

HOME BASED SERVICES

Supervised Visitation Services

Fact Sheet - Family Visitation/Care Coordination Services – Boys Town

Description:

- Family Visitation Services provides monitoring of and coaching to families during regular visits for required services. Through a treatment-based approach of coaching and supporting parents during supervised visits, and through case management activities, parents work towards safely, quickly, and permanently reunifying with their children.
- Family Visitation Services incorporates components from Boys Town's Teaching Model, an evidence-based program listed in the *California Evidence-Based Clearinghouse for Child Welfare* (www.cebc4cw.org) and the *OJJDP Model Programs Guide* (www.ojjdp.gov/mpg/).
- The population served consists of families who have had their children removed and have been placed in out-of-home placements. Ages range from birth to 17 years old.
- Family visits occur at the convenience of the family. They are supervised in the community, the family's home, at DCYF, or Boys Town's Visitation Rooms in Portsmouth or Providence. Specialists also meet the families outside of visits to provide case management services: mental health, substance abuse, housing, etc.
- FVS provide observation, supervision, parent coaching, feedback, and skill development in areas of need, a detailed summary and transportation.
- Children can be provided with transportation to and from visits; staff work with parents to address any barriers to their own transportation to visits.
- Contact Information: Program Director, C: 401.602.1467. Office: 294 West Exchange Street, Providence, RI 02903 T: 401-214-4960. Specialists have a BT cell and are available 24/7 for crisis support. Boys Town's National Hotline (1-800-448-3000) and Boys Town Support Services are available 24/7.
- The Program Director is required to have Master's degree and 5-7 years' experience working with families in a social service setting. Supervisors and Specialists are required to have a Bachelor's degree.
- Specialist caseload ranges from 7-9 families depending upon need, with an average of eight (8) families.
- After a Specialist has been assigned a family, they will attempt to establish initial contact within 24 hours.
- Typically, family visits occur bi-weekly. The caseworker determines frequency of services.
- The target length of stay is eight (8) months; however, the duration of services is based on family needs.
- Treatment plan goals are developed and reviewed in weekly supervision and weekly staffing meetings. Progress reports are submitted at on a 30-day basis to the referring caseworker. Care Team meetings are held with the family and other providers who are assigned to the family to further monitor and evaluate family progress.
- Program staff speak Spanish, Portuguese, Cape Verdean, and hiring bi-lingual staff is an ongoing priority.
- Boys Town serves the entire state of Rhode Island.

Best fit criteria:

- Boys Town target population are families with children ages birth through 17 years who have been removed and placed in an out-of-home setting with a case plan goal of reunification. The sooner a caseworker submits a referral, the earlier a family can engage with services, and the Specialist will begin treatment to work towards reunification.
- Specialists work with families through a treatment-based approach by coaching and supporting parents during supervised visits, and through case management activities to help parents work towards safely, quickly, and permanently reunifying with their children.

Exclusionary Criteria:

- When a child has already achieved permanency, or living with another parent, kinship, etc., or if parents have not demonstrated a commitment to working with the program and all program components - i.e., not attending family visits, lack of engagement, or lack of involvement in service planning.

Fact Sheet – Enhanced Family Support Services (EFSS) – Communities for People

Description:

- EFSS is a strengths-based in-home treatment program to help families stay together or reunify despite significant stressors. EFSS strives to assist parents and caregivers with developing the skills necessary to ensure the safety, health, and well-being of all family members. Programming serves all youth from birth to age 21.
- EFSS offers families a fully integrated array of services including: parenting education and support; individual counseling, problem-solving and skill building; family counseling and mediation; 24/7 availability for crisis intervention/stabilization, emergency team meeting, and/or safety planning; comprehensive assessment of the child/youth and family's strengths and needs (completed within 30 days); treatment planning; psycho-educational services; case management services; social/recreational activities; provision of or referral to substance abuse education; educational/vocational advocacy, tracking and accountability monitoring; identification of and referral to community behavioral health supports including psychiatry as needed for evaluation and medication management; expressive arts, play and sports therapy techniques, clinical self-care groups and creation of and linkages to family support and community resources.
- Family support services include: family meetings; behavior management strategies and planning; daily structure planning and strategies for supervision in the home; life skills education; basic needs assistance; strategies for effective communication among family members; and role-modeling/coaching.
- The supervised visitation service will provide up to 2-hour visits, supervised by a Master's level clinician, up to two times per week, including weekends and transportation to and from a visitation site.
- All staff are trained in evidence-based, trauma-informed practices, including Trauma Focused Cognitive Behavioral Therapy, Motivational Interviewing, and The Strengthening Families Group Curriculum.
- Clients served are from 0 to 21 years old.
- Services are readily available through evening and weekends, with on-call emergency support available 24/7.
- Each youth is assigned either a Master's level clinician, a caseworker, or a team of both depending on referral needs and DCYF recommendations. Clinicians and caseworkers can carry a caseload of eight (8) families.
- Upon referral, initial contact with family is made within two (2) business days.
- Families receive a minimum of two (2) face-to-face contacts per week, with additional telephone and collateral contact readily available.
- Typical duration ranges from approximately three (3) to nine (9) months.
- Services are provided primarily within the family's home, but may also occur within the community or school setting based on the needs and desires of the family.
- Initial treatment plans are developed within 30 days; subsequent reviews every 90 days. Progress towards treatment goals are measured and evaluated weekly.
- Languages spoken: English and Spanish.
- Geographic area: Statewide
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Youth in residential placement looking to reunify home within 30-60 days.
- Child or youth in threat of being removed from the home, and therefore family in need of stabilization.

Exclusionary Criteria:

- Actively suicidal, homicidal or psychotic.
- Primary referral reason is sexual offender behavior.
- Severe developmental delays and high-end Autism Spectrum Disorders.

Fact Sheet - Integrated Permanency Supports – Northern RI Visitation Center (NRIVC) - Community Care Alliance

Description:

- NRIVC is focused on supporting parent(s) towards their goal of reunification with children in care, or moving towards permanency for children. This is done via supervised visitation, intensive case management & recovery coaching, parent skill building, parent-child relationship guidance, and frequent collaboration with all service providers.
- The parent is the target of intervention of NRIVC services. Couples may be served as well. Children and parents served may be of any age. All parents served must present with a need for substance use and/or mental health treatment.
- Addresses DCYF case plan goals.
- Developing, strengthening, or maintaining the parent, child relationship attachment.
- Developing of positive and safe parenting skills. Staff provide interventions in visits that may include: observations/ assessments, reduction, reflection, coaching, modeling, and direct intervention to ensure the safety and well-being of the child/children always.
- Recovery coaching to address mental health and substance use treatment and recovery and build recovery capital.
- Intensive case management to address all barriers to reunification; assistance with accessing resource.
- Support in the development of protective capacity and addressing protective factors (i.e. housing, employment, healthcare, supportive relationship, etc.).
- Family team meeting between parents, DCYF and other providers, to review progress, visitation plans, obstacles to be addressed and strategies for doing so. NRIVC practice is team based and collaborative.
- Visitation services will include 3-4 hours of contact per week with parent and child inclusive of visitation observation, coaching and case management.
- Transportation for child/children to and from visits, if foster parents is unable to do so.
- Services are provided Monday-Friday, 8:30-7:00 pm and Saturday, 8:30-5:00 pm. Families have access to a 24/7 telephonic Emergency Crisis Line as well.
- Services are provided by both Bachelor's level (with 5+ years of experience in the field) and Master's level Clinical Case Managers. Program receives oversight by an independently licensed clinician and highly experienced Master's level staff.
- Due to intensive nature of services provided, staff caseload is approximately eight (8).
- When a wait list is present, DCYF workers are notified of the wait time anticipated. Families receive outreach as soon as they are moved off the wait list.
- Visits take place 1-2 times per week, for 1-2 hours each (three times per week or additional hours in some cases, or when close to reunification); Individual parenting guidance and recover coaching sessions take place a minimum of one time per week. Goal is for monthly family-team meetings.
- Transportation is provided (if needed) to children to attend visitation.
- No timeframe limit, based on authorization.
- Visits typically take place at NRIVC (31 Orchard St., Woonsocket), which is a home-like setting, and then are moved to the community or home. Visits may take place at DCYF in certain circumstances. Individual sessions take place at NRIVC, community and in the home.
- Service plans are reviewed every three (3) months, or more often if needed.
- Services are available in English and Spanish.
- Parents must either reside in Region IV area, or must be able to travel to Woonsocket.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Service is most appropriate for parents with children who are working towards reunification.
- Who live in Region IV or can travel to Woonsocket.
- Are ready and able to attend visits with their children.
- Are engaged in mental health and/or substance use treatment services. If parent is not yet engaged in this service, we will provide outreach and engagement to assist them in securing this service. Parent must be receiving treatment service prior to visits occurring at NRIVC.

Exclusionary Criteria:

- Families may not participate in NRIVC when there are safety concerns that would preclude them from having visits with their child, that cannot be mitigated by safety plans.
- Children are placed in a hospital-based setting or experience significant medical concerns that are not manageable by program staff.
- Parent has a sexual offending history that places minors at risk.

