parents. There were 1255 youth scheduled for a permanency hearing during this period of time (Note: Notifications are sent only to foster care providers, not congregate care providers). The notifications include the following statement:

> "As the foster parent you have the right to attend this hearing and to file a written or verbal report with the Court regarding the above named child. If you are unable or do not wish to attend the hearing, you may use the attached 'Foster Parent Court Hearing Report Form' to provide information to the court on the well-being of the child placed with you."

The Department, in collaboration with Foster Forward, conducts an on-going survey of foster parents whose foster children had a scheduled permanency hearing. The number of foster parents responding to the survey is very low; about 55 responses in 2016. The survey data for calendar year 2016 shows the following:

- 84% of foster parents responding to the survey were aware of their right to be heard.
- 76% of foster parents responding to the survey stated that they were notified of the hearing.

In addition to the notification letter, the majority of foster parents responding to the survey stated that they were also notified of the hearing by the social worker.

It appears that the vast majority of foster parents are aware of their right to be heard in Administrative Reviews and Permanency Hearings, but not all are being notified of when hearings are scheduled.

Case reviews are conducted by Administrative Review Staff and may be attended by parents, foster parents, and providers who work with the families. Foster and pre-adoptive parents are invited to the reviews by mail and by verbal notification from their assigned caseworkers. An automated letter is sent to all foster and pre-adoptive parents notifying them of the upcoming Administrative Review. When a foster parent attends a review they are expected to be active participants in discussing the progress of the child in their care. Foster parents are asked questions related to the child's physical health, mental and behavioral health, and education and how they are doing in their care overall. They are also asked about how the child(ren) do after visitation with their parents and if there are any concerns regarding reunification. Lastly, foster parents are asked if they would be willing to be a permanency resource should the parent be unable to meet their service plan goals for reunification. If the foster parent is unable to attend the Administrative Review, they are given the option to fill out a Foster Parent Information sheet that provides information regarding how the foster child is doing in the home Some of the questions that are asked of the foster parent regarding the child in their care include:

- A description of the child's adjustment to foster care.
- If the child exhibits any physical or emotional problems.
- If there are any services that the foster parent feels DCYF could provide for the child and/or foster family.
- A description of the child's school attendance (if applicable)
- How the child is doing educationally and a description of the child's progress and problems.
- What feelings and concerns does the child have about separation from his/her biological family?
- What feelings and concerns does the child have about reunification with his/her biological family?

This sheet can then be returned to the Administrative Review Division or to the caseworker so that the information related to the foster child can be included in the review.

All DCYF foster parents are mandated to attend and participate in training to be a foster parent. It is during this training that foster parents are informed of the Administrative Review Process and their right to attend the review. Also during this training, foster parents are informed of the Family Court Process and their right to be heard in Family Court.

Rhode Island Foster Forward is an agency that works with foster parents and provides them with resources and supports. Foster Forward has a family support program that includes mentors. The mentors inform foster parents of their right to be heard in Administrative Reviews and Family Court and encourage them to attend to offer their input. Foster Forward also provides information about the notification process on their website.

There are several identified barriers that affect the performance of this item. Foster parent responses to the Foster Forward survey report that some foster parents are being told by their social workers that they do not have to attend administrative reviews or the Permanency Hearings. Of the 21 foster parents who responded regarding how they participated, 86% stated that they provided written and/or oral testimony, 14% stated they were not allowed to provide any written or oral testimony. One provider noted that they were able to provide written

testimony but were not allowed to provide oral testimony. The data currently available does not provide the level of detail needed for more in-depth analysis.

Another barrier that affects performance of this item is the lack of flexibility in the scheduling of administrative reviews. Reviews are scheduled during the workday hours of 8:30-4:00 PM, which precludes many working parents, working foster parents, and school age youth from attending. In order for working parents and foster parents to attend, overtime or flextime would be needed to accommodate families so as to increase participation in the administrative review process.

Regarding the notification of foster parents' right to be heard in any reviews or hearings, Rhode Island's assessment of this item is that this is an Area Needing Improvement Although the state provides a process of notification for reviews and court hearings, only 76% of foster parents indicated that they receive the notice.

FOSTER PARENT COURT HEARING REPORT FORM

Child's Name_____ Date of Child's Placement with You _____

Child's DCYF Worker_____ Date of This Report _____

1. Since coming to live with you, have you noticed any changes in your foster child's behavior, emotional state or physical health? If so, please describe these changes.

2. How is your foster child's overall health since being placed in your home? Are there any chronic medical conditions or recent changes? When was the child last seen by a physician? Were there any recommendations?

3. How is your foster child doing in school or daycare?

4. How does your foster child react before and after visits with his/her birth family?

5. Have you had the opportunity to observe family visitation? If so, please note your observations relative to your foster child's interaction with his/her birth family.

6. Please describe overall, how you feel your foster child is doing.

7. What concerns do you have for this child? Have you had the opportunity to attend Team Meetings to raise these concerns?

8. If reunification does not happen for this child, are you interested in making a permanent commitment to the child through adoption or guardianship?

_____ _____

Foster Parent Name (please print) Contact Phone Number

_____ _____

Foster Parent Signature Date

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

The Department has a comprehensive data and evaluation framework inclusive of a continuous quality improvement system. The integrated statewide infrastructure that supports data and evaluation includes:

- RICHIST – DCYF Management Information System
- Administrative Case Reviews for Family Service and Juvenile Probation cases and CFSR-like in-home reviews
- Data Analysis and Program Evaluation (comprised of DCYF staff and contracted services which are currently out for bid)
- CQI Feedback Loop through multiple channels (i.e. Monthly DCYF Administrator Data meetings with representation from all divisions within the department, , Family Care Community Partnership Active Contract Management meetings, Group Home Active Contract Management meetings, Expedited Permanency Meetings, and Director's Approval Process)

This statewide infrastructure supports numerous data, program evaluation, and continuous quality improvement functions within the Department, inter-departmentally with other state agencies; and, externally with community providers and families served through the Department. The primary function of this infrastructure is to provide a systematic feedback loop of data for the purposes of continuous quality improvement, program evaluation, tracking and predicting child, family and system outcomes, service planning, and informing practice and policy. Among those major functions are:

Rhode Island Child Information System (RICHIST)

The RICHIST system generates approximately 600 automated reports for monitoring and continuous quality improvement. Selected reports are disseminated to Department staff respective of their professional responsibilities. The reports are automatically emailed to Department recipients on a daily/weekly/monthly basis and can be graphed over time to view trends in the data. This information is used for program planning and evaluation, in particular

when new initiatives are implemented. The information is also used by DCYF administrators and supervisors to make data driven decisions, track division or unit benchmarks and in staff supervision.

The RICHIST system also generates over 50 dashboard reports accessible by all Department staff spanning safety, permanency, and well-being areas (exemplars of these are at the end of this section). The dashboard provides the raw data to the user as well as aggregated data, graphs, and the ability to manipulate the data within the reports. The data is used by the Department, in particular, Department managers to manage programs, caseloads, and child/family services such as face-to-face monthly visits, case plans, CPS investigations, licensing, and placements.

Illustrative of managing with data includes monthly caseworker and child face-to-face reports. The Family Service Unit regional directors and supervisors and Juvenile Probation caseworker administrator and supervisors review the monthly caseworker and child face-to-face reports during their respective unit meetings. FSU directors meet regularly with their units either every two weeks or every month (depending on the region) and Juvenile Justice meet monthly with their units. These reports are also reviewed by the Deputy Director and Director who acknowledge in the senior team meetings Regions meeting the Department targets for face-to-face visits. Where those targets are not being met, a discussion and strategies on how to improve is conducted. Illustrative of a strategy is a recent hiring of additional caseworkers (both FSU And Juvenile Probation) to reduce caseloads as well as a supervisory LAMM training (Leadership Academy for Middle Managers) aimed at assisting supervisors and administrators in enhancing their supervisory and leadership skills. This monthly face-to-face report is also presented by the FSU regional directors at the monthly Data and Evaluation meetings. Each month there is a standing section of the meeting where regular reports such as monthly face-to-face are discussed. The FSU regional directors facilitate the discussion on the data trends and factors that may be impacting the data performance.

Similarly, the CPS reports on response times to an investigation and investigation completion times are discussed in the CPS unit meeting as well as the monthly Data and Evaluation meetings where administrators from across the Department are engaged in data discussions on the data trends and factors that may be impacting the data performance. Further analysis of the response time and investigation completion times identified which response categories were meeting the Department's policies and which less frequently met the Department policy timeframes. The Department is using this information to inform the restructuring of CPS as it implements Structured Decision Making.

Through these monthly Data and Evaluation meetings and the specific unit meetings as described above, the Department continues to review the dashboards to either identify data/information gaps useful for CQI feedback and management and/or display enhancements. The Department continues to work with the Executive Office of Health and Human Services (EOHHS) Data warehouse to explore options to develop cross functional dashboards with other Agencies within EOHHS. The collaborative work with the EOHHS regarding cross agency data analysis is in the infancy phase and the EOHHS led Data Eco-system is developing research questions that will engage and incorporate the 4 agencies that fall within EOHHS (The

Department of Children, Youth & Families, The Department of Health, The Department of Human services and the Department of Behavioral Health Hospitals).

Additionally, the Department is exploring the recent intent of ACF to provide States with resources to improve data management systems by moving from a SACWIS model to a Comprehensive Child Welfare Information Systems (CCWIS) model as described in the recent ACF Final Rule published 6/2/16. We anticipate that this Rule will provide us with the opportunity to transform our data management system from one that is primarily case management focused to one that provides more robust opportunities for data collection and analysis while still ensuring quality case management support.

Examples of Reports used for CQI Purposes:

- Foster Care - Monthly List of Children who have left Relative Care and Non-Relative Care
- Victims of Sexual Abuse
- FSU - Initial Risk Assessment
- Breakdown of children at DCYF, breakdown by agency and by: age and living arrangement; race and living arrangement
- Family Service Unit Worker Caseload
- Unduplicated Count of Children by Demographics
- Children in Placement for 300 Days
- Psychiatric Hospital - List of Active Children
- Children in Placements with Specific Service Types
- Adoption and Safe Families Act - Children in care for 15 of the last 22 months
- Foster Care - Children who Age out of DCYF Care
- Children Discharged from Placement
- Children Reported Absent From Care
- Children Entering DCYF Care
- Children In Placement
- Removal and Discharge Episodes Dashboard
- ARU - Service Plan Review Statistics
- Foster Care - Caseworker Visits
- Indicated Allegations with a Previous Indicated Allegation w/n 6 Months
- Maltreatment in Foster Care
- CANS Population Report
- FCCP Referrals With Reopens To Department

Administrative Case Reviews and CFSR-like in-home reviews

The CQI operation maintains a case review process in the DCYF regions which substantially mirrors the process used in the Federal CFSR instrument. Between 7/1/16 and 6/30/17, there were 1,296 ARU's completed and 58 in-home reviews completed. DCYF intends to increase the number of in-home reviews as part of its Program Improvement Plan after the 2018 CFSR. The state also intends to begin using the CFSR Round 3 Instrument as part of its ongoing review process.

For out-of-home cases, the ARU staff have enhanced their functions to integrate into their 6 month administrative reviews CQI principles that includes a review instrument that substantially mirrors the Federal CFSR Round 2 On-site Instrument. ARU staff were trained on the CFSR-like instrument, and inter-rater reliability testing was conducted. ARU receives their list of youth scheduled for a review. Prior to their in-person family, caseworker meeting, the ARU reviewer reviews case related data in RICHIST and populates the CFSR-like review as much as possible given the information in the case record. A meeting is held amongst ARU reviewer, Department caseworker and involved parties, such as a birth parent, foster family, and/or provider or other party the family may want to include. The meeting occurs and based on the meeting review, additional information is entered into the CFSR-like instrument.

For in-home cases, Regional supervisors in the Family Service Units (FSU) participate in a monthly case review process which consists of randomly chosen cases using a standard supervisory review tool that mirrors the safety and well-being sections of the Federal CFSR instrument. After each supervisor reviews the case, the case undergoes a quality assurance process conducted by a third individual within the Data and Evaluation unit. The QA specialist reviews the case independently within the RICHIST system and when ratings on items disagree, the QA specialist requests the supervisor to provide additional information to support their rating. If the supervisor provides supportive information the rating is maintained. If the supervisor is unable to provide supportive information or does not respond, a notification is sent to them indicating the rating on the items in question will be changed to the rating the QA specialist believes the case record supports. The supervisor is given a week to provide supportive documentation.

Since 2011, the review instruments for both ARU and the in-home supervisory instrument has been modified to conform to specific data benchmarks that the Department must report on for its Program Improvement Plan. This new electronic form is designed to provide more CFSR-like information, reflecting the areas of safety, permanency and well-being. The form covers 27 CFSR related questions:

- One Safety section
- Three Permanency sections
- Three Well-Being sections
- One Case Review Summary section with Determinations
- One Recommendation section

This was a notable change for in-home case reviews where previously the CQI staff had a manual process for reviewing these cases, but now the process is managed electronically. The in-home case reviews are created and saved in the RICHIST system, capturing data elements individually, that were previously captured in the aggregate. This process for in-home cases also now includes Juvenile Probation.

This RICHIST automated review process was also implemented for ARU in May 2011 for out-of-home cases. The information is entered into the review form located in the ARU Case Review section in RICHIST This information is captured on an individual child/family level from the review form in the MIS system and is able to be reported in an aggregated format to provide an overview for analysis and planning purposes.

The design of this system is also to flag cases that may have serious enough issues to warrant action by the Administrative Review Officer. For example, if during the Administrative Case Review, the Administrative Review Officer (ARO) determines that an issue in the case may have serious enough implications that it requires immediate further action such as a child being at imminent risk of harm or if there is a serious barrier to permanency achievement, the Administrative Review Officer will report the issue for further supervisory review.

At the conclusion of the administrative review, the ARO informs the case worker/supervisor that the case will be flagged for further review by the chain of command. The Administrative Review Officer sends an e-mail describing the concern to the case worker, supervisor, and the Regional Director for further assessment and possible action. The ARO may discuss case concern/issues with the Administrative Review Supervisor prior to any action taken. It may be determined that the concern if documented in the review form may not require any further action other than a case recommendation. Once the Regional Director reviews the case, the decision may be made to send the flagged case to the Associate Director for further assessment. Any action is left at the Family Service level.

Strengths and areas needing improvement have similarities as well as uniqueness attributed to both in-home and out-of-home reviews. A similarity of strength between both in-home and out-of-home on the aggregate level is the data is summarized by FSU region quarterly and shared with the regions. In this manner the regions can observe trends over time and discuss factors they believe may be impacting the performance. Some of those factors can and are tested through statistical analysis and reported back to the Department leadership and regions. An example includes examining the relationship between first placement, race and age. In the context of placement being the most appropriate and least restrictive from the case reviews, Data and Evaluation conducted a statistical analysis on first placement, race and age, among other covariates. The results revealed a statistically significant relationship with youth age 10-17 who are Black or African-American have greater odds of having a first placement in congregate care compared to White youth age 10-17.

A weakness in the in-home includes some supervisors either not consistently completing their monthly review or not providing sufficient evidence to support the rating. This is addressed through the QA staff following up with the supervisor, at times multiple follow ups. The weakness for the out-of-home administrative reviews has consistently been generous ratings on the items by the ARU staff. The Department is presently examining alternative QA with the ARU process.

Data Analysis and Program Evaluation

Continuous Quality Improvement work is led through the RI DCYF Data and Evaluation unit. The Department is in the process of completing its procurement of its new service array. With the new service array and new providers, the Data and Evaluation team will be working with the Contracts division and Harvard Government Performance Lab to set up Active Contract Management meetings similar to those successfully piloted and implemented with the FCCPs. The Department is also in the competitive bid process for data and evaluation services to supplement DCYF's resources. The Consultation Center at Yale will continue to work with us on Grant evaluations that they were already currently involved in such as the Adopt Well Being and Diligent Recruitment Grants.

The evaluation involving the Diligent Recruitment has informed organizational systems within DCYF and the design of an RFP the Department is developing for foster family supports. Specific to DCYF organizational changes, changes have been made in the licensing recruitment process wherein the foster parent recruitment packet has been redesigned, the licensing process has been made more flexible where there are onsite fingerprinting to help decrease the length of time to licensure, implemented a uniform foster parent training module TIPS MAPP, offering of a training format tailored to be more flexible for foster parents and identified the need to recruit more foster families for youth who are 14 and older.

The Data and Evaluation unit staff meet weekly to review DCYF initiatives, activities, and policy changes specific to data needs, monitoring and evaluation. Data reports on safety, permanency, and well-being are reviewed as well as program outcomes on the various programs DCYF children and families are involved with such as – Family Care Community Partnerships, Multi-systemic Therapy, Psychotropic Medication Utilization, and on an ongoing basis new programs implemented within the service array RI DCYF families and children are involved with. Based on this work, data reports, surveillance reports and program evaluation reports are developed, disseminated, presented and posted on the RI DCYF website to inform policy, practice, program development and data driven supervision.

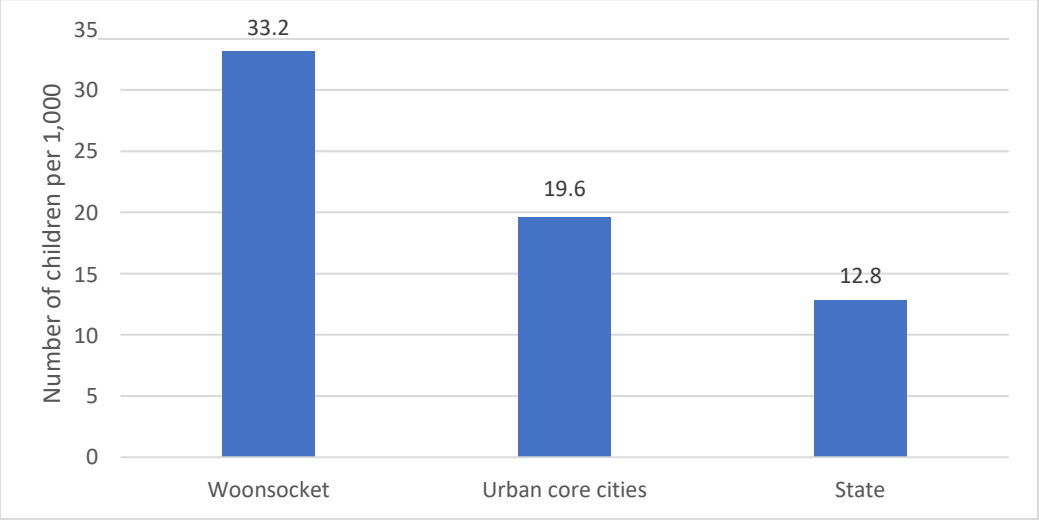
A CPS example of analyzing data and developing analytic data reports and using the information to inform policy or practice or interventions involves CPS. Data and Evaluation tested the anecdotal information of several predictors, in particular information referrals (a disposition previously used in CPS) and subsequent outcomes to the information referral - subsequent investigation, subsequent indicated investigation or subsequent removal from home. The predictors found to be statistically significant were presented to the leadership team meeting and the monthly Data and Evaluation meeting. These data findings informed changes to Departmental policy and included these predictors in the decision making process and disposition determinations within CPS.

A placement example includes examining the relationship between first placement, race and age. In the context of placement being the most appropriate and least restrictive from the case reviews, Data and Evaluation conducted a statistical analysis on first placement, race and age, among other covariates. The results revealed a statistically significant relationship with youth age 10-17 who are Black or African-American have greater odds of having a first placement in congregate care compared to White youth age 10-17.

A maltreatment and removal rate example involves an analytic report examining removal rates and maltreatment rates in RI and by RI cities. Removal rates and maltreatment rates were calculated using US Census data estimates. The 5 RI urban core cities removal rates and maltreatment rates were aggregated. A report contained the individual cities removal rates, maltreatment rates, the aggregated urban core rates and RI state rate. This report was presented with the Department as well as the Director meeting with the urban core cities school superintendents to identify factors associated with these rates and develop collaborative solutions and interventions. For example, in the Central Falls meeting, an urban core city (data not shown), Central Falls school superintendent and other city leaders identified domestic violence as a potential factor contributing to the elevated maltreatment rate in their city.

The DCYF Director has met with 3 of the 5 urban core cities thus far. This data report also informed the intervention planned for one of the urban core cities. The Department will pilot with providers in this urban core city a facilitated team meeting prior to a child removal to wrap services and supports around the family to maintain the child in the home.

Figure 1. Rate of indicated child victims of maltreatment (per 1,000 children under 18), by State, urban core cities and Woonsocket, FY16*



Data Source: RICHIST, U.S. Census FFY15 population estimate

*Rate of indicated child victims is in federal fiscal year, FFY16.

Rate of indicated child victims excludes victims of maltreatment in foster care.

An example with the Family Care Community Partnerships involves analyzing data and presenting the data to the FCCPs on their assessment adherence. Discussions involved the barriers for low adherence and to administering assessments. Barriers were addressed and the adherence to administering the assessments improved and has maintained a high adherence rate.

The Data and Evaluation unit is also involved with assisting RI DCYF in applying for grants by writing the Evaluation Sections, often in collaboration with Yale University (RI DCYF contracted evaluator), going forward that collaboration will be with whoever is selected in the new procurement of services. DCYF is still attempting to grow its Data and Evaluation capacity and is looking to add 2 epidemiologists to staff in order to be able to have one epidemiologist support each of the primary areas of the agency; child welfare, behavioral health, and juvenile justice.

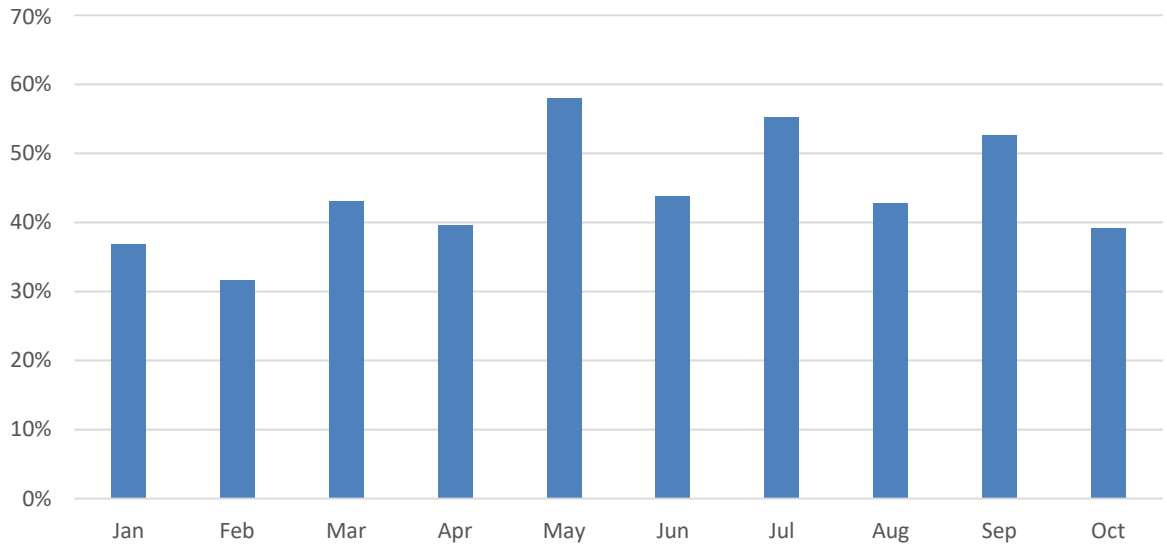
CQI Feedback Loop

DCYF uses multiple channels in the CQI feedback loop, including the following:

• Monthly Data Meetings

Various DCYF representatives from the Director to the Supervisor level meet monthly to discuss the Department's performance on key outcomes, review the strategic dashboard, and discuss solutions how to improve or sustain performance. This has given us a forum to check on key initiatives such as reducing our congregate care numbers. We have shown that the Directors Approval process was effective in reducing the number of children in congregate care, but we are starting to plateau. Combined with data from the Community Supports and Behavioral Health division we are able to see that our Foster Home Array and recruiting strategy needed to be adjusted; children with a Level of Need (based on the Level of Need instrument) as needing a lower level such as a foster family were placed in a congregate care setting because a foster home that met their particular needs was not available. See Figure 2 below.

Figure 2. Monthly percent of Children by Month Referred for Congregate Care With a Level of Need Tier Score Indicating a Lower Level of Need, RI DCYF (CY 2017)



Note: Table shows the percentage of children each month referred for a new or subsequent congregate care placement who do not need that level of care based upon the Level of Need assessment completed for the child (i.e., the Level of Need tier score is 3, 4 or 5 or the child is younger than 12 years old). This table may include duplicate children who move more than once during the calendar year.

Source: DCYF LON Tracking Sheet, November 27, 2017

At the monthly data meetings, DCYF program managers present the data specific to their area and that is used to manage their divisions and\or units. The intent of this model is to have Departmental program managers acquire skills and comfort with aggregate level data to manage and inform with data decisions, practice and policy in their respective areas.

Further, this data along with the results from the Diligent Recruitment grant (see page 5) and an analysis by Data and Evaluation where the predictors of youth whose first placement is either kinship or congregate care were presented internally and with congregate care providers. This information informed the foster family RFP and the need for additional supports for families who foster youth (teens) as well as inform community based providers of the need to provide supports and enhanced family engagement to allow youth to either remain in their homes with supports or achieve permanency in a timely manner and maintain permanency. The Department and the congregate care providers will be receiving training with Building Bridges in February 2018 to assist in family engagement that can reduce the number of children removed and placed in higher levels of care than needed.

Examples of safety permanency and well-being related data reviewed at the monthly data meeting include:

Figure 3. The average time (in minutes) to Screen-In RI DCYF Child Protective Service Reports by Month, 2017

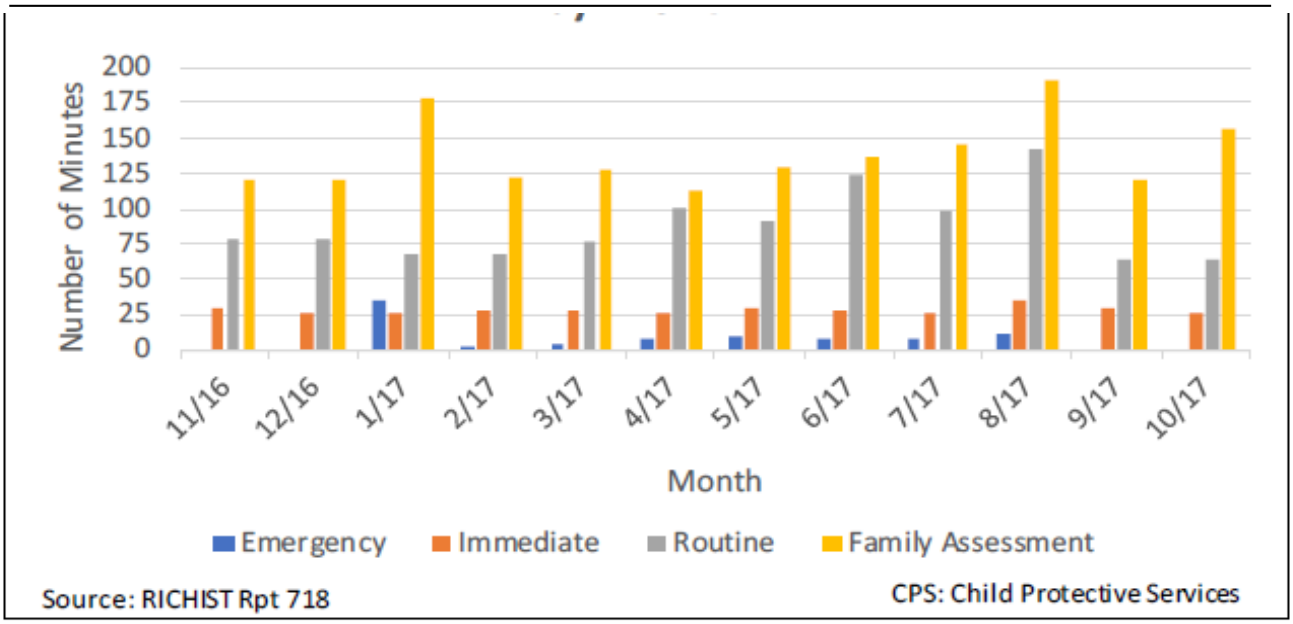
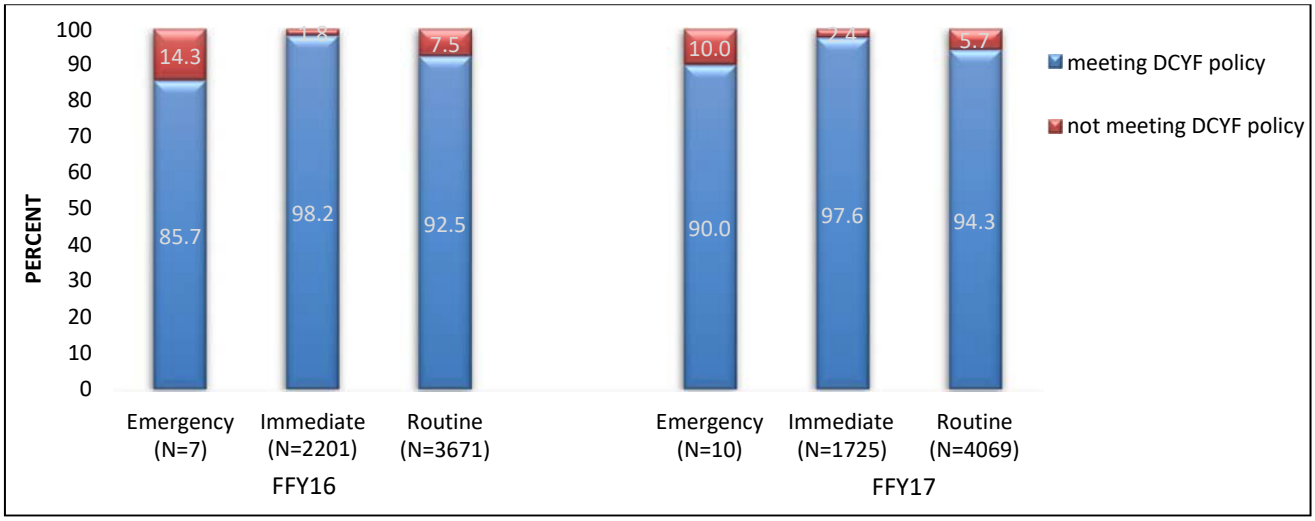


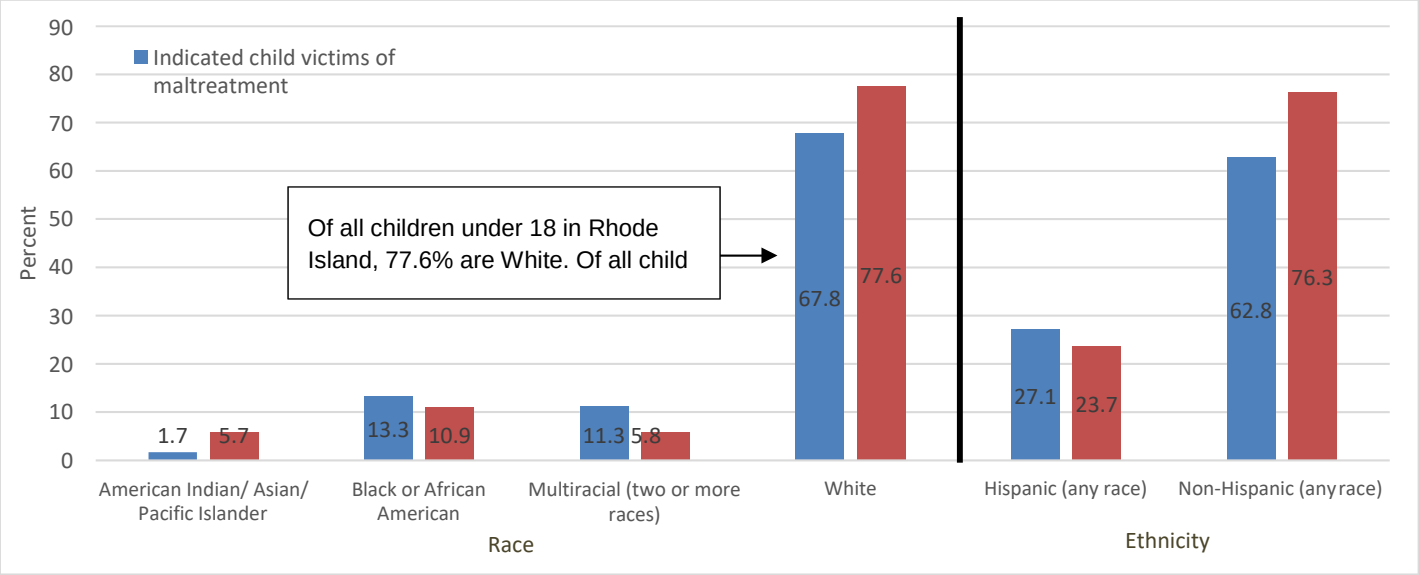
Figure 4. Percent of CPS response times meeting DCYF Policy, by Response Type, by Federal Fiscal Year



This data along with additional CPS data slides have been used to inform policy and practice with response times. The analysis of the trends over time assisted in identifying that a majority of the response times were within policy. The one area with the lowest percentage meeting

response times was emergency. Although the small sample size (n < 10) results in greater percentage distortion comparted to large samples, the response category of emergency is important to address. This information is informing the CPS restructuring by including the emergency response types as an area to address.

Figure 5. Percent of indicated child victims of maltreatment and population estimate of children under 18 years old in Rhode Island, by race and ethnicity, FFY16.



Data source: U.S. Census 2015 population estimate by sex, age, race and Hispanic for children under 18.

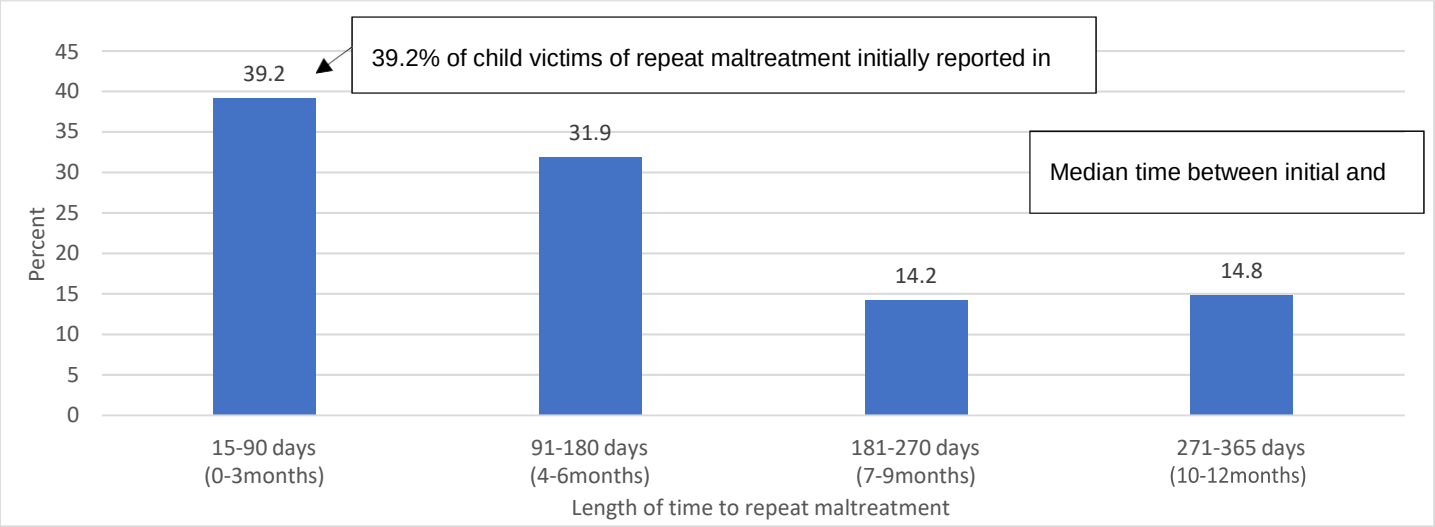
Data notes:

- Data unduplicated by child. If a child had multiple investigations in a fiscal year, perhaps one indicated and one unfounded, the child is counted once as indicated child victim.

- Children with unknown/missing race and unknown/missing ethnicity are not shown.

As noted previously, routine data analysis involving maltreatment is conducted that examines a host of factors inclusive of disproportionality. This information was also included in the meetings with the urban core cities as a large majority of the racial and ethnic minority groups reside in the urban core cities. This report was presented with the Department as well as the Director meeting with the urban core cities school superintendents to identify factors associated with these rates and develop collaborative solutions, interventions. The DCYF Director has met with 3 of the 5 urban core cities thus far. This data report also informed the intervention planned for one of the urban core cities. The Department will pilot with providers in this urban core city a facilitated team meeting prior to a child removal to wrap services and supports around the family to maintain the child safely in the home.

Figure 6. Length of time* to repeat maltreatment, FFY15. (N=339)



*Length of time: number of days between the report date of first indicated maltreatment in FFY15 and the report date of first subsequent indicated maltreatment within 12 months of the initial.

Data notes:

- Data unduplicated by keeping the first indicated report in FFY15 as the initial. If a child had multiple subsequent investigations within 12 months, the first indicated investigation is counted.

- Subsequent investigations reported within 12 months but have not yet completed as of the last day of FFY16 are not reflected.

- Subsequent indicated investigations occurring within 14 days of the initial indicated investigation are not counted as repeat maltreatment.

Figure 6 is part of the Annual Safety Analytic Report and collectively these data help to inform program, practice, and policy. Specific to Figure 6, the length of time broken down assists in identifying critical periods where repeat maltreatment will occur. Based on these findings, the Department engaged in various approached to address these critical periods. One approach was to rebid provider contracts and part of the scoring for the proposals included data on timeliness to begin services from referral and providing evidence based or evidence informed programs aimed at reducing maltreatment and enhancing family safety. As a follow up, the Active Contract Management has within the metrics routinely reviewed at the monthly meetings with the FCCPS and congregate care providers, tracking of maltreatment while receiving services by the contracted providers. This data is shared with and discussed at the meetings and providers identify strategies to address and the maltreatment trends are observed over time.

Course	***Syllabus***	***IV-E Functions Addressed***
Meeting 1: Welcome To The TIPS-MAPP Group Preparation And Selection Program	Acquaints leaders and participants with the TIPS-MAPP Program and each other. This meeting explains the process of becoming a foster or adoptive parent and the legal foundations for child welfare services. With a focus on safety, well-being and permanence, participants will meet several children and parents (in a video) who have been involved with foster care and adoption.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 2: Where the MAPP Leads: A Foster Care and Adoption Experience	This meeting provides an overview of a foster care and adoption experience from the perspective of clients (children and parents,) foster parents, adoptive parents, and child welfare workers. Case examples of eight children will be used to help participants consider the safety, well-being and permanence needs of children who have been abused, neglected or maltreated.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 3: Losses and Gains	Explores the impact of separation on the growth and development of children, and the impact of foster care and adoptive placement on the emotions and behaviors of children and parents. Examines personal losses (death, divorce, infertility, children leaving the home) and how difficult life experiences affect success as adoptive parents or foster parents. Emphasizes the partnership roles of foster parents, adoptive parents, and social workers in turning separation losses into gains.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 4: Helping Children With Attachments	Explores the subject of attachment and child development. Focuses on how attachments are formed and the special needs of children in foster care and adoption (especially in the area of building self-concept and appropriate behavior.) Discusses the partnership roles of foster parents, adoptive parents, and social workers in helping children with attachments.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.

Figure 7. The Percent of Children in Kinship Homes by Month and Year (Current and Previous) Among Children in RI DCYF Out-of-Home Placement

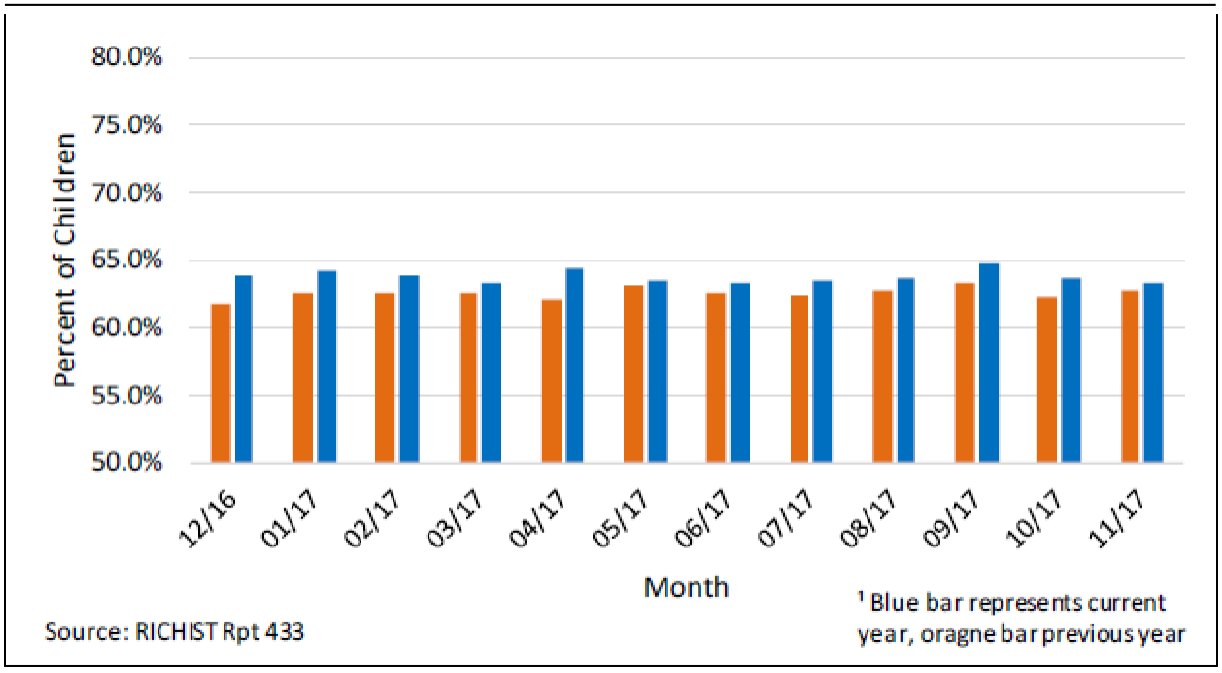
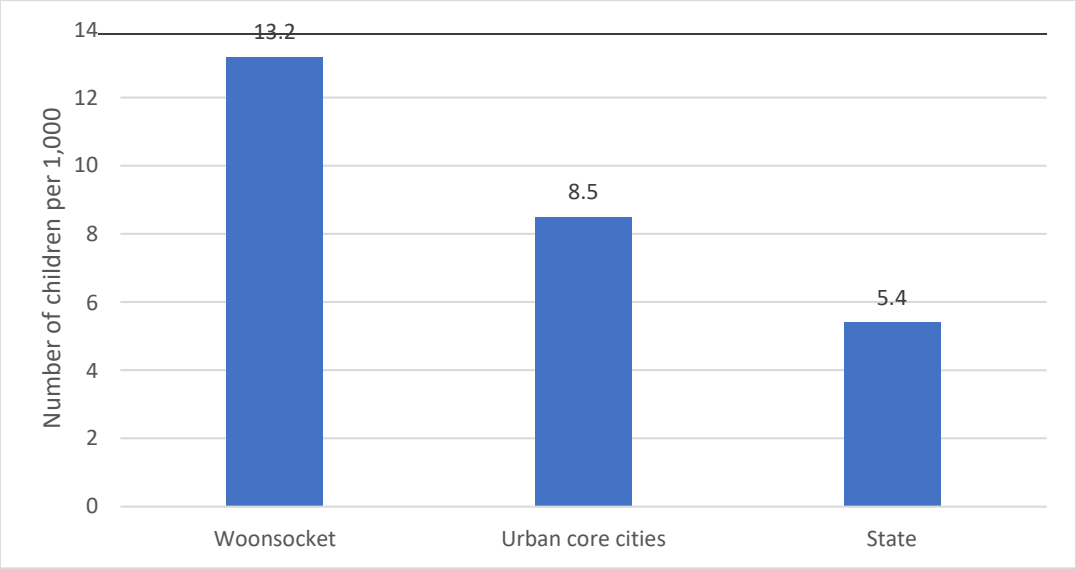


Figure 7 is data along with additional placement surveillance data to observe trends in kinship placement as the Department implements system-wide efforts to increase resource family placements and in particular kinship family placements. The data reveals increases in current and previous years across a 12 month time frame. In part this data helps the Department assess the impacts of the interventions – training staff on TLO searches and family engagement, developing a unit within foster care licensing dedicated to assisting caseworkers conduct TLOs, and providing trainings to providers with contracts to support foster families to routinely explore kinship placements.

Figure 8. Rate of children removed from home (per 1,000 children under 18), by State, urban core cities and Woonsocket, FY17



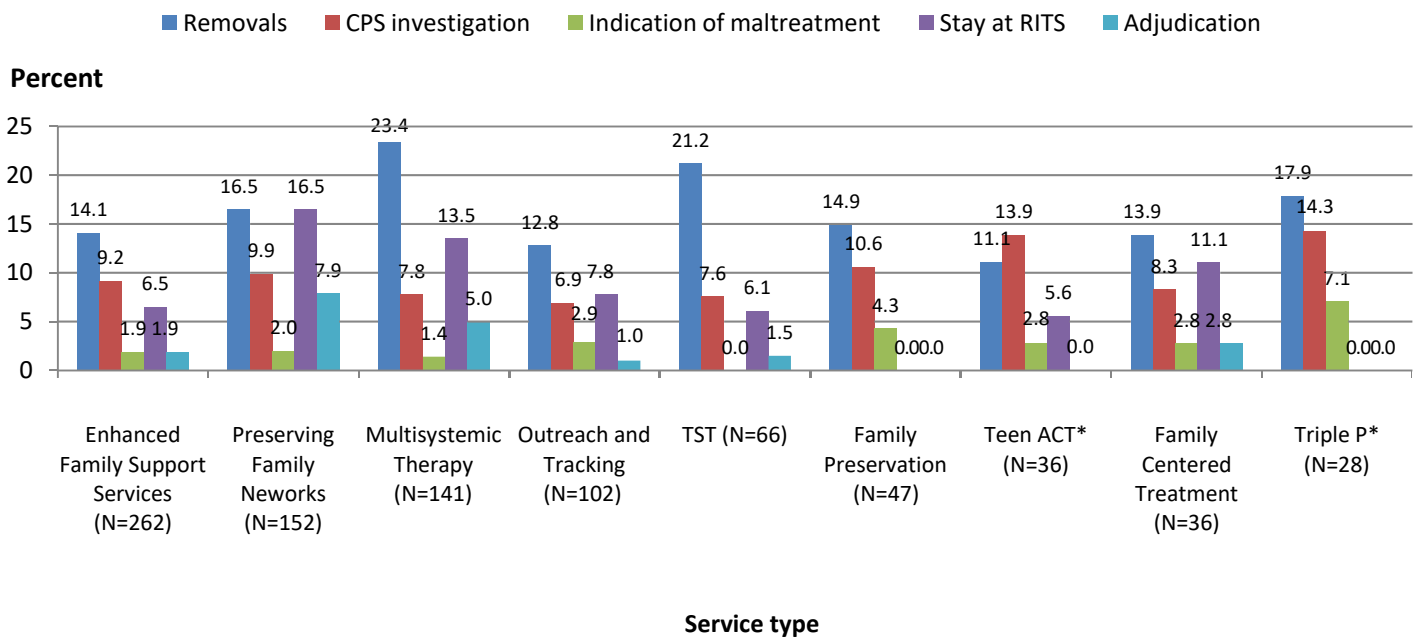
U.S. Census FFY15 population estimate Woonsocket children under age 18: 9044 children
Data source: Rhode Island Children's Information System (RICHIST), U.S. Census population estimate.

A removal rate example involves an analytic report examining removal rates and maltreatment rates in RI and by RI cities. Removal rates were calculated using US Census data estimates (see Figure 8). The 5 RI urban core cities removal rates were aggregated. A report contained the individual cities removal rates, the aggregated urban core rates and RI state rate. This report was presented with the Department as well as the Director meeting with the urban core cities school superintendents to identify factors associated with these rates and develop collaborative solutions, interventions. The DCYF Director has met with 3 of the 5 urban core cities thus far. This data report also informed the intervention planned for one of the urban core cities. The Department will pilot with Northern RI providers (of which Woonsocket is located) in this urban core city a facilitated team meeting prior to a child removal to wrap services and supports around the family to maintain the child in the home.

Additionally, the report compared the removal of children from each RI city to the where the child was initially placed, within the city or outside of the city. Figure 9 reveals Woonsocket has a higher prevalence of children initially placed outside of the city compared to the urban core aggregated prevalence although a slightly higher prevalence placed in a different city with kin compared to the urban core aggregated prevalence.

Figure 9. Percent of children removed from home, by the percent who were initially placed in the same city or a different city and by State, urban core cities and Woonsocket, FY17

Figure 10. Selected 6-month outcomes of youth who started a community based service from <u>in-home</u> between 7/1/14-11/30/15, by most frequently used or new service type, RI DCYF



*Triple P: Positive Parenting Program, Teen Act: Teen Assertive Community Treatment

NOTES:

- Six month follow-up period begins on the service start date.

- A youth may be counted in more than one outcome category, if a youth experienced multiple outcomes within the 12 month period.

- In-home placements defined in this report include living arrangement of stay with friend, guardian, married parents, relatives, separated couple, single female parent, single male parent, subsidized adoption, and unmarried couple. This is not exclusively child welfare placement.

- Depending on the length of time a youth received a service, a youth may or may not have been receiving the service at the time of experiencing the outcome. Youth may have ended the service any time before or after experiencing a selected outcome.

- TST includes both community based and residential services. TST community

Figure 10 is extracted from the community-based surveillance and outcome analytic report examining 5 selected outcomes using an entry cohort into the contracted provider community-based programs. Figure 10, in conjunction with additional analysis contained with the analytic report, examines a) removals, b) CPS investigations, c) indicated maltreatment, d) stay at the RI Training School, and e) adjudication in the juvenile justice system. This data is analyzed annually as well. . A survival analysis is conducted to assess time to event for the combined programs stratified by the age groups primarily served. This information as mentioned is reviewed internally and externally with providers and informs policy, practice and programs. This information assisted in drafting the Department RFP for procurement of services to identity subpopulations with elevated odds of experiencing one of the 5 outcomes. This data also assisted in discussions to identify strategies to address the most prevalent outcomes (i.e. removals CPS investigations, and stay at the RITS).

• FCCP Active Contract Management Meeting

The FCCP is a network designed system regionally located in 4 areas of RI to provide preventive, community-based services aimed to maintain family preservation and divert children and youth from entering DCYF. The Active Contract Management is a monthly meeting where a common set of metrics are discussed among the four FCCP regions and various DCYF stakeholders. This meeting has been very effective in sharing knowledge and improving performance. In one case, all but one region were not meeting the goals for completion of assessments, through discussion at the meeting on best practices we were able to get all regions up to the proper level of performance.

Highlights of process and impact outcomes include:

Figure 11. Among Families Participating With the Family Care Community Partnerships, the Percent of Families (Cases) Closed with All, Most, or Partial Wrap goals met (3 month average)

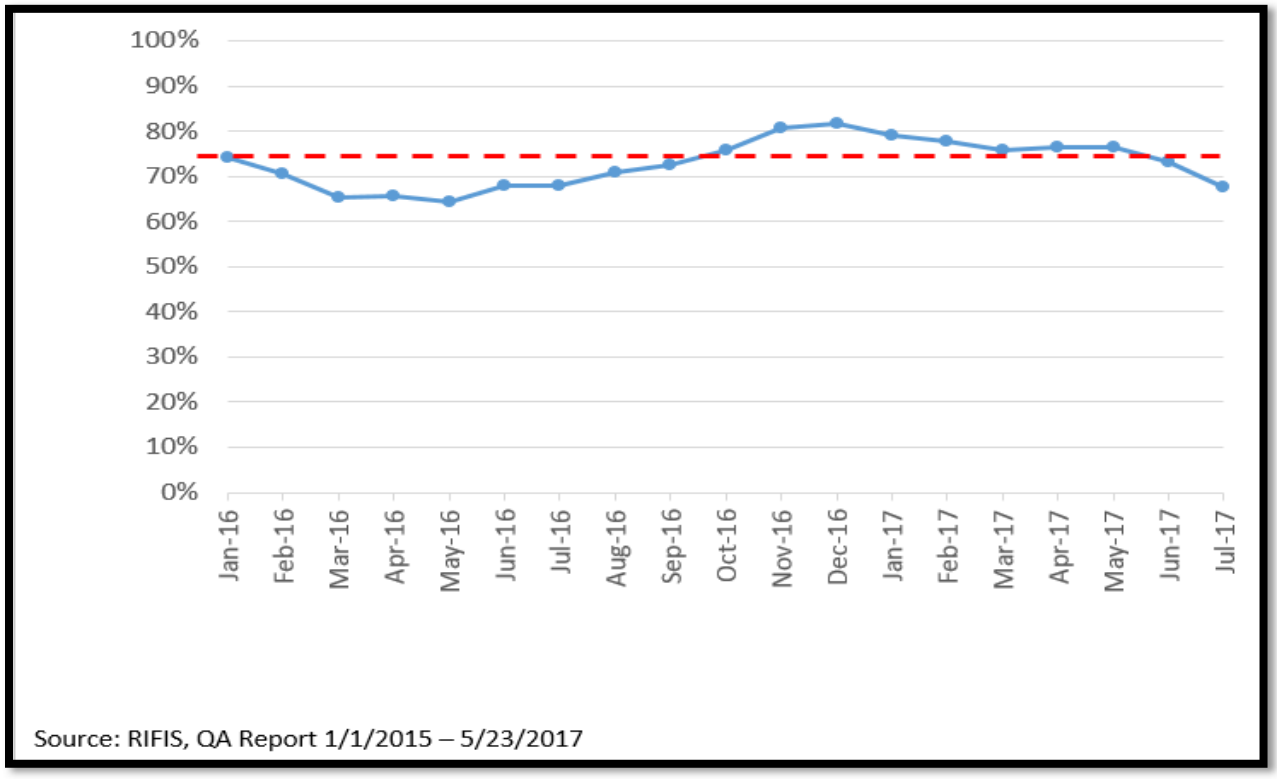


Figure 12. Among Families Participating in the Family Care Community Partnerships, the Percent of Referrals Receiving no Face-to-Face, Face-to-Face within 5 business Days, or Face-to-Face in Greater 5 Business Days

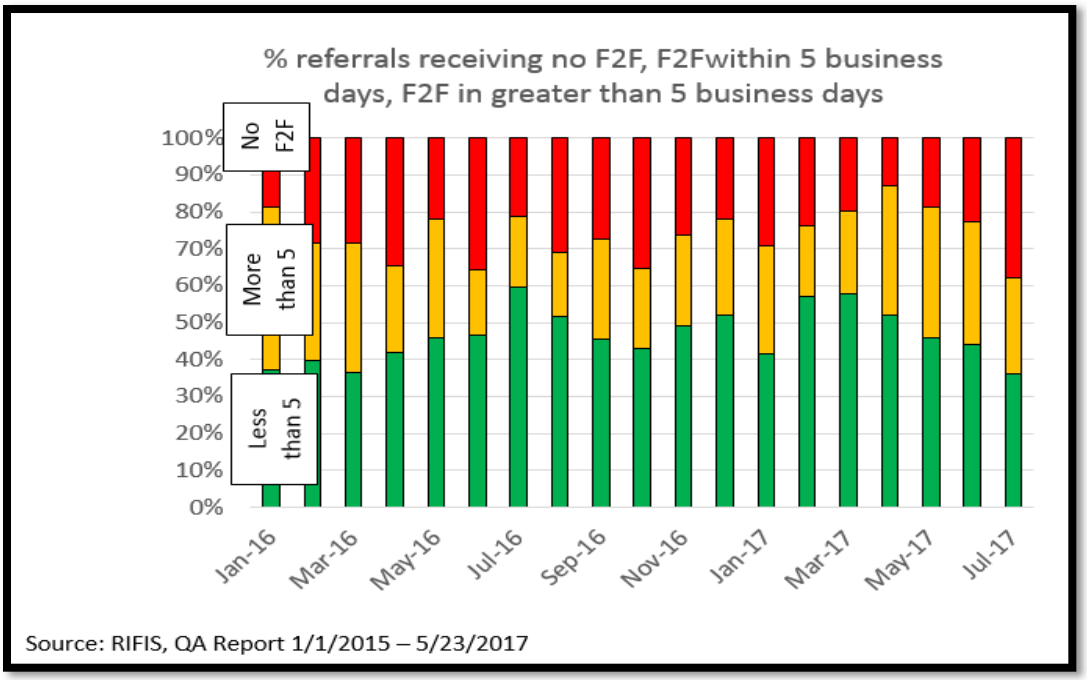
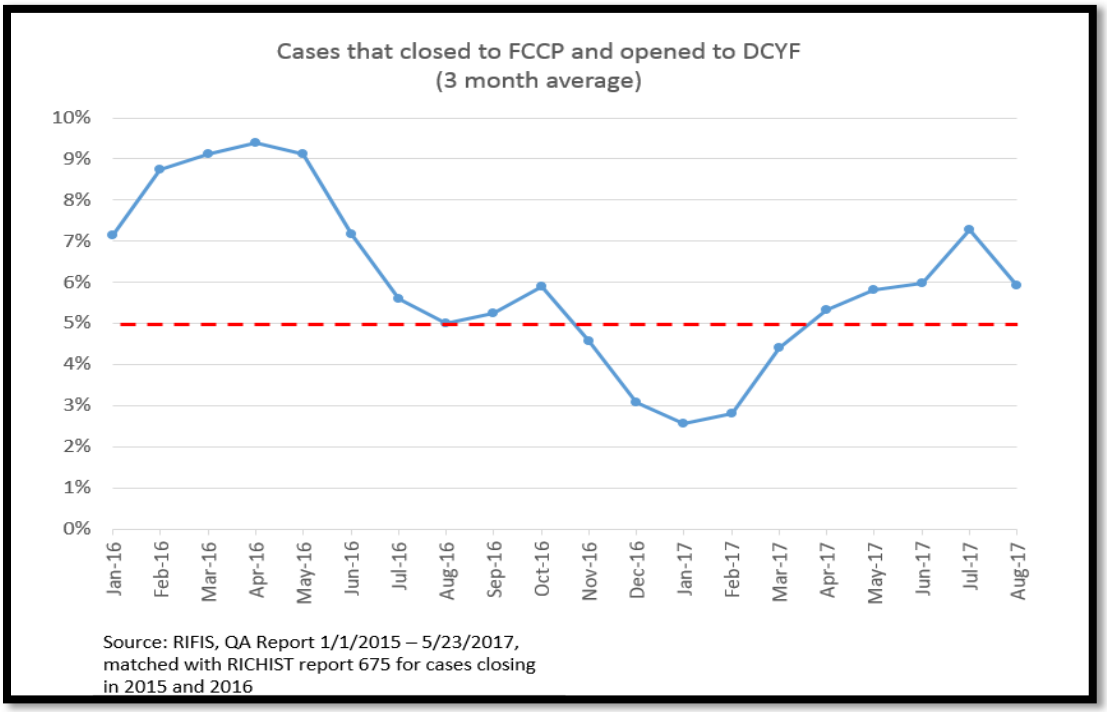


Figure 13. Among Families Participating in the Family Care Community Partnerships, the Percent of Families (cases) That Closed to the FCCP and Opened to RI DCYF (3 month average)



- Group Home Active Contract Management (ACM) Meeting

Monthly meeting with congregate care providers. In this meeting, DCYF is focused on safety, permanency and well-being with the goals to:

- Reduce institutional maltreatment
- Increase youth safety
- Increase exits to permanency and family settings
- Reduce number of children with long lengths of stay
- Improve child well-being: improved functioning, reduction in disruptions
- Increase family work emphasis

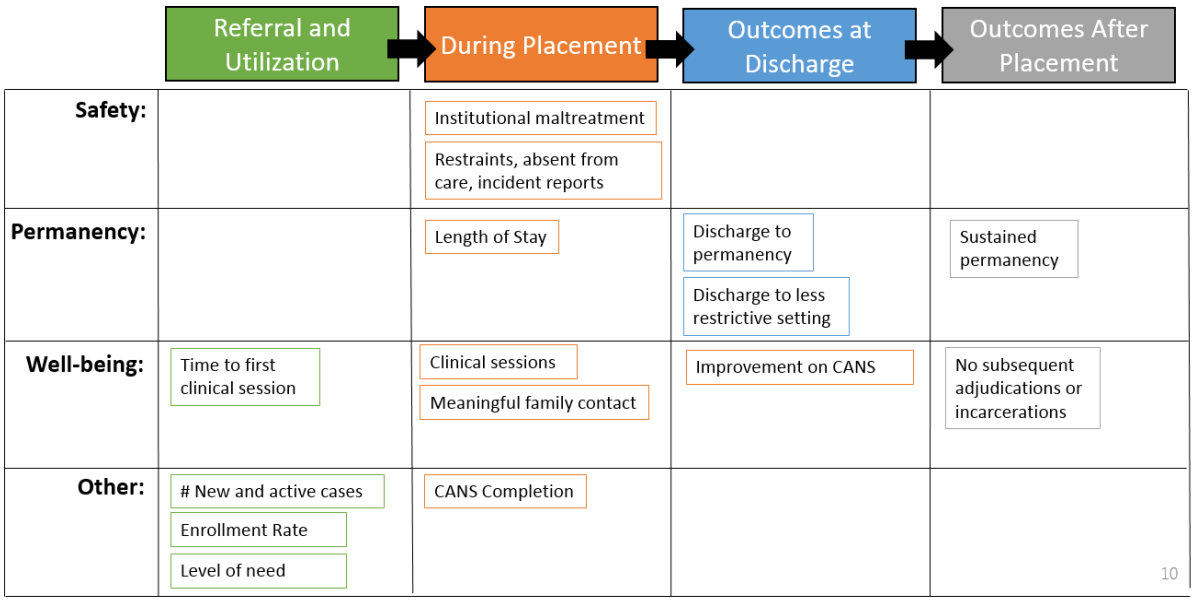
The goal of a recent workgroup meeting was to identify how to reduce the time between referral and the young person being placed. The workgroup identified several issues, including:

- Providers don't always have consistent / sufficient information to follow up on referrals
- Providers don't accept new referrals if they don't know the status of pending referrals
- DCYF doesn't get timely responses to referrals, and often doesn't get information about why referrals are denied

As a result of this discussion, the following steps were taken:

- DCYF created a referral cover sheet and piloted it with ACM providers.
- DCYF standardized the internal process for informing providers about status of pending referrals.
- DCYF will explore adding an option on the disposition form so providers can indicate cases they could accept with additional supports, and whether Expedited Permanency Meetings (EPM) could be used to get these supports in place
- Providers will return disposition forms on time and including reasons for denial
- Providers will contact appropriate individuals for information about referrals

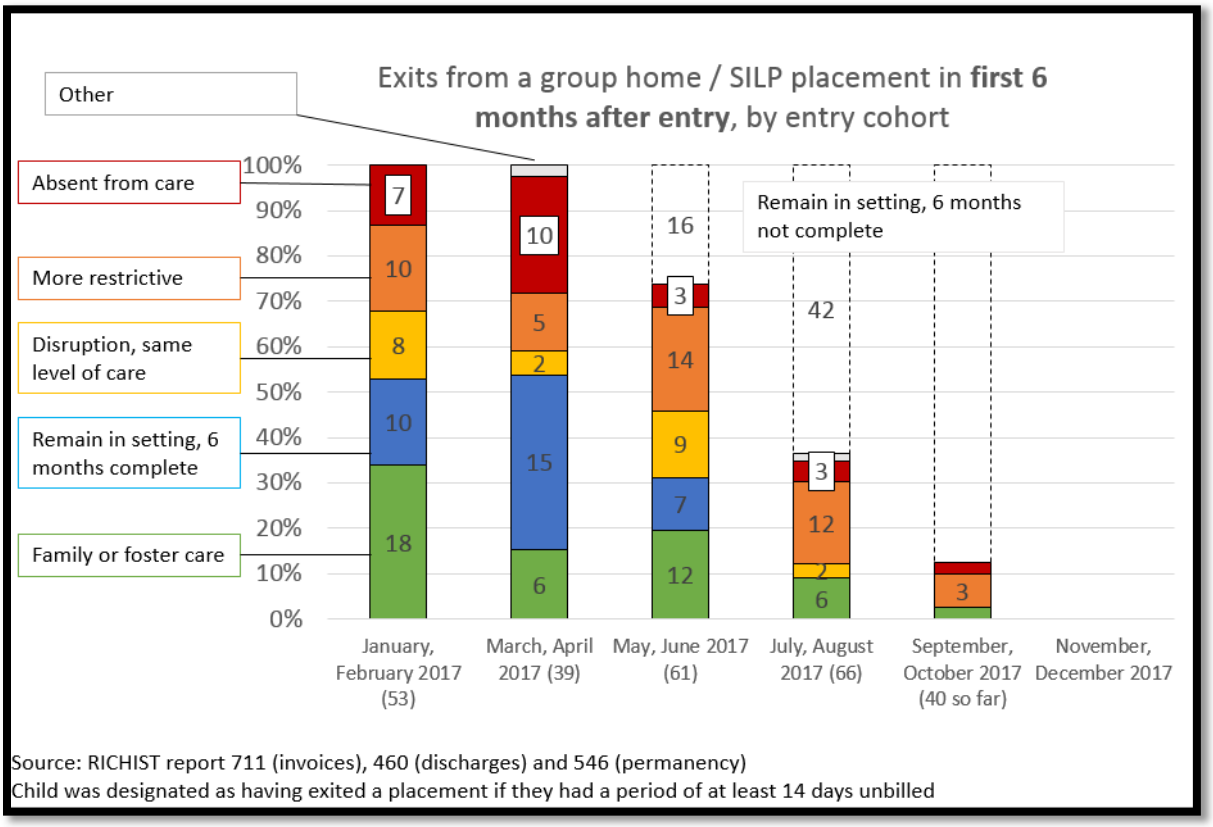
Figure 14.
Metrics being tracked by Group Home Contract Management Workgroup, RI DCYF



The metrics span across process and system outcomes, examples include most recent data from October, 2017:

- Contact with Parent or Family –show that 83% of group home youth had parent or other family contact within the given week.
- Clinical Sessions - In almost all placements over 90% of young people had a clinical session each week. In some placements 100% of young people had a clinical session every week.
- Child and Adolescent Needs & Strengths Assessment – Between January – July 2017, over 80% of youth had a CANS completed within the last 90 days as per DCYF protocol.
- Discharge measures are used to determine outcomes:

Figure 15. Among Group Home Providers and Semi-Independent Living Placements, the Percent of Exits in the First 6 Months After Entry, by Exit Reason, by Entry Cohort



• RICHIST reports and dashboards

Based on the review of data within the various forums, the Department's administration is able to implement changes where necessary to address continuous quality improvement objectives. Data is also shared with the Department's Director of Training to inform Departmental training needs.