Fact Sheet - Immediate Response Visitation Program (IRVP) – Community Care Alliance

Description:

- IRVP provides immediate engagement, visitation and stabilization for families residing in DCYF Region IV, who have at least one child under the age of two who recently entered the care and custody of RI DCYF (within 30 days of entering care).
- Primary goals are to maximize permanency outcomes and improve attachment relationships between parents and children. Attachment-focused intervention, utilizing the Growing Great Kids curriculum.
- Intensive crisis intervention, case planning and support to the family to address immediate needs, separation/grief/loss, and provision of support and referrals around the DCYF case plan and other family goals. During visitation, staff assess and address safety-related concerns, provide coaching and intervention around parenting skills, focus on maintaining or building the attachment relationship between parent and child, and minimizing the negative effects of separation for family.
- Parents with children ages 0-2 years (and their siblings) are the target population; children ages 2-3 will be accepted on a case-by-case basis.
- Program is offered Monday-Friday, 8:30-7:00 pm.
- Program is overseen by an Independently Licensed Clinician and facilitated by Bachelor's level social workers with 5+ years of experience in the field. Due to intensity, Clinical Case Managers carry 4-5 cases.
- Immediate (within 24-hour) outreach to families to begin engagement and initiate visitation arrangements.
- Supervised visitation to occur as quickly as possible (ideally within 48 hours) in a location that ensures maximum safety of family and child, and success for family. This may include the local DCYF office, NRIVC office or other community setting.
- Length of program is approximately 45 days. A comprehensive report is distributed to DCYF providing detailed observations and recommendations addressing permanency for child(ren) and level of service needed.
- Visits between parent(s) and children under 2 years old (two times per week) and their siblings (a minimum of one visit per week with older siblings). Visits will assess and address safety-related concerns and parent-child relationship issues, provide coaching and intervention around parenting skills and have an intensive focus on maintaining or building the attachment relationship between parent and child and minimizing the negative effects of separation for family.
- Families must either live in the DCYF Region IV area, or be able travel to the site from their home community. Children may be placed anywhere in the state geographically.
- Transportation for children will be offered by program transportation specialist if foster parents are unable to do so. Transportation will be provided to parent(s) if this is a barrier to visitation. This may be provided by provision of bus passes, or direct rides from staff.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Removal of children must have taken place within 30 days of referral, ideally within 48 hours.
- Service is most appropriate for parents with young children who are working towards reunification.
- Who live in Region IV or can travel to Woonsocket.
- Parents do NOT need to be complying with other aspects of their case plan.

Exclusionary Criteria:

- Families may not participate in IRVP when there are safety concerns that would preclude them from having visits with their child, that cannot be mitigated by safety plans;
- Children placed in a hospital-based setting or experience significant medical concerns that are not manageable.
- Parent has a sexual offending history that places minors at risk.

Fact Sheet - Nurturing Early Connections (NEC) - Community Care Alliance

Description:

- NEC provides intensive visitation for parents and children under 2, who are in placement, with the goal of maximizing permanency outcomes and improving attachment relationships between parents and children.
- Intensive case management, recovery coaching, crisis intervention, education, and coaching to parent(s) in their efforts to improve parenting skills, parent-child relationship, address barriers to reunification, attend to mental health, substance use or other behavioral health needs.
- Attachment-focused intervention, utilizing the Growing Great Kids curriculum.
- Ongoing collaboration with DCYF and other providers, including detailed reports to DCYF, the court and others (as needed) regarding progress and recommendations regarding permanency.
- Parents with children ages 0-2 (and their siblings) are the target population, but children ages 2-3 will be accepted on a case-by-case basis.
- Program is offered Monday-Friday from 8:30-7:00 pm.
- Program is overseen by an Independently Licensed Clinician and facilitated by Bachelor's level social workers with 5+ years of experience in the field. Due to intensity, Clinical Case Managers carry 4-5 cases.
- Families receive outreach within 48 hours of referral. If there is a wait list, DCYF is notified, and families are contacted once space is available.
- Family visitation takes place approximately 4-8 hours per week (2-3 visits), and individual sessions with clients occur a minimum of one time per week.
- Service plans are reviewed every 90 days. Families may stay open in NEC for up to one year.
- Visitation to take place in settings that maximize stability for the child, success for parent and child, and provide a safe environment, including: NRIVC site, foster home, day care setting, community, or DCYF.
- Current language capacity is English.
- Families must either live in the DCYF Region IV area, or can effectively travel to the site from their home community. Children may be placed anywhere in the state geographically.
- Program will offer transportation for children by program Transportation Specialist if the foster parent(s) are unable to do so.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Service is most appropriate for parents with young children who are working towards reunification.
- Who live in Region IV or can travel to Woonsocket.
- Are ready and able to attend multiple visits per week with their child(ren).
- Ideal target population (but not necessary) would be families with children removed at birth, or for whom there is expressed concern with the parent-child attachment.
- Parents do NOT need to be complying with other aspects of their case plan.

Exclusionary Criteria:

- Families may not participate in NEC when there are safety concerns that would preclude them from having visits with their child, that cannot be mitigated by safety plans.
- Children are placed in a hospital-based setting or experience significant medical concerns that are not manageable by program staff.
- Parent has a sexual offending history that places minors at risk.

Fact Sheet – Trauma Systems Therapy (TST) Visitation and Coaching - Family Service of RI (FSRI)

Description:

- TST Family Coaching and Visitation program is built on the clinical foundation of TST and is designed to assist parents in developing parenting capabilities and family resources to promote safety while supporting the child's ability to regulate emotions and behaviors; combined, these lead to timely and successful reunification.
- This program includes: structuring family visits that enhance opportunities for parents to practice their parenting skills; scheduling visits at the home; coordinating hands-on learning experiences; encouraging foster parents to interact with birth parents; and offering clinical trauma-informed services for the child and parents.
- The model includes three phases of treatment: safety-focused, regulation-focused and beyond trauma.
- Visits occur at FSRI's TST Family Coaching and Visitation Center until safety and protective capacity has been evaluated. Then supervised visits move to community locations. Visit frequency increases and intensity of supervision decreases based on the family's progress determined by the TST team together with the DCYF worker and other providers involved with the family.
- The team will follow the family after reunification and continue to provide in-home treatment and aftercare reintegration support for no less than six months, depending on the family's needs.
- Parents in the program are expected to participate in regularly scheduled groups led by the TST team.
- The team works with the family to complete an initial assessment on each child in the family within the first 30 days and a treatment plan on each child in the family that is informed by that assessment; and to establish a mutually agreeable weekly schedule and a plan of activities for visitation.
- A minimum of one clinician and one case manager meets with the child and caregivers 1-3 times per week depending on severity and phases of treatment administered, with an average length of service of six months.
- FSRI's TST Family Coaching and Visitation staff provides support and logistical resources such as transportation/bus passes, assistance with basic needs, advocacy, linkage to a primary pediatric medical home, and linkages to additional services and resources as indicated.
- Progress towards the Treatment Plan Agreement Letter is measured and evaluated every 90 days.
- TST Family Coaching and Visitation staff will be in weekly contact with DCYF case workers.
- Three case managers and three clinicians (master's level) create three teams, each team with a caseload of up to 13 children and their families. Two transportation aides are dedicated to transport youth.
- The team contacts the child's biological and foster families within 48 hours of receiving a referral.
- Clients served are birth to 18 years of age in out-of-home-care statewide.
- On-call assistance is available 24 hours a day, seven days a week provided by a trauma-informed clinician. When warranted, in-person evaluations are available and will happen within two hours of initial contact.
- Services are provided statewide in both English and Spanish.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Children and youth who have experienced complex trauma and need intensive support within environments that exacerbate trauma symptoms and/or demonstrate difficulty in regulating emotions and behavior when exposed to trauma reminders within their environment, and for whom caregivers are unable to adequately protect the child or help the child manage dysregulation of emotion.

Exclusionary Criteria:

- Children and youth identified as sexual perpetrators.

Intake: (401) 519-2280

Fact Sheet – Parent Partner Services - Parenting Capabilities for Successful Reunification (4A) - Parent Support Network of RI

Description:

- Parent Partner Service's primary focus for this service will be parent/caretakers and their children and youth who are involved with DCYF working on reunification. Parents of children in out of home care face a relatively brief period within which to successfully demonstrate progress in their effort to reunify. This progress includes engagement in their case plan, involvement in services, and visitation with children.
- PSN Parent Partner Services are focused on mentoring and educating the parent/families to lead and make decisions about the array of services, supports and resources they will access and receive for their child and family. Parent Partners will increase parental capabilities and skills with the delivery of the evidence-based Nurturing Parenting Program.
- Parent Partner Services are evidence-based and recognized by the California Evidence Based Clearing House for Child Welfare and by the Center for Medicaid Services (CMS). Parent Partners work primarily with the parents utilizing evidence-based peer based approaches and parenting strategies and interventions.
- Parent Partner services include ongoing telephone and face-to-face peer support; information and referral; individual and group parent education; service system navigation and warm transfers, ongoing adult education and vocational assistance; assist with unsupervised and supervised visitation; and attendance at medical, treatment, service, and educational related meetings. All parents/family caregivers will have a family support plan built upon agreed goals and action steps within their treatment or service plans.
- Parent education evidence based curriculums delivered include Nurturing Parenting Program, 24/7 Dad, and Inside/Out Dad. Parent Partners are trauma informed certified and receive ongoing training and clinical guidance.
- Parent Partner Services are best for parents/family caregivers of children birth to 21 years old and open to DCYF.
- Each family is assigned a Parent Partner who is a parent/family caregiver who has lived experience either raising a child or youth with serious behavioral (mental health and substance use) challenges and/or experience with child welfare and other service system involvement.
- Parent Partners are required to have a high school diploma/GED and be certified or actively working on Rhode Island Peer Recovery Specialist and/or Community Health Care Workers certificates with the RI Certification Board.
- Parent Partners receive individual and/or group clinical supervision weekly by a Licensed Independent Clinical Social Worker. Daily supervision by an experienced non-clinical peer specialist supervisor with over 20 years of peer service delivery.
- A minimum of two (2) face-to-face contacts per week, which may increase up to five (5) to six (6) times based on the family's needs.
- Parent Partners are assigned a caseload of approximately 10 to 12 families, depending on the number of children within the family.
- Typical duration of Parent Partner Services is six months of intensive services (4-6 hours per week) for approximately six months (up to 12 months or until DCYF closes) and stepping down to a single service requests (2 hours per week) as needed by the family.
- Parent Partner services occur in the home, community, treatment centers, schools, and other agency settings.
- The initial plan is developed within 45 days of the initial contact. Progress towards family support plan goals are measured and evaluated weekly.

- Parent Partners are available to serve statewide, weekdays 9:00 – 5:00 pm, and scheduled nights and weekends.
- PSN will provide gas cards and/or taxis to support clients in getting to their treatment or visitation appointments when it is cost effective and promotes self-efficacy.
- Because Parent Partner Services are non-clinical, they would not be the first response; they will make sure all families have a crisis plan in place as to which clinical provider is identified as 24/7 clinical response.
- Current Parent Partner staff speak English, Spanish and Portuguese and utilize interpretation.
- Upon referral, initial contact with family is made within two (2) business days. Initial face-to-face with the parents/family/caregiver occurs within five (5) business days of referral.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Parent Partner services should be highly encouraged and voluntary.
- Parents who are hard to engage, build trust and positive communication; need ongoing peer support, education, mentoring and advocacy; improve and practice their parenting to build protective capacity and positive parent and child interaction and healthy development.
- Parents who have children and youth with serious emotional disturbance, have multi-agency needs, and are transitioning from out of home placement to home.
- Parents who are in recovery for mental health, substance use and/or other chronic health needs or who are incarcerated at RI Adult Corrections and working on re-entry and reunification.

Exclusionary Criteria:

- Parents who after numerous attempts refuse to engage with Parent Partner Services.

Fact Sheet - Families Together Visitation Program - Providence Children's Museum & Nina's House

Description:

- Families Together (FT) is a strength based, therapeutic, family focused visitation and permanency planning program working with and assessing parents who are working toward reunification.
- FT serves children ages birth to 12 and works with teenagers (as the referred child) on a case-by-case basis.
- FT clinicians provide coaching, education, support, and feedback to parents, children, and the referring case worker.
- Visits take place weekly for 1-2 hours and up to 18 weeks.
- Visits are facilitated at Providence Children's Museum (PCM) and Nina's House (NH) Monday through Saturday.
- FT clinicians are Master's level and FAST (Family Advocacy Support Tool) certified.
- FT clinicians carry a case load of 12 families.
- FT clinician will provide individual assessments, education, on-call supports and develop customized treatment plans that address the unique needs for every family member.
- FT clinicians will identify and recommend additional services to support the parent and child.
- FT clinicians attend provider meetings, DCYF Administrative Reviews (ARU), and schedule meetings with parents and case workers at six-visit (6) intervals.
- FT clinicians will deliver timely detailed reports and assessments as requested by DCYF and the judiciary for periodic court reviews, legal procedures, administrative reviews, and meetings.
- FT program assistants provide transportation for all children participating in the program and in special circumstances will transport the parents.
- The Assistant Director and a clinical consultant are co-located at the DCYF Regional offices.
- FT staff offices are located at Nina's House.
- Services are provided statewide in English and Spanish.
- The Museum is available to DCYF staff for client visits and Nina House is available to for meetings and family visits for up to 16 hours per week.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Families with children ages 1-5 years old.
- Parents struggling with mental illness, substance abuse, domestic violence, and/or cognitive delays.
- Cases open 120 days or less.

Exclusionary Criteria:

- Parent(s) referred must be 30 days clean and active in their substance abuse treatment.
- Parent(s) diagnosed with a major mental illness are complying with medication and treatment.
- Parent(s) who are registered sex offenders can visit only at NH.
- FT will work with only one parent at a time if they are not an intact couple.

Foster and Kinship Care Supportive Services

Fact Sheet – Resource Family Support Service - Family Service of RI

Description:

- The Resource Family Support Service is an evidence-informed, strengths-based, family-focused service that will support kinship and generic resource families to provide for the safety and well-being of each child/adolescent in their care while supporting permanency efforts. It encompasses skill building, access to an array of customized supportive resources, and identification of respite homes and natural supports.
- Each family is assigned a case manager, and will receive assistance navigating the licensing process, ensuring necessary services are in place, and supporting placement.
- Services will be flexibly delivered to meet family need. They will take place in the home, the community, or the office.
- Each Resource Family will receive a minimum of one phone contact a week, and face-to-face visits as needed, which may range from several times a week, to a minimum of once every two weeks.
- Each family will have access and opportunities for support groups and additional training.
- Training and coaching on how to successfully navigate all child-serving systems, to ensure that each youth's behavioral health needs are met, that each youth is promptly enrolled in school, and has a primary pediatrician and dentist.
- Training and assistance in financial literacy/management and accessing TANF or other financial supports.
- Assistance accessing public transportation and transportation to appointments on occasion.
- Resource Family Navigators are Bachelor's level, CANS certified case managers with an average caseload of 10. They will directly be supervised by an independently licensed clinical director.
- Initial contact with the family will be made within one (1) business day.
- To assist with quickly identifying both areas of immediate and global need, the most recent CANS assessment for each child placed in the home will be reviewed, and identified service needs will be incorporated into the family assessment and service plan which will be updated every 90 days.
- Resource Family Support Service staff will provide monthly child-specific updates to DCYF case workers.
- Staff will provide monthly child updates to DCYF case workers.
- Service duration is estimated to be six (6) months.
- On-call is available 24 hours a day, seven days a week.
- When warranted, in-person evaluations are available and will happen within two hours of initial contact.
- Languages spoken: English and Spanish.
- Geographic area: Statewide.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Kinship and generic families in need of additional support to stabilize placements, encourage permanency, and increase retention of resources families past initial placements.
- Kinship families who have recently taken in youth and have not previously been resource families may be a particularly good fit for this service.
- Families may be referred as soon as a placement occurs to ensure support from the onset of placement.
- Does not have any age, gender, or regional eligibility requirements.

Exclusionary Criteria:

- None.
- The Resource Family Support Service is designed to support placements and improve outcomes for youth, families, and DCYF.
- Families who provide therapeutic foster care would likely be best served by their existing therapeutic foster care agencies.
- Intake: (401) 519-2280

Fact Sheet – Families for Children- Supportive Services (FFC–SS) - Communities for People Inc.

Description:

- FFC-SS is a community-based intensive service using evidence-based and trauma informed practices to support children in “generic”, kinship or pre-adoptive homes state-wide. Primary focus is to improve stability of family functioning and ultimately preserve the youth’s placement while awaiting permanency. The program brings to bear the same intensive social work and clinical supports as those in ‘specialized foster homes’ to youth residing in DCYF’s array of foster, kinship, and pre-adoptive homes. Additionally, the program provides coordination, transportation, and supervision of DCYF approved visitation.
- The program will work with both the youth, birth parents and resource family using evidence based and Trauma informed treatment models including, the Transtheoretical Model (TTM), Trauma Focused Cognitive Behavioral Therapy and Motivational Interviewing.
- The program serves children/youth ages 0-20.
- The program provides youth and families with extensive case coordination, clinical assessment, individualized treatment planning, trauma-informed individualized therapy, behavioral management strategies and support, safety planning as needed, as well as sibling/family visitation.
- Ensures that all youth receive needed psychiatric and psychological services, medical care, and educational enrichment.
- Services are readily available through evening and weekends, with on-call emergency support available 24/7.
- Each youth is assigned a Bachelor’s level social worker (8:1 caseload) and Master’s level clinician (16:1 caseload).
- Upon referral, initial contact with family is made within two (2) business days.
- Families receive a minimum of two (2) face to face contacts weekly, with additional telephone and collateral contact available. Clinicians see each youth for a minimum of one (1) hour of individual counseling weekly.
- This frequency may increase based on the family’s needs.
- Anticipated service duration is approximately three (3) to five (5) months.
- Services are provided primarily within the family’s home, but may also occur within the community or school setting based on the needs of the family, has 24-hour-on call capacity, and provides transportation assistance to youth and families for routine and emergency appointments.
- FFC staff will schedule appointments, complete applications, transport youth, coordinate and transport for sibling/birth parent visits, and mentor youth through daily living skills and guidance within therapeutic relationship.
- Initial treatment plans are developed within 30 days; subsequent reviews every 90 days. Progress towards treatment goals are measured and evaluated weekly.
- Language(s) spoken: English and Spanish
- The program accepts referrals state-wide.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Additional Services

- Linkages to family support as well as family/sibling visitation.
- TIPS-MAPP training for Kinship homes.
- Licensing support and ‘hand-holding’ for kinship and new foster homes.
- Access to respite services.
- Formal after care services provided up to six months’ post discharge.

Best fit criteria:

- Youth placed in non-specialized, “generic” foster care, kinship, and pre-adoptive homes.
- The program is designed to support youth with complex medical needs, children with problem sexual behaviors, pregnant and parenting youth, juvenile justice involved youth, and youth with severe and persistent mental health needs.

Exclusionary Criteria:

- Actively suicidal, homicidal or psychotic.
- Profound developmental delays or significant Autism Spectrum Disorders.