Additional Changes in the past year and plans for changes in the future:

In addition to the additional CQI processes, the Data and Evaluation unit has worked closely with the Department's Children's Community and Behavioral Services in the CSBH provider record review. CSBH staff conduct an annual onsite record review of a random sample of provider records. The instrument developed was a collaborative effort among the Data and Evaluation unit and CSBH and includes CFSR like areas such as comprehensive assessments conducted, services put in place to meet those needs, additional permanency areas and well-being areas covering physical, behavioral and educational. Based on these reviews, the Department generates individual provider reports and aggregated reports of all providers. The individual provider reports provide detailed information to the provider and what the Department expects to improve. The aggregated reports provide state level data and ongoing surveillance of these outcomes on a system level.

The Department has previously expressed the desire to the U.S. Children's Bureau and the Administration for Children and Families to become a state-led CFSR state in 2016. However, after reviewing staffing needs and time limitations, it was determined that the Department would remain a federally-led CFSR state with the intention of becoming a state-led CFSR state in 2018-2019. The Department is currently reviewing personnel needs to determine the feasibility and the most efficient organizational model to support a state led CFSR for 2018-2019. In order to prepare for the federally led CFSR, the Department will train its current ARU staff as well as DCYF volunteers who wish to participate in the Federal Review. We will be working with JBS International to conduct the CFSR training for our internal staff during the week of May 21st, 2018.

In 2018-2019, the Data and Evaluation and Workforce Development units will work together to create a CFSR training for all current Administrative Review Staff as well as any staff members that are hired to support the state led CFSR process. The Department would utilize training materials and expertise that JBS International had provided to the Department in the prior year's CFSR training as well as training materials found on the CFSR informational portal. The Department has also reached out to the State of New Hampshire and obtained some of their internal CFSR training materials that Rhode Island could utilize in its own training development.

Presently, the Department has ARU staff who conduct the 6-month and 18-month permanency reviews consistent with ASFA with the intention of hiring a fourth ARU staff. The Family Court conducts the 12-month permanency and 24-month reviews.

• Expedited Permanency Meetings

Expedited Permanency Meetings (EPMs) are a process for moving children out of residential facilities and into families. EPMs grow from the recognition that many children in group placements (in assessment and stabilization centers and group homes, for example) can live in families, not group placements—and that some even ended up in group placements because it was more convenient for agencies, not because the children needed specialized care that could only be delivered in a residential setting. The aforementioned statement is anecdotal and has not been substantiated with empirical data. The goals of EPMs are to sharply reduce the number of children living unnecessarily in group care, overcome barriers to raising children in families and ensure that once EPMs get children out of unnecessarily restrictive settings, new children do not take their place. As of the date of this report, there have been 5 cohorts of children receiving the Expedited Permanency Meetings.

Highlights of cohort 1 outcomes include:

Table 2. Age and Gender of Children Among Cohort 1, Children Age 12 and Younger, RI DCYF

Age Group	Girl	Boy	Total
6 and under	0	3	3
7 - 8 yrs old	1	4	5
9-10 yrs old	4	7	11
11 - 12 yrs old	9	15	24
Total	**14**	**29**	**43**

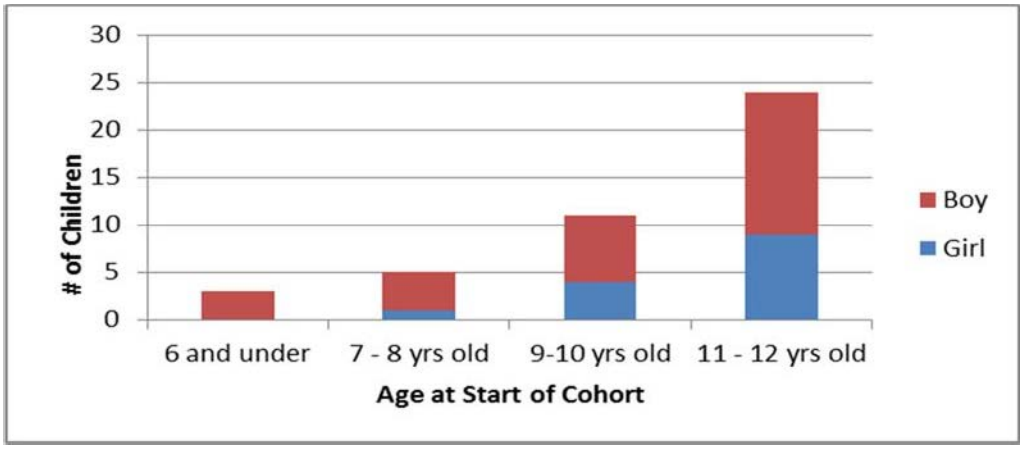


Table 3. Expedited Permanency Meeting Placement Recommendations by Outcome at the 9-month Follow Up, RI DCYF

	EPM Placement Recommendation							
Result- Baseline Placement Exit	**In home**	**Kin foster home**	**Non-kin foster home**	**Group home**	**Res. Tx**	**Other**	**Do not move**	**Grand Total**
Exited to Permanency	7	2						9
Placed in Kin Foster Care		2						2
Placed in Non-kin Foster Home			5			1		6
Placed In-State Residential	2			1				3
Placed Out of State Residential					1			1
Exited- Not Permanency					1			1
Still in Baseline Placement	2	2	4	2	2		8	20
Grand Total	**11**	**6**	**9**	**3**	**4**	**1**	**8**	**42**
Key:								
Result same as recommendation								
Result similar to Recommendation								
Recommendation not Achieved								

Regarding the department's quality assurance system, Rhode Island's assessment is an overall strength for this systemic factor. The quality assurance system is robust and functioning well statewide. The system includes multiple types of analysis including quantitative and qualitative data identifying strengths and areas needing improvement. The system provides relevant reports and multiple opportunities for dissemination of the information including internally with management staff and externally with providers and stakeholders.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

Table 1- Core I DCYF Trainings 2014-2017, source RICHIST 580 Report

Year	2014	2015	2016	2017
Training Unit Housed	CWI	CWI	In-House	In-House
Total # of courses ran	271	92	59	364
Total # of Participants	3766	1444	1684	4719
Total # of training hours	1069.50	326.50	270.00	1346.50

The above data reflects Core 1 DCYF training between the years 2014 to 2017. In 2014, there were 271 training courses, with a total of 3766 participants. The total number of training hours amounted to 1069.50. In 2015 and 2016, there was a significant reduction in the number of training courses offered, number of participants, and total number of training hours. In 2017, there was a significant increase, with 364 training courses and a total of 4719 participants. The total number of training hours increased to 1346.50. In reviewing the data, there was a significant reduction in Core 1 training opportunities in 2015 and 2016. This is likely attributable to the changes to DCYF's leadership.

Core I (Pre-Service) Training for Family Service Unit (FSU)

The Department provides new hire training for all FSU SCWIIs. Prior to 2014, the CWI worked in collaboration with DCYF staff, supervisors, and administration to develop, deliver, and continuously modify new hire training for FSU SCWIIs. The Core I training curriculum coincides with the 6-month probationary period for newly hired Social Caseworker II's. It is comprised of both classroom and field experience in which workers are gradually assigned a caseload as they progress through the curriculum. The participants split training time between the classroom and the field.

At the request of the Governor's appointed Strategic Team, in November of 2014, the CWI deconstructed the six-month pre-service model. The traditional pre-service model included sixteen core modules with seventy corresponding topics included within the modules. The changes were requested as a way to support increased field time and caseload responsibility for the start of class 19's pre-service process. In response to this request, the CWI reorganized the training schedule and collapsed its original sixteen modules to eleven modules, under which sixty-five topics were organized. Modifications to the Core I format included moving from a single tier training curriculum to a two-tier system. The intent was to have tier 1 classroom training completed by week 8 and tier 2 classroom training occur approximately once a month between weeks 26 & 52.

Core I FSU trainings conducted by the CWI during 2014 and 2015:

- Class 17 which ran January 2014 thru July 2014 consisted of 18 potential staff. Of that group 12 successfully completed probation and were appointed to the position of SCWII, 3 participants resigned prior to completing probation, and 3 failed probation/were terminated.
- Class 18 which ran May/June 2014 thru November/December 2014 consisted of 12 potential staff with four separate start dates. Despite this challenge, the CWI staff and the participants were able to stay true to the training model and all 18 successfully completed probation and were appointed to the position of SCWII.
- Class 19 ran November 2014 thru May 2015 consisted of 35 potential staff. This group posed a significant challenge because of the large number that came from the State promotional list. This meant that they had the option to return to their currently held position/agency at any time during the six-month probationary period. Of the total group 20 successfully completed their probation period and were appointed to their position as SCWII. The remaining 15 participants resigned prior to the end of the six-month probationary period. 13 out of the 15 returned to their previous positions within state service.

Core I FSU trainings conducted by the DCYF Workforce Development & Training Unit during May 2015 and January 2017:

- Class 20 which ran October 2016 thru January 2017 consisted of 32 staff. This group was unique as it was comprised of current state employees who were laid off from the RI Department of Human Services (DHS). This group also consisted of DHS staff across multiple levels (SCWII's, Eligibility Tech Supervisors, Senior Casework Supervisors and Chief Casework Supervisors). Many of the staff had worked previously at DCYF but the number of years in between agencies ranged anywhere from decades to months. It was determined that all would go through training but since they were lateral transfers they

were not on a probationary status. This allowed DCYF training to be flexible in the delivery of training and the needs of the group. Subsequently, much of the group were either called back to DHS and/or interviewed and hired for other positions within State employment.

Core I FSU trainings conducted by the DCYF Workforce Development & Training Unit during January 2017 and March 2018:

- Class 21 which ran May 2017 thru November 2017 consisted of 17 potential FSU staff and 1 new Juvenile Probation staff. Of this group, 5 of the 17 FSU new hires resigned at various points during or soon after their probationary period.
- Class 22 which ran June 2017 thru January 2018. This group consisted of 15 potential new FSU staff with 3 separate start dates. Of the total group 13 completed their probationary period and 2 resigned prior to completion.
- Class 23 began December 2017/January 2018 thru current. This group consists of 7 potential FSU staff with three separate start dates. Modifications to the training schedule had to be made to accommodate the multiple start dates and simultaneous completion of the previous group 23 and additional hiring of another small group (class 24).
- Class 24 began in February/March 2018 thru current. This group consists of 4 potential FSU staff with two separate start dates. Once again modifications have been made to the training schedule to accommodate what has been a continuous recruitment/hiring of staff resulting in smaller numbers hired and spread out over multiple start dates. Current trends have spread 2-4 weeks apart.

The FSU Pre-Service Training consists of Core I Curriculum. The following are some examples of training topics within the Core I curriculum:

- Welcome and Orientation for New Hires
- Introduction to DCYF: Mission, Practice, & Organization
- Understanding Child Welfare Related Legislation
- Child Welfare Reporting Laws and IRs.
- Introduction to Child Maltreatment & Child Protection Clinic
- Navigating & Understanding DCYF Service Divisions for New Hires
- Introduction to RICHIST
- Additional DCYF Divisions &Offices-Understanding, Navigating & Collaborating Across Divisions
- Understanding Safety, Risk and Protective Capacity
- Overview of Family Court w/ Site Visit
- Legal Part One: Petitions and Hearings
- RICHIST Legal Documentation
- Legal Writing for Child Welfare
- Case Documentation for Child Welfare
- RICHIST Documentation of Court Letters and Case Activity Notes
- RICHIST Education Records, Medical Records, and 005 Voucher Requests
- Ethics, Confidentiality and HIPAA
- Car Seat Safety

- Foundational Visitation: Understanding Family-Centered Visitation Practices
- Worker Safety
- Engagement & Interviewing in Child Welfare
- Comprehensive Assessment & Service Planning
- Facilitating Family Team Meetings
- Domestic Violence: Risk and Protective Capacity
- Parent Mental Health-Implications for Child Welfare
- Substance Use Disorders and Case Management
- Introduction to Trauma Informed Child Welfare Practice
- Sexual Abuse: Impact of Sexual Abuse on Family Dynamics
- The Commercial Sexual Exploitation of Children
- Using Child Welfare to Promote Fatherhood
- Educational Services and Resources for Children & Youth Involved in Child Welfare
- Child/Adolescent Development and the Impact of Child Abuse & Neglect
- Working with Adolescents in Child Welfare
- RI Services & Supports for Adults, Youth & Children with Developmental & Other Disabilities
- Protecting Children from Lead Hazards- Laws and Resources
- Safe Sleep
- Legal Part Two: Testifying and Practice Issues
- Overview of the Child & Family Service Review (CFSR)
- Out of Home Placement and Intensive Search for Natural Supports
- Adoption & Permanency
- Prudent Parent Standard & Normalcy in Foster Care
- Expedited Permanency Meetings (EPM) *DCYF Staff Orientation*
- Overview of Child Welfare in a Multicultural Environment
- Cultural Competent Practice with LGBTQ population

Core Supervisory Training Program for Supervisors

At this time, there is no current or formalized pre-service training that has been offered for Family Service Unit Supervisors, Juvenile Probation Supervisors, or Child Protective Service Supervisors.

Core I (Pre-Service) Training for Family Service Unit, Child Support Technicians (CST):

The CST Core I model is comprised of both classroom and field experience conducted over a six-month period that coincides with new hire probationary status. In April 2017, the training unit in collaboration with a DCYF workgroup (comprised of 2 Casework Supervisors, 2 current CSTs, 1 HR staff, and 1 administrator) reviewed and modified the CST Core I program. The CST workgroup reviewed the training modules/topics received prior to April 2017 with current training needs to identify an agreed upon plan. The modified CST Core I curriculum is made up of nine modules consisting of a total of 49 trainings. The CST training workgroup laid out the curriculum in two tiers. Tier I are those that were determined most vital and tier II are those that can be offered later in the probationary period. Tier I trainings are to be provided in the first 8

weeks. Tier II trainings are then provided over the next 4 months (averaging 1 classroom day every 3 weeks). In addition to the above, a CST Field Experience Checklist was created to provide a balanced experience and assist with transfer of learning.

Core I CST trainings conducted by the DCYF Workforce Development & Training Unit during January 2017 and March 2018:

- There has been one class which ran between April/May 2017 and November 2017. The class consisted of a total of 9 new CSTs with two separate start dates. Of the total group, all 9 staff successfully completed their probationary period.

The CST Training consists of Nine (9) Modules and includes the following training topics:

CST Module 1- Fundamental Issues in Public Child Welfare: This module contains training topics such as Child Welfare Reporting Laws, Understanding Safety, Risk, and Protective Capacity, Case Documentation, Foundational Visitation and Visitation Practicum, Car Seat Safety, Ethics, and Child/Infant CPR and Universal Precautions.

CST Module 2- Engagement & Working Effectively with Families: This module contains training topics such as Engagement & Interviewing in Child Welfare, Working with Incarcerated Parents, & Defining Crisis and Crisis Intervention.

CST Module 3- Identifying Issues in Child Maltreatment: This module contains training topics such as Domestic Violence: Risk and Protective Capacity, Parent Mental Health, Substance Use Disorders and Case Management, Trauma Informed Child Welfare, Sexual Abuse: Impact of Sexual Abuse on Family Dynamics, Introduction to Child Maltreatment: Visual Diagnosis, First Responders & Child Safety Clinic, & the Commercial Exploitation of Children.

CST Module 4- Human Development: This module contains training topics such as Child Adolescent Development & the impact of abuse/neglect, working with Adolescents, RI Services and Supports for Adults, Youth, and Children with Disabilities, and Protecting Children from Lead Hazards.

CST Module 5- Legal and Family Court: This module contains training topics such as Overview of Family Court, Legal, Petitions, and Hearings, and Testifying & Practice Issues.

CST Module 6-Out of Home Placement: This module contains topics such as Out of Home Placement & Intensive Search for Natural Supports, Prudent Parenting Standard & Normalcy in Foster Care, Adoption and Permanency, and Expedited Permanency Meetings.

CST Module 7-Child Welfare in a Multi-Cultural Environment: This module contains topics such as Child Welfare in a Multi-Cultural Environment and Cultural Competent Practice with LGBTQQ.

CST Module 8-Self Care: This module contains topics such as Worker Safety and Stress, Strain, and Self Care.

CST Module 9-Additional Topics for Personal & Professional Development: Building Positive Relationships through Self Awareness & Appreciation.

Core I (Pre-Service) Training for Child Protective Services, Investigators (CPI):

In April of 2018, The training unit in collaboration with CPS staff, Supervisor and Administrators developed a Core I training curricula for newly hired CPIs. The model is comprised of both field and classroom experiences. The model developed consists of multiple phases, including Stage I – General Observations, Stage II – Focused Observations, Stage III – Supervised Demonstration, and Stage IV –Supervised Assignment. The CPS Core I pre-service training consists of 8 modules containing a total of 38 training topics.

Core I CPS trainings conducted by the DCYF Workforce Development & Training Unit during January 2017 and March 2018:

- There have been four classes which ran between April 2017 and March 2018. The first class had a start dates in April 2017 and consisted of 9 new CPIs. The second class had a start date in May 2017and consisted of 6 new CPIs. The third class had three separate start dates in October, November and December 2017 and consisted of 8 CPIs. The most recent group began in March 2017 and consists of 2 new CPIs. The total number of new hires beginning training between April 2015 and March 2018 is 25 and of that number all but 1 of the group successfully completed probationary status.

The Core I CPS Training consists of eight (8) modules and includes the following training topics:

Module 1: Fundamental Issues in Public Child Welfare

- Welcome and Orientation for New Hires
- Understanding the Child Welfare Related Legislation
- Navigating and Understanding DCYF Service Divisions
- Child Welfare Reporting Laws and Information Referrals
- Understanding Safety, Risk, and Protective Capacity
- Introduction to RICHIST
- Family Court Site Visit
- Values Clarification
- Car Seat Safety
- Ethics, Confidentiality, and HIPAA

Module 2: Engagement and Interviewing

- Interviewing Children and Adults
- Institutional Investigations
- Investigation Techniques
- Defining Crisis & Crisis Intervention
- Field: Call Floor-Classroom/Structured Decision Making

Module 3: CPS Report Writing & Legal Issues

- Report Writing/Investigations & Report Writing/Safety and Risk
- Report Writing/Petitions/Removals/48 &72 hour holds/Placements/Report Writing Conclusion
- Legal: Petitions, Consults, Evidence and Testimony

Module 4: Identifying Issues in Child Maltreatment

- Child Neglect
- Domestic Violence: Risk & Protective Capacity
- Removal of Children/Placements/Kinship
- The Commercial Exploitation of Children
- Field: Hasbro Child Protection Clinic/Intro. To Child Maltreatment

Module 5: Working Effectively with Families

- Substance Abuse and the Investigative Process
- Introduction to Trauma Informed Child Welfare

Module 6: Human Development

- Child/Adolescent Development & the impact of Abuse/Neglect
- Safe Sleep/Early Intervention Informational
- RI Services & Supports for Adults, Youth, & Children with Disabilities
- Child Welfare in a Multi-Cultural Environment
- Cultural Competence Practice with LGBTQQ
- Protecting Children from Lead Hazards-Laws and Resources

Module 7: Worker Mental Health, Safety, and Self Care

- Stress, Strain, & Self Care
- Worker Safety

Module 8: Additional Topics for Personal & Professional Development

- Identifying Priorities and Goal Setting

Juvenile Probation

Historically, new hires within Juvenile Probation did not have a formalized process for training. Juvenile Probation Officers were integrated into the FSU Pre-Service training if the specific trainings applied to their positions. Informal training was provided through a series of small groups or one-on-one trainings, related specifically to the duties and responsibilities of a Juvenile Probation Officer. In recent years, there were fewer than five (5) new juvenile probation officers hired over the last three years. Some of the pre-service trainings that are specific to juvenile probation are:

- Juvenile Probation and Parole Case Work Flow
- Violations of Probation
- GPS Electronic Monitoring
- Juvenile Sex Offenders
- Juvenile Case Management System (JCMS)
- Case Collaboration: Dual Supervision, Transfers & Rhode Island Training School (RITS)

Community Agencies and Other DCYF In-Service Training

At this time, there is no formalized pre-service training for community agencies such as the Family Care Community Partnerships (FCCP's).

There are several factors that have affected the performance of this item in the positive. Following the dissolution of the CWI, the three experienced Clinical Training Specialists returned in-house to become the Workforce Development and Training Unit. Their expertise allows for the continued training of new hires in a way that has lessened the impact on DCYF.

Over the years, the training program continues to evolve and change. Some improvements and adjustments have had to be made to address the hiring needs of the agency but the integrity of the curriculum as a whole remains consistent.

The current DCYF Director and the Dean of RI College School of Social Work have reengaged in discussions and are working towards a new inter agency agreement between DCYF and Rhode Island College. DCYF views this as a positive as DCYF will again have access to the School of Social Work's educational resources and expertise.

BARRIERS AFFECTING PERFORMANCE:

There have been several barriers that have affected the performance of this item. DCYF has undergone significant administration changes over the past several years which have had a direct impact on the training and professional development side of the agency. In January of 2015, the Governor appointed a Chief Strategy officer in the Executive Office of Health and Human Services (EOHHS) to oversee the Department. During this period, the agency was without a Director and the Chief Strategy Officer acted in that role. During this administration, the longstanding (2001-2015) interagency agreement with RI College to provide DCYF Training

through the Child Welfare Institute ended. In April 2016, the College requested the inter-agency agreement be discontinued.

On April 27, 2016 three of the CWI training staff returned in-house to DCYF following the dissolution of DCYF's contract with Rhode Island College. This tasked the three clinical training specialists with re-acclimating and rebuilding the training unit and to provide all the new hire and in-service training for the agency. The dissolution of CWI presented additional challenges including the loss of key resources, technology, training space, etc.

During 2017, there were additional leadership changes which included the hiring of a new DCYF Director and the departure of the Chief Strategy Officer. This left training without an administrator for a period. Currently, DCYF training is provided through the Workforce Development and Training Unit comprised of one administrator, one support staff, and the three original Clinical Training Specialists. The training unit continues to provide all the new hire training for staff across divisions including Family Services, Child Protective Services, and Juvenile Corrections. The initial training curriculum is adjusted to the appropriate group. For example, a new group of Child Support Technicians would not receive the same exact training as a group of Social Caseworker IIs. There would be some similar components but the training curricula are tailored to their exact position and duties. The clinical training specialist who oversees the specific class of new hires will track each of the courses they completed in a spreadsheet to ensure that they completed the curriculum required for their specific job classification. The clinical training specialist also has each of the new hires sign in at the beginning of each course taught and fill out an evaluation form at the end of each course.

Another factor that affects the performance of this item is the current hiring process. The current hiring process does not fit the agency's current training model. The flexibility and overlapping training schedules that the training unit is currently handling is not sustainable given the very limited resources the division has. The current training unit is understaffed and sorely lacking resources, such as technology and training space to accommodate training. Trainers are not able to rely on TOT models as the DCYF staff and supervisors are overburdened and unable to take time away from their primary responsibilities.

A barrier that affects the performance of this item is that there is no current data analysis on the effectiveness of the pre-service training for new employees. The Workforce Development Unit currently utilizes ongoing quizzes and final exams to measure the competency of the new employee during various stages of their probation period. At this time, Rhode Island DCYF is unable to analyze the data received from these competency quizzes, exams, and evaluations to measure how effective the pre-service training is.

Over the past several years, the training staff has worked with DCYF staff and administration multiple times modifying existing new hire training and proposing alternative approaches to new hire training. Despite efforts, there continues to be increased pressure for new staff to have trainings frontloaded, take on cases earlier and increase caseloads at a faster pace.

Under current conditions, the training unit is unable to provide the quality level of attention to new hire training that has been done in the past. With continuous and overlapping training schedules, there is little to no time for curriculum review or development. Trainers have been

unable to provide individualized support to new hires and/or weekly communication with the new workers' supervisors. Trainers currently do not have the time or resources to provide the level of evaluation that was conducted previously. Previous practice included evaluating new hires and the training program using quizzes and a final exam, and progress reports at months two (2), four (4) and six (6.) These reports are shared with the new hire and their respective supervisors to ensure transparency and collaboration.

In assessing the performance of this item, Rhode Island recognizes that this is an area in need of improvement. The demise of Rhode Island DCYF's partnership with the Rhode Island College School of Social Work impacted DCYF's training practices of new staff. The impact of this left the DCYF training unit with significant challenges to provide quality initial training. DCYF is now in discussions with Rhode Island College on a possible re-collaboration.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response:

According to Policy: 400.0000 The Department of Children, Youth, and Families (DCYF) provides training opportunities to help employees develop and enhance knowledge and skills needed to provide quality services to children, youth, and families. In compliance with RIGL 42-72-5 (b) (10), the Department has established a minimum level of twenty (20) hours of training per calendar year for employees.

The Department's policy is that the divisional administrator or their designee ensures that the employee participates in training appropriate to job functions and that such participation is recorded in the Department's Rhode Island Children's Information System (RICHIST). The immediate supervisor and his/her immediate supervisor review each subordinate's training needs quarterly to ensure participation in a minimum of twenty (20) hours of training. Although this is the DCYF's policy, there are barriers to accomplishing this (please see barriers described at end of this item). At this time, there are no consequences if staff do not complete the required hours of ongoing training.

As mentioned in item 26, prior to May of 2016 the DCYF training was provided to staff through the Child Welfare Institute which was created and maintained through an interagency agreement between DCYF and the Rhode Island College School of Social Work. Since May 2016, the DCYF Workforce Development & Training Unit has been providing ongoing training for DCYF staff across levels and divisions. Whenever possible and if appropriate, training offerings are opened to community provider staff as well. In-Service (categories include Core II,

Core III, Community, Non-CWI/DCYF, and Other In-Service) trainings and professional development opportunities were offered across our line staff, supervisory and community provider staff. While there are no specific in service training curriculums offered for specific positions within the Department (such as FSU and CPS), many of the trainings offered are utilized by all staff across different positions. Since the previous CFSR, DCYF staff have benefited from numerous training and professional development opportunities as outlined in the table below:

In-Service Trainings from 2014 thru 2017

2014	Core II	Core III	Other In-service	Community	Non CWI /DCYF	System of Care	Grand Totals
courses	9		54	21	8	9	101
# registered	143		703	327	95	109	1377
# completed	92		663	320	93	97	1265
hours	166.00		292.80	108.00	58.50	89.00	714.30
2015	Core II	Core III	Other In-service	Community	Non CWI	System of Care	Grand Totals
courses	6		102	23	2	3	136
# registered	126		1104	341	22	28	1621
# completed	90		1087	340	22	27	1566
hours	108.00		215.00	92.00	9.00	29.00	453
2016	Core II	Core III	Other In-service	Community	Non CWI	System of Care	Grand Totals
courses	8		84	16		4	112
# registered	137		1902	254		100	2386
# completed	97		1851	254		100	2302
hours	114.00		304.00	65.00		20.00	503
2017	Core II	Core III	Other In-service	Community	Non CWI	System of Care	Grand Totals
courses	1		52	7	2	8	70
# registered	32		1213	169	11	156	1581
# completed	20		1117	169	10	26	1342
hours	18.00		138.50	20.00	9	40	225.50

In summary, the total number of in-service trainings offered over the last several years are as follows:

- In 2014, there were 101 in-service trainings offered.
- In 2015, there were 136 in-service trainings offered.
- In 2016, there were 112 in-service trainings offered.
- In 2017, there were 70 in-service trainings offered.

***Please note that the "Other In-Service" trainings are considered synonymous with "Core II" in-service trainings for DCYF staff. This is a record keeping process that will need to addressed.

In 2017, there was a reduction in the number of in-service trainings offered. This reduction in on-going training for staff is attributable to the recent expedited hiring of Social Caseworker II's, Child Support Technicians, and Child Protective Investigators. Many of the workforce development unit's resources are being utilized for the initial training of new staff, therefore there has been a reduction in on-going training. Rhode Island expects the number of ongoing training opportunities to increase in 2018.

The target audience and type of training varied. The majority of trainings were Core II level trainings (*see DCYF Core II Training Grid for a complete listing of potential topics*). One example, of a Core II training that has shown to have a positive impact is the *Trauma Informed Child Welfare Practice*. This 3- day training is a slightly adapted version of the National Traumatic Stress Network's *Child Welfare Trauma Toolkit Training (CWTTT)*.

Outcome Evaluation for Child Welfare Trauma Toolkit Training (CWTTT)

Through monies provided by the Adopt Well-Being Rhode Island grant (AWBRI), the Workforce development unit has been able to provide the Child Welfare Trauma Training Toolkit (CWTTT). The AWBRI is a grant that is provided to the Department and through this grant, ongoing training is provided to staff regarding trauma-informed practice. The CWTTT is a comprehensive 2 to 3-day curriculum developed by the National Traumatic Stress Network (NCTSN) to promote trauma-informed practices among child welfare and affiliated child- and family-serving agencies. Prior research has demonstrated its effectiveness at increasing trauma-related knowledge, skills, and practices among managers, supervisors, and frontline staff (Conners-Burrow et al., 2013; Kramer et al., 2013). AWBRI received permission to begin delivery of this implementation activity prior to full approval of the implementation plan submitted to ACF.

To assess outcomes for the CWTTT implementation with DCYF and other agency staff who participate the evaluation team is implementing a within-sample repeated measures survey design in which training participants' complete assessment measures at pre-test, post-test, and 3-month follow-up via web-based (i.e., Qualtrics) or paper-and-pencil versions of the survey. Assessment measures examine knowledge and attitudes about the impact of trauma on children, awareness of trauma-related resources, and abilities to conduct trauma screening or assessment procedures, respond to children evidencing trauma exposure, and make appropriate decisions about referrals. The post-test and 3-month follow-up surveys assess changes in knowledge and practice; and ask participants to develop and report on a 'Trauma Action Plan' detailing strategies to incorporate content from the training into their work role. As

part of the Toolkit evaluation, the evaluation team gathers qualitative ratings of action plan implementation barriers and facilitators for all DYCF managers, supervisors and directors and Rhode Island community mental health providers completing the 3-month follow up survey. This follow up assesses the durability of any outcomes achieved. Participant surveys are linked using a unique caseworker identification number that DYCF assigns to all workers. At this time, DCYF currently does not have data that can be shared.