Fact Sheet – Kinship Support Services - Devereux

Description:

- Kinship Support Services focuses on stabilizing kinship foster care placements and increasing permanency outcomes.
- Kinship Support utilizes Positive Behavior Interventions and Support (PBIS) and Risking Connection as the evidenced based models supporting service delivery.
- Client's served are between the ages of 0-21 who are currently placed in DCYF kinship placements.
- Kinship families have access to Devereux 7 days a week, 24 hours a day.
- The case managers have a minimum of a Bachelor's degree. All cases will be overseen by Master's level supervisors and ongoing consultation with Master's level rehabilitation clinician. Caseloads average 1:8.
- Contact will be made with the client/family within 24 hours or one (1) business day of referral.
- Devereux will meet with the client/family up to five (5) days per week and will be scheduled based upon the needs of the client/family.
- The service is anticipated to last a total of 90 days. Extensions can be granted with DCYF approval.
- Services are provided in the kinship home, the community, or school setting based upon the needs of the client and family.
- Treatment plans, CANS, ASQ, OHIO and a Comprehensive Needs Assessment are completed within seven (7) days of intake evaluated every 30 days thereafter. Progress and barriers are reviewed with the client/family weekly during home visits.
- Devereux is currently able to provide services in English and Vietnamese.
- Referrals are generated through DCYF's Central Referral Unit (CRU).
- Geographic area: Statewide
- The contact info for Devereux is 401-734-9680 during business hours and 401-369-1375 for after hours, emergency services.

Best fit criteria:

- Kinship foster homes with placement that require support in the areas of: acquiring alternative housing, acquiring employment, stabilizing client behaviors, accessing community based services and navigating the child welfare system.
- Foster children transitioning from Devereux foster homes to kin, would also benefit from this service and would be able to maintain the same Devereux worker assigned to them in foster care, for continuity.

Exclusionary Criteria:

- There are no exclusionary criteria for this service.

Fact Sheet - Family Support Program – Foster Forward

Description:

The Family Support Program offers supports for kinship and nonrelative DCYF foster families. Families will receive immediate response to material resource needs including cribs and beds for kinship caregivers and short-term supplies and clothes needed to accept placement for both kinship and DCYF foster parents. Foster family outreach and engagement will be provided by Kinship Navigators for kinship families and DCYF foster parent mentors to navigate system benefits (SNAP, WIC, daycare, etc.), run peer support groups, and coordinate family activities and respite exchange. Families who require more intensive support will be assigned to one of two dedicated case managers. Family Support also offers statewide events including the Halloween Costume giveaway, the Holiday Gifts Campaign with toy distribution through Hasbro and Foster Parent Appreciation Month activities. Foster Forward also administers Youth Enrichment grants of up to \$300 per year per child for foster children to promote normalcy and inclusion in community activities.

- The services are available during business day and some evenings with 24/7 help line: Contact Information for the 24/7 if applicable: 800.655.7787
- The staff consists of a Program Coordinator (MSW) who supervises two (2) Kinship Navigators, the Lead for the Foster Parent Mentors, and two (2) case managers (BSW). Project Direction provided by Clinical Director.
- Between 800-900 families will be served overall, up to 50 foster families at a time in case management, 30-60 families served at any time by the Foster Parent Mentors, and about 500 families at a time will receive kinship navigator services. Cribs and beds will be available for up to 100 kinship families and youth enrichment grants will be available for up to 300 children and youth.
- Families will be contacted within one business day of referral for kinship caregivers and within one week of referral for nonrelative caregivers.
- The program will meet with the client as needed.
- Services will be reevaluated every 90 days and cases will be open for six (6) months but may be extended for up to a year based on need.
- Services will be provided at the office and at various locations in the community.
- Treatment plan goals will be measured/evaluated every 90 days.
- Services are provided statewide in English and Spanish.

Best fit criteria:

- The target population for Foster Forward's Family Support Program is all DCYF relative and nonrelative caregivers. DCYF should provide Foster Forward an updated list of all current foster families for universal outreach and service through activities and events and further provide real time notice through RICHIST for new relative caregivers and new placements with all nonrelative caregivers. Many families will be effectively served through Kinship Navigation, many new families may want monthly peer-based mentoring during the first year of their fostering experience and a smaller number of families may require more intensive case management support.

Exclusionary Criteria:

- Foster Forward's Family Support Program excludes therapeutic foster families. It offers an array of programming that can be effectively delivered as a standalone service for most families. But, we recognize there may be families who need intensive home-based visiting or additional in home behavioral management programs we do not provide. If such services were needed, Foster Forward would not open those families to case management or would suspend case management services if there was a more appropriate case management option available. Foster families receiving case management from another provider would still receive general resources, Kinship Navigation and access to a Foster Parent mentor through Foster Forward.

Fact Sheet – Supporting Adoptive and Foster Families Everywhere (SAFFE) – St. Mary’s Home for Children

Description:

- SAFFE is an intensive home-based service aimed at preserving foster and adoptive placements for children/teens with sexual abuse histories and active sexualized behaviors.
- Services provided by a clinician and a case manager.
- Children/youth ages 3 to 18 at risk of disrupting from adoptive or foster placement.
- Upon referral, initial contact with family is made within two (2) business days.
- The child/youth will receive 6-8 hours per week and the caregiver will receive 3-6 hours per week of case management services. Treatment modality include: TF-CBT, motivational interviewing, expressive therapies, EMDR, alternative therapies (i.e. Equine Assisted Psychotherapy, sensory motor, therapeutic yoga, etc.).
- Interventions focus on increasing healthy functioning of the family; focus on safety by reducing the risk of further victimization of the children/youth; and focus on permanency by stabilizing the youth’s living situation.
- A clinical team will provide individual, group and family therapy, caretaker support and education and case management. Other services include transportation assistance, after care planning, financial assistance for extracurricular activities, respite as needed, and building a support network. Referrals for psychiatric care.
- Caregivers will be provided psychoeducation on parenting a child who has experienced sexual abuse and other trauma utilizing our Families Impacted by Sexual Abuse (FISA) Curriculum, (formerly NOP Curriculum).
- Team coordinates bimonthly Provider Team meetings.
- Progress towards treatment goals is reviewed monthly.
- On call available 24 hours a day, seven days a week.
- Length of program: Typical duration of home-based SAFFE services is 6-8 months.
- Services in English, Spanish (translation services as needed).
- Geographic area: Statewide.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:

- Youth at risk of placement disruption (foster, pre-adoptive and/or adoptive) due to disclosure of sexual abuse and/or evidence of sexual abuse symptoms and high-risk behaviors, i.e. abuse reactive behaviors, sexualized behaviors, etc.
- Youth who are attempting to transition back to foster or adoptive homes after hospitalization, group home or residential care, with a history of sexual abuse or active sexualized behaviors.

Exclusionary Criteria:

- Lack of identified caregiver.
- Significant safety concerns, such as active homicidal or suicidal ideation.

Fact Sheet - Family Preservation and Permanency – Children’s Friend

Description:

- To address the needs of foster and kinship families with foster children who are at risk of experiencing removal through the duration of their time while open to DCYF. These children and youth include those with developmental disabilities, children, and youth with complex medical needs, and pregnant or parenting youth.
- Evidenced-Based (EB) Services which include Nurturing Parenting Programs; Promoting First Relationships.
- Serves children, ages 0-10, and their kin or foster families. Also, pregnant or parenting youth, and their kin or foster families.
- Services include child and family assessments; service plans are developed in partnership with the children or youth (as appropriate), birth parents and/or foster parents; high quality licensed foster homes including those who support the sub-population of children with complex medical needs, pregnant and parenting youth, and sibling placements.
- Bi-weekly minimum home visits (60-120 minutes per visit) provided by a Permanency worker. Permanency workers include Bachelor’s and Master’s level clinician staff including licensed Master’s licensed level staff.
- Behavioral Health and/or Mental Health Counselor provided by a Master’s level staff or a licensed Master’s level staff as needed.
- Child psychiatry, including psychiatric assessments, psychiatric services and/or medication management provided by a bilingual psychiatrist, as needed and appropriate.
- In-home nursing services, delivered by a registered nurse (RN) including consultation, health education, and direct nursing service.
- 24/7 on-call crisis intervention.
- A bi-weekly minimum of case management and case conferencing.
- Concurrent planning, as appropriate, delivered at weekly visits.
- Transportation for supervised visits or medical appointments as needed.
- Family Fun Nights consist of low cost or free activities that families can do together, replicate at home, and provides opportunities for families to meet each. Family fun night are open to all families, last for 1-2 hours, and are held every other month.
- Supportive kinship and foster family events activities include ongoing training.
- Flex funds to help birth parents secure necessary concrete supplies to support increased bonding, safety, and/or timely reunification.
- Availability of Service: Majority of the direct services are provided Monday-Friday, including evening appointments; with the availability of on-call services 24 hours a day, 7 days a week.
- Staffing Qualifications: Bachelor’s degree or higher for all positions except Peer Mentors. Caseloads range from 12 lower-risk to 10 higher-risk cases at any given time.
- Initial Contact: Initial contact is responsive to the referral situation, and could be the same day, if needed.
- Frequency of Contact: For Foster Care families, home visits a minimum of every other week (60-120 minutes, per visit) provided by a Permanency Worker (PW); for Kinship families, initially a minimum of weekly home visits (60-120 minutes, per visits) by a PW. Supported sub-populations receive services at a higher frequency.
- Duration of Services: Anticipated average length of services is 15 months.
- Location of Services: Provided in whichever setting is appropriate for the children, parents, and/or kin or foster parents. This may include the home, DCYF visitation rooms, the visitation room at Children’s Friend (at 153 Summer St., Providence), and other community settings.
- Treatment Plan Goals: Treatment plan goals reviewed, and updated (as appropriate), at least quarterly.

- Languages Spoken: Current staff who are bilingual speak English, Spanish, Portuguese, Cape Verdean Creole, Haitian Creole, French, and Armenian.
- Geographic Area: Statewide.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best Fit Criteria (Circumstances):

- Children, 0-10 years, or pregnant/parenting youth who has been placed with foster parents or kin.
- And, the child is at risk of removal, often due to complex needs such as:
 - Behavioral health or developmental disabilities
 - Complex medical needs
 - Pregnant or parenting youth

Exclusionary Criteria (Circumstances):

- Children and youth who have current sexualized behavior.
- Children and youth with severe behavioral and mental health needs.
- Family is about to be closed to DCYF.

Contact Information:

For referrals – 401-752-7777 or intake@cfsri.org; we also have an emergency phone number for clients, available 24/7.

Family Stabilization Programs

Fact Sheet – Preserving Families Network (PFN) Stepdown/ Families Strong (FS) - Tides Family Services

Description:

- PFN Stepdown/Families Strong is a locally-developed program designed to meet the unique and diverse needs of high-risk youth and their families. PFN Stepdown/Families Strong integrates behavioral health and child welfare services to meet the complex needs of the target population. Interventions are targeted at the whole family system, including working directly with parents and families' natural supports. PFN Stepdown/ Families Strong provides individualized tailored services to youth in need of intensive support to remain in their homes/communities.
- PFN Stepdown/Families Strong serves males and females ages 6-21 years of age.
- Available 7 days a week, evenings & weekends with a 24/7 on-call line.
- To ensure staff are available to immediately respond to and provide face-to-face support, Tides Family Services has a 24/7/365 on-call system. All PFN families have direct 24/7 access to their treatment team.
- Families receive treatment through a PFN team, led by a clinician. Clinicians are Master's level, preferably maintaining a LCSW, LICSW, LMHC or LMFT. Clinicians work collaboratively with Behavioral Assistants and Outreach and Tracking Caseworkers (Bachelors level) in the provision of treatment.
- Contact is attempted made with the family within 24-hours to schedule an intake and assessment.
- Core PFN Stepdown/Families Strong services include: 1) a unique variety of intensive Home-Based Services (HBS) for youth and families. In-home contacts up to three hours weekly and are delivered by behavioral assistant (BA) under the supervision and direction of a licensed clinician. The BA provides 1-3 hours of skill building sessions including social skills; life skills; family communication; etc. Sessions are targeted toward both the youth and family. The clinical lead for the case meets with the youth/family at least monthly to guide treatment, assess progress and assist with any barriers that present. 2) Outreach and Tracking (OT), an intensive crisis response and supervision and monitoring service delivered through daily home visiting Monday-Saturday with crisis response available on Sunday. Tracking services include transportation from home to school and staff contact youth in-person wherever they are (school, home, in the community, at another agency, etc.). Overall, PFN Stepdown/Families Strong direct service hours average 2-3 hours per week depending on youth and family need and presenting issues. Service is provided in the client's home or community. If necessary, office appointments are available.
- Assessments take place at the initial intake, 30-day treatment plan, and every 60 days thereafter for treatment updates & utilization reviews. At each 60-day interval, as treatment goals are evaluated and updated, PFN staff meet with the DCYF caseworker to discuss case progress/barriers and ongoing needs.
- PFN services are available in English and Spanish. Ability to accommodate additional languages.
- PFN delivers services statewide and services can be initiated prior to a youth's reunification home from a residential facility.

Best fit criteria:

- Child (aged 6-21 years of age), family has DCYF involvement *and* client is at least one of the following:
 - Being discharged from RI Training School for Youth or currently involved with probation or parole.
 - Placed out-of-state with aim of returning home.
 - Currently hospitalized with need for additional services to be discharged.
 - In a high end in-state placement with aim of returning home.
 - In foster care needing services to maintain placement.
 - Client and/or family have significant Family Court involvement (includes Truancy, Drug and Re-Entry Court.)
 - Child at-risk for imminent risk for out-of-home placement.
 - Need for intensive in-home family stabilization, positive interaction with adults on a social, educational, and interpersonal level; and need positive success on the educational and community level.

Exclusionary Criteria:

- There are no set exclusionary criteria.

Fact Sheet - Project Connect and Project Family - Children's Friend

Description:

- To provide high-quality services for children and their families who are at risk of child removal, as well as reunification of children who have entered care. The program is designed to achieve safety, reunification, permanency, and child wellbeing in the least restrictive environment. The program is a set of individualized strength based, evidence-based integrated and trauma-informed family preservation and permanency services which will foster strong engagement with parents, prioritize the child and are aligned with best practices in child welfare.
- Evidence-Based (EB) Services include Project Connect; Nurturing Parenting Programs; Nurturing Program for Families in Substance Abuse Treatment and Recovery; Child-Parent Psychology; Promoting First Relationships.
- Supporting children ages 0-17, their families, and pregnant and parenting youth and including developmental disabilities (DD) and complex medical needs; and families with parents who have co-occurring substance abuse, domestic violence (DV) and/or mental health needs.
- Availability of Service: Majority of the direct services will be provided Monday-Friday, including evening appointments; with the availability of on-call services 24 hours a day, 7 days a week.
- A minimum of a weekly home or community based visit (60 to 120 minutes per visits) provided by a Family Preservation (FP) Worker and/or Family Preservation (FP) Parent Educator.
- Family Preservation (FP) Worker is geared to address concerns such as trauma and/or toxic stress, mental health concerns, substance abuse and/or DV. The FP worker will be responsible for the overall case and service delivery.
- Family Preservation (FP) Parent Educator is geared to specifically address parenting capabilities including, but not limited to, increasing parents' knowledge of child development and their skills in nurturing and responsive parenting.
- Families receiving Project Connect (PC) EB Model will receive twice weekly visits for an average of one year and additionally as needed.
- Behavior Health and/or Mental Health Counseling is based on the individualized needs of the child and family. These services will be provided in the office, home, or community.
- Child Psychiatry including Psychiatric Assessment, Psychiatric Services, and/or medication management are provided by a bilingual psychiatrist, as needed and as appropriate.
- In-home nursing services delivered by a registered nurse and includes consultation, health education and direct nursing services. Services are directed specifically for children with complex medical needs and pregnant and parenting youth but available for all children.
- Weekly case management provided by the FP worker and includes outside programing, accessing to linkage to the comprehensive, wraparound child and family programs and services of CF.
- Specialized services geared to address the needs of co-occurring substance affects families, provided by staff who have specialized experience in working with families who are substance affected.
- DV advocacy services include court advocacy provided for those experiencing or who have a history of DV.
- Family Fun nights consist of low cost or free activities that families can do together and replicate at home that provide opportunities for families to meet other families. Family fun nights are open to all families, last for 1-2 hours and are held every other month.
- Groups are facilitated by a FP worker and/or a FP Parent Educator. Nurturing Parenting Groups, recreational activities, Healthy Relationship, and Women in Sobriety Peer Support Groups are also provided.
- Staffing Qualifications are as follows: Bachelor's degree or higher for all positions except Family Preservation Peer Mentors. Caseloads range from 12 lower-risk cases to 8-9 high-risk cases at any given time.

- Transportation is provided by FP Parent Educator or visitation worker for supervised visits or medical appointments as needed.
- Initial Contact: Initial contact is responsive to the referral situation, and could be the same day, if needed.
- Duration of Services: if the family is open to DCYF, and for three months after closing. The average length of services will be 12 months.
- Location of Services: Whichever setting is appropriate for the children, parents, and/or kin or foster parents. This may include the home, DCYF visitation rooms, the visitation room at Children's Friend (at 153 Summer Street in Providence), and other community settings. The family visitation room at Children's Friend has a kitchen area. Supervised visits are provided by the FP Worker or a visitation worker. Supervised visits will focus on enhancing and maintaining the parent-child bond and include ongoing parent-child assessment.
- Treatment plans are developed in partnership with the child and youth (as appropriate) birth parents and/or foster parents. Treatment plan goals reviewed, and updated (as appropriate), at a minimum of quarterly.
- Kinship and foster care support services provided by the FP Worker or FP Parent Educator include monitoring visits, child safety education, assistance with kinship homes being licensed and transportation
- Respite care for kinship and foster families provided by Children's Friend licensed foster families.
- Aftercare services for continued support for parents and children for three months after closing to DCYF or as clinically necessary. Families can also attend any recreational events and group at any time after closing, and can self-refer for additional services.
- Flex funds to help parents secure necessary concrete supplies to support increase bonding safety and /or timely reunification, to provide kinship families to become licensed and to foster families to maintain a license, including supplies or home improvement needed for home safety, to assist current licensed foster families in accepting new child, to assist foster families with supportive materials for children with developmental disabilities or complex medical needs, and to provide support materials for pregnant and parenting youth.
- Languages Spoken: Current staff who are bilingual speak English, Spanish, Portuguese, Cape Verdean Creole, Haitian Creole, French, and Armenian.
- Geographic Area: Statewide.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best Fit Criteria:

- Family is open to DCYF.
- Family has had their child(ren) removed or at risk of having their child(ren) removed.
- Child is ages 0-17 or a pregnant or parenting youth.
- Includes parents or families who have co-occurring substance abuse, domestic violence, and/or mental health needs, and children with developmental disabilities and/or complex medical needs.

Exclusionary Criteria:

- Family is about to be closed to DCYF.
- Children and youth who have current sexualized behavior.
- Children or youth who have severe behavioral and mental health needs.

Contact Information: For referrals – 401-752-7777 or intake@cfsri.org; we also have an emergency phone number for clients, available 24/7.