A total of 10 cohorts have completed the CWTTT to date, and pre-test data has been collected from 166 participants during that time. Post-test data was collected for 136 participants. Approximately 30% if eligible staff have participated in this training to date. Three-month follow-up data collection has been collected for 74 participants. Preliminary pre-post data from all ten cohorts were analyzed, including 127 respondents with both pre- and post-training data. Half of participants (50%) were from DCYF, with the remaining 50% coming from various behavioral health provider settings; 6% were in director/administrator roles, 24% were managers/supervisors, and 58% were in caseworker or clinical staff roles. Key findings, to date, include:

- Statistically significant gains (for both pre- to post-training and pre- to follow-up survey) in participant ratings of: exposure to trauma-related content and information, general trauma-related knowledge, and specific trauma-related training information.
- Statistically significant gains (pre- to follow-up) were found for trauma-informed system practices and direct supports to children (caseworkers/clinicians). Within supervisors, trend effect gains (pre- to follow-up) were found regarding their perceptions of trauma-informed assessment & referral as well as their supervision of trauma-informed practices. Given low response rate for follow-up, these effects are considered preliminary and warrant ongoing data collection and analysis. The evaluation team is exploring strategies to enhance response rates for the 3-month survey.
- Evaluation data was also gathered with respect to participant Action Plans to integrate CWTTT into work roles. The majority indicated prioritization of efforts to: identify trauma-related needs in children and families (67.7%), address issues of physical and psychological safety for children and families (40.2%), enhance child well-being and resilience (38.6%), enhance family well-being and resilience (37.8%), or partner with agencies and systems that interact with children and families (35.4%). Follow-up data will examine reported facilitators and barriers to Action Plan implementation and ratings of effects.

Source: Adopt Well-Being Rhode Island Brief, December 2017, Prepared by the AWBRI Evaluation Team at Yale University School of Medicine

Core I & Core II Trauma Training- January 2012 thru March 2018

Date Ran	Core	Length of Training*	DCYF Staff	Community Staff	Total # Attending Session
02/13/2018	Core II	3 Day	11	12	23
12/05/2017	Core II	3 Day	11	11	22
01/18/2017	Core II	3 Day	2	5	7
11/28/2016	Core II	3 Day	2	6	8
08/19/2016	Core II	3 Day	6	11	17
02/01/2016	Core II	3 Day	5	3	8
12/01/2015	Core II	3 Day	4	7	11
11/02/2015	Core II	3 Day	10	9	19
10/02/2015	Core II	3 Day	Cancelled by Strategic Team		
07/15/2015	Core II	3 Day	10	14	24
05/20/2015	Core II	3 Day	8	21	29
12/08/2014	Core II	3 Day (TOT)	4	4	8
12/08/2014	Core II	2 Day	6	8	14
10/09/2014	Core II	3 Day	4	11	15
11/14/2013	Core II	3 Day	27	0	27
Totals	**15 offerings**	**43 days of training**	**110 DCYF**	**122 Community**	**232 combined**

- Note- Core II offerings are in-service trainings (3 days) open to DCYF staff across divisions and staff from Community Partner Agencies
- Training description- This 3-Day (18 hour) course will focus on the essential elements of trauma informed child welfare practice. Participants will learn the knowledge and skills necessary to identify traumatic stress, understand the impact it has on child development and behavior, and develop effective strategies for intervention. This workshop will also focus on secondary trauma and self-care for child welfare professionals. This curriculum is a Slight Adaptation of the NCTSN Child Welfare Trauma Training Toolkit, Version 2.0

Ongoing training also encompasses an array of training opportunities offered by non-DCYF sources which can be identified by DCYF training staff for offer, or by individual employees who take advantage of these opportunities. For example, in January 2017 the Narragansett Tribal

Child & Family Services Department (NTCFS) invited DCYF to send up to 50 staff to a workshop retreat they were hosting. The workshop, *Indian Child Welfare Regulatory and Cultural Competency*, highlighted the newly revised federal Indian Child Welfare Act regulations that became effective that month; along with cultural competency education relevant to Indigenous Sovereignty, Tribal infrastructure and Tribal Organic Law. DCYF had a total of 43 staff from multiple divisions (CPS, FSU, JCS, CSBH) and levels (frontline, supervisors, administrators) in attendance.

Additional ongoing training is offered under the category of Community and Other In-Service training (*see corresponding Training Grid for a complete listing of potential topics*). Some examples include the following offerings:

- *The Commercial Sexual Exploitation of Children.* This workshop is a two-hour segment of a series of courses that reflect DCYF Policy and Operational enhancements for child welfare agencies in response to the reauthorization of the Preventing Sex Trafficking and Strengthening Families Act of 2014. Within a continuum of trainings dealing with child sexual exploitation, this course provides FSU workers with a foundational ability to recognize and respond to signs of child sexual exploitation. This training was offered six times between April 2017 and December 2017.There were a total of 77 staff from assorted divisions (CPS, FSU, JCS) that completed the training.
- *Child Maltreatment*- This workshop covers the following areas relating to child maltreatment-identifying inflicted from accidental injuries, mimickers of child abuse, safe sleep, sexual abuse, and neglect. This training was offered on 3 separate occasions between August 2017 and March 2018. To date, there has been a total of 36 participants. The training unit has requested Dr. Barron to provide this workshop on a quarterly schedule.

<u>DCYF/DOH Training Collaboration:</u>

As part of Rhode Island's Safe Sleep Initiative, Dr. Clyne of the Rhode Island Department of Health created a curriculum outlining the current American Academy of Pediatrics National Recommendations for a Safe Sleep Environment incorporating data specific to Rhode Island's recent incidents of infant/child fatalities. The curriculum was first offered/piloted with new DCYF staff during their preservice training. The pilots covered multiple sessions totaling approximately 80 new staff. A cross-divisional group of DCYF 15 staff were identified and approved to attend TOT. This will provide us with a cadre of trainers to build sustainability and support for frontline staff.

The initial curriculum has been modified and refined to include a child welfare perspective as well as hands on skill building scenarios. This version was informed using input from training evaluations, the in-house trainer cadre, and a review of Georgia and Connecticut's child welfare specific safe sleep trainings.

Safe Sleep curriculum has been incorporated into the Core I training program for newly hired FSU (Caseworkers and Child Support Technicians) and CPS staff. Safe Sleep curriculum has also been incorporated into the DCYF Other In-service and Community training program. Initial rollout was offered to current DCYF staff and appropriate Community Providers and was scheduled for the month of March. To date, seven sessions have been offered to DCYF &

Community partners in various locations across the State. More than 145 staff have completed this training.

Supervisory Training

In the fall of 2017, three (3) in-service trainings were offered to supervisors within the Family Service Unit, Child Protective Services, and Juvenile Probation.

The first training was entitled “DCYF Group Supervision.” This training consists of building staff competency and practice confidence and sound critical decision-making in child welfare supervision. In this two-day workshop consisting of a total of 12 training hours, supervisors and managers learn the structure of group supervision and strategies for implementing and embedding it into the DCYF infrastructure. The content will build upon The Facilitative Supervisor key practices and deepen facilitation skills for managing the process. In addition, participants will be able to practice case consultation on actual cases using the Collaborative Assessment and Planning (CAP) Framework to organize case information into a rigorous and balanced assessment of the facts and outline the best steps for moving forward at any stage of the casework process.

The second training was entitled “The Facilitative Supervisor.” This two-day workshop consists of 12 training hours. Supervisors are introduced to the Facilitative Supervisor model as an approach to implementing safety organized practice and improving their skills as supervisors. Supervisors learn about and practice facilitating case consultation using the Collaborative Assessment and Planning (CAP) Framework in group supervision.

The third training was entitled “Family Search and Engagement Training for Supervisors.” This training was offered to, and attended by, DCYF Supervisors from the Family Service Unit, Child Protective Services, and Juvenile Correctional Services. This training was for one day and consisted of 6 hours of training. A total of approximately fifty (50) supervisors took part in this training. Family Search and Engagement is an intensive outreach, information gathering and relationship-building processes that supports a youth’s fundamental need for enduring family connections. Youth come to foster care with existing relationships. These relationships with family and community become estranged and, all too often, lost as the youth moves through the system. This one-day training session was offered to both DCYF Supervisors and Supervisory Staff from our residential providers. The training examines a variety of creative “family finding” strategies to uncover and explore members of the youth’s natural network of relationships. The process supports early and ongoing identification of family, “kin” and important adults who can offer a range of support and connection. The presentation focuses on the skills and preparation necessary to engage family and help youth establish or re-establish safe relationships, recognizing that permanent family connections are often closer than we realize.

Community Agencies and Other DCYF In-Service Training

This training is specific to community agencies such as the Family Care Community Partnerships (FCCP’s). The overall learning outcome is to build and enhance the knowledge and skills of DCYF staff and community providers who serve Rhode Island’s children, youth, and families. An additional objective of the training is to increase understanding and collaboration between DCYF and other agencies within Rhode Island. Community agencies

staff are frequently invited to participate in in-service trainings offered to DCYF staff. Many of these training topics are part of the pre-service training curriculum for new Family Service Unit hires. Some of the core topics include:

- Understanding Safety, Risk and Protective Capacity
- Introduction to Child Maltreatment: Visual Diagnosis
- Permanency Planning
- Foundational Visitation
- Recognizing and Reporting Child Abuse and Neglect
- Meeting Facilitation
- The Commercial Sexual Exploitation of Children
- Community Partners and Resources for Family Advocacy
- Family Search and Engagement

There are three prominent barriers that affect the performance of this item. The first prominent barrier that affects the performance of this item is the dissolution of the contract between DCYF and Rhode Island College in 2016. Prior to this, ongoing trainings for staff were frequently offered on an ongoing basis. Between the dissolution of the contract until the fall of 2017, DCYF's training resources were significantly reduced which required this division to focus the majority of its resources on pre-service training, this in turn left little resources to provide ongoing training to staff. Since the fall of 2017, the Workforce Development Unit has begun to provide more opportunities for ongoing training to staff.

One of those barriers is that there is an ongoing challenge in terms of adherence to the minimum 20 hours of annual training for DCYF staff. A significant contributor to this issue is that there has been a lack of ongoing training courses offered in the past two years. It has only been since the fall of 2017 that the Workforce Development Unit has been able to offer ongoing training courses to staff. Secondly, it is extremely difficult to monitor staff' adherence to this policy. It continues to be unclear just how many staff are following this requirement. Supervisors may not be tracking their worker's training hours as some may not know how to check and verify within the Department's data system if staff have completed training. Because there has been a lack of ongoing supervisory training, supervisors may not be aware of their role in ensuring that staff are getting the required twenty hours of training per year. The training unit does not have the resources to follow up on all frontline staff that they are meeting the minimum requirements for training. The workforce Development & Training Unit has been looking at using RICHIST report 162 to determine the extent to which staff are complying. However, it requires further exploration. Some challenges to using this report are that it does not provide the exact number of hours that a staff completed. Rather, it counts the total number of hours for the training even if the worker's status is a no show, absence, partially completed, etc. Also, RICHIST Report 162 does not separate out pre-service from in-service trainings. It may be possible to manipulate manually but it is a cumbersome process and may not be entirely accurate. The second barrier that has affected the performance of this item was the dissolution of the Child Welfare Institute. The dissolution of the Child Welfare Institute resulted in the depletion of available training resources, reduction in training staff and space to conduct on-going trainings. Due to these three significant barriers, Rhode Island's assessment of the performance of this item is an Area Needing Improvement.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

State Response:

Rhode Island utilizes the TIPS-MAPP curriculum in training all prospective foster and adoptive parents. During the time period of July 1, 2016-June 30, 2017, a total of seventeen (17) TIPS-MAPP training series were conducted, fourteen (14) of which were in English and three (3) in Spanish.

The Department of Children, Youth and Families (DCYF) requires all applicants for foster care and adoption to participate in a Resource Family Pre-Service Assessment and Training program. The Department has selected TIPS-MAPP (Trauma Informed Partnering for Safety and Permanence – Model Approach to Partnership in Parenting), developed by the Children's Alliance of Kansas, as the required training curriculum for all non-kin, adoptive, and treatment resource parents in Rhode Island.

The Department of Children, Youth and Families (DCYF) requires all applicants for foster care and adoption to participate in a Resource Family Pre-Service Assessment and Training. The TIPS-MAPP curriculum, offered 9 times annually, is a ten (10) week course utilizing Clinical Training Specialists who have been certified by the Children's Alliance of Kansas. Each module is 3 hours for a total of 30 hours of pre-service training. These trainings are conducted by state staff in state buildings in Providence and Wakefield. A Spanish TIPS-MAPP training is also provided three times a year by Foster Forward, contracted by the Department, supported with title IV-B funds is provided at the Providence office. In addition, Adoption Rhode Island (also through a contract with the Department) provides foster and adoptive parents as co-trainers for the state staff who provide the training.

The TIPS-MAPP training must be presented by pairs of two certified TIPS-MAPP trainers, one of whom must also be an experienced resource parent. The Department utilizes three DCYF staff members who are certified TIPS-MAPP leaders and partners with contracted private

treatment foster care and resource parent support agencies with certified TIPS-MAPP leaders to conduct TIPS-MAPP training series. Training series are offered at times and locations convenient to resource families, including evenings and weekends. A Spanish TIPS-MAPP training series is also conducted three times a year by Foster Forward, contracted by the Department, supported with title IV-B funds, in partnership with another treatment foster care agency. In addition, Adoption Rhode Island (also through a contract with the Department) provides TIPS-MAPP certified resource parents as co-trainers for the Department.

An adapted 6-hour model of this training is provided to kinship families and offered 18 times a year based on need. Sections of the curriculum for this training include information regarding working with The Department of Children, Youth and Families; Abuse and Neglect; and the Impact on typical Child Development; Attachment; as well as Needs of a Kinship Family.

There have been numerous challenges to ensuring that kinship providers complete training in a timely manner. This not only presents a challenge to completing licensing requirements, but to ensuring that a kinship caregiver has the information to support a successful placement. In 2017, many efforts began to effectuate change in this area. An entirely new system of training enrollment was developed. Additionally, a Kinship Guide was created as a comprehensive introduction to caring for kin, which includes time sensitive information. This guide is distributed to the kinship caregiver at the time of placement. With this guide developed, the kinship training module has been adapted to be more interactive and conducive to adult learning styles. A “train the trainer” model has been established to expand the team of trainers, which is allowing the DCYF to offer more kinship training sessions at more flexible hours.

At this time, the foster care regulations allow the DCYF to prescribe ongoing training requirements, but they are not currently required for all foster and adoptive parents. The licenses for many foster and adoptive parents are held for supportive services through one of ten private agencies with which DCYF contracts. These ten private agencies all offer different varieties of in-service training, often tailored to the needs of the foster or adoptive provider. The State TIPS-MAPP coordinator is working to develop further quality assurance measures for TIPS-MAPP training, and the DCYF has started to define metrics that aim to assess effectiveness of training and other efforts based on placement outcomes. Additionally, through the DCYF’s partnership with Yale University we receive ongoing survey data to get real time understanding of how attendees are viewing the TIPS-MAPP curriculum.

The agency has worked tirelessly this year to coordinate training and support activities for resource parents with our provider community. All training providers are now publicizing and coordinating their training events to ensure maximum availability to prospective parents.

The following table is the foster and adoptive parent training curriculum that all prospective foster and adoptive parents are mandated to participate in and which Title IV-E functions they address:

Course	***Syllabus***	***IV-E Functions Addressed***
Meeting 1: Welcome To The TIPS-MAPP Group Preparation And Selection Program	Acquaints leaders and participants with the TIPS-MAPP Program and each other. This meeting explains the process of becoming a foster or adoptive parent and the legal foundations for child welfare services. With a focus on safety, well-being and permanence, participants will meet several children and parents (in a video) who have been involved with foster care and adoption.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 2: Where the MAPP Leads: A Foster Care and Adoption Experience	This meeting provides an overview of a foster care and adoption experience from the perspective of clients (children and parents,) foster parents, adoptive parents, and child welfare workers. Case examples of eight children will be used to help participants consider the safety, well-being and permanence needs of children who have been abused, neglected or maltreated.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 3: Losses and Gains	Explores the impact of separation on the growth and development of children, and the impact of foster care and adoptive placement on the emotions and behaviors of children and parents. Examines personal losses (death, divorce, infertility, children leaving the home) and how difficult life experiences affect success as adoptive parents or foster parents. Emphasizes the partnership roles of foster parents, adoptive parents, and social workers in turning separation losses into gains.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 4: Helping Children With Attachments	Explores the subject of attachment and child development. Focuses on how attachments are formed and the special needs of children in foster care and adoption (especially in the area of building self-concept and appropriate behavior.) Discusses the partnership roles of foster parents, adoptive parents, and social workers in helping children with attachments.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.

Course	***Syllabus***	***IV-E Functions Addressed***
Meeting 5: Helping Children Learn To Manage Their Behaviors	Discusses techniques for managing behavior, with an emphasis on alternatives to physical punishment. Topics include special issues related to discipline for children who have been physically or sexually abused or neglected. Techniques to be discussed include being a "behavior detective," reinforcement, time out, mutual problem solving, structuring and setting limits, negotiating, and contracting. Emphasizes the partnership among foster parents, adoptive parents and child welfare workers.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 6: Helping Children With Birth Family Connections	Examines the importance of helping children in care maintain and build upon their identity, self-concept, and connections. Considers issues such as how children's cultures and ethnic backgrounds help shape their identity; the connections children risk losing when they enter care; and why visits and contacts with the birth families and previous foster families are important.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 7: Gains and Losses: Helping Children Leave Foster Care	Discusses family reunification as the primary case planning goal as well as alternatives like foster care, adoption, and independent living. Examines disruption and its impact on children, families and agency staff. This meeting also focuses on the partnership role of child welfare workers, foster parents and adoptive parents in helping children move home, into an adoptive home or into independent living.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 8: Understanding the Impact Of Fostering and Adopting	Prospective foster and adoptive parents will explore the impact of fostering and adopting on their own families. Discussions and activities examine how fostering and adopting can affect prospective parents' relationships with a partner, their own children and relationships with extended family.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.

Course	*Syllabus*	*IV-E Functions Addressed*
Meeting 9: Perspectives in Adoptive Parenting and Foster Parenting-Teamwork and Partnership	This meeting continues the examination of the impact of fostering and adopting on families and builds skills for shared parenting. A parent panel of current foster and adoptive parents from Rhode Island's licensed families will discuss details of their experiences with the group.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 10: Endings and Beginnings	The purpose of this meeting will be to assess group member's strengths and needs as foster parents or adoptive parents. There also will be time to say good-bye… the ending. As the preparation/mutual selection process is coming to an end, so begins the transition into becoming a foster or adoptive family… the beginning.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.

The DCYF issues licenses to Child Placing Agencies (parent agencies that facilitate the functions of adoption, foster care, residential and independent living facilities) and Child Caring Agencies (the individual residential facilities). These entities are licensed annually. Regulations require that Child Placing Agency staff obtain eight hours of training per year which should include current law and practices in the field of child placing and welfare. Upon initial hire, Child Caring Agency staff are required to obtain 16 hours of professional development training, eight of which are required to be designated to restraint/crisis intervention training. They are also required to complete CPR/1st Aid Certification. Other areas should include focus areas such as principles and applications of child care and family centered practices, state laws, behavior management, group techniques, child safety, sexual identity, mental health, grief and loss, separation and attachment, etc. Child Caring Agency Staff are also required to obtain sixteen (16) hours of ongoing professional development training on a yearly basis, eight of which are still required to be designated in restraint/crisis intervention training. The DCYF does not generally provide these trainings, however, the DCYF may offer trainings on specialty topics (such as Prudent Parenting). Many of these state licensed facilities are accredited by the Council On Accreditation (COA) which requires staff to meet professional development requirements as determined by COA.

During the annual renewal period, the DCYF Licensing unit conducts site visits, both announced and unannounced for the purposes of checking compliance with regulations, including ongoing training. One of these visits focuses on a file review, including verification of training completion.

In the most recent licensure renewal cycle, it was found that 20% of programs had not completed all requirements for professional development. Programs who are not in compliance with their professional development are required to submit Plans of Corrective Action to ensure they come into compliance. Plans of Corrective action are requested and followed up on by the assigned Licensing Specialist to the program. This is most often associated with a Probationary License status, which is reported to Administration weekly to ensure rectification of any ongoing issues.

Upon further discussion with providers, there are misunderstandings around requirements, expected time for compliance, ways to improve compliance, etc. Therefore, in alignment with the RI Code of Regulation, the DCYF has embarked on revisions of the regulations for these agencies. These regulations will seek to clarify requirements, using objective language.

Rhode Island rates the performance of this item as an Area Needing Improvement. Rhode Island is meeting performance with the implementation of the TIPS-MAPP training series as the foundational training course for all foster parent providers statewide. However, 20% of institutional programs have not completed all requirements for professional development. Rhode Island DCYF is working with these providers regarding the clarification of the training requirements so as to ensure future compliance.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

State Response:

Over the past 2 years, the Department has engaged a wide range of community partners, national experts, technical advisors, and other stakeholders to solicit input on its strategy to achieve better results for the children, youth, and families in its care. This review led to the Department's decision to return all placement functions back to DCYF from the two Networks of Care. This announcement was made in December 2015 and the Networks were formally ended in March 2016.

In November 2015, DCYF convened a public summit to solicit input from service providers and other stakeholders on its strategy to procure a comprehensive array of services designed to improve long term outcomes for children and families. The state received thousands of responses, generated by over 200 participants to questions about service needs, referral and matching strategies, education and information sharing, contract and payment structures, and collaborations to continuously improve results. In March 2016, the Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Department of Children, Youth and Families (DCYF), issued a request for proposals (RFP) to provide stand-alone home-based services, stand-alone placement-based services, and integrated home-based and placement-based services that improve long term outcomes for children and families in its care.

This RFP solicited home- and community-based services to help families in DCYF care safely remain together, facilitate and sustain family reunification, and improve anti-social behaviors and strengthen court compliance of delinquent youth; placement-based services for children, youth, and families requiring out of home care to safely care for youth while providing effective clinical treatment and addressing other barriers to returning to a family like setting; and

integrated proposals that bridge target populations and outcomes inclusive of both home- and placement-based services.

With this procurement, the Department was able to enhance and expand services, supports, and resources that have a high likelihood of improving the safety, permanency, and well-being for children and families served. It also facilitated innovation and flexibility, added new services to the array available, generated greater value for taxpayers, and ensured transparency and accountability.

Prior to the Department's Request for Proposal and re-procurement of services in 2016, the Department had 12 different home and community based service types. Of these, three (3) were rated as either well-supported or supported by research evidence through the California Evidence-Based Clearinghouse for Child Welfare. These services included:

- Multi-Systemic Therapy (MST),
- Positive Parenting Program (Triple P) and
- Parenting with Love and Limits (PLL).

One (1), Family Centered Treatment (FCT), was rated as having promising research evidence by the California Evidence-Based Clearinghouse for Child Welfare. FCT is identified as an evidence based program according to the Office of Juvenile Justice and Delinquency Prevention's (OJJDP's) Model Programs Guide.

The Department has more than doubled the number of home and community based services through its re-procurement, for a total of 32 services. Of these services, six (6) were rated as either well-supported, supported or having promising research evidence by the California Evidence-Based Clearinghouse for Child Welfare. These services include:

- Functional Family Therapy (FFT);
- Homebuilders;
- Multi-Systemic Therapy for Problem Sexual Behaviors (MST-PSB);
- SafeCare;
- Wendy's Wonderful Kids; and
- Treatment Foster Care of Oregon.

To ensure all DCYF staff were knowledgeable about the number of additional services available as a result of this procurement, the department conducted two rounds of providers fairs. The first round of provider fairs was held between May 9, 2017 – May 17th, 2017. The fairs were held in four locations (Providence, Bristol, Wakefield and Cranston) to provide staff with the maximum opportunity to attend. The second round of fairs were conducted between January 9th, 2018 – January 17th, 2018 and were held in Providence, Bristol and Wakefield. Thirty-two providers participated in the fairs:

Adoption RI	Groden Center
Alliance Human Services	Harmony Hill School
Bethany Christian Services	Jammat Housing
Blackstone Valley Youth & Family Coll.	Justice Resource Institute
Boy's Town	Key Program

Bradley Hospital	NAFI
Child & Family	Ocean Tides
Children's Friend	Parent Support Network RI
Communities for People	Perspectives
Community Care Alliance	Providence Center
Community Solutions Inc.	Providence Children's Museum
Day One	RI Coalition Against DV
Devereux	St. Mary's Home for Children
Family Service of RI	Tides Family Services
Farm Fresh	Whitmarsh
Foster Forward	Youth Advocate Programs

The full array of services currently available includes:

Home Based Services

*Family Visitation Services (** denotes new service with the re-procurement)*

Family Visitation Services (Boys Town) – Coaches and supports parents during supervised visits. Provides case management for areas such as mental health, substance abuse and housing, etc. Utilizes Boystown's Teaching Model which is an evidence based program. Ages served birth to 17. Geographic Area: Statewide.

Families Together (Providence Children's Museum) – Strength-based, therapeutic family focused visitation program. It works with and assessment parents, provides feedback and support to parents, children, other providers and DCYF. Ages served 0-12. Geographic Area: Statewide.

Trauma Systems Therapy Visitation (TST) ** - Family Coaching and Visitation (Family Service of RI) - Program is built on the TST model and is designed to assist parents in developing parenting skill and family resources to promote safety, while also supporting the children's ability to regulate emotions and behaviors. Ages served 0-18. Geographic Area: Statewide.

Enhanced Family Support Services (EFSS) with Visitation (Communities for People) – In home treatment program that can help with reunification. EFSS can assist caregivers in developing skills to ensure the safety, health and well-being of all family members. The program also offers coordination, transportation and supervision of family visitation. Ages served 0-21. Geographic Area: Statewide.

Integrated Permanency Supports - Family Visitation Center (Community Care Alliance) – Program provides a continuum of care for families in visitation including the visitation program and intensive family preservation once reunification has occurred. Program provides case management, recovery coaching, crisis intervention, education and coaching to parents. Ages served 0-17. Geographic Area: Northern RI or parents must be able to get to Woonsocket on their own.

Immediate Response Visitation Program (IVRP) and Nurturing Early Connections (NEC) (Community Care Alliance) ** – 2 intensive visitation programs for children who have just

been removed and are under 2 to maximize permanency outcomes and improve parent/child attachment. Program provides case management, recovery coaching, crisis intervention, education and coaching to parents. Ages Served 0-2. Geographic Area: Northern RI or parents must be able to get to Woonsocket on their own.

Parent Partner Services with Visitation (Parent Support Network of RI) ** – Parent partner services is an evidence based program. It offers ongoing telephone and face to face, peer support, individual and group parent education, supports at education related meetings, case management and supervised visits. Ages served 0-21. Geographic Area: Statewide.

*Foster and Kinship Supports (** denotes new service with the re-procurement)*

Family Preservation and Permanency (Communities for People) **– Supports youth in DCYF, kinship and pre-adoptive homes. Primary focus is to improve stability of family functioning and preserving placement. Provides coordination, transportation and supervision of visitation. Will also include aftercare and clinical support. Ages served 0-20. Geographic Area: Statewide.

Resource Family Support Service (Family Service of RI) ** – Family focused service that will support kinship and DCYF families to provide for the safety and well-being of each child while supporting permanency efforts. Ages served 0-21. Geographic Area: Statewide.

Kinship Support Service (Devereux) ** – Focus of the program is to stabilize kinship homes. The program utilizes Positive Behavior Interventions and Support as well as Risking Connection as the evidence based model for supporting service delivery. Ages served 0-21. Geographic Area: Statewide.

SAFFE (St. Mary's Home for Children) ** - Intensive home based service aimed at preserving foster and adoptive placements for youth with sexual abuse histories and active sexualized behaviors. Interventions focus on increasing healthy family functioning, focus on safety by reducing risk of further victimization and focus on permanency by stabilizing living situation. Clinical team provides services including individual, group and family therapy, case management and education support. Ages served 3-18. Geographic Area: Statewide.

Services for Foster Families (Children's Friend) ** - Addresses needs of foster and kinship families who are at risk for removal. Evidence based services which include Nurturing Parenting Program and Promoting First Relationships. Services include child and family assessments. Ages served 0-10. Geographic Area: Statewide.

*Family Stabilization Programs (** denotes new service with the re-procurement)*

Family Centered Treatment (FCT) (Child & Family, Communities for People)** - Evidence based program that supports rapid reunification with children, youth and their families when there has been an out of home placement. Provides supportive services to achieve their goals and uses Home Based Family therapy which utilizes caregivers as a catalyst for change. Ages served 0-20. Geographic Area: Statewide.

Enhanced Family Support Services (EFSS) (The Key Program) – Program that uses trauma informed treatment, motivational interviewing, family centered practice, safety planning and CBT to stabilize family relationships, improve functioning and help develop skills needed to ensure safety, health and well-being. Ages served 0-20. Geographic Area: Statewide.

Enhanced Family Support Services (EFSS) (Communities for People) – In-home treatment to help families stay together/reunify despite significant stressors. Helps caregivers develop skills to ensure the safety, health and well-being of all family members. Offers expressive arts, clinical safe care groups and socialization through activities. Ages served 0-21. Geographic Area: Statewide.

Family Stabilization Program (Child &Family) ** - Evidence informed model that utilizes three phases of treatment to support families who have a child at imminent risk for removal from home. It also can support reunification. Risk and crisis planning are a large part of reducing risk, increasing support and addressing basis needs. Ages served 0-21. Geographic Area: Statewide.

Family Preservation (Community Care Alliance) – In home supports and case management to stabilize placements and reunification. Strengthen family child relation, skill building for parents, case management around housing, jobs, recovery coaching. Ages served 0-17. Geographic Area: Northern RI

Homebuilders (Bethany) ** - Evidence based intensive family preservation treatment program. It is designed to avoid unnecessary placement of children and youth. The program engages families by delivering services in their natural environment and by enlisting them as partner in assessment, goal setting, and treatment planning. It is an intensive 4 week program with up to 40 hours of service. Ages served 0-17. Geographic Area: Statewide.

Project Connect and Project Family (Children's Friend) – The program is designed to achieve safety, reunifications, permanency, and child well-being in the least restrictive environment. It is a set of individualized strength-based, trauma informed family preservation and permanency services. Evidence based services include Project Connect, Nurturing Parenting Programs, Nurturing Program for Families in Substance Abuse Treatment and Recovery, Child-Parent Psychology and Promoting First Relationships. Ages served 0-17. Geographic Area: Statewide.

*Disruptive Behavior Treatment (** denotes new service with the re-procurement)*

Multisystemic Therapy (MST) (Tides Family Services, NAFI, Providence Center) – An evidence based program that works primarily with parents utilizing parenting strategies and interventions. Individual work with youth can be utilizes if determined necessary by treatment team. Focus is to improve family functioning to decrease youth risk. Ages served 12-17.5. Geographic Area: Statewide.

Functional Family Therapy (FFT) (Tides Family Services. Child and Family Services) ** - Evidence based program that works with the youth and caregiver to address youth's mental health or behavioral needs. Utilizes behavioral and cognitive interventions to

enhance family interactions, increase problem solving and parenting skills. Ages served 12-18. Geographic Area: Statewide.

Parenting with Love and Limits (PLL) (NAFI) – Evidence based program combining group therapy and family therapy for youth who have severe emotional and/or behavioral problems. Caregivers attend six 2 hour sessions focusing on parenting tolls and strategies and youth and caregivers attend 6 or more family sessions. Ages served 10-18. Geographic Area: Statewide.

Family Centered Treatment (FCT) (Child & Family, Communities for People) ** - Evidence based program that supports rapid reunification with children, youth and their families when there has been an out of home placement. Provides supportive services to achieve their goals and uses Home Based Family therapy which utilizes caregivers as a catalyst for change. Ages served 0-20. Geographic Area: Statewide.