Fact Sheet – Homebuilders - Bethany Christian Services of Southern New England

Description:

- The primary focus of intensive home-based services is to prevent first-time out-of-home care placement when it is imminent, get kids back home from placement (home within 7 days of start of Homebuilders), and reduce re-referrals of abuse and neglect. Implementation of the model strengthens families through careful assessment, teaching of skills and overcoming barriers to success.
- An evidence-based model follows tested standards and includes quality improvement in its basic design.
- The program serves children/youth ages 0-17 and their caregiver(s).
- 24/7 Availability - Therapists are available to families 24/7.
- Referrals are made from DCYF's Central Referral Unit (CRU).
- Staffing Qualifications – Supervisor (Licensed Master's Level with home-based services experience), Therapists (Bachelor's or Master's Level with home-based services experience). Two (2) Cases per therapist, each for 4-6 weeks.
- Caregiver must be available for an intake session within 24 hours of referral.
- Therapist meets with the family at least 3-5 times per week (40 hours of face to face direct service), when services are most needed and most effective.
- Services are typically provided by therapist for 4-6 weeks, families have access to limited post intervention contract.
- Service plans are developed with the family and updated as needed.
- All visits occur in the caregiver's home and community.
- Comprehensive reports are provided as needed for court and the ICPC process.
- North Carolina Family Assessment Scale (NCFAS) is used at beginning of services to measure aspects of family functioning and child safety and to shape case goals. A service plan is developed within seven (7) days after first face to face contact. A transitional NCFAS is also used at closure for evaluation.
- Able to serve English and Spanish speaking families.
- Serving the entire state of Rhode Island.

Best Fit Criteria:

- Less intensive services have been exhausted or are not appropriate.
- Maintaining the child in the home is not just a temporary plan. The child is not on a waiting list or pending entry into group care, psychiatric care, or a juvenile justice institution.
- The caregiver has been informed of the risk of placement.
- The caregiver(s) will be available for an intake session within 24 hours of referral.
- The program intensity has been fully described to the family prior to the referral (40 hours of direct service over 4-6 weeks), AND at least one caregiver in the home is available to participate.
- The presenting problems may include child abuse, neglect, family conflict, juvenile delinquency, and child or parental developmental disabilities and/or mental health problems.

Exclusionary Criteria:

- Families who refuse the Homebuilders program.
- The physical abuse is considered life-threatening, necessitating the child(ren) be immediately placed to ensure safety (for ex, the parent threatens homicide of the child).
- Both parents are found incoherent all the time due to substance abuse.
- Family members, including parents, fear being murdered by the drug community and move constantly to avoid harm.

- A parent wants the child(ren) to be placed and refuses to consider services that might enable the child(ren) to remain in the home.
- There is no sexual abuse referral we would routinely refuse. Our worker will continually monitor to ensure the child's safety and notify DCYF if it appears Homebuilders can't ensure safety of the child(ren).
- There are consistent threats to hurt any worker who works with the family or visits the home.
- A worker determines parents or children require hospitalization because of severe life threatening uncontrollable behavior.
- Mental illness and related factors prevent parents from meeting minimal needs of the children and there is NO potential for support from extended family members or other resources. (Keep in mind that Homebuilders can develop stabilizing community support. Therefore, if there is ANY potential, this instance may qualify as an appropriate referral).
- The child has a life-threatening illness and the parent does not have the intellectual capacity to learn to provide necessary health care and no homemaker, public health nurse, or family member is available to provide the care.

Fact Sheet - Family Centered Treatment® (FCT) - Child & Family

Description:

- Family Centered Treatment is an evidence-based model. FCT specialists and supervisors receive weekly consultation from the Family Centered Treatment Foundation to ensure fidelity to the model.
- FCT provides support to families with a child at imminent risk of out-of-home placement.
- FCT supports rapid reunification with children, youth and their families when there has been an out of home placement or otherwise assist youth transitioning to permanency.
- FCT provides support to children, youth and families open to DCYF or juvenile probation in need of supportive services to achieve their goals.
- Home Based Family Therapy program which utilizes the caregiver as the catalyst for change with the goal of successful reunification and/or maintenance of the child in their home.
- In addition to the family therapy component of the FCT program, other essential elements include providing treatment for trauma, care coordination and wraparound services.
- Eligibility includes children ages 0-21 and their family/caretakers.
- Staff have either a Master's or Bachelor's degree in a mental health related field and are certified as Family Centered Treatment Specialists by the FCT Foundation. ®
- All staff are required to complete the Family Centered Treatment certification process.
- Specialists have a caseload of 4-6 families and provide FCT at home a minimum of four (4) hours per week.
- Each FCT therapist is on call 24/7 for their assigned families and is available for phone support or additional face to face contact.
- Given the small caseload and intense level of treatment, it is common for the FCT Specialist to assist the family with transportation, however they will assist families with linkages to support services such as basic needs programs (food, housing, clothing), healthcare, childcare, parent trainings and other family support services provided by nonprofit organizations and/or government agencies throughout the state.
- Once a referral is received, a clinician will contact the family within 24 hours to schedule the first family session. The first session is scheduled within five (5) business days whenever possible.
- Services include case management and guidance to address all service and support needs.
- The average length of service is six (6) months.
- Family Centered Treatment services are provided in the family's home setting as well as in the community.
- Monthly updates are provided to DCYF and/or Probation.
- Family Centered Treatment at Child and Family is offered statewide in English and Spanish.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Families within 30-60 days of scheduled reunification.
- Families at risk of having a child removed from the home due to behavioral concerns or parenting issues.
- Addresses behaviors in children such as trauma, defiance, truancy, suicidal ideation, and attachment issues as well as concerns around parenting needs such as structure and boundaries.

Exclusionary Criteria:

- No identified plan for reunification or no identified caregiver.

Outcomes:

85% of families enrolled will complete the program; Using CANS pre- and post-test data, 85% of children and families will show improvement in behaviors; 90% of youth will remain in the home after 6 months of termination; 85% of the families served shall be shown to have avoided an out of home placement after 12 months of exit from the program; 100% of staff will demonstrate FCT model fidelity within 6 months.

Fact Sheet - Family Stabilization Program (FSP) - Child & Family

Description:

- The FSP is an evidence informed model in that it utilizes three phases of treatment, intensive weekly supervision, is family centered, and adheres to high quality family stabilization treatment practices.
- FSP provides support to families with a child at imminent risk of out-of-home placement.
- FSP Supports reunification with children, youth and their families when there has been an out of home placement or otherwise assist youth transitioning to permanency.
- FSP provides support to children, youth and families open to DCYF or juvenile probation in need of supportive services to achieve their goals.
- FSP focuses on stabilizing the family by addressing basic needs, addresses family interactions and family structure, addresses behavioral issues such as truancy and oppositional behavior, and supports kinship family placements.
- Eligibility includes children ages birth to 21 years of age and their family/caregiver.
- Risk and Crisis Planning are part of the model and works with family to reduce risk, increase supports, and address basic needs such as housing, and food insecurity.
- Families are seen a minimum of twice a week and services include Case Management and Family Therapy. FSP provides multiple contacts weekly with a minimum of two fact-to-face contacts each week and bi-weekly family meetings.
- In addition to family and individual meetings, the family stabilization program provides supports that will increase the family's likelihood of success - such as transportation and linkages to food pantries, housing programs, financial programs provided by the Department of Human Services (DHS) and other basic needs programs and services that will support the family in attaining stability.
- There is 24/7 on-call.
- When a referral is made, it is assigned to a worker and the family is contacted within 24 hours. Intake is scheduled within five (5) business days whenever possible.
- Appointments are scheduled with flexibility when families are available.
- Initial assessment activities are completed within the first 30 days.
- Services and activities are monitored weekly and plans are reviewed every 90 days.
- Services are provided in the home and community and typically last for six (6) months. Services can be extended for 3-6 months at DCYF's discretion.
- Monthly updates are provided to DCYF and/or Juvenile Probation.
- Family Stabilization Services are offered statewide in English and Spanish.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Youth and their families requiring support, stabilization, and therapeutic services to remain together.
- Addresses behaviors in children such as trauma, defiance, truancy, suicidal ideation, and attachment issues as well as concerns around parenting needs such as structure and boundaries.

Exclusionary Criteria

- Youth who are not returning to a family or who will continue to be in placement longer than 60 days.
- Youth who are actively psychotic or require sex offender treatment (program can work with youth who is receiving offender treatment if youth is in a family setting).

Outcomes:

90% of families served will complete program successfully; Using CANS pre- and post-test data, 85% of children and families will show improvement in behaviors; 90% of youth will remain in the home after 6months of termination;

85% of the families served shall be shown to have avoided an out of home placement after 12 months of exit from the program.

Fact Sheet – Family Centered Treatment (FCT) - Communities for People

Description:

- FCT is an evidence-based, intensive family and community-based treatment program. It is made up of four unique phases (Joining & Assessment, Restructuring, Valuing Changes and Generalization) which promote improved family functioning with all household members. FCT therapists work with the entire family system.
- The treatment model is focused on the family unit, and through the course of treatment, promotes that each family member value the changes they made in their progress.
- This is an action-based model that provides the family with in the moment, hands-on opportunities to practice change. FCT differs from other home-based, family-focused programs because it emphasizes the importance of families finding value and developing ownership in the changes being made.
- FCT therapists schedule weekly sessions based on the families' schedules and sessions can be conducted in the evenings and on the weekends, based on family members' schedules. A minimum of four (4) hours face-to-face direct contact per week is expected, this may increase or vary based on the needs of each family.
- Clients served are 0-20 years of age.
- The FCT team includes both bachelor level and Master level clinicians, with each clinician able to carry a caseload of 4-6 families.
- All therapists are trained in the FCT model and must become FCT Certified within one year of hire.
- Initial contact is made with the families within 48 hours upon receiving the referral.
- Duration of services is approximately 6- 9 months.
- FCT works with the family primarily in their home, and occasionally in the community.
- FCT therapists provide home-based therapy to help eliminate barriers to treatment, such as transportation, time, and/or family management. FCT clinicians are capable of transporting families for treatment or providing bus pass fare, gas cards, and/or cab fare if necessary. Throughout treatment, FCT therapists provide 24/7 crisis support in addition to client-specific interventions and coping skills training.
- FCT therapists are on call 24 hours a day, seven days a week.
- Languages spoken: English, Spanish and Creole (African).
- Geographic area served: Statewide.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Youth at high risk for out of home placement, hospitalization, or incarceration.
- Youth and families in the process of reunification.
- Juvenile justice, welfare, and children's behavioral health populations.
- Family systems experiencing domestic violence, history of trauma, client and/or caregiver mental health and/or substance abuse concerns.
- Males and females ages 0-20 with an identified caregiver, either foster home or extended caregiver home.
- Children with development disabilities in certain situations.

Exclusionary Criteria:

- Children without an identified caregiver.
- Active psychosis or untreated substance use.

Fact Sheet – Enhanced Family Support Services (EFSS)- Communities for People

Description:

- EFSS is a strengths based in-home treatment program aimed at helping families stay together or reunify despite significant stressors. It assists parents and caregivers with developing the skills necessary to ensure the safety, health, and well-being of all family members. The program serves any youth in the family, ranging from birth to age 21.
- EFSS offers families a fully integrated array of services including: parenting education and support; individual counseling, problem-solving and skill building; family counseling and mediation; 24/7 availability for crisis intervention/stabilization, emergency team meeting, and/or safety planning; comprehensive assessment of the child/youth and family's strengths and needs (completed within 30 days); treatment planning; psycho-educational services; case management services; social/recreational activities; provision of or referral to substance abuse education; educational/vocational advocacy, tracking and accountability monitoring; identification of and referral to community behavioral health supports including psychiatry as needed for evaluation and medication management; expressive arts, play and sports therapy techniques, clinical self-care groups and creation of and linkages to family support and community resources.
- Family support services include: family meetings; behavior management strategies and planning; daily structure planning and strategies for supervision in the home; life skills education; basic needs assistance; strategies for effective communication among family members; and role-modeling/coaching.
- The supervised visitation service will provide up to 2-hour visits, supervised by a Master's level clinician, up to two (2) times per week, including weekends and transportation to and from a visitation site.
- All staff are trained in evidence-based, trauma-informed practices, including Trauma Focused Cognitive Behavioral Therapy, Motivational Interviewing, and The Strengthening Families Group Curriculum.
- Clients served are from 0 to 21 years old.
- Services are readily available through evening and weekends, on-call emergency support available 24/7.
- Each youth is assigned either a Master's level clinician, a caseworker, or both depending on referral needs and DCYF recommendations. Clinicians and caseworkers can carry a caseload of eight (8) families.
- Upon referral, initial contact with family is made within two (2) business days.
- Families receive a minimum of two (2) face to face contacts per week, with additional telephone and collateral contact available.
- Typical duration ranges from approximately three (3) to nine (9) months.
- Services are provided primarily within the family's home, but may also occur within the community or school setting based on the needs and desires of the family.
- Initial treatment plans are developed within 30 days; subsequent reviews every 90 days. Progress towards treatment goals are measured and evaluated weekly.
- Languages spoken: English and Spanish. - Geographic area: Statewide
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Youth in residential placement looking to reunify home within 30-60 days.
- Child or youth in threat of being removed from the home, and therefore family in need of stabilization.

Exclusionary Criteria:

- Actively suicidal, homicidal or psychotic.
- Primary referral reason is sexual offender behavior.
- Severe developmental delays and high-end Autism Spectrum Disorders.

Fact Sheet – Integrated Permanency Supports – Northern RI Visitation Center (NRIVC) - Community Care Alliance

Description:

- NRIVC is focused on supporting parent(s) towards their goal of reunification with children in care, or moving towards permanency for children. This is done via supervised visitation, intensive case management & recovery coaching, parent skill building, parent-child relationship guidance, and frequent collaboration with all service providers.
- The parent is the target of intervention of NRIVC services. Couples may be served as well. Children and parents served may be of any age. All parents served must present with a need for substance use and/or mental health treatment.
- Addresses DCYF case plan goals.
- Developing, strengthening, or maintaining the parent, child relationship attachment.
- Developing of positive and safe parenting skills. Staff provide interventions in visits that may include: observations/ assessments, reduction, reflection, coaching, modeling, and direct intervention to ensure the safety and well-being of the child(ren) always.
- Recover coaching to address mental health and substance use treatment and recovery and build recovery capital.
- Intensive case management to address all barriers to reunification; assistance with accessing resources.
- Support in the development of protective capacity and addressing protective factors (i.e. housing, employment, healthcare, supportive relationship, etc.).
- Family team meeting between parents, DCYF and other providers, to review progress, visitation plans, obstacles to be addressed and strategies for doing so. NRIVC practice is team based and collaborative.
- Visitation services will include 3-4 hours of contact per week with parent and child inclusive of visitation observation, coaching, and case management.
- Transportation for child(ren) to and from visits, if foster parents are unable to do so.
- Services are provided Monday-Friday, 8:30-7:00 pm and Saturday, 8:30-5:00 pm. Families have access to a 24/7 telephonic Emergency Crisis Line as well.
- Services are provided by both Bachelor's level (with 5 + years of experience in the field) and Master's level Clinical Case Managers. Program receives oversight by an independently licensed clinician and highly experienced Master's level staff.
- Due to intensive nature of services provided, staff caseload is approximately eight (8).
- When a wait list is present, DCYF workers are notified of the wait time anticipated. Families receive outreach as soon as they are moved off the wait list.
- Visits take place 1-2 times per week, for 1-2 hours each (3 times per week or additional hours for some cases, or when close to reunification); Individual parenting guidance and recover coaching sessions take place a minimum of one (1) time per week. Goal is for monthly family-team meetings.
- Transportation is provided (if needed) to children to attend visitation.
- No timeframe limit for service, based on authorization.
- Visits typically take place at NRIVC (31 Orchard St., Woonsocket), which is a home-like setting, and then visits are moved to the community or home. Visits may take place at DCYF in certain circumstances. Individual sessions take place at NRIVC, community and in the home.
- Service plans are reviewed every 3 months, or more often if needed.
- Services are available in English and Spanish.
- Parents must either reside in Region IV area, or must be able to travel to Woonsocket.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Service is most appropriate for parents with children who are working towards reunification.
- Who live in Region IV or can travel to Woonsocket.
- Are ready and able to attend visits with their children.
- Are engaged in mental health and/or substance use treatment services. If parent is not yet engaged in this service, we will provide outreach and engagement to assist them in securing this service. Parent must be receiving treatment service prior to visits occurring at NRIVC.

Exclusionary Criteria:

- Families may not participate in NRIVC when there are safety concerns that would preclude them from having visits with their child, that cannot be mitigated by safety plans.
- Children are placed in a hospital-based setting or experience significant medical concerns that are not manageable by program staff.
- Parent has a sexual offending history that places minors at risk.

Fact Sheet – Enhanced Family Support Services Program (EFSS) – The Key Program, Inc.

Description:

- EFSS is a family-centered, strengths-based program that incorporates evidence-based and evidence-informed practices, including trauma-informed treatment, Motivational Interviewing, Family-centered Practice, Seeking Safety, and Cognitive Behavioral Therapy to assist children, youth, and families with stabilizing family relationships; improving individual and family functioning; and helping parents/caregivers develop the skills necessary to ensure the safety, health, and well-being of all family members.
- Clients served range in age from birth to 20 years old. Key's EFSS Program is statewide; EFSS can be used alone or in conjunction with other programs. For example, EFSS's supervised visitation component is often linked with Key's Positive Parenting Program (Triple P).
- EFSS caseworkers have Bachelor's degrees in human services-related fields; clinicians have Master's degrees in counseling or social work and are overseen by an independently licensed clinician.
- Key staff maintain a flexible work week that can meet clients' scheduling needs and preferences.
- If assessed to be necessary, the clinician will provide short-term solution focused therapy to the youth or family and assist with helping the youth/family to enroll in longer-term counseling in the community.
- The clinician also provides clinical consultation to the Bachelor's level caseworkers to guide and inform assessment, treatment planning, and intervention.
- Services are provided to clients 7 days a week, 365 days per year, days and evenings, with 24-hour crisis intervention availability, both by phone and in-person.
- Upon receipt of referral, initial contact with the client is attempted within one (1) business day to schedule an intake meeting.
- Youth and families receive a minimum of two hours of face-to-face contact per week, which may increase as needed. Phone contact and collateral work occur daily.
- Typical duration of EFSS services is 3-9 months.
- EFSS is a home-based service. However, EFSS caseworkers provide services within all areas of the youth's life, including school, work, recreation, and community. Group work is facilitated at the program's office.
- EFSS has an extensive menu of services. Treatment plans and interventions are individualized and tailored to meet each client's unique strengths, needs, abilities and preferences. Treatment plans are reviewed monthly and revised every 90 days or earlier, if needed.
- As is needed, Key regularly provides youth and families with transportation to routine and emergency appointments such as medical/dental, counseling, psychiatric or other evaluations, school enrollment and reinstatement meetings, recreational activities, and court appearances, while simultaneously work with the youth and family to develop natural supports for transportation or to learn how to use public transportation for future needs.
- Languages spoken: English, Spanish, Khmer, Portuguese, Creole.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best Fit Criteria:

- EFSS can be used to prevent out-of-home placement or to facilitate reunification from placement.
- Youth and families who require support to function safely and effectively in their own homes and communities.