Preserving Families Network (PFN) (Tides Family Services) – Provides a wide continuum of programming to meet all levels of need for high risk families. Focuses on youth that are at risk from being removed from home or have a history of unsuccessful maintenance at home. Provides clinical, case management and outreach and tracking up to 6 days a week. Ages served 6-21. Geographic Area: Statewide.

Positive Parenting Program (Triple P) (The Key Program) – Evidence based model designed to teach positive strategies, parenting skills and their application to a range of target behaviors and settings. Works to improve family functioning to promote safety and permanency as well as reduce behavioral and emotional issues and reduce family risk factors for child maltreatment. Ages served 0-12. Geographic Area: Statewide.

*Mental Health (** denotes new service with the re-procurement)*

Trauma Systems Therapy (TST) (Family Service of Rhode Island) – Intensive clinical model for children and adolescents who have experienced traumatic events and/or live in environments with ongoing traumatic stress. TST gives children and caretakers skills needed to decrease emotional and behaviors dysregulation, develop effective coping skills, foster healthy relationship and support critical decision making. Ages served 4-19. Geographic Area: Statewide.

Teen ACT (Providence Center) - Intensive individual/family and community based program. Promote recovery by improving individuals levels of functioning, reducing symptoms of mental health, preventing hospitalizations, preventing out of home placements while coordinating physical and behavioral health and wellness. Includes individual and family counseling, psychiatric assessments, medication management, nursing, substance abuse treatment, case management and care coordination. Ages served 12-21. Geographic Area: Statewide.

Functional Family Therapy (FFT) (Tides Family Services. Child and Family Services) ** - Evidence based program that works with the youth and caregiver to address youth's mental health or behavioral needs. Utilizes behavioral and cognitive interventions to enhance family interactions, increase problem solving and parenting skills. Ages served 12-18. Geographic Area: Statewide.

Parenting with Love and Limits (PLL) (NAFI) – Evidence based program combining group therapy and family therapy for youth who have severe emotional and/or behavioral problems. Caregivers attend six 2 hour sessions focusing on parenting tolls and strategies and youth and caregivers attend 6 or more family sessions. Ages served 10-18. Geographic Area: Statewide.

Family Centered Treatment (FCT) (Child & Family, Communities for People) ** - Evidence based program that supports rapid reunification with children, youth and their families when there has been an out of home placement. Provides supportive services to achieve their goals and uses Home Based Family therapy which utilizes caregivers as a catalyst for change. Ages served 0-21. Geographic Area: Statewide.

Preserving Families Network (PFN) (Tides Family Services) – Provides a wide continuum of programming to meet all levels of need for high risk families. Focuses on youth that are at risk from being removed from home or have a history of unsuccessful maintenance at home. Provides clinical, case management and outreach and tracking up to 6 days a week. Ages served 6-21. Geographic Area: Statewide.

*Parent Training/Skill Building Programs (** denotes new service with the re-procurement)*

Positive Parenting Program (Triple P) (The Key Program) – Evidence based model designed to teach positive strategies, parenting skills and their application to a range of target behaviors and settings. Works to improve family functioning to promote safety and permanency as well as reduce behavioral and emotional issues and reduce family risk factors for child maltreatment. Ages 0-12. Geographic Area: Statewide.

SafeCare (Family Services of Rhode Island) ** - Evidence based in home parent training program that targets caregivers of children birth to five with known risk factors or a history of child neglect and physical abuse. Consists of 18-20 structured curriculum sessions consisting of three modules: Health, Home Safety, and Parent-Child/Infant Interactions. Ages served 0-5. Geographic Area: Central Falls, Pawtucket, Providence, Cranston, Warwick, and West Warwick.

Parent Partner Services (Parent Support Network of Rhode Island) ** - Parent Partner Services program provides ongoing telephone and face to face peer support, individual and parent group education. Parent education curriculums delivered include Nurturing Parenting Program, 24/7 Dad and Inside and Out Dad. Parent Partners are trauma informed. Ages served 0-21. Geographic Area: Statewide.

*Special Populations (** denotes new service with the re-procurement)*

Multi-Systemic Therapy for Problem Sexual Behaviors – MST-PSB (NAFI) ** - Evidence based intensive program aimed to reduce youth and caregiver denial about sexual offenses, remove barriers to effective parenting, enhance parenting knowledge, and promote communication among the family. Primary focus is to improve family functioning, which will decrease the youth's risk factors and problematic behaviors. Age range 12-18. Geographic Area: Statewide.

Supporting Teens and Adults at Risk – STAAR (St. Mary's Home for Children) ** - Intensive home based clinical and case management service for high risk and sexually exploited youth and their families. Includes clinical, case management and group therapy. Interventions focus on safety, social competence, life skills, victim support, educational support, mental health services, and substance abuse screening and referral. Caregivers will be provided psycho-education on parenting children with trauma. Services youth up to age 18 or 21 for dependent children. Geographic Area: Statewide.

Parent and Family Empowerment Program (Groden) ** - Treatment program for families of children with autism and other developmental and behavioral challenges. Includes parent group training, parent-child interaction therapy and family therapy in both clinic and home. Age range 3-21 years. Geographic Area: Statewide.

Family Preservation Program (Groden) ** - Home-based family preservation program servicing children and adolescents with autism and developmental disabilities with the goal to prevent out of home placement or help with post-reunification. Program provides caregiver skill building, clinical assessment and applied behavior analytic therapy to strengthen family system. Age range from birth to 21 years old. Geographic Area: Statewide.

Trauma Treatment, Evaluation, Assessment, and Management - TTEAM (Day One) ** - Home based service that includes trauma evaluation, assessment of child and family needs, management, intervention and development of comprehensive and measurable treatment plans. Age range from 3 to 18. Geographic Area: Statewide.

*Miscellaneous Services (** denotes new service with the re-procurement)*

Wendy's Wonderful Kids (Adoption Rhode Island) ** - Evidence based programming. Primary focus is to keep older youth stable in supportive living arrangements while striving towards legal and relational permanency through adoption, guardianship and/or development of a network of peer and adult supports. Helps youth achieve educational and vocational goals and prepare for adulthood through life skills development. Ages served 13-18. Geographic Area: Statewide. Referrals do not go through the CRU for this program.

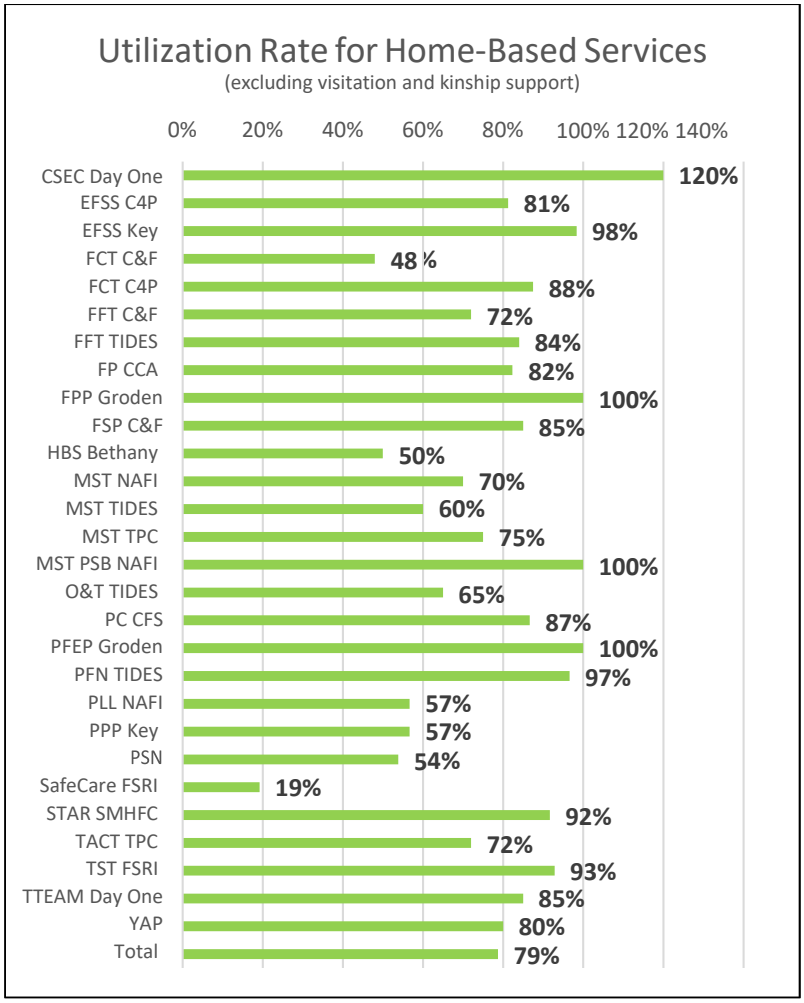
Commercial Sexual Exploitation of Children -CSEC- Mentoring Program (Day One) ** - The mentoring program provides consistent supports and transformational relationships critical to helping youth CSEC victims leave the "life". Empowers young victims to leave exploiters and engage in activities that rebuild a sense of self. Strength based, trauma informed wrap around model. Ages served 12-18. Geographic Area: Statewide.

30 Days to Family (Foster Forward) ** - Intense and short-term intervention that searches for and aims to place children with safe and appropriate relatives within 30 days of entering care. Family specialists engage in decision-making, get advice from family on who might be available to help child with respite care, assistance with home, mentoring and emotional support. Ages served 0-17. Geographic Area: Statewide. Referrals do not go through the CRU for this program.

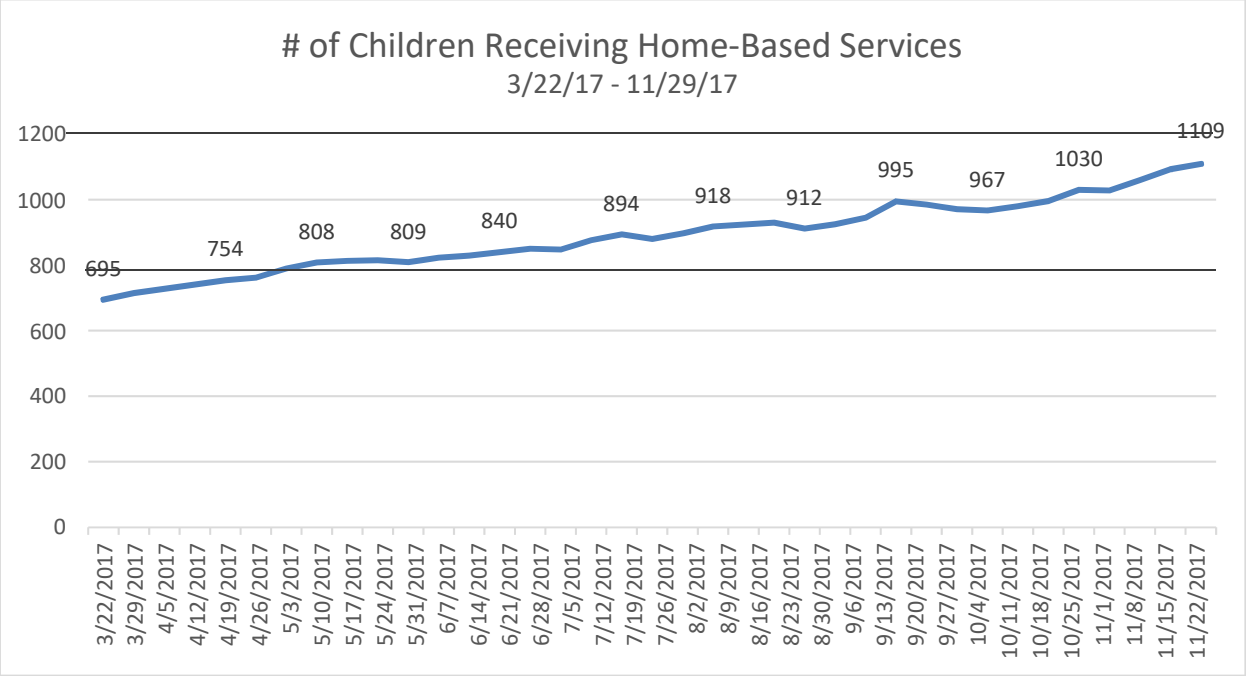
Outreach and Tracking Program (Tides) - Family focused program that provides intensive contact with youth while working with their family to address needs. Tracking involves in-person, intensive monitoring of youth in community including at school, home and other agencies. Ages served 6-21. Geographic Area: No South County or Islands.

Youth Advocate Programs- YAP (Youth Advocate Programs) ** - Wraparound advocacy model that utilizes evidence based and evidence informed interventions. Works with highest risk and most complex youth and families across several systems including child welfare, juvenile justice and behavioral health. The advocate connects the families to community resources and provides direct services such as transportation, mentoring, coaching, teaching parenting skills, modeling, tutoring. The program is designed to increase pro-social behaviors, build decision making skills, and strengthen relationships. Ages served 12-21. Geographic Area: Statewide.

90% of the programs described above are available on a statewide basis. For those specific services that are not available on a statewide basis, DCYF has similar services that are offered statewide and we will utilize those services for our families. As of January 3, 2018, the average occupancy all home based programs was 79% with 8 of 29 programs operating at 90% occupancy or greater. The Department does have existing waitlists for visitation programs, CSEC Mentor, Project Connect and EFSS. Waitlists are not specific to geographic areas. Programs with waitlists serve the entire state. Visitation programs have the longest wait time with an average of 2-3 months. To address this issue, the department amended the contract with one provider to increase capacity by 15 slots. The waitlist at the time of the contract amendment was 50 families. We anticipate that the increased slots will provide services to 1/3 of the waitlisted families and will reduce the waitlist for the remainder of the families by 1/3. The department is also working with a second provider to increase their capacity. Each family waiting for services is reviewed on a case-by-case basis to determine if other services are needed until the desired service becomes available. A family on the visitation program waitlist where reunification is not occurring immediately may simply wait for the service to become available while a family in need of Project Connect may have other services put in place until a Project Connect slot becomes available.



The number of children receiving a home based service has increased steadily since March 2017 from 695 youth per week to over 1100 youth per week.



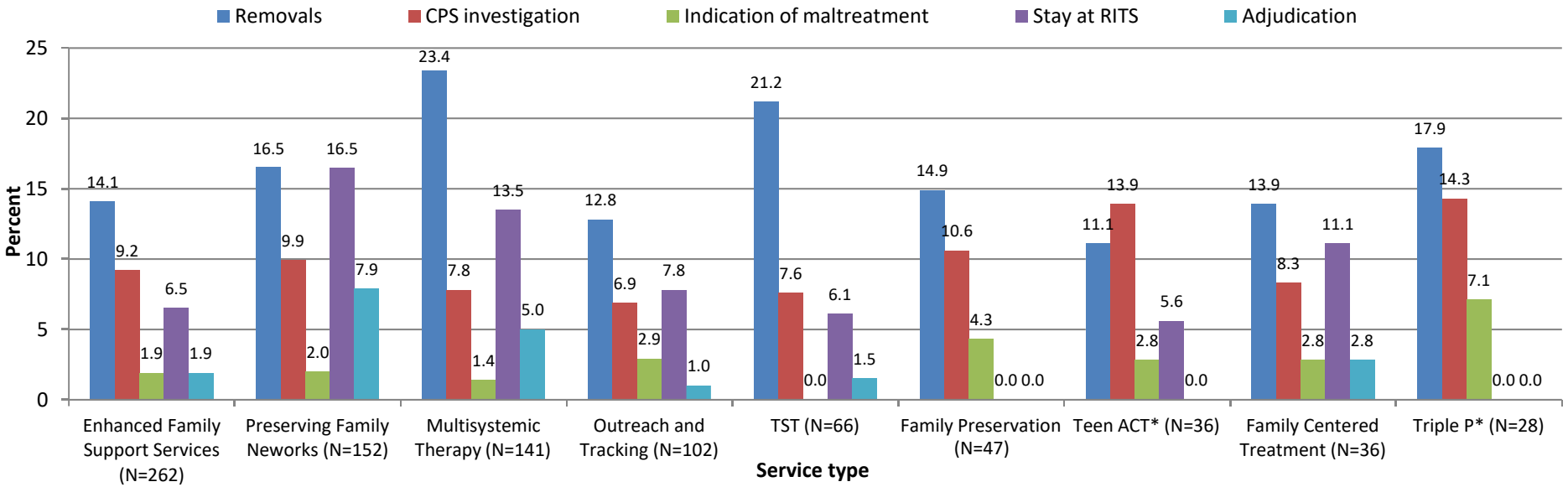
In September 2017, as part of a pilot program, the Department began funding services to youth who were not open to DCYF but were open to the Juvenile Services Intake Unit at the Rhode Island Family Court. As of December 20th, 32 non-DCYF youth were referred for DCYF-funded services.

The Department has also been utilizing our level of care tool (a subset of the Child and Adolescent Needs & Strengths) to identify home based services that may make a placement more successful for youth with higher needs who potentially go into a foster home. Youth who are court-ordered into placement are also reviewed to determine if the youth can be maintained with home based services and not have to enter care.

Community-based service outcome data: the chart below provides data on children and youth who started a DCYF funded community based service from in-home between July 1, 2014 and November 30, 2015 and experienced at least one of the 5 selected outcomes within 6 months of starting a service. Depending on the length of time a youth received a service, a youth may or may not have been receiving the service at the time of experiencing the outcome. This information can serve as an initial starting point for each respective service to assess these selected outcomes over time and should not be viewed as a comparison across these programs due to differences in populations served by the respective services (i.e. differences in age groups, family and presenting concerns, severity of presenting concerns etc.)

The most frequent outcome amongst all community based services totaled was “Removals” followed by “CPS investigations”, “Stay at Rhode Island Training School (RITS)”, “Adjudication” and “Indication of maltreatment”. For each of the individual most frequent or new services, “Removals” was the most frequently experienced outcome for 8 out of the 9 services, followed by “CPS investigation” for 5 out of the 9 services and “Stay at RITS” for 4 out of the 9 services.

Selected 6-month outcomes of youth who started a community based service from <u>in-home</u> between 7/1/14-11/30/15, by most frequently used or new service type.



*Triple P: Positive Parenting Program, Teen Act: Teen Assertive Community Treatment

NOTES:

- Six month follow-up period begins on the service start date.

- A youth may be counted in more than one outcome category, if a youth experienced multiple outcomes within the 12 month period.

- In-home placements defined in this report include living arrangement of stay with friend, guardian, married parents, relatives, separated couple, single female parent, single male parent, subsidized adoption, and unmarried couple. This is not exclusively child welfare placement.

- Depending on the length of time a youth received a service, a youth may or may not have been receiving the service at the time of experiencing the outcome. Youth may have ended the service any time before or after experiencing a selected outcome.
- TST includes both community based and residential services. TST community based indicates service began in-home. TST residential indicates service began out-of-home but a child could have continued into community.

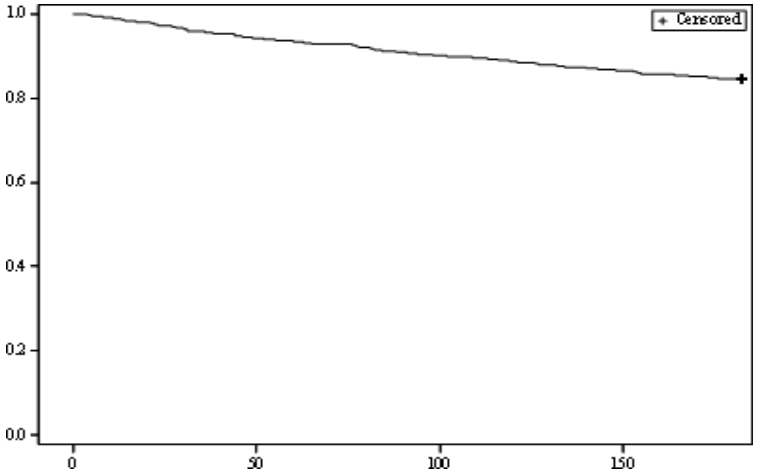
Survival analysis on selected 6-month outcomes of children and youth who started a community based service from ***IN-HOME*** between 7/1/14-11/30/15

Survival Analysis: Time to Event

Figures 1-5 presents results from the survival analysis on the 965 children and youth who started a child/youth centric community based service while in-home between 7/1/14 and 11/30/15. The survival analysis combines all child/youth centric community based services to provide a system level analysis on the 5 selected outcomes: 1) time to removal; 2) time to CPS investigation. 3) time to CPS indicated maltreatment; 4) time to adjudication; and 5) time to RI training school (RITS) stay. As indicated, children began one of the community based programs while in-home and were followed for 6-months. On a system level, **6 months post community based program start**:

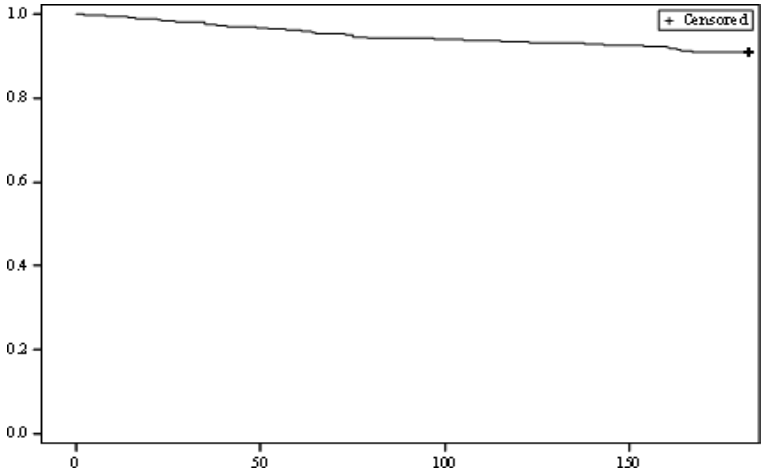
- 84% of children remained in home (Figure 1)
- 91% of children did not have a CPS investigation (Figure 2)
- 98% of children did not have an indicated maltreatment (figure 3)
- 97% of youth did not have an adjudication (Figure 4)
- 92% did not enter the RI Training School (Figure)

Figure 1. Survival Curve: Eighty-four percent of children and youth who began a community based program while in-home remained in home 6 months post program start (N=965)



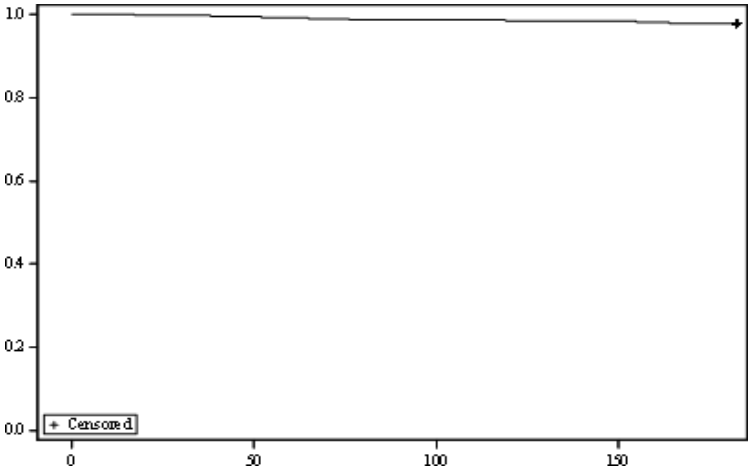
Number of Days

Figure 2. Survival Curve: Ninety-one percent of children and youth who began a community based program while in home did not have a CPS investigation 6 months post program start (N=965)



Number of Days

Figure 3. Survival Curve: Ninety-eight percent of children and youth who began a community based program while in home did not have an indicated maltreatment 6 months post program start (N=965)



Number of Days

Survival analysis on selected 6-month outcomes of children and youth who started a community based service from ***IN-HOME*** between 7/1/14-11/30/15

Figure 4. Survival Curve: Ninety-seven percent of children and youth who began a community based program while in home did not have an adjudication 6 months post program start (N=965)

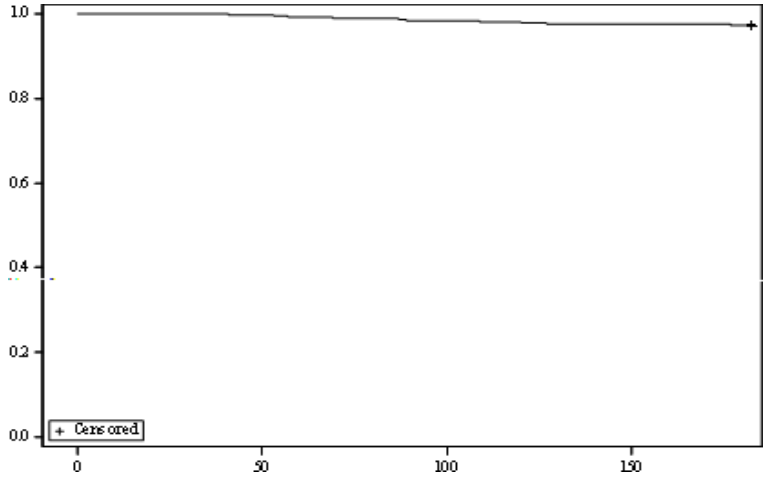
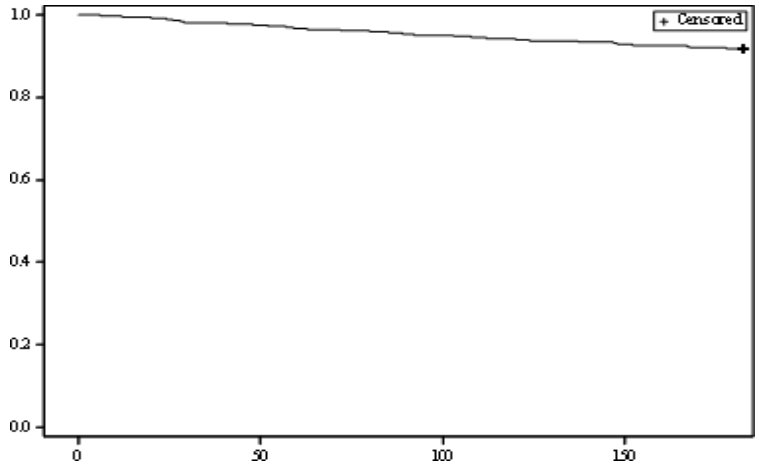


Figure 5. Survival Curve: Ninety-two percent of youth who began a community based program while in-home remained in home and did not enter the RI Training School 6 months post program start (N=965)



Specialized Foster Care

Specialized and Treatment foster care provides professional support services to children, youth and foster parents. Individualized treatment is provided within a supportive and structured home environment. These programs help to foster positive relationship skills, amelioration of emotional conflicts of attachment and development, and prepare youth for transition to home, independent living or other age and developmentally appropriate settings. Treatment foster care provides more intense professional support services. Some of these homes may provide emergency placement for children.

Residential Group Care Services

Assessment and Stabilization Programs

Assessment and stabilization programs provide immediate intake with the goal of providing a stable and safe environment for youth/children in crisis. Staffing shift ratios of 2, 3, 2: eight (8) residents which includes overnight awake staff. The programs employ master's level clinicians to provide clinical services for each child in residence. Clinicians develop treatment plans, provide crisis intervention and adjustment counseling, and provide staff consultation and training.

Residential Treatment Centers

In-State Residential Treatment Programs are programs that provide an intensive and integrated level of casework, therapy, and the delivery of educational services within the state of Rhode Island. The youth remain the educational responsibility of their Rhode Island LEA while their daily education is provided by the provider due to the youth's placement with the provider by DCYF. The cost of educational services are paid by the youth's Rhode Island Local Education Authority (LEA) of residence in accordance with RIGL.

Out of State Residential Treatment Programs are programs that provide an intensive and integrated level of casework, therapy, and the delivery of educational services. The youth remain the educational responsibility of their Rhode Island LEA while their daily education is provided by the provider due to the youth's placement with the provider by DCYF. The cost of educational services are paid by the youth's Rhode Island Local Education Authority (LEA) of residence in accordance with Rhode Island laws. The final, per client rate is authorized by the Department at the time of placement.

Group Care

Group home programs provide placement for a maximum of eight (8) children. The programs are community-based facilities which utilize local public schools, and public recreational and cultural services. The programs work to develop responsibility, positive relationships, and more adaptive behaviors. Staffing shift ratios are 2,3,1,: eight (8) residents which includes overnight awake staff. The programs each employ a masters-

level clinician who develops treatment plans, provides crisis intervention and adjustment counseling, and staff consultation.

A Staff Secure facility is a licensed as community-based group home. The staff secure treatment programs provide a six (6) to nine (9) month residence for a maximum of eight (8) children or adolescents. These community-based residential programs may provide certified in-house educational services to prepare youth to enter public schools including enrollment in alternative educational programs according to a child's individual education plan (IEP). The staff-secure programs provide a comprehensive clinical and behavior assessment with a behavior management system and a treatment program that includes individual, group and family therapy, milieu therapy, and recreational, vocational and community service opportunities. Minimal staffing shift ratio is three (3) staff to eight (8) clients during daytime awake hours. Overnight staffing ratios are a minimum of 1 to 4. Each program provides a full-time master's-level clinician, and provides direct or accesses psychiatric and psychological consulting services.

A specialized group home program is for adolescents with developmental disorders who require a structured treatment milieu. This program is designed as an alternative to residential treatment and/or to meet the needs of youth who are discharged from residential treatment programs. The program utilizes a full time clinician and program director, special treatment approaches for sexually reactive/offender clients, and intensively supervised daily programs both in the home, school, and community setting. Clients in this program may remain for a year or longer until they are ready to move to a less restrictive setting appropriate to treatment and developmental needs. The staffing shift ratios are 3,4,2: eight (8) residents which includes overnight awake staff.

Group home programs for youth who exhibit sexually abusive behavior provide specialized group home programs is for adolescent males who have sexually abused and require a structured treatment milieu. This program is designed as an alternative to residential treatment and/or to meet the needs of youth who are discharged from residential treatment programs. The program utilizes a full time clinician and program director, special treatment approaches for youth with sexual behavior problems, and intensively supervised daily programs both in the home, school, and community setting. Clients in this program may remain for a year or longer until they are ready to move to a less restrictive setting appropriate to treatment and developmental needs. The staffing shift ratios are 3,4,2: eight (8) residents which includes overnight awake staff.

Group Homes for specialized populations with developmental disorders provide a specialized group home program is for adolescent males with developmental disorders who require a structured treatment milieu. This program is designed as an alternative to residential treatment and/or to meet the needs of youth who are discharged from residential treatment programs. The program utilizes a full time clinician and program director, special treatment approaches for sexually reactive/offender clients, and intensively supervised daily programs both in the home, school, and community setting. Clients in this program may remain for a year or longer until they are ready to move to a less restrictive setting appropriate to treatment and developmental needs. The staffing shift ratios are 3,4,2: eight (8) residents which includes overnight awake staff.

Semi-Independent Living Programs

Supervised Living Services (Supervised apartment programs, or semi-independent living programs) help to transition adolescents ages 16 and older to independent living. In-house supervision is provided twenty-four (24) hours per day with sleep-in staff. Youth are routinely allowed unsupervised time in the community to attend school, jobs, and for recreational and social activities.

Supervised Living Treatment Services serve older adolescents who are discharged from residential treatment programs and/or who have significant treatment needs that can be appropriately and effectively treated in a community setting while preparing for independence. Services include: intensive case management, training for independent living, behavior monitoring programs, individual and group therapy for youth with prior histories of sex offending, and psychiatric disorders.

Independent Living Programs

Independent living programs (ILPs) are designed to prepare youth for independence. Youth live in their own apartments with unrestricted community access and receive case management services. ILP programs have no live-in staff. These programs provide a standardized assessment and curriculum for life skills instruction.

Teen mom services are a subset of the Independent Living Programs to specifically accommodate mothers ranging in age from sixteen (16) to twenty (20) years.

Transitional Apartment Program

The Transitional Apartment Program (TAP) serves older adolescents who are discharged from residential treatment programs and/or who have significant treatment needs that can be appropriately and effectively treated in a community setting while preparing for independence. Services include: intensive case management, training for independent living, behavior monitoring programs, individual and group therapy for youth with prior histories of sex offending, and psychiatric disorders.

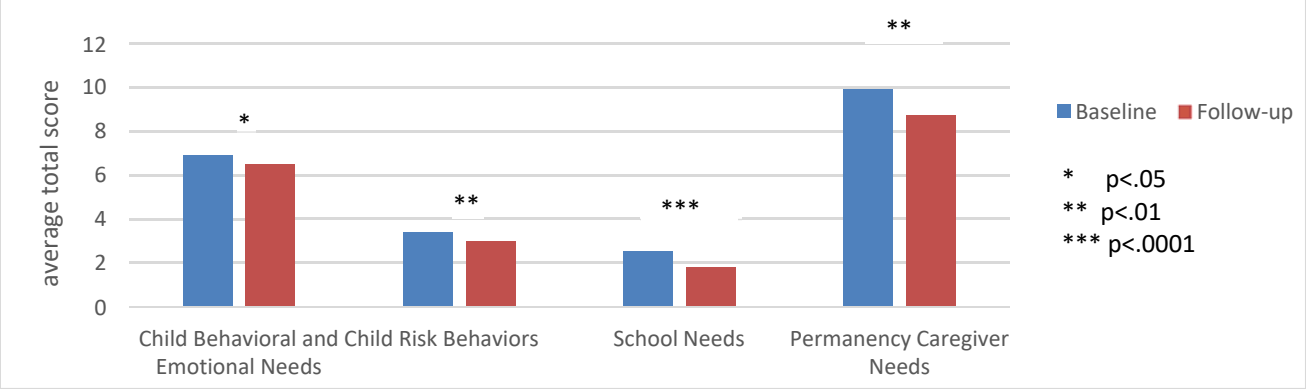
Group Care Outcome Data: This following data summarizes analyses of changes in Child and Adolescent Needs and Strengths (CANS; Lyons, 2009) ratings among youth age 5 and older in child welfare placement in Rhode Island. There were 818 youth (Mean Age: 12.7, SD=3.9) who were administered a CANS between January 2016 and December 2017. Among these youth, the analyses were restricted to 439 youth who had an initial CANS and had a re-assessment of the CANS between 80 and 243 days following the initial CANS (approximately 3 to 8 months for follow-up). The present analyses examine changes in five primary outcomes—Tier (level of care) rating, as well as total scores on four CANS domains: Child Risk Behaviors, Child Behavioral and Emotional Needs, Child School-related Needs, and Permanency Planning Caregiver Strengths and Needs.

CANS Outcomes[1]

CANS Follow-up Sample Characteristics. Longitudinal data was available for a total of 439 youth age 5 and older. The average age was 12.6 years (SD=3.9). Initial tier ratings were as follows: Tier 1 (3.4%), Tier 2 (6.8%), Tier 3 (21.4%), Tier 4 (15.5%), and no Tier (52.9%). The median follow-up period was 176 days (Mean 165 days; SD=46 days).

Outcome Analyses. A follow-up cohort was created by limiting the CANS data to those youth with a follow-up CANS re-assessment between 80 and 243 days from initial CANS. This period was selected to permit sufficient follow-up time to observe changes in outcomes (i.e., approximately 3 to 8 months—at least one quarter but less than three quarters). Initial ratings were compared to follow-up ratings to see whether changes were observed in CANS tier assignment and total scores for the four CANS domains described above. A ***Wilcoxon signed rank sum test*** was conducted to assess for significant change in tier ratings as the tiers are ordinal with 1 indicating highest level of need and 5 indicating not meeting criteria. To compare mean scores on each CANS domain, ***paired t-tests*** were conducted based on the result of normality test performed on change in each domain scores.

Figure 6. Average Total Scores of CANS Child Domains.



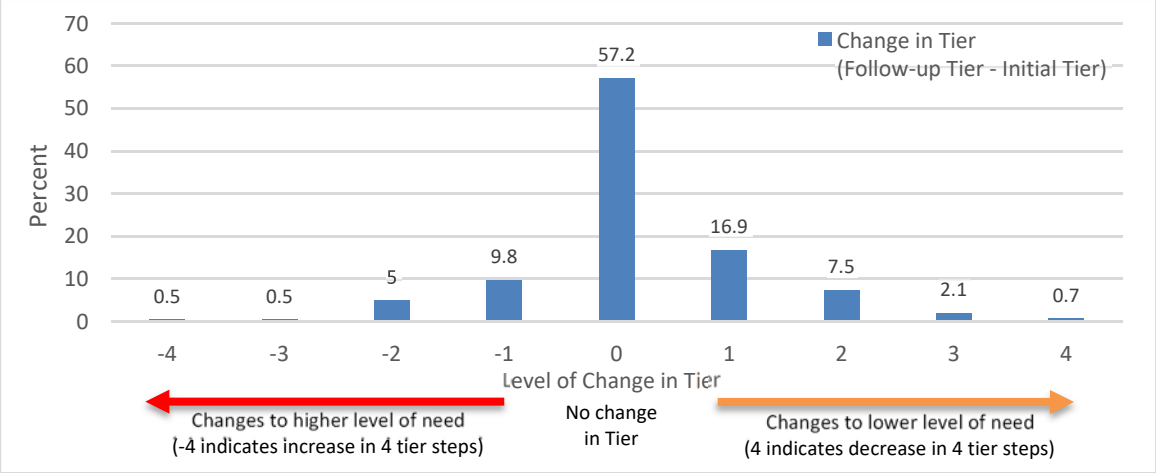
Changes in CANS Domains. Figure 6 depicts changes in CANS Domain total scores. Analyses revealed significant reductions in four domains: child behavioral and emotional needs, child risk behaviors, school-related needs, and caregiver-related needs.

Level of Changes in CANS Tier Rating. Figure 7, below, summarizes degree of change in tier rating from baseline to re-assessment. Positive numbers indicate decrease in tier (decrease in level of need) with 1 presenting decrease by 1 tier score and 4 presenting decrease by 4 tier scores. Negative numbers indicate increase in tier rating (increase in level of need) with -1 presenting increase by 1 tier score and -4 presenting increase by 4 tier scores. Little more than half of the youth (57.2%) remained in the same tier at re-assessment, about quarter (27.2%)

[1] *Analyses were replicated that examined outcomes for any subsequent CANS within the follow-up period, tracking re-assessment across settings. These results were virtually identical to those reported here.*

showed lower level of need (decrease in tier), and about 16% showed higher level of need (increase in tier). Majority of the youth who showed change in their tier either increased or decreased by 1 tier rating (26.7%). About 13% had change in tier by 2 tier ratings, about 3% changed by 3 tier ratings, and about 1% changed by 4 tiers.

Figure 7. Distribution of Level of Changes in CANS Tier from Baseline to Follow-up Re-assessment (N=439).



Services for Teens

The Consolidated Youth Services contract through the RI Department of Children, Youth and Families provides an integrated array of services designed to ensure the successful transition of young people from the Rhode Island foster care system to adulthood. The following data is provided for FFY17, July 1, 2016—June 30, 2017.

ASPIRE Initiative

For ages 14-26 (any youth who spent at least one day in a DCYF placement after age 14). Financial education and assistance with setting goals for saving money. $100 toward the opening of an Individual Development Account (IDA), and a dollar-for-dollar match, up to $1,000 per year, toward the purchase of such items as cars, education expenses, housing expenses, health expenses, and investments. 78 asset purchases were made by youth through the ASPIRE Initiative totaling $142,626.71. The top three asset match categories were vehicles, investments, and housing.

Life Skills

For ages 16-21 who are in Rhode Island DCYF out-of-home care or who participate in the YESS Aftercare program. Referral must come from DCYF. Making Proud Choices Sexual Health curriculum, ASPIRE financial education curriculum, Works Wonders™ career development and employment curriculum. Completion of the Casey Life Skills

assessment is the first step towards accessing NYTD services such as financial literacy training, mentoring, normalcy grants, etc.

YESS Aftercare Services (Youth Establishing Self-Sufficiency)

For ages 18-21, who have been closed to the state's Family Court and DCYF on or after their 18th birthday. Assistance locating safe and affordable housing, identifying employment, and/or enrolling in an educational program. Limited funds that help pay for housing and other living expenses (participants become increasingly responsible for their own housing expenses over time). YESS participants increased their hourly earnings by an average of $1.47 between entry and their most recent follow-up.

Real Connections

For ages 8-21, who are most at risk of aging out of foster care without permanent connections. Help connecting to family or important adults that might have been lost during the young person's time in care. Connections to community or personal network mentors and support of that relationship toward permanent connections. 50% of the mentor-mentee matches that concluded service through Real Connections in FFY17 either continued on informally or resulted in a mentee moving in with their mentor.

Teen Grant

For ages 16-21 who are in DCYF-sponsored out-of-home care or who participate in the YESS Aftercare program. Provides grants of up to $300 per year. Teen Grants help youth participate in activities that build self-esteem, improve well-being and help them participate in normal rites of passage activities. 309 youth received a teen grant in FFY17. The items most frequently requested were laptop computers, driving lessons, and tablets.

The Voice Youth Leadership Board

For youth ages 14 to 25 (any youth who spent at least one day in a DCYF placement after age 14). Youth will strengthen leadership and advocacy skills while raising awareness of important issues impacting youth in care. Youth will participate in meetings, plan activities, and provide presentations or testimony on issues important to them. The Voice Leadership Board participated in 22 different events and/or committees throughout the year, including testifying in front of the Rhode Island Senate and House Finance Committees on the Young Adult Voluntary Extension of Care Act.

NYTD Survey

Automatic referral from RICHIST when youth turns 17 while in an out of home DCYF placement during a federal baseline year. Federally required surveys conducted at age 17, 19, and 21 with additional surveys conducted at ages 18 and 20. $25 American Express gift card completion incentive. A new cohort of NYTD survey collection started on 10/1/16. Foster Forward has maintained an 85% survey completion rate among these new 17 year old participants.

Geographic Distribution of CYS Participants in FFY17	#	%
Region 1	491	26%
Region 2	220	12%
Region 3	351	19%
Region 4	612	33%
Out of State	110	6%
Unknown	79	4%
Total	1863	100%

Consolidated Youth Services	# Active in FFY17
ASPIRE FLT (Financial Literacy Training)	82
ASPIRE IDA (Individual Development Account)	381
Life Skills (Assessment & NYTD Services)	587
NYTD (National Youth in Transition Database)	289
Real Connections Mentoring	173
Teen Grant	309
The Voice Youth Leadership Board	8
YESS Intake (Referral & Planning)	226
YESS Aftercare Services	314

Services for Children Under the Age of Five

The Department makes every effort to ensure that appropriate settings and services are available to meet the needs of all children in care, and particularly as it relates to children under the age of five as these youngsters may be considered the most vulnerable.

As of June 2, 2017, there were 584 children under the age of five in foster care settings. The population of children under five represents as approximately 65% white, 19% multi-racial, 13% African American, less than 1% Asian, less than 1% Native American, and 2% undetermined. Twenty-seven percent of children under the age of 5 are Hispanic/Latino. Fifty (50%) percent were in relative care, 31% in generic foster homes, 18% in specialized foster care homes, and less than 1% in a pre-adoption placement or shelter. As of June 3, 2017, there were approximately 167 youth under age five who had been in the care of the Department for more than 16 months.

In FY 16 several key efforts have continued to support the children under 5 population involved with RI DCYF. With the reconvening of the Rhode Island Children's Cabinet in FY 15, ongoing planning has continued in an effort to that support the needs of children Birth to 5 in the child welfare system. The Children's Cabinet is a group of high level state department directors that meet monthly to work toward implementing policies and programs to better meet the needs of Rhode Island's most vulnerable children. The previously established Getting to Kindergarten imitative has been integrated into the Children's Cabinet Birth to 3rd Grade Reading Action plan during the past year. This initiative seeks to have a specific focus on the well-being of young vulnerable children and has a goal of supporting the achievement of reading proficiency for 75% of 3rd graders by the year 2025. To date, a set of goals and a work plan have been developed to begin this work. Staff from the prior ACF grant, now attached to the SAMHSA grant continues to lead this effort within RI DCYF. Broadly the goals of this initiative include: connecting child welfare involved families to Maternal, Infant , & Early Childhood Home Visiting (MIECHV) evidenced-based programs, link vulnerable 0-5 year old children to appropriate screening and developmental programs consistent with the CAPTA mandate and best practice, ensure access to effective special education and developmental supports for 3-5 year old's involved in the child welfare system and equip parents, foster parents and caregivers to facilitate healthy early childhood development. These efforts will continue among state agency partners to strengthen partnership and collaborative efforts on behalf of young children in the child welfare system.

In an effort to sustain the activities of the RI Child Welfare-Early Care and Education ACF Grant, RI DCYF has continued to leverage resources from a SAMHSA System of Care grant to support ongoing work related to the needs of the birth to 5 populations. Grant funded staff from the prior ACF grant provides consultation to casework staff in all four DCYF regional offices to serve as a link to early childhood program and service capacity as well as facilitating referrals to specific evidenced-based Home Visiting programs. This staff person also coordinates the data system, policy initiatives and the CAPTA Liaison position that ensures that children 0-3 who are victims in indicated incidents of neglect or abuse are referred for developmental screening and/or evaluation through the early intervention IDEA Part C system. The goal of these efforts is to ensure that all child welfare involved or at risk children 0 to 5 are provided with the developmental supports to ensure social-emotional stability and early educational success.

The Getting to Kindergarten initiative is also working to address the system level planning for screening, assessment and service delivery needs of child welfare involved children age birth to five. The ongoing approach being used to meet this need is the implementation of a multi-tiered system of supports and services. RI Department of Health continues to promote more effective strategies of implementing developmental screening in health homes that serve the most at risk populations as the first layer of this support system. These Department of Health efforts are coordinated with RI DCYF through the Successful Start Steering Committee to which DCYF has continued to be an active member an active member. In addition to developmental screening being carried out by pediatricians in health settings, grant staff at DCYF has integrated information gathered from surveys of referral practices in other states and has competed revision and approval of the new DCYF Early Childhood Service Referral Policy. This revised policy provides guidance and process directives to DCYF staff on service delivery across the early childhood service spectrum with a particular focus on CAPTA referrals for identified victims of abuse/neglect age birth to 3. This work will result in implementation of practices that will insure a nearly 100% referral rate for children identified as part of the CAPTA mandate. The final tier of this ongoing system includes DCYF working with the RI Department of Education to further implement plans to ensure that Child Outreach Screenings are administered more effectively with children in foster care between the ages of 3-5 years. With one year of an improved data system in place, grant staff at DCYF will now be working to establish a baseline percentage of successful referral and begin to establish targets for improved referral rates to Child Outreach Screening for children age 3-5 in the foster care system.

Targeted Services:

- Early Intervention and First Connections Developmental Screening:

The Department makes referrals where appropriate to Early Intervention and developmental screening service providers. During the calendar year 2016 RI DCYF referred 243 children to the Early Intervention program and 265 children to the First Connections developmental screening program who were involved in an indicated case of maltreatment. These referrals represent 534 referrals combined and represents a 65% referral rate of all the children birth to 3 who were indicated victims of neglect or abuse. During the course of calendar year 2016 data systems that track this population were improved and in early 2017 revised policy was approved that will allow for nearly 100% of children identified in indicated cases of abuse/neglect to be referred for developmental screening or evaluation. Another 333 children were referred by RI DCYF Child Protective Service (CPS) for non-indicated CPS cases. There were 26 children who were already involved with Early Intervention prior to their CPS investigation.

- MIECHV and Early Head Start Home Visiting Services:

As a continuation of the work of the ACF Child Welfare-Early Care Partnership and the continuing Getting to Kindergarten Initiative, grant staff has continued to promote and facilitate referral to the MIECHV Home Visiting programs. These programs include Nurse Family Partnership, Healthy Families America, and Parents as Teachers as well as Early Head Start. During the calendar year 2016 grant staff had facilitated 93 referrals to various programs that serve the prenatal and under one-year-old population. These referrals have continued into 201f and further strategies are being developed to utilize this resource for families where this level of care is appropriate. As of May 2017 grant staff is also working strategically to case match

resources in Early Head Start and the Parents as Teachers Programs for families where children age 1 to 3 years old are reunifying home with parents. These supports can add protective capacity for families and provide transitional support that can remain with the family long after formal child welfare involvement ends.

- Neo-Natal Abstinence Syndrome Task Force:

The Neonatal Abstinence Syndrome Task Force was developed as a part of the Governor's Task Force on Drug Overdose. With the rates of opiate abuse on the rise both nationally and here in Rhode Island the NAS Task Force has worked over the past 2 ½ years to build interagency collaboration to better meet the needs of substance exposed newborns both in and out of the child welfare system. This task force has engaged stakeholders from a broad range community providers and state agencies to systematically address this issue. These stakeholders include representatives from Dept. of Health, DCYF, Medically Assisted Treatment providers, OBGYN Practices, Birthing Hospitals, BHDDH (state agency responsible for adult substance abuse treatment and addiction recovery supports) and other Home Visiting and Early Childhood providers. The Task Force has developed three specific workgroups to focus on prenatal referral and supports, hospital protocols, training for community providers and in 2017 will likely form a subcommittee with a specific focus on NAS babies in the Rhode Island child welfare system. This task force will continue to be active in its work over the next year and seek to strengthen interagency collaboration to support this population. RI DCYF will continue to actively participate in the planning and implementation of this groups work. RI DCYF will also make changes to data collection processes in RICHIST system to better track substance exposed newborns and specifically infants diagnosed with NAS. This will allow for better tracking of needs and services referral processes for this critical population.

Family Care Community Partnerships (FCCPs)

Family Care Community Partnership (FCCPs) agencies, part of DCYF's network of prevention-focused providers, brings community-based services to children and families in order to build a stronger, brighter future. FCCPs focus on the family and wraps the right local services and community programs to build a stronger family. The FCCPs are geographically located:

Region	Urban Core (UC)	East Bay (EB)	Washington Kent (WK)	Northern RI (NRI)
Agency	Family Service of RI	Child and Family Services RI	Tri County Community Action Agency	Community Care Alliance
Cities & Towns	Providence, Central Falls, Pawtucket, Cranston	Barrington, Bristol, East Providence, Jamestown, Little Compton, Middletown, Newport, Portsmouth,	Charlestown, Coventry, East Greenwich, Exeter, Hopkinton, Narragansett, New Shoreham, North Kingstown, Richmond,	Burrillville, Cumberland, Foster, Glocester, Johnston, Lincoln, North Providence, North Smithfield, Scituate, Smithfield,

		Tiverton, Warren	South Kingstown, Warwick, West Greenwich, West Warwick, Wakefield, Westerly	Woonsocket

Services available through Family Care Community Partnerships

Intake Services

Intake services may include an initial behavioral health screening, family assessment, child/youth/family orientation engagement, strengths, needs and cultural discovery, and/or bio psychosocial assessment.

Service Delivery/Implementation

Service Delivery/Implementation services may include development of a risk management plan, crisis stabilization plan, family service plan, team meetings, and transitional meetings

Medical

Medical services include standard, specialized and in-home medical visits, as well as, speech/language and hearing services for parents and children.

Medication

Medication management services for parents or children.

Sexual Abuse/Offending

Sexual abuse evaluation and therapy for parents and children; sexual offender evaluation and therapy for parents and children; and non-offending parent evaluation.

Behavioral Health

Psychiatric evaluation and therapy for parents and children; acute residential treatment, pediatric partial day treatment or psychiatric hospitalization for the child; day treatment or psychiatric hospitalization for parent; home-based therapeutic services for parents and children; and domestic violence services for both perpetrator and victim.

Parenting

Parent education classes, parent skills training and parent aide supports.

Social Supports

Assistance in obtaining housing, utilities, clothing, food bank, furniture bank, heating assistance, child care, transportation, recreation and respite.

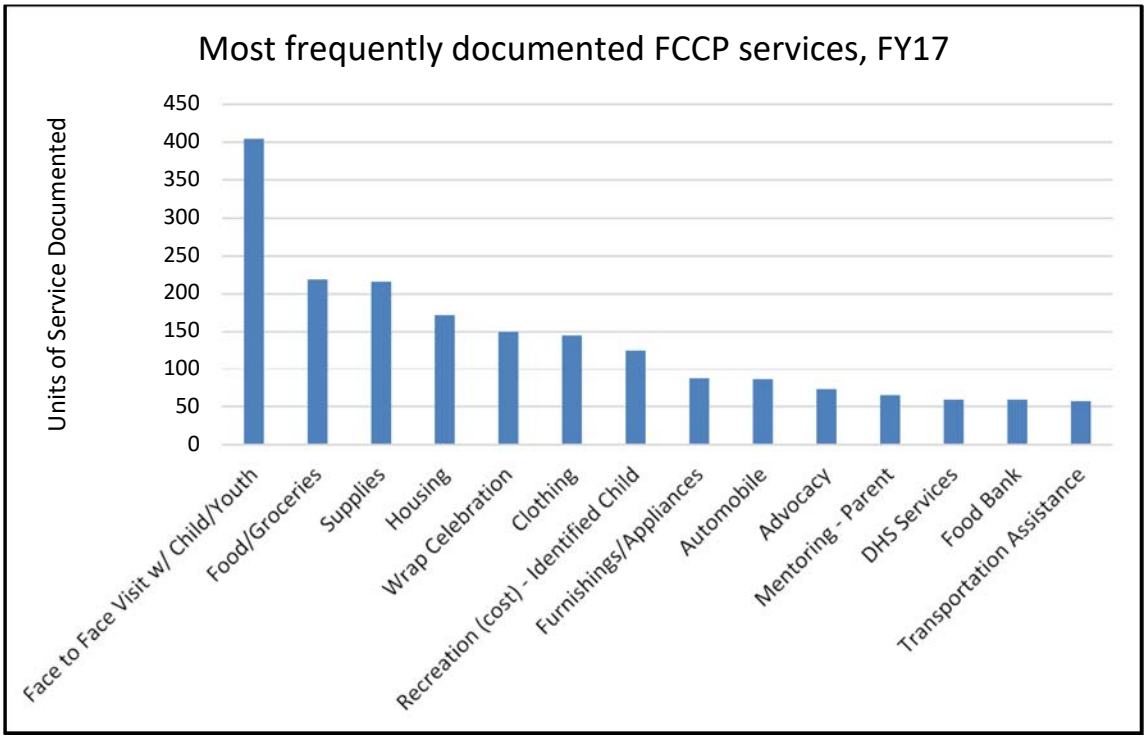
Family Supports

Utilization of natural supports, mentoring for parents and children, translation services, time banks and volunteer programs.

Early Education/Special Education

Early intervention, special education and regular education services.

The most frequently documented services provided by the FCCPs in state fiscal year 2017 are shown in the chart below:



Services available to DCYF clients through Neighborhood Health Plan of RI

Neighborhood Health Plan of RI (NHPRI) is the state's managed Medicaid provider. All youth in foster care are enrolled in this health plan. Services available through NHPRI include:

Respite Services

Specialized consumer-directed services that allow parents/guardians of a child with disabilities and special needs to take time off from caregiving while also helping to avoid or delay the need to place a child in an institutional setting.

Personal Assistance Services & Support (PASS)

Services are provided in the child's home or community setting by a direct support worker to assist children with disabilities and special needs and their families with daily life skills. PASS focuses on improving a child's ability to accomplish the activities of daily life and participate in social situations.

Outpatient Treatment

Short-term, office-based therapy and the lowest level of care. Beacon also contracts with a number of providers that do in-home therapy. Our providers have many specialties, speak several languages, and also include substance use outpatient services.

Outpatient Support Program (OSP)

Outpatient case management services to complement other services already in place for the member (i.e., outpatient therapy).

Ambulatory Withdrawal Management (Formerly Detoxification)

Withdrawal management for chemically dependent members who do not require the structure of an inpatient program, nor do they necessarily require close medical supervision. Ambulatory withdrawal management allows members to remain in contact with a job, and family, thus maintaining their integration within the community.

Home Based Therapeutic Services (HBTS)

Specialized, intensive treatment provided according to an approved individualized treatment plan. Treatment can be available in the child's home and/or community setting. On-going parent participation is required to maximize what is learned during treatment.

Enhanced Outpatient Services (EOS)

Treatment team that can include both a licensed therapist and a case manager. Treatment provided by an EOS team may take place in the member's home or in the community. Based on clinical necessity, EOS can provide up to 20 hours of service per week.

Clubhouses

A peer-led recovery model with a focus on employment, wellness and development of a community support network. This program is available for adults in the Integrated Health Homes and Assertive Community Treatment programs.

Community Psychiatric Support and Treatment (SE & SA)

CPST-SE (Supportive Employment) focuses on individualized treatment plan with goal for member to gain employment. Services include job seeking skills training, job development, job coaching, referral to office of rehabilitation services (ORS), and career counseling. CPST-SA (Substance Abuse) services are community-based interventions designed to address needs of members with co-occurring disorders. Both CPST SE & SA are only available to adults in Integrated Health Homes program.

Integrated Health Homes (IHH)

Evidence-based practices of the patient-centered medical home model and team-based approach. IHH may include comprehensive care management, care coordination and health promotion, comprehensive transitional care from inpatient to other settings, individual/ family support and referral to community and social support services.

Assertive Community Treatment (ACT)

Evidence-based practice, community-based mental health program made up of multi-disciplinary staff, providing services 24 hours per day, 7 days per week. ACT services may include case management, crisis intervention, medication management, work-related services, peer support services and consultation to clients' families and other major supports.

Intensive Outpatient Program Services (IOP)

Clinically intensive therapeutic treatment for members who can be safely treated in a less intensive setting than a Partial Hospital Program but require a higher level of intensity than available in routine outpatient therapy. A traditional site-based IOP must

have at least 3 - 4 program hours daily available at least 3 - 5 days per week. IOP may have a substance use or mental health focus.

Day Treatment Program Services

A structured program focused on enhancing current levels of functioning and skills while maintaining community living. Day treatment declines in intensity as members develop skills enabling them to participate in normal daily activities (i.e., pre-school, school, supported work, competitive work, volunteering, psychosocial rehabilitation programs) or when their treatment needs can be handled in less intensive standard outpatient treatment alternatives. Has either an early childhood or substance use focus.

Partial Hospitalization Program (PHP)

PHPs for adults, children, and adolescents, have program hours for 5 - 7 hours a day at least 5 days per week and are used as a diversion to higher levels of care or as a step-down to reinforce stabilization. PHP may have a substance use or mental health focus.

Mental Health Psychiatric Rehabilitation Residences

Adult group home and apartment programs with 24 hour staffing and support to provide services which may include mental health therapeutic and rehabilitative services, medication management, educational activities, daily living skills training, social skills training and transportation.

Substance Use Residential Treatment

A 24-hour level of care (LOC) for members with a primary substance use disorder who are in early recovery. Residential Treatment provides individual and group treatment. This LOC maintains the least restrictive environment that allows for normalization.

Acute Residential Treatment Services

A community-based, short-term hospital step-down or diversionary service that provides complete psychiatric evaluation and treatment on a 24-hour basis in a staff-secure setting.

Crisis Stabilization Services

Provides continuous 24-hour observation and supervision for members who do not require the intensive medical treatment of hospital care

Observation Beds

Allows time for extended assessment or observation and are utilized when additional information about the member’s condition is likely to result in a more appropriate referral to a less intensive level of care. Observation beds are generally used for a duration of 24 hours or less.

Inpatient Psychiatric Treatment

The most intensive level of care, inpatient services are used to stabilize individuals who are experiencing an acute psychiatric condition with sudden onset and short, severe duration.

The department has implemented a Central Referral Unit (CRU) to coordinate referrals to ensure the right services are provided to the family. The Community Services & Behavioral Health Division's new Central Referral Unit (CRU) was developed to connect children in DCYF care to the right services at the right times. The CRU is responsible for facilitating referrals for

both in-home services and out-of-home placements. It is staffed by clinicians and support workers.

The Central Referral Unit maintains a single point of access for youth and families requiring services. A single point of access will allow for services to be more closely matched with needs and families will receive the same access to needed services.

The Central Referral Unit works with primary workers to ensure services are highly individualized and targeted to address the particular needs or goals for each child and family.

The state's assessment of the systemic factor of service array is a strength. The state has significantly increased the number of home based services available to children and families including doubling the number of programs rated as well-supported, supported or having promising research evidence. Contracts were developed to ensure positive outcomes for children and families by ensuring that stand-alone home-based services, stand-alone placement-based services, and integrated home-based and placement-based services improve long term outcomes for children and families in its care. The state monitors the performance of these contracts through our quality assurance system and active contract management. The department acknowledges that the service array is a work-in-progress and requires continual adjustments to maintain maximum effectiveness such as addressing waitlists and increasing the number of available foster homes for children and youth.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

As described in Item 29: Service Array, over the past several years, the department has made a strong investment in allocating resources to improve long term outcomes for children and families in DCYF care. During the most recent procurement in March 2016, the department was very specific in the Request For Proposals (RFP) that the Department was seeking to build upon its strengths and improve performance in the following priority areas:

- Strengthening families to increase proportion of children who can be safely maintained in their own homes,
- Increasing care in family settings,
- Improving placement and permanency outcomes for adolescents, and
- More consistently sustaining reunification.

The RFP required providers to include in the technical proposal a description of the specific service, or set of integrated services, the Offeror proposed to provide. DCYF sought proposals that presented a service model that was aligned with child welfare best practices, individualized and strengths-based, and comprehensively described, inclusive of detail on clinical philosophy, service components, intensity and duration of service, frequency and setting of client engagement, risk management, and staffing strategy and staffing ratios for service delivery, supervision, and administration. The RFP also stated that DCYF sought proposals that:

- offered child-centered, youth-guided and family-driven service-planning;
- detailed specific methods and anticipated timelines to select, enroll, and retain program participants;
- manage referrals when clients are not deemed appropriate for the proposed service intervention, and
- described a specific, systematic process for recommending the type, level and/or duration of assistance for each program participant.

The RFP requested that providers offer specialized programming to sub-populations with specific needs including:

- Children and youth with developmental disabilities,
- Children and youth with complex medical needs,
- Children and youth with problem sexual behavior,

- Adolescents with severe behavioral and mental health needs,
- Families in which caregivers have co-occurring substance abuse, domestic violence, and/or mental health needs, and
- Families with pregnant or parenting youth,
- Youth involved in gang activities,
- Justice-involved youth,
- Etc.

The results of this procurement are described in Item 29: Service Array. Individualization of home-based services begins with the completion of a home-based needs form. This form is completed by the social worker and, along with a conversation with the worker, assists the Central Referral Unit (CRU) in determining the most appropriate service(s) to refer the family to. Once referred, the provider is required to develop an individualized treatment plan for the family. Some examples of individualizing services includes:

1) A female youth who had been placed out of state was stepping down to a kinship foster family in state. Preserving Family Network (PFN) services were put into place to support the success of the placement. It became apparent that the traditional level of PFN services would not be sufficient to ensure the success of the placement and the department and provider increased the number of hours available to support the needs of this particular youth.
2) In multiple cases, foster care support service providers have responded within hours to support placements that would have otherwise disrupted. A provider also sent staff out to a new foster care placement daily over a holiday weekend to ensure that the foster parents and youth were supported.
3) Youth with service needs that are most appropriately matched with a specific program, such as PPP (Positive Parenting Program), may also have other services, such as EFSS (Enhanced Family Support Services) added as an additional support.

The placement process for youth begins with the completion of a Level of Need (LON) assessment by the social worker. This LON is a condensed version of the Child and Adolescent Needs and Strengths (CANS) assessment. The LON was developed in conjunction with the Consultation Center at Yale and results in a tier score identifying the service level need of the youth. The five tier scores are:

PLACEMENT RECOMMENDATIONS		
Tier 1	Psychiatric Hospital ARTS Residential Treatment with on campus school Juvenile Justice Residential Treatment Specialized Residential Treatment Kinship Home w/intensive supportive services DCYF Foster Care Home w/intensive supportive services Specialized Foster Home with additional supportive services	In order to place a child at this level of care, lower levels of care and current community based services do not meet the treatment needs of the youth. Placement decision should be informed by the presenting risk behaviors and needs; e.g., a child meeting Risk criteria based on imminent suicide risk should be placed in a facility w/24 hour psychiatric with protections against that risk; a child meeting criteria based on their Developmental level would be most appropriate for a DD specialized program; Substance Abuse ratings would demonstrate

		the need for a program capable of providing such services, etc.
Tier 2	Staff Secure Residential Treatment Juvenile Justice Residential Treatment Specialized Residential Treatment Kinship Home w/moderate to intensive supportive services DCYF Foster Care Home w/ moderate to intensive supportive services Specialized Foster Home	In order to place a child at this level of care, lower levels of care and current community based services do not meet the treatment needs of the youth. Youth cannot live with their families and have not been successful in community-based, home-like settings and require 24-hour care. Placement decision should be informed by the presenting risk behaviors and needs.
Tier 3	Kinship Home w/supportive services DCYF Foster Care Home w/supportive services Specialized Foster Home Group Home Specialized Group Homes	In order to place a child at this level of care, lower levels of care and current community based services do not meet the treatment needs of the youth. Youth cannot live with their families and have not been successful in community-based, home-like settings and require 24-hour supervision. This level is also for youth who are considered medically fragile or developmentally disabled. Extensive training may be needed for a foster parent to provide an adequate level of care for children in this tier. Placement decision should be informed by the presenting risk behaviors and needs.
Tier 4	Kinship Home w/supportive services DCYF Foster Care Home w/supportive services Specialized Foster Home Semi-Independent Living Independent Living w/supportive services	Basic and routine care required for a child who comes from a neglecting or abusing family. It is expected that basic care will include bringing the child into the regular, daily life of the family and providing 24 hour/day adult supervision. There may be additional competency trainings required for foster parents who care for children at this level. Youth may require additional supportive services based on presenting risk behaviors and needs.