Exclusionary Criteria:

- Actively suicidal, homicidal, or psychotic; behavior poses a real and imminent threat to community safety; developmental delays that impede ability to communicate verbally; meets criteria for severity levels 2 or 3 for Autism Spectrum Disorder.

Fact Sheet – Parent Partner Services – Preventative (2A) – Parent Support Network of RI

Description:

- Parent Partner Services' primary focus is to improve parent self-efficacy, parent protective capacity, positive parent and child interaction, healthy child development, wellness and recovery, and permanency; and prevent child abuse, neglect, maltreatment or re-maltreatment, hospitalization, and out of home or school placement.
- Parent Partner Services are used to strengthen and support the family to maintain children with their families whenever it can be done safely. Through in-home services, appropriate resources can help parents focus on addressing the issues that led or could lead to abuse or neglect.
- PSN Parent Partner Services are focused on mentoring and educating the parent/families to lead and make decisions about the array of services, supports and resources they will access and receive for their child and family. Parent Partners will increase parental capabilities and skills with the delivery of the evidence based Nurturing Parenting Program.
- Parent Partner Services are evidence-based and recognized by the California Evidence Based Clearing House for Child Welfare and by the Center for Medicaid Services (CMS). Parent Partners work primarily with the parents utilizing evidence-based peer based approaches and parenting strategies and interventions.
- Parent Partner Services include ongoing telephone and face to face peer support; information and referral; individual and group parent education; service system navigation and warm transfers, ongoing adult education, and vocational assistance; and attendance at medical, treatment, service, and educational related meetings. All parents/family caregivers will have a family support plan built upon agreed goals and action steps within their treatment or service plans.
- Parent Education evidence based curriculums delivered include Nurturing Parenting Program, 24/7 Dad, and Inside/Out Dad. Parent Partners are trauma informed certified and receive ongoing training and clinical guidance.
- Parents/family caregivers of children and youth from birth to 21 years old and open to DCYF.
- Each family is assigned a Parent Partner who is a parent/family caregiver who has lived experience either raising a child or youth with serious behavioral (mental health and substance use) challenges and/or experience with child welfare and other service system involvement.
- Parent Partners are required to have a high school diploma/GED and be certified or actively working on Rhode Island Peer Recovery Specialist and/or Community Health Care Workers certificates with the RI Certification Board.
- Parent Partners receive individual and/or group clinical supervision weekly by a Licensed Independent Clinical Social Worker. Daily supervision by an experienced non-clinical peer specialist supervisor with over 20 years of peer service delivery.
- A minimum of (2) face to face contacts per week, which may increase up to five (5) to six (6) times based on the family's needs.
- Parent Partners are assigned a caseload of approximately 10 to 12 families, depending on the number of children and youth within the family.
- Typical duration of parent partner services is six months of intensive services (4 to 6 hours per week) for approximately six months (up to 12 months or until DCYF closes) and stepping down to a single service requests (2 hours per week) as needed by the family.
- Parent Partner services occur in the home, community, treatment centers, schools, and other agency settings.
- The Initial plan is developed within 45 days of the initial contact. Progress towards family support plan goals are measured and evaluated weekly.

- Parent Partners are available to serve across the statewide, weekdays 9:00 – 5:00 pm, scheduled nights and weekends.
- PSN will provide gas cards and/or taxis to support clients in getting to their treatment or when it is cost effective and promotes self-efficacy.
- Because Parent Partner Services are non-clinical, they would not be the first response; they will make sure all that all families have a crisis plan in place as to which clinical provider is identified as 24/7 clinical response.
- Current Parent Partner staff speak English, Spanish and Portuguese and utilize interpretation.
- Upon referral, initial contact with family is made within two (2) business days. Initial face to face with the parents/family/caregiver occurs within five (5) business days of referral.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Parent Partner services should be highly encouraged and voluntary.
- Parents who are hard to engage, build trust and positive communication; need ongoing peer support, education, mentoring and advocacy; improve and practice their parenting to build protective capacity and positive parent and child interaction and healthy development.
- Parents who have children and youth with serious emotional disturbance, have multi-agency needs, and are at risk of out of home placement.
- Parents who are in recovery for mental health, substance use and/or other chronic health needs.

Exclusionary Criteria:

- Parents who after numerous attempts refuse to engage with Parent Partner Services.

Fact Sheet – Reunification Program - Justice Resource Institute, Inc.

Description:

- The JRI Reunification Program serves youth who are stepping down from placement in a JRI facility
- Clients served are from ages 5 through their 20th birthday.
- Each Team maintains an average caseload of 6 families with a minimum of 6 hours of face to face contacts per week.
- Discharge readiness will be determined by the family/treatment team based on progress of goals and objectives, active participation in services, emerging issues, input from the youth, family, involved agencies, and safety issues.
- Primary focus of Reunification programming is to facilitate reentry of the youth into a family / home setting, and to improve family functioning using many potential interventions such as: youth mentoring, in-home therapy, safety planning, case management, crisis intervention and stabilization (24/7), caretaker support and education, all of which decrease the youth's risk factors
- Progress toward treatment goals are measured and evaluated weekly in sessions and notations, and through use of quarterly treatment plans to assess ongoing strengths, needs and goals.
- On call support of a clinical team member is available 24 hours a day, 7 days a week.
- Geographic coverage area: Providence and East Bay Areas

Best fit criteria:

- Youth in need of support to remain in the home and community due to exposure to trauma.
- The Program can be used to assist in reunification for youth currently in out-of-home placement. Services can be in place up to 90 days before reunification.
- Externalizing behaviors of youth such as aggression, fighting, arguing/threatening, destroying property, using drugs and alcohol, disrespectful and disobedient conduct, running away, truancy, and curfew violations often associated with but not limited to juvenile offenders.

Exclusionary Criteria:

- Lack of a permanent caregiver, or permanent caregiver that declines reunification
- Actively suicidal, homicidal or psychotic (3 months stability)
- Diagnosed with schizophrenia
- Primary referral reason is sexual offender behavior
- Developmental delays, such as Autism Spectrum Disorders that impact use of treatment modalities outlined.

Disruptive Behavior Treatment

Fact Sheet – Preserving Families Network (PFN) Stepdown/ Families Strong (FS) - Tides Family Services

Description:

- PFN Stepdown/Families Strong is a locally-developed program designed to meet the unique and diverse needs of high-risk youth and their families. PFN Stepdown/Families Strong integrates behavioral health and child welfare services to meet the complex needs of the target population. Interventions are targeted at the whole family system, including working directly with parents and families' natural supports. PFN Stepdown/ Families Strong provides individualized tailored services to youth in need of intensive support to remain in their homes/communities.
- PFN Stepdown/Families Strong serves males and females ages 6-21 years of age.
- Available 7 days a week, evenings & weekends with a 24/7 on-call line.
- To ensure staff are available to immediately respond to and provide face-to-face support, Tides Family Services has a 24/7/365 on-call system. All PFN families have direct 24/7 access to their treatment team.
- Families receive treatment through a PFN team, led by a clinician. Clinicians are Master's level, preferably maintaining a LCSW, LICSW, LMHC or LMFT. Clinicians work collaboratively with Behavioral Assistants and Outreach and Tracking Caseworkers (Bachelors level) in the provision of treatment.
- Contact is attempted made with the family within 24-hours to schedule an intake and assessment.
- Core PFN Stepdown/Families Strong services include: 1) a unique variety of intensive Home-Based Services (HBS) for youth and families. In-home contacts up to three hours weekly and are delivered by behavioral assistant (BA) under the supervision and direction of a licensed clinician. The BA provides 1-3 hours of skill building sessions including social skills; life skills; family communication; etc. Sessions are targeted toward both the youth and family. The clinical lead for the case meets with the youth/family at least monthly to guide treatment, assess progress and assist with any barriers that present. 2) Outreach and Tracking (OT), an intensive crisis response and supervision and monitoring service delivered through daily home visiting Monday-Saturday with crisis response available on Sunday. Tracking services include transportation from home to school and staff contact youth in-person wherever they are (school, home, in the community, at another agency, etc.). Overall, PFN Stepdown/Families Strong direct service hours average 2-3 hours per week depending on youth and family need and presenting issues. Service is provided in the client's home or community. If necessary, office appointments are available.
- Assessments take place at the initial intake, 30-day treatment plan, and every 60 days thereafter for treatment updates & utilization reviews. At each 60-day interval, as treatment goals are evaluated and updated, PFN staff meet with the DCYF caseworker to discuss case progress/barriers and ongoing needs.
- PFN services are available in English and Spanish. Ability to accommodate additional languages.
- PFN delivers services statewide and services can be initiated prior to a youth's reunification home from a residential facility.

Best fit criteria:

- Child (aged 6-21 years of age), family has DCYF involvement *and* client is at least one of the following:
 - Being discharged from RI Training School for Youth or currently involved with probation or parole.
 - Placed out-of-state with aim of returning home.
 - Currently hospitalized with need for additional services to be discharged.
 - In a high end in-state placement with aim of returning home.
 - In foster care needing services to maintain placement.
 - Client and/or family have significant Family Court involvement (includes Truancy, Drug and Re-Entry Court.)
 - Child at-risk for imminent risk for out-of-home placement.
 - Need for intensive in-home family stabilization, positive interaction with adults on a social, educational, and interpersonal level; and need positive success on the educational and community level.

Exclusionary Criteria:

- There are no set exclusionary criteria.

Fact Sheet - Functional Family Therapy[®] (FFT) - Child & Family

Description:

- FFT