Tier 5	Kinship Home DCYF Foster Home Independent Living	Basic and routine care required for a child who comes from a neglecting or abusing family. It is expected that basic care will include bringing the child into the regular, daily life of the family and providing 24 hour/day adult supervision. This level also includes youth living independently.

The tier score provides a guideline for the referral unit but is not proscriptive. Youth with a tier score of 1 or 2 are not automatically placed in residential or congregate care if a lower level of care and additional supportive services can be put into place to meet the therapeutic needs of the youth. The LON tier score also provides input to providers in the development of the individualized treatment plan.

Familias Unidias is a new program that department is in the process of implementing. Familias Unidias is a culturally specific Spanish language family-based intervention preventative to promote protection against, and reduce risk for, behavior problems, illicit drug use, alcohol use, cigarette use, and unsafe sexual behavior in Hispanic youth and adolescents. The program also increases attachment to families and schools and is led by trained Hispanic/Latino facilitators. The program is culturally specific and engages Hispanic parents/caretakers in an empowerment process in which they first build a strong parent-support network and then use the network to increase knowledge of culturally relevant parenting, strengthen parenting skills, and then apply these new skills in a series of activities.

Several DCYF programs are provided in languages other than English. These include: Child and Family Service's Family Centered Treatment (FCT) available in Spanish and Portuguese. Key Program Enhanced Family Support Services (EFSS) and Positive Parenting Program (PPP) in Spanish. NAFI provides Multi Systemic Therapy (MST) in Creole/Cape Verdian and Parenting with Love and Limits (PLL) in Spanish. Youth Advocacy Program services are available in Spanish, Portuguese, and Haitian Creole. Tides services are available in Spanish and the Providence Center provides Multi Systemic Therapy (MST) in Spanish.

Regarding the individualization of services to meet the unique needs of children and families served by the agency, Rhode Island's assessment is an overall strength. The state was specific in the procurement and contracting for services that providers must offer specialized and individualized programming. Providers have demonstrated the ability and willingness to adjust the intensity and duration of their programs to meet the needs of clients. The department has been able to wrap multiples services together when appropriate to support families.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

> Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

State Response:

DCYF strives to be responsive to the community and engage in ongoing consultation with child welfare stakeholders in a variety of ways to implement the provisions of the Child and Family Services Plan (CFSP) and developing related Annual Progress and Services Reports (APSRs).

To kick-off the Child and Family Service Review (CFSR) Statewide Self-Assessment, the Department hosted an internal and external stakeholders' conference held on June 8, 2017 at a conference space at Amica Insurance Company in Lincoln, Rhode Island. The half-day conference included an overview of the CFSR and Statewide Self-Assessment and was attended by a variety of Rhode Island child welfare stakeholders, including representatives from the following groups: DCYF, Family Court, Child Advocate's Office, Rhode Island General Assembly, Narragansett Tribe, Rhode Island College School of Social Work, the federal Children's Bureau, provider agencies, foster parents, as well as parent and youth representatives.

Tribal Representatives

The Narragansett Indian Tribe is the only federally recognized tribe in Rhode Island. The tribe was federally recognized in 1983 and controls 1,800 acres of reservation trust lands in Charlestown, Rhode Island. They currently have approximately 2,000 recognized members.

The Narragansett Tribe does not operate its own child welfare system and relies on the Department to assist with all child welfare functions. DCYF and Narragansett Tribe representatives have agreed to use the DCYF policy, *Implementing the Indian Child Welfare Act,* as a basis for a State-Tribe agreement. This policy reflects the understanding between the Department and the Tribe as it relates to the responsibility for providing protections for Tribal children who are in state custody, as referenced in Section 422(b).

DCYF has a standardized process used to gather input from the Narragansett Indian Tribe. This process is based on the Bureau of Indian Affairs (BIA), Indian Child Welfare Act (ICWA), and In-Demand Training (2016). DCYF notifies, exchanges information, and consults directly with Tribe representatives Wenonah Harris and Anemone Mars. The DCYF Liaison ensures that

notification is made to the Tribal Liaison when a family who identifies as Native American enters the DCYF system. In addition, bi-monthly meetings are held to discuss general practice, as well as to review specific families when needed. Regular phone and e-mail contact occurs between Tribal representatives and DCYF staff responsible for the coordination of care and services to each family.

Recent meetings with the Narragansett Tribe have focused on the new ICWA reporting requirements, awareness training, tribal member verifications, Indian child removal and placement reviews, permanency planning, grant opportunities, Title IV-E issues, among other topics.

The Tribe hosted a one day ICWA Workshop on January 11, 2017, at the Alton Jones Campus, Whispering Pines Conference Center in West Greenwich, Rhode Island. The workshop was well-received and was attended by key child welfare stakeholders from across the state.

Consumers

There are several initiatives and programs that seek to engage consumers in ongoing collaboration around DCYF policy and practice.

The Voice is the DCYF's Youth Advocacy & Leadership Board and provides young adults, ages 14-24, a platform to use their experiences in out-of-home-care to create and facilitate positive change in the child welfare system. As DCYF's identified youth advocates for youth in the care of the Department, the mission of The Voice is to raise awareness of youth indicated issues within the system, and to seek to empower, educate and promote youth voice and choice, using a youth to youth approach. The Voice has provided input on DCYF's implementation of the normalcy provisions of the *Preventing Sex Trafficking and Strengthening Families Act*, including drafting a "Normalcy Bill of Rights" that the Director intends to sign in early 2018. The Voice has also provided advocacy and input on ways DCYF can improve opportunities and services for youth transitioning to adulthood. This includes organizing a Work Group of child welfare stakeholders (that included DCYF staff) to explore the possibility of extending foster care beyond age 18.

The ASPIRING Young Leaders Program (AYLP) was built locally in Rhode Island to mirror a national youth leadership training provided by The Jim Casey Youth Opportunities Initiative. This three-day program builds upon strengths of youth who have experienced foster care and empowers young leaders to succeed by enhancing their communication, self-advocacy, and strategic sharing skills. Budding young leaders come together to learn how to build relationships and work as a team. AYLP serves as a development program for the youth coming into The Voice. It augments and supports the mission of the work and is an example of a leveraged opportunity through Foster Forward.

DCYF also collaborates with Parent Support Network of Rhode Island (PSN), an organization led by parents who have lived experience with children who have behavioral health challenges, including some parents who have had children involved with DCYF due to child protective issues. PSN leads several programs that support that engage both parents and youth in policy discussions:

- Youth Speaking Out (YSO) is a group led by PSN made up of youth up to age 25 years old who have personal experience living with a mental health challenge and/or are currently or formerly involved with DCYF or other systems. YSO seeks to make a positive impact on Rhode Island's child and family serving systems. PSN staff and YSO youth helped advertise and attended a state house event to educate policy makers and the public about extending foster care beyond age 18 in Rhode Island.
- Leadership, Equality, and Advocacy for Dad's (LEAD) holds monthly father leadership and support meetings and has a leadership team made up of fathers, social service

stakeholders, and representatives from state agencies, including DCYF. PSN staff and LEAD are currently working on establishing parent education training for fathers in prison and at the Rhode Island Training School. A bi-annual Fatherhood summit was also established to allow fathers and professionals to share feedback and recommendations for the future of fatherhood practice in Rhode Island. The first summit was held in October 2017 and attended by representatives from social service providers, community members, and state agencies, including DCYF.

Service Providers

DCYF maintains an open dialogue with our provider community around best practices to improve the effectiveness of the state's child welfare system.

Over the past two years, the Department has engaged with stakeholders to solicit input on its strategy to achieve better results for the children, youth, and families in its care. The Department hosted several events over the past year that brought together child welfare stakeholders. This includes two summits held in the fall of 2016 and early 2017 on DCYF's proposed Recruitment, Development, and Support (RDS) Unit that included providers, foster parents, and youth representatives. In May 2017, DCYF also co-hosted (with a provider agency) a public screening and forum on secondary trauma.

In 2015, the Children's Justice Task Force developed a survey which was disseminated through Survey Monkey to constituencies of the Task Force membership (key stakeholders in community). The survey provided a list of areas relating to activities and functions that can help to reduce maltreatment across the system:

- multidisciplinary training;
- coordinating different court systems;
- greater attention to domestic violence;
- confidentiality laws and barriers;
- increasing supports for families with children with severe disabilities; and
- develop more partnership between (DCYF) child protection/family service units and police;

Survey responders were asked to select and prioritize two areas for systems improvement and to provide their thoughts as to strengths and what could be improved in each of their selected areas. Additionally, responders were asked to provide their comments as to what changes they would expect to see in their selected areas as a result of improvements that may be made.

There were 156 responses to the survey which included representation from Family Court, prosecutors, defense attorneys, Child Advocate, medical professionals, mental health professionals, Child Protective Services, law enforcement, District court, victim advocates, DCYF caseworkers and supervisors, and domestic violence advocates. The three areas that were identified as priorities for systems improvement were: Greater Attention to Domestic Violence (28% of respondents); Develop more partnership between child/protection/family service units and police (19%); and Multidisciplinary Training (17%).

These results led the Department, through a competitive procurement process, to enhance and expand services, supports, and resources that have a high likelihood of improving the safety, permanency, and well-being for children and families served. In March 2016, incorporating feedback from the survey, the Rhode Island Department of Administration/Division of Purchases, on behalf of DCYF, issued a request for proposals (RFP) to provide stand-alone home-based services, stand-alone placement-based services, and integrated home-based and placement-based services that improve long term outcomes for children and families in its care.

As a result of the procurement, the Department has more than doubled the number of home and community based services through its re-procurement, for a total of 32 services. Of these services, six (6) were rated as either well-supported, supported or having promising research evidence by the California Evidence-Based Clearinghouse for Child Welfare. These services include: Functional Family Therapy (FFT); Homebuilders; Multi-Systemic Therapy for Problem Sexual Behaviors (MST-PSB); SafeCare; Wendy's Wonderful Kids; and Treatment Foster Care of Oregon.

DCYF has developed a DCYF Service Provider Guide is a registry of the Department's home-based services, specialized foster care services, licensed residential group care services, and independent living services funded by DCYF. This Guide has been developed to assist in the identification and understanding of the resources available for children and families served by DCYF. The DCYF Service Provider Guide is designed to offer descriptions of the different services provided as well as best fit criteria, exclusionary criteria, and other relevant factors that would be helpful when you are considering services for your children and families. DCYF held provider fairs across the state for DCYF staff, community providers and partners to learn about the new services array and how to access these services.

Director Piccola has maintained DCYF's engagement with the Rhode Island Coalition for Children and Families, an advocacy coalition made up of DCYF provider agencies. In addition, DCYF's consultants (Harvard, Annie E. Casey, Casey Family Programs) have engaged in conversations with providers regarding the services they deliver for our children and families. These discussions have provided opportunities to review the goals and objectives articulated in the CFSR and obtain feedback on how we are perceived to be doing and how we might be able to be more effective.

In addition, DCYF, with support by Harvard Government Performance Lab, has developed a framework called Active Contract Management (ACM), in which the Department shares data with providers on outcomes and process measures relevant to the services they provide. The team then works together to find solutions and make improvements on those outcome areas and track progress. This is a concept that has shown good results with our Family Care Community Partners (FCCP), where ACM has been successful in improving assessment completion times and timeliness of first face-to-face visit with the family. The Department recently expanded the ACM process with group home and semi-independent living providers for teens where we hope to achieve similar successes.

Foster Parents

The Department maintains engagement and collaboration with foster parents in a variety of ways. Through the Diligent Recruitment grant evaluation work, a survey of DCYF foster parents was conducted in 2014. The results of this survey have been used to inform DCYF's licensing and foster parent support practices. For example, the survey results revealed that many foster parents didn't feel like they had the information they needed to guide them through the licensing process. In response, DCYF developed a kinship licensing guide and that is now being updated for non-kinship providers so all foster families have the information they need in family-friendly language. Also in response to the survey findings, DCYF now offers trainings at more locations across the state so it is more convenient for foster parents.

In addition to this survey, the Department has held several focus groups over the past year with foster families. These focus groups were a chance to solicit feedback from foster parents about ways in which the agency can better support their needs. The Department used feedback from foster parents to inform the Foster and Adoptive Regulations for Licensure, which were amended in early 2017.

DCYF also holds regular meetings with the Village, a grassroots organization founded by foster and adoptive families. The mission of the Village is to contribute to the development and maintenance of a robust network of healthy, committed, and well-trained resource families for children in Rhode Island needing out of home care. DCYF uses these meetings as an ongoing forum to hear from foster parents about their experiences.

Family Court

The Department engages in regular and ongoing communication with the Family Court. Director Piccola, who began as Director in February 2017, has a positive and productive working relationship with the Chief Judge Michael Forte since arriving at DCYF. The Director and the Chief Judge meet monthly and communicate by phone regularly to share ideas and troubleshoot issues.

The open line of communication between the Family Court and DCYF has led to improvements in practice. For example, the Family Court worked closely with DCYF over the summer of 2017 by holding a special court calendar to review the case plans for youth with a permanency goal of Another Planned Permanent Living Arrangement (APPLA). Another example of this collaboration is a new initiative, where the Family Court Juvenile Services Intake Unit can access DCYF funded home-based services for youth who are not open to DCYF.

DCYF also works collaboratively with the Rhode Island Family Court's (RIFC) Court Improvement Project (CIP) on the Trauma-Informed Systems Project. In collaboration with DCYF and with two dedicated Judges working on this specialized court calendar, each youth identified by the court and DCYF as benefitting from a comprehensive evidenced-based trauma-informed mental health evaluation will be referred to the Mental Health Clinic at the RIFC. To qualify for an initial trauma screen, the youth must be between ages 8 and 14 and in out-of-home placement; and have parent/s with new, open dependence/neglect/abuse (DNA) petitions on one of the RI Family Court's DNA calendars currently at the pre-trial stage.

Accordingly, the RIFC Mental Health Clinic will collaborate with DCYF for the collection of collateral records and to receive input from the DCYF social worker on the DCYF screenings to date. Additionally, psychiatric consultation with a child psychiatrist will be available for each youth as needed and will include a thorough medical and psychiatric history including review of psychotropic medications. Parents or the legal guardian will also be included in the evaluation procedures

All court staff and DCYF personnel who may participate in the Trauma-Focused Track will be offered the opportunity to receive trauma-informed training specifically focused on youth involved in the child welfare system. This involves either a full two-day training or four half-day trainings.

Overall Assessment

DCYF has shown areas of strength and weakness in engagement with the community and consultation with stakeholders. Operating in a small state, regular communication between the Department and providers, the Family Court, the Narragansett Tribe, and other child welfare stakeholders often occurs organically and informally. While this lends itself to regular opportunities for feedback, DCYF could do more to engage children and families in policy and practice discussions. One way that DCYF is hoping to address this during 2018 is by re-establishing advisory boards of families who have been involved with DCYF. The establishment of regional Family and Community Advisory Boards (FCAB) is included in the request for proposals for the Family Care and Community Partnerships (FCCP's) that was issued in December 2017.

Item 32: Coordination of CFSP Services With Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

> Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

The Department continues to work collaboratively with the sister state agencies under the Executive Office of Health and Human Services (EOHHS) to coordinate efforts for families in need of basic needs assistance, early child development services that are supported through the Maternal Child Health Home Visiting (MCHHV) programs with the Department of Health (DOH), Head Start and Early Head Start through the Department of Human Services (DHS), other Medicaid covered services through EOHHS, and importantly, with the Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH), which provides adult mental health services, and behavioral health services for adults and youth. Additionally, DCYF continues to work close with EOHHS agencies on the EOHHS Data Warehouse project which provides opportunities for ensuring that services between and among agencies are not duplicated at the client and systems level and for more effectively analysis of system level service delivery.

Children's Cabinet

Director Piccola sits on the Rhode Island Children's Cabinet, now chaired by EOHHS Secretary Eric Beane. One of the aims of the Children's Cabinet is to be creative and efficient in funding initiatives for children and youth by improving coordination across state Departments. This Cabinet includes the Governor or designee, the Directors of all the EOHHS agencies (DCYF, DOH, DHS, and BHDDH) as well as the Commissioner of Elementary and Secondary Education, the Commissioner of Post-Secondary Education, the Child Advocate, and the Directors of Administration and the Department of Labor and Training.

Early Childhood

MIECHV and Early Head Start Home Visiting Services:

As a continuation of the work of the ACF Child Welfare-Early Care Partnership and the state's Getting to Kindergarten Initiative, DCYF staff has continued to promote and facilitate referral to the MIECHV Home Visiting programs. These programs include Nurse Family Partnership, Healthy Families America, and Parents as Teachers as well as Early Head Start. During the calendar year 2016 grant staff had facilitated 93 referrals to various programs that serve the prenatal and under one-year-old population. These referrals have continued into 201f and further strategies are being developed to utilize this resource for families where this level of care is appropriate. As of May 2017, grant staff is also working strategically to case match resources in Early Head Start and the Parents as Teachers Programs for families where children age 1 to 3 years old are reunifying home with parents. These supports can add protective capacity for families and provide transitional support that can remain with the family long after formal child welfare involvement ends.

Race to the Top Early Learning Challenge:

This grant officially ended in December 2015, however, many of the activities will continue through the ongoing efforts of Exceed, Rhode Island's early childhood commitment:

- DCYF recently promulgated its Child Care Center and School Age Program Regulations. This is the result of 14 months of public input, focus groups, workshops and community meetings to gain stakeholder input.
- State funded Pre-K has been expanded to 60 classrooms in the coming year, providing 1,080 slots of quality preschool for RI's youth.
- High quality professional development and technical assistance is still available at no cost to center based and family child care home providers.
- DCYF, DHS, DOH, and RIDE continue to work together to ensure ongoing alignment, consistency, and stability in the system.

Early Intervention Interagency Coordinating Council (ICC) Child Welfare Committee:

The Department is represented on the ICC and works with members to promote understanding and better coordination of services involving children under the age of three who are involved with the child welfare system. A Child Welfare Committee has continued to meet monthly to focus attention on improving activities at the practice level between Department social workers and EI providers. The Goals of this Committee are as follows:

- Ensure coordination of services for referrals from DCYF to EI.
- Review DCYF and EI policies and staff training to ensure all children under 3 with a substantiated case of child maltreatment, who are eligible, are referred to EI.
- Improve data collection on this population as well as referrals, screening, eligibility determinations and participation in EI.
- Improve the practices of EI providers serving children in foster care to ensure providers are effectively able to address parenting practices with very vulnerable families.
- Identify the resources currently used to meet the developmental needs of children under age 3 with a substantiated case of child maltreatment who are not eligible for EI or whose families do not choose to participate in EI
- Review the state's resources available to young children under 3 who are victims of maltreatment and make recommendations regarding the feasibility and appropriateness of expanding eligibility for EI services so that all children within the child welfare system are automatically eligible to receive EI services and are contacted and encouraged to participate.

The ICC-Child Welfare Committee has continued to play a central role in development of DCYF policy that guides the referral process to Early Intervention services. As a result of the guidance of this group and work integrated with the Getting to Kindergarten Initiative, RI DCYF has developed a dedicated Access Database to track the referral of child welfare involved children birth to 3 to the early intervention service system. These improved data collection processes demonstrated that there was a slight improvement in the referral rate (65%) to EI services of children under 3 that were subject to an indicated incident of abuse or neglect. In the coming year, RI DCYF will implement the newly revised DCYF Early Childhood Service Referral Policy which will greatly improve the rate of referral to developmental screening and assessment. Coordinated efforts will also continue as part of the Getting to Kindergarten Initiative to refer families that are determined as not eligible for EI to other Home Visiting programs that support development and child well-being.

Education

DCYF continues to be engaged in discussions with the Rhode Island Department of Education (RIDE) about better sharing data and ensuring that the educational needs of foster children are being met. This includes discussion about how we can work to ensure that children can remain in their home school district if they enter foster care. DCYF also continues to work the Office of Post-Secondary Education (where the former RI Higher Education Assistance Authority is now housed) on improving post- secondary education outcomes for youth in care through our jointly managed DCYF Post-Secondary Education Tuition Assistance Program and other efforts to focus on these outcomes.

Housing

The Department continues to take a leadership role within the state's Housing and Homelessness Prevention Community. DCYF's Director is a member of the Interagency Council on Housing and Homelessness, which is charged with developing and implementing strategies and programs for assuring a coordinated, effective response to reducing homelessness in Rhode Island. The Council is responsible for coordinating services for the homeless among state agencies, community< based organizations, faith< based organizations, volunteer organizations, advocacy groups and businesses, and for identifying and addressing gaps in services to the homeless. DCYF is also a member of the state's Continuum of Care Committee and sits on the Unaccompanied Youth Work Group.

Medicaid

The Department continues to provide access to health insurance coverage for youth exiting care through the Post Foster Care Medicaid Coverage Group. The Affordable Care Act (ACA) extended the Post Foster Care Medicaid coverage group ("Chafee Medicaid") to youth who aged out of foster care until the youth's 26th birthday became a reality. DCYF automatically enrolls youth aging out in Post Foster Care Medicaid as soon as the youth's case closes to Family Court.

Simultaneously, the Department continues to look at the current state of healthcare coverage and services for all children and youth involved with the Department, identify the challenges to ensuring that their healthcare needs are being met effectively, and develop and implement a plan of action to overcome these challenges.

DCYF participates in Rhode Island's State Innovation Model (SIM) Test Grant, which is a grant project funded by the federal Centers for Medicare and Medicaid Services (CMS). The state received $20 million with the expectation that the funds would be used to transform the way healthcare is delivered and paid for. SIM funds are supporting several activities that can be broken into three categories: improving the primary care and behavioral health infrastructure, engaging patients in positive health behaviors and self-advocacy, and expanding the ability of providers and policy makers to use and share data.

Rhode Island SIM is led by a team of staff from several state departments, including the EOHHS, the Departments of Health, Human Services, DCYF, Behavioral Health, Developmental Disabilities, and Hospitals, Medicaid, HealthSourceRI, and the Office of the Health Insurance Commissioner. SIM is also governed by a Steering Committee made up of a diverse range of stakeholders, including providers, insurers, patient advocates, and community organizations.

Overall Assessment

Coordinating with other federal programs is an area where DCYF has made improvements during the past several years. The establishment of the Children's Cabinet and the oversight provided by EOHHS has fostered better communication and collaboration between state

agencies who administer federal programs serving the same populations. The families that DCYF serves rely on other state agencies and programs for critical supports and services. The Department recognizes that clients are most effectively and efficiently served when there is a coordinated effort among state agencies to provide services.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

> Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

All significant aspects of the Rhode Island's foster and adoptive parent licensing, recruitment, and retention systems are standardized across the state and applied equally. Rhode Island DCYF has a centralized foster care licensing division that is responsible for and oversees licensing for the four geographic regions within the State. As the state's licensing authority, DCYF reviews and approves all licenses through a rigorous and balanced process.

Licensing Specialists and private agencies are trained on the requirements for licensing. Their review includes a comprehensive checklist of requirements, and thorough review of the content of the required documents. Once the Licensing Specialist has sent the licensing file for approval, the supervisor conducts an additional review to ensure all regulatory components are met. In order to ensure that all licensing requirements are met, the submitted licensure file is reviewed by the supervisor for approval. DCYF staff review all applications, submit forms, and track each provider's progress through the licensing process to ensure accountability and safety. Ongoing case management and data tracking identifies trends in licensing barriers, and where additional efforts are needed. Licensing Specialists are also well informed of waiver and variance processes, which requires two-level approval. Forms and the process for the waiver and variances are also available on the RI DCYF website.

In 2017, there were 423 new foster care licenses issued.

As of March 26, 2018 there is a total of 761 active foster care licenses. Of those active licenses:

- 242 are relative/kinship licenses
- 258 are non-kinship licenses
- 261 are private agency foster care licenses

The DCYF licensing process does allow for waivers and variances, provided that the waiver or variance in no way jeopardizes the health, safety or well-being of children. A variance or waiver is more strongly considered when a provider has demonstrated that the requirement to be waived or varied will not impact the care of the child(ren), will help support or facilitate the placement of siblings, etc. These determinations are made on the best interest of the child while balancing the integrity of the licensing process. A written request must be made, and the DCYF provides a form with required information. This includes, but is not limited to: information regarding the regulation to be varied or waived, explanation as to why the regulation cannot be

met, the steps the provider has taken to mitigate the issue, and additional context as relevant to the process. The administration of Licensing reviews the waiver requests and considers the intent of the regulation, and if such a proposal will still work to meet the intent.

In congregate care settings, age allowances are requested and granted often, as youth age out of an individual program while a transition to the next program is still in process. These are time limited to no more than 90 days. Otherwise, waivers and variances are rarely requested or granted.

In 2017, there were five (5) foster care licenses variances granted. Of those five (5) variances:

- Four (4) were granted for training as the requirements were met through other jurisdictions or through previous experience as a foster parent.
- One (1) was granted for a bedroom arrangement.

In order to insure the quality of care provided to the child who is placed outside his/her home, RI State law (42-72.1) mandates that all foster homes be licensed by the Department. The Department has developed specific procedures for processing foster home applications in an effort in insure that each foster home meets minimum standards of health, safety and care.

Prospective foster homes must complete an application. Criminal records checks must be completed on every individual living in the home who is eighteen (18) years of age or older. Additionally, a search of DCYF records is done to determine if there has been previous involvement with DCYF and the nature of the involvement. A fire inspection must be conducted on the home or apartment. A certificate of conformance for lead is required for homes built prior to 1998. A physician's reference must be completed.

The prospective foster parent must participate in a course of pre-service training as well as a home study conducted by one of the Department's licensing workers. Kinship and non-kinship caregivers receive different training modules. The DCYF utilizes TIPS-MAPP for most non kinship foster parents, and has also developed a more accelerated training model, with input from national experts, for use during our recent Foster Parent Recruitment Weekend Event. Kinship caregivers attend two sessions of training specific to the experience of a kinship caregiver. All foster providers receive a SAFE home study, where non-kinship providers receive further focus on the matching component, and kinship caregivers receive more focus on the status of the child-specific placement in their home.

In 2017, Rhode Island’s foster care licensing regulations were revised. Through working with stakeholders in the community and private agencies, Rhode Island DCYF received considerable feedback on our regulations. There were questions about intent, measurability, and application of different regulations. After the promulgation of the new regulations, DCYF immediately heard from the provider community that they had a better sense of what was required. Overall, the prior foster care regulations were viewed as subjective and did not provide enough information and guidance. The revisions aimed to provide more objective language and clearer requirements for licensure. In addition, there is a guidance document that provides further information on the licensing requirements and can be updated to meet the needs of the users. This guidance document is available online on Rhode Island DCYF’s website.

Rhode Island’s assessment of the performance of this item is rated as a strength. Rhode Island applies its foster care standards equally across the state and is making efforts to improve the

licensing regulations to ensure that they are clear, objective, and provide guidance for those applying for a license.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

The state has implemented standards for foster and adoptive parents that meet national requirements. In accordance with state and federal laws and regulations, all adult household members must meet state, national and child welfare background checks. In order to be licensed as a Rhode Island DCYF Foster and/or Adoptive Home, Criminal records checks must be completed on every individual living in the home who is eighteen (18) years of age or older. The criminal records check includes a Rhode Island BCI clearance that is conducted on all household members and national criminal records checks (fingerprinting) on all household members age 18 and older.

The DCYF policies for both criminal and Child Protective Services background checks have a defined list of automatically disqualifying factors, in three different tiers. In the case of kinship placement, when a disqualifier is found, the worker conducting placement will review to see if the context around the charge or indication is such that it can be mitigated. Examples of how a disqualifier could potentially be mitigated are:

- Mental health and/or substance treatment to address the disqualifier (e.g. substance abuse counseling if the disqualifier was a misdemeanor criminal charge related to substances).
- Excessive time lapsed (how long ago was this foster or adoptive parent criminally charged? How much time has lapsed since the charge in question occurred?)
- Type of crime (e.g. was it a violent crime against another person?)
- Age of the child in care.

If placement is still made, the placing unit must complete a Formal Standardized Memo for Kinship Placement. This memo outlines the issues that could prevent licensing, mitigating context that allowed the placement to go forward, and other helpful information. The DCYF then convenes the Administrative Override Board to review each individual case, and receive sign off from the administration of Family Services, Child Protective Services, and the Resource Families Divisions. If this override is granted, the

kinship caregiver is sent to the next steps of Licensing. If the override is denied, the child(ren) must be removed.

In 2016, twenty-eight (28) requests were made for an Administrative Override. All twenty-eight (28) requests were approved. In 2017, forty-five (45) requests were made for an Administrative Override. Forty-three (43) of those requests were approved.

For non-kinship applicants, placement is not made, and therefore, DCYF not have the ability to assess that person's ability as a caregiver, and cannot submit the individual for an Administrative Override. In most cases, applicants self-select out of the process, or their application is denied.

In 2016, Rhode Island DCYF fingerprinted 1086 prospective foster parents, adoptive parents, and household members.

In 2017, Rhode Island DCYF fingerprinted 989 prospective foster parents, adoptive parents, and household members.

In 2014, a report was completed by the Consultation Center of the Yale University School of Medicine. The report is entitled, "Resource Parent Experiences with the Child Welfare Licensing Process." This report summarizes results from a survey of active and prospective resource parents participating in a statewide survey as part of a Rhode Island Department of Children, Youth and Families (DCYF) study funded by the Administration for Children and Families. The brief addresses resource parent experiences with the initial contact and licensure process. Web-based surveys were distributed to 670 households with an active email address in DCYF databases as licensed or license-pending to provide foster or adoptive care. This was supplemented with an additional 136 households who had attended a resource parenting information session in the past year by Adoption Rhode Island (ARI). A total of 270 households (34%) completed at least a portion of the online survey. Participants included those who were licensed (or seeking a license) through DCYF or through the 11 private child-placing agencies (PCAs) operating within the State (approximately 82% of participating resource parents were affiliated with DCYF).

The below data reflects resource parents' experiences with the background check including general knowledge of the process, timely communication with staff, and clarity of steps to take if their background check was denied. 96.8% reported that they strongly agreed or agreed that they understood what happens in a background check. 93.6% strongly agreed or agreed that the background check process was completed in a timely way and 83.2% strongly agreed or agreed that they were told in advance of what would happen if they did not pass the background check. However, 41.3% disagreed or strongly disagreed that that they were not told what steps they could take to appeal their disqualification.

Table 3: Experience with Background Check

	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)
I understood what happens in a background check	66.3	30.5	2.8	0.4
I was notified when my background check was completed	50.0	28.3	18.9	2.9
The background check process was completed in a timely way	51.7	41.9	5.9	0.4
I was aware of what would happen if I did not pass the background check	49.1	27.4	19.2	4.3
I was told in advance that past felonies may disqualify me	54.7	28.5	14.0	2.8
I was told what steps I could take to appeal if I was disqualified	39.4	19.2	31.0	10.3
If you did not pass the background check: The reason why I did not pass the background check was clearly explained to me	52.6	26.3	18.4	2.6

Prospective foster homes must complete an application. Criminal records checks must be completed on every individual living in the home who is eighteen (18) years of age or older. Additionally, a search of DCYF records is done to determine if there has been previous involvement with DCYF and the nature of the involvement. A fire inspection must be conducted on the home or apartment. A certificate of conformance for lead is required for homes built prior to 1998. A physician's reference must be completed. The prospective foster parent must participate in a course of pre-service training as well as a home study conducted by one of the Department's licensing workers.

A factor that affects the performance of this item in the positive is the designation of a Licensing Aide who handles all background checks for foster care licensure. Over the previous two years, the DCYF had determined that internal processes were slowing down this part of the foster care licensing process. As a result, work functions were streamlined with clerical staff. This streamlining resulted in the designation of a designated Licensing Aide responsible for the coordination and completion of all Licensing unit background checks. This adjustment has increased compliance, data tracking, and decreased processing time for foster care applications. While, the data is anecdotal, as we review cases from previous staff, we find mistakes that we must rectify on the back end. However, as we have made changes to processes and staff we see a high level of conformity with provider files, which helped to contribute to a successful IV- E audit in 2016.

Another factor that affects the performance of this item in the positive is the recent investment by DCYF in obtaining new mobile fingerprint units. All requirements except the national criminal background check, via fingerprints, occur during each licensure period. In the coming months, policy revisions will require that this component be completed not only at initial licensure, but also at each renewal period. Foster parents are licensed for a period of two years. To help support the implementation of these new requirements, the DCYF has invested in two new mobile fingerprint units, and has trained staff within the Licensing unit to complete fingerprints. This change will allow the DCYF to meet the increased capacity for completing fingerprints, and provide expedited printing to applicants and providers who face challenges completing fingerprinting requirements in a timely manner.

There are several barriers that affect the performance of this item. Statutes regarding fingerprinting for foster parents, adoptive parents, child caring agencies, child care providers, etc. are inconsistent. Law enforcement agencies such as state and local police and the Attorney General's office are all authorized to conduct fingerprints for different populations, however, they are not required. The cost of processing a single "civil" fingerprint request (versus "criminal") through the FBI database is approximately $36. This cost, by statute, may not be passed along to the foster parent. As a result, law enforcement agencies are reluctant to provide capacity for this service. To address this barrier, Rhode Island DCYF done a thorough analysis on the statutory requirements for fingerprinting, and plan to coordinate with the Attorney General's office in the next legislative session to address this issue. The foster care licensing division has also held a meeting with law enforcement agencies to ensure that everyone has the proper understanding of the rules, and to request support and collaboration.

The barriers facing the DCYF for compliance with this component are different for kinship and non-kinship placements. For non-kinship placements, the DCYF is 100% compliant with background checks, as full licensure is required for placement in non-kinship homes, and full licensure cannot be obtained without this component. While we have compliance, DCYF faces process barriers. Adam Walsh Clearances often take

weeks or months to complete, however, they are not widely required (based on address history). Fingerprints can be difficult to obtain, however, as stated above, the DCYF is addressing this issue aggressively.

For kinship providers, where placements are made without a license, there is a significant barrier as to compliance. Before a placement is made, the division responsible for placement (Child Protective Services or Family Services) completes the Child Protective Services Clearance and the BCI for all applicants and relevant household members. Any history of convictions, pending charges, or indicated findings are reviewed for disqualifying information (per policy), and for any factors that may impact an individual's ability to provide appropriate care to the child(ren) in question. Placement is confirmed after a two-level authorization is completed by the supervisor and administrator.

As of March 25, 2018, 130 (25.8%) of 503 pending foster care licenses have not completed the fingerprint component of their licensure. These are relative/kinship foster care licenses pending final approval for licensure. Applicants are required to be fingerprinted within seven calendar days of placement. However, due to a rising number of kinship placements and limited capacity to process fingerprints, there are often delays in completing this requirement. The licensing of kinship foster homes has stretched the current capacity of the DCYF. With the above stated issues with law enforcement and statutory limitations, DCYF often finds that kinship applicants do not complete their fingerprints within seven days. Furthermore, while the DCYF has invested in expanding capacity with two additional fingerprint machines, that capacity was intended to address the need for fingerprints to be done during renewal visits to the home, in compliance with changing policy.

In assessing the performance of this item, Rhode Island rates its compliance with federal requirements for criminal background clearances as an area needing improvement. Rhode Island is confident that all adoptive homes and non-kinship foster homes complete their criminal background checks prior to licensure. Kinship foster homes are also mandated to complete criminal background checks, however, they may not always occur within the seven days as required by policy.

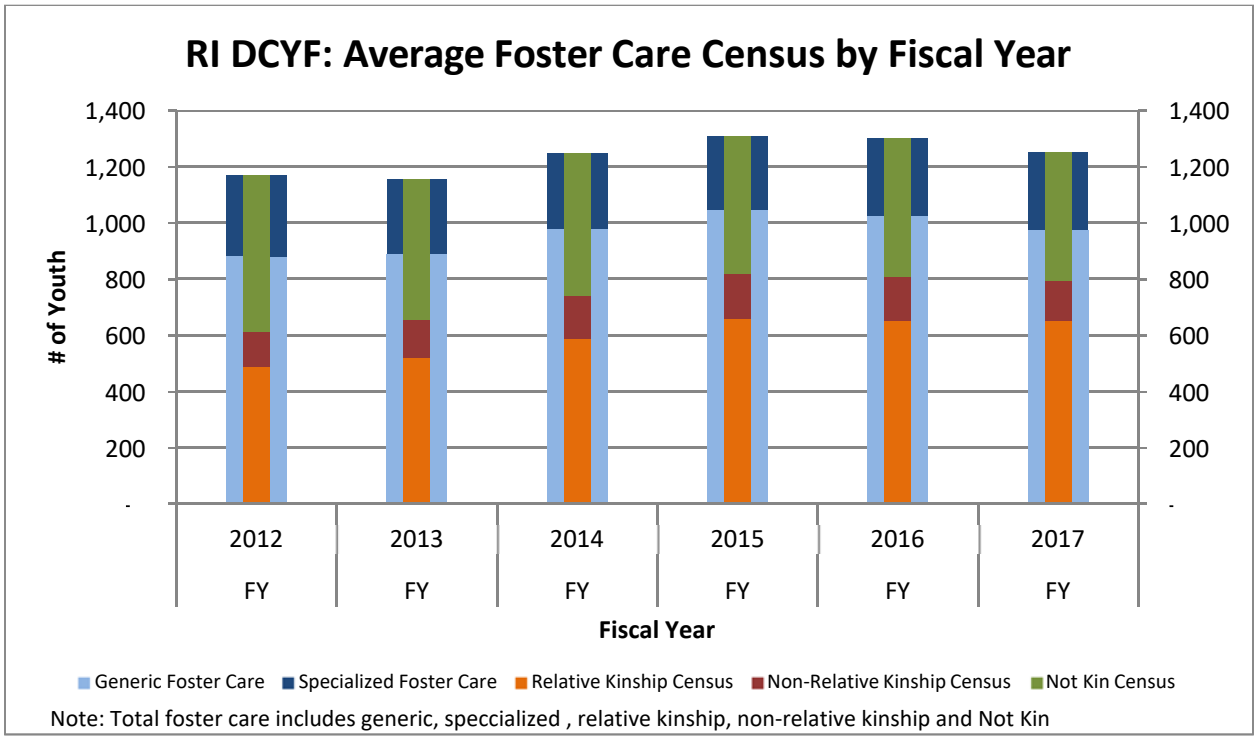
Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

> Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

The below data reflects the average foster care census by fiscal year from FY2012 to FY2017. Included in this census are generic foster care, specialized foster care, as well as relative, non-relative, and non-kinship. Since 2012, the average number of foster homes has steadily increased from 1169 families in FY2012 to 1251 families in FY2017. The highest average of overall foster homes occurred in FY2015 with a total of 1308. There has been a slight decrease in the average number of foster homes in 2017. DCYF expects that the average number of foster homes will increase during FY2018 due to expanded recruitment efforts.



The below data reflects the Resource Families' primary language as of October, 2017. Of 1302 resource families, seventy-five (75) identified Spanish as their primary language, five (5) identified Portuguese as their primary language, two (2) identified Creole as their primary

language, and one (1) identified as Laotian being their primary language. This data does not take into account families who may identify English as their primary language, but may also be bilingual.

Resource Families Language	
Language	Total
American Sign Language	1
Creole	2
English	1218
Laotian	1
Portuguese	5
Spanish	75
Grand Total	1302

Source: RICHIST Report RPT430 10.12.17

The below data reflects the racial composition of all foster homes as of October, 2017. Of the 1302 foster families, 1042 (80%) identify themselves as White, 162 (12.4%) identify as Black, and 43 families (less than 3%) identify as being multiracial. There are only six (6) families that identify themselves as American Indian and Asian.

Row Labels	Amer Indian	Asian	Black	Multiracial	Pacific Island	Unable to Det	White	(blank)	Grand Total
CPA Foster Care			52	5		2	214	14	287
Foster Care	2	1	38	14		7	331	10	403
Relative Foster Care	4	5	70	22	2	5	450	1	559
(blank)			2	2			47	2	53
Grand Total	6	6	162	43	2	14	1042	27	1302

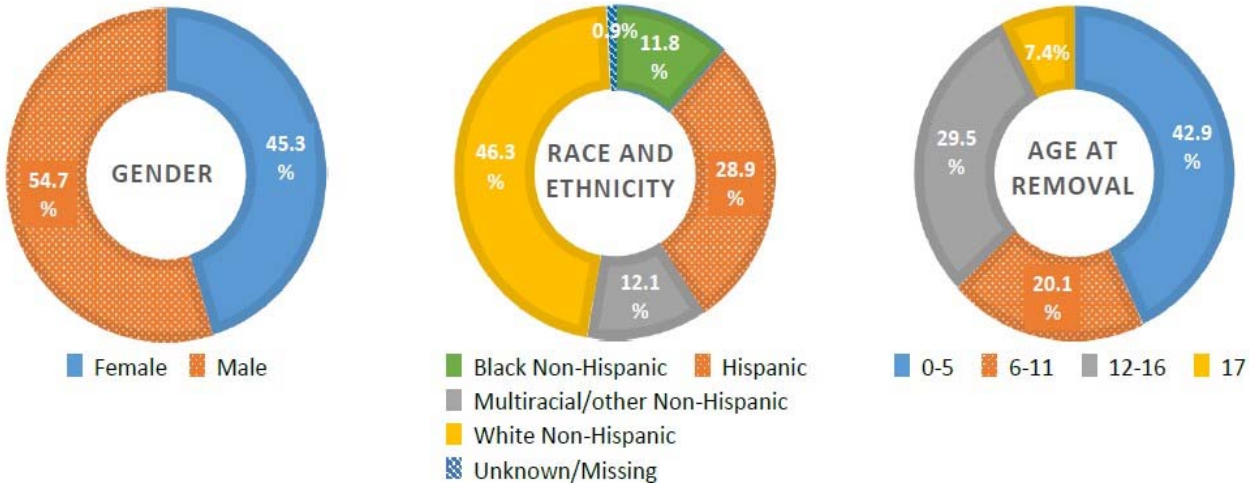
Source: RICHIST Report RPT430 10.12.17

Children entering out-of-home placement in FY15-FY17, continued

FY17 Highlights: Demographics among children entering out-of-home placement

Among children removed from home there was a greater percentage of males, 54.7%, compared to females, 45.3%. The greatest proportion of children removed occurred among children 0-5 years old, 42.9%, followed by the 12-16 age group, 29.5%.

Figure 1. Demographics of children entering out-of-home placement, FY17 entry cohort (N=1142)



The above data reflects the demographics of children entering out-of-home placement during fiscal year 2017 by gender, age at removal, and race and ethnicity. Of the 1142 children that entered care during FY2017, 46.3% were identified as White/Non-Hispanic, 28.9% were identified as Hispanic, 12.1% were identified as Multiracial/other Non-Hispanic, and 11.8% were identified as Black/Non-Hispanic. Of all children entering care, 52.8% are racially and ethnically diverse, but 80% of our foster homes are identified as White. Therefore, the data shows that there a dire need for homes that reflects the racial and ethnic diversity of children in care.

Over the last few years, DCYF has worked to improve our foster care system to better meet the needs of children in care. Recognizing that foster families are an essential component of our system of care and fulfill an integral role on the child welfare team, DCYF has engaged key stakeholders in the planning process to make critical improvements to our current foster care system. It is the Department's intention to ensure that the new delivery system is trauma-informed, permanency-competent, and sufficiently flexible to be both cost-effective and responsive to the needs of all resource families. As planning continues to evolve, DCYF and its partners continue to work to meet and improve many of our current gaps found in our recruitment practices. DCYF recognizes a systematic challenge in locating appropriate placements for children in the following groups, which are being targeted for special focus of recruitment efforts:

- Children who are racially, ethnically, and culturally diverse
- Teens
- Larger sibling groups
- Youth who identify as LGTB

Rather than the Department assuming internal responsibility for recruitment, there was recognition that diligent recruitment of families needed to be an effort shared with resource families, community members and organizations, including faith-based organizations. Recruitment also needed to be an effort shared with youth in care as youth have a voice regarding their experience and needs. Partnerships were built with community members and organizations to refocus our recruitment efforts. Understanding the dire need for additional homes to care for our target populations, DCYF and its partners have over the past year utilized diverse methods to raise awareness of our current recruitment needs, including the utilization of our new slogan “Be an Anchor” to support the following recruitment activities:

The Department has engaged in multiple recruitment activities. Some of these activities include:

- distribution of flyers and informational pamphlets at community events.
- Conduct presentations on the need for foster/adoptive parents at cultural events, educational forums and other activities events geared at families.
- Posting orientation dates and basic foster/adoptive parent information in local churches and businesses.
- Inviting existing foster/adoptive parents who have cared for medically fragile children, adolescents, or, older youth who reflect the diverse racial and ethnic background of children in care, to participate on the pre-service training panels and presentations at community events.
- DCYF licensing staff worked with existing foster parents and foster care providers to support the recruitment of families willing to care for sibling groups, target recruitment to ensure children continued to be placed in their school of origin, and permanency planning.
- DCYF is continuing to build its social media presence through a Facebook page and a Resource Family Newsletter to enhance communication between the agency and resource providers as well as to increase the recruitment of foster parents.
- DCYF and its private foster care agency providers have hosted a series of “Informational Nights” and recruitment events. All informational nights are posted on DCYF’s website and are typically geared toward racial, ethnic, or other affinity groups and are typically held in diverse areas of the state These targeted efforts also directly support efforts to keep siblings placed together, recruit families willing to care for teens and youth who identify as LGBTQ, and permanency planning.
- Rhode Island has worked with Adoption RI in the facilitation of Heart Galleries; present strength-based profiles of children/youth without an identified placement resource.

There are several factors that affect the performance of this item in the positive. Rhode Island has made strides to improve our data collection process and how to use this data to make inform decision. For example, data is being utilized to target specific areas across the state, focusing on recruitment efforts on the specific areas in which we lack the resource parents. This data can help to sharpen our recruitment efforts. Armed with more data than we have had

historically, DCYF is now working to develop mechanisms to evaluate changes as they are implemented.

With support from our Diligent Recruitment Grant, DCYF has been able to make signification improvements to our foster care system. For example, DCYF has completed standardization of the pre-service training curriculum, which is now used to prepare all new resource parents in the state. Both the Department and all specialized foster care providers in Rhode Island are now using the TIPS-MAPP curriculum. To afford all resource parents an opportunity to further develop their knowledge and skills, DCYF conducted two system-wide in-service training series for resource families using the Resource Parent Curriculum (Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents) developed by NCTSN. The Department is conducting an evaluation of its pre- and in-service curricula as part of its Diligent Recruitment and Trauma and Adoption Competence projects.

The same evaluation team has produced three evaluation briefs based on the results of a statewide foster parent survey. The briefs have been shared with, and approved by, Children's Bureau and are being used to inform an RFP for services and supports for resource families, which is being developed by the Diligent Recruitment project team in collaboration with Annie E Casey Foundation and Harvard Kennedy School of Government consultants. The final evaluation brief focused on resource parents' willingness to provide care for children and youth with special behavioral, emotional, and physical health needs; LGBTQQ youth; and sibling groups.

To streamline the licensing process and improve customer experience, DCYF's Diligent Recruitment staff introduced web-based registration for pre- and in-service training. Another new feature introduced during this budget period in response to feedback from resource parents is a Saturday morning TIPS-MAPP training series, which has proven very popular.

Diligent Recruitment staff worked with NRCDR consultants to identify target groups for market segmentation analysis and had relevant data analyzed by Nielsen. The results of this analysis served as the basis for two days of discussions and training with NRCDR consultants, who produced two recruitment guides for targeted recruitment specific to Rhode Island.

To recognize invaluable contributions of our foster and adoptive parents and to raise public awareness about foster care, DCYF and a partner agency nominated two foster families for the Jefferson Award for Public Service. Both nominations were successful, so two of this year's Jefferson Award winners in Rhode Island are foster families. They were presented with the awards by Rhode Island's governor at a ceremony at the State House.

Rhode Island's Adoption Exchange is managed by Adoption Rhode Island (ARI), a local non-profit child welfare and adoption agency. ARI works in partnership with DCYF to ensure that all children who have the goal of adoption are placed in loving permanent homes. As the exchange, ARI works with both in state and out of state families to help each child achieve permanency through adoption. All children registered with ARI are assigned to an adoption and permanency specialist who gets to know the child, works closely with DCYF and the child's team to promote permanency through various recruitment methods. Adoption and permanency staff utilize a range of child focused, child specific, targeted, and general recruitment strategies. Three members of the team are Wendy's Wonderful Kids Recruiters who utilize intensive child-focused recruitment and focuses on children who are considered harder to place

based on their age, emotional or medical special needs. They follow a very specific model to fidelity. Most children registered with ARI are over the 12. Since January 2016 to September 2017, ARI served 362 children and 63 children via intensive recruitment efforts utilizing Wendy's Wonderful Kids.

The department has also developed a Family Search and Engagement Unit which comprises of two full time staff who conduct family and kinship searches. The Family Search and Engagement Unit utilizes The Last Option (TLO) search engine to identify and locate kin as potential placement options or supports for families (see Permanency item 10 for more details). The number of TLO searches completed between July 2017 – October 2017 is:

July – 36

August – 28

September – 68

October – 56

In an effort to increase foster care placements in the communities where we need them most and to recruit families that are reflective of the ethnic and racial diversity of the children Rhode Island serves, DCYF hosted a Foster Family Recruitment weekend. This event took place on the weekend of March 9-11, 2018 at the Rhode Island Convention Center. This event provided orientation, training, evaluation, and support for potential resource families. Families who attended this event were able to complete most of their licensing paperwork and twenty (20) hours of pre-service training. The majority of these prospective foster parents were fingerprinted and had the rest of their background checks completed. Prospective foster families had their lead and fire inspections scheduled and were also required to attend a fire safety presentation during the weekend. For those prospective foster parents who did not have a physician, a physician was on-site to provide physical exams and complete the Physician's Reference Letter that is required of all foster parents. For those foster parents that have pets, access to resources was provided for pet vaccinations so as to meet Rhode Island foster parent licensing standards.

This Foster Family Recruitment Weekend was attended by 180 families, with 175 families completing most of their licensing requirements. After attending the weekend event, families will have completed a significant portion of their foster family training. DCYF's goal is to have seventy- five (75) of these families fully licensed within 30 days after the Foster Family Recruitment Weekend. The Foster Family Recruitment Weekend is believed to be the first of its kind among public child welfare agencies in the United States.

In order to improve recruitment and retention of foster parents, supports are available to foster parents through Foster Forward. Foster Forward maintains a Help Line to provide information and/or clarify issues for foster parents. Foster Forward also maintains a Mentor Program for both non-relative and relative foster parents. Rhode Island's Governor is also proposing an investment of $1.36 million towards an increase in foster care rates for foster families. It is hoped that this increase in foster care rates will encourage individuals to become foster parents within the communities where foster homes are most needed as well as retain current foster parents. In order to recruit and retain foster parents, DCYF is making efforts to assist foster parents with meeting their licensing requirements. For those foster parents who are unable to

afford or obtain smoke detectors and boiler switches, The DCYF assists with covering the cost so as to properly license these homes.

The Annie E. Casey Foundation has provided grant money for the sole purpose of foster parent recruitment to agencies and organizations such as Project Hope, Bags of Hope, and the Village. The Foundation had also provided funding for the Foster Care Recruitment Weekend described above.

Rhode Island DCYF is also in the process of submitting a Request for Proposal (RFP) to our private and therapeutic foster care agencies. This RFP would change how DCYF contracts with these agencies as to how they recruit families by increasing the pool of foster parents and to provide them with additional supports and monies for recruitment efforts.

While the Department does not have any specific data related to keeping children connected to their faith, Rhode Island DCYF and our providers do maintain relationships with faith-based organizations including the Rhode Island Council of Churches. The Rhode Island Council of Churches is a network of roughly 300 faith-based organizations across the state. Rhode Island DCYF and our providers have been working with the RI Council of Churches to assist with both the recruitment of foster families and as a resource to keep children connected to their community. Rhode Island DCYF conducted some focused recruitment for foster homes in Newport and in Central Falls, that included distributing materials to faith-based organizations. DCYF has also reached out to the Bethel African Methodist Episcopal Church located in the metro city of Providence, where a presentation was made before the congregation to recruit African American foster parents.

Rhode Island acknowledges that more efforts need to be made to recruit foster and adoptive parents who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. In order to address this need, DCYF has developed resource family materials such as kinship resource guides, foster care regulations and guidance documents, and the resource family application to be available in Spanish for our Spanish-speaking populations. Rhode Island has also posted new recruitment posters in Spanish in an effort to target Spanish-speaking families to become foster parents. Furthermore, DCYF has partnered with Foster Forward by hiring a Spanish speaking recruitment specialist. Thanks to this partnership, Spanish-speaking families are now able to attend informational meetings and activities conducted in Spanish. Additionally, Spanish language TIPS-MAPP training is offered several times a year and includes both DCYF and treatment foster care families. Also, if a Spanish speaking foster parent needs to complete the pre-service training, they can be accommodated by attending an English speaking TIPS-MAPP training with an interpreter and/or headset interpretation system. Lastly, our private agency recruitment staff has outreached to a vast number of other organizations to help recruit more Spanish-speaking resource families, such as Progresso Latino, Bags of Hope, and the Village. DCYF has also expanded its recruitment efforts at school departments such as Central Falls, where there is a large Spanish speaking population in that community.

At the present time, the DCYF's SACWIS system, RICHIST, does not have the capability to effectively track the inquiries of potential foster parents. In turn, a simple pipeline has been developed in Microsoft Excel. This has required duplicative data entry, and is not effective in

managing recruitment efforts. One set of data suggested that only 10% of inquiries in the pipeline convert to full licensure. The DCYF is in need of foster families, and therefore, needs to find more effective ways to manage and follow up on inquiries. In order to remedy this, the DCYF has been working with an organization called New America, which focuses on innovative technology.

With regards to foster family applications, New America strongly recommended that Rhode Island adopt a Web-based tool that allows all parties (the applicants, their physician and references, DCYF trainers and licensing workers, etc.) to collaboratively work on and track a family's application. This tool must integrate with DCYF's RICHIST system to eliminate the need for manual data entry and ensure data continuity. Ideally, it will have a tracking feature so that all parties can clearly see and understand where they are in the process, what the next steps are, and who is responsible for each next step. This clarity and transparency can reduce overall onboarding time and prevent frustrations and misunderstandings that can lead to some people dropping out of the foster care licensing process.

With regards to foster child matching and placements, New America recommends creating visibility into the capacity of private agencies and congregate care providers as such so that all three could be searched simultaneously. New America also recommends tracking requests and communications with providers in order to gather a more accurate view of providers' actual availability. An example of this would be if a foster home has refused all placements for the last six months, would that foster home be considered open? The implementation of a web-based tool would encourage surfacing and include more strengths-based matching attributes (e.g. a child who loves baseball to a parent who is a baseball coach). This system should allow private agencies and congregate care providers to update their availability in real-time as well. DCYF is currently exploring obtaining this we-based tool proposed by New America.

A barrier that has affected the performance of this item is the Physician's Letter of Reference. Historically, this letter was a part of the Foster Care Licensing packet that any prospective foster parent who applied for a foster care license would need to provide to their primary care physician to complete on their behalf. Some physicians were uncomfortable with filling out the forms and making the statement that a foster parent was physically, mentally, and emotionally fit to provide foster care. This is especially true when asked to comment on a foster parent's mental health as PCP's primarily provide physical health care and often do not specialize in mental health treatment. The requirements in the regulations were revised to allow medical professionals to provide information based on information for which they were aware and not to be responsible for health areas that were not disclosed.

Another barrier that affects the performance of this item are lead safety inspections of foster homes pending licensure. All foster homes at the time of initial licensure and ongoing licensure, are required to obtain a lead certificate of conformance. This proves to be difficult to obtain as 80% of Rhode Island's homes were built prior to 1978, making them at a higher risk for having lead in the interior and/or exterior of the home. The DCYF has attempted to revise the statutory requirements for lead inspections through the State Legislature. 2018 is the second year that Rhode Island has attempted to revise the statute. Without this revision, this limits our ability to license kinship homes and recruit foster families to care for children under the age of six.

The regulations also clarified the standards for fire safety inspections. The revision ensured that foster homes would be required to meet the same fire safety code as any other family home in Rhode Island. Prior to the revision, foster homes were held at a significantly higher standard of fire safety.

In assessing the performance of this item, Rhode Island recognizes that this is an area in need of improvement. DCYF recognizes that there is a strong need to recruit foster families who reflect the ethnic and racial diversity of the children in the state for whom foster and adoptive homes are needed. Although there is a lack of racially and ethnically diverse foster homes, Rhode Island has been making efforts to remedy this issue through its Foster Parent Recruitment Weekend and reaching out to community organizations.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

> Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.
>
> Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

The following data reflects the number of outgoing referrals from Rhode Island for home studies or licensing for the Federal Fiscal Years of 2014, 2015, 2016, and 2017. These numbers represent the total of home study requests for out of state families that were studied for children in the care of the Rhode Island DCYF. Rhode Island is considered the sending state in these referrals. Each study is for a household and may have been for one child or as many as four children. Types of placements include requests for parents, relatives, kin, and adoptive families:

FFY 2014	FFY 2015	FFY 2016	FFY 2017
88	100	110	123

Rhode Island is showing a steady increase in the number of outgoing ICPC requests since 2014.

The following data reflects the number of incoming referrals to Rhode Island for home studies or licensing for the Federal Fiscal Years of 2014, 2015, 2016, and 2017. These numbers represent the total of home study requests for in-state families that were studied for out of state children in the care of other states. Rhode Island is considered the receiving state in these referrals. Each study is for a household and may have been for one child or as many as four children. Types of placements include requests for parents, relatives, kin, and adoptive families:

FFY 2014	FFY 2015	FFY 2016	FFY 2017
84	94	93	82

For the year 2014, Rhode Island had a total of 84 incoming ICPC requests. This number increased during the years of 2015 (94 referrals) and 2016 (93 referrals). The number of incoming referrals did slightly decrease in 2017.

For period FFY16 to the present:

- Thirty (30) out of state adoptions have been finalized.
- Two (2) guardianships occurred
- Two (2) pre-adoptive placements disrupted
- Three (3) pre-adoptive placements were denied
- Four (4) have adoption approval and are awaiting finalization dates
- Five (5) requests for adoption approval are pending. Finalized adoptions have occurred in California, New York, North Carolina, Pennsylvania, Florida, Vermont, Virginia, Connecticut and Massachusetts.

Rhode Island recognizes an area of opportunity to obtain quantitative and qualitative data on the length of time it takes to process an incoming and outgoing ICPC request. At this time, Rhode Island does not have this data available. DCYF also lacks specific data on the exact daily number of Rhode Island children who are living out of state on an ICPC. DCYF's ICPC Administrator reports that on any given day, Rhode Island averages about forty (40) to fifty (50) children placed out of state on an Interstate Compact Agreement.

Adoption Rhode Island provides DCYF with home studies for prospective adoptive parents from outside of Rhode Island's jurisdiction. Some of the cross jurisdictional resources that have been provided to Rhode Island that have been utilized include:

- You Gotta Believe! Of New York
- Jewish Family Services of Rochester, New York
- Northeast Treatment Center of Philadelphia, PA
- Bethany Christian Services of Massachusetts
- Devereux of Massachusetts

There are several factors that affect the performance of this item in the positive. In 2016, a user guide was developed that outlined what was required in order to forward an ICPC request to another state. This user guide was sent to all Family Services Unit supervisors for distribution to front-line staff. The utilization of the user guide for front-line staff has assisted with ensuring that all the necessary information needed for an ICPC request is included before being sent to the receiving state. This helps to expedite the ICPC process.

Rhode Island's ICPC Administrator conducts the ICPC training for all new Family Service Unit staff during the pre-service training. In March of 2017, Rhode Island's ICPC Administrator met with Adoption Rhode Island Recruiters to train them on the use of the ICPC as a tool for cross jurisdictional placement. Approximately twelve Adoption Rhode Island staff participated in the training.

In 2015, the Department made the commitment to participate in NEICE – the National Electronic Interstate Compact Enterprise. The National Electronic Interstate Compact Enterprise (NEICE) is a cloud-based electronic system for exchanging the data and documents needed to place children across state lines as outlined by the Interstate Compact on the Placement of Children (ICPC). Launched in November 2013 as a pilot project with six states, NEICE significantly

shortened the time it takes to place children across state lines, and saved participating states thousands of dollars in mailing and copying costs. At this time, the NEICE project is expanding nationwide, with the goal of serving all states. Rhode Island DCYF entered into a Memorandum of Understanding with American Public Human Services Association (APHSA) to develop the infrastructure to become a partner state. There are currently nineteen states that are participating in the NEICE. The development of the NEICE was funded by a grant from the Children's Bureau. ICPC referral materials are sent instantaneously to the receiving state. The RI DCYF 'went live' within this system on March 28, 2017. Since March 28, 2017, Rhode Island has made 179 referrals through the NEICE. These referrals were made for requested placements with parents, foster parents, relatives, and child welfare adoptions. At this time, NEICE cannot provide Rhode Island DCYF with data on length of time it takes to process referrals.

A factor affecting the performance of this item in the positive is DCYF's access to the Family Court Public Portal. In the Spring of 2017, Department staff were provided with computer access to Family Court Public Portal. This has given the Department the ability to locate and print copies of decrees necessary for completion of an ICPC packet. Previously Department staff would need to go to the Family Court building where the file was maintained and request access to the record. The acquisition of this portal access has allowed the Department to expedite the gathering of necessary materials for ICPC referrals.

Rhode Island DCYF has also implemented a Family Search and Engagement Unit (as described in Permanency Item 10). This unit is comprised of two full time staff who conduct family and kinship searches. By utilizing The Last Option (TLO) search engine, staff can attempt to locate absent parents as well as family and kinship in other states. If an absent parent or relative/kin is identified and can provide permanency or placement, then the caseworker can submit an ICPC request.

There are several barriers that affect the performance of this item. As part of the ICPC referral packet, a sending state is required to map out a financial and medical plan for the continued provision of services to each child. Provision of medical coverage to non IV-E children in foster care is an area of difficulty. RI DCYF must locate providers in the receiving state that would be willing to bill DCYF directly. The referral cannot be sent to the receiving state without this plan in writing with specific information in place.

Adoption Rhode Island (ARI) is the state's clearinghouse for adoption home studies. Out of state families may have their home studies sent to ARI for consideration of waiting children. These families may have been studied and licensed/approved by a public child welfare agency or a private adoption agency. Should a family from a private adoption agency be selected and matched with a RI child, DCYF needs to develop a single source contract with the private agency in the receiving state for payment of the fees involved in the home study of that family, development and training of the family and for the supervision services that would be provided during placement with that agency's family. This process can add anywhere from 2 to 4 months to the process of preparing an ICPC packet to be sent out for approval. The same process applies to obtaining the provision of services in any state.

Another barrier that affects the performance of this item is the high caseload numbers and staff turnover of Family Service Unit and Probation workers. High caseload numbers and increasing demands placed on workers can prevent them from expeditiously completing the necessary paperwork for an ICPC in a timely manner. The current ICPC Administrator is the only individual at DCYF who handles all incoming and outgoing ICPC requests without any clerical assistance. Also, some caseworkers may be hesitant to pursue an out of state placement for a child. This hesitation stems from a lack of control over the process in the receiving state. Internal stakeholders have expressed that sometimes the receiving state may not always be in consistent communication with the worker regarding the child's safety, permanency, and well-being.

Rhode Island's assessment of the performance of this item is that this is an area in need of improvement. Although Rhode Island has made improvements to access resources and technology with completing ICPC's such as the NEICE and the Family Court Information Portal, internal stakeholders report that the high caseloads for caseworkers can often cause a delay in preparing ICPC referrals for children in a timely manner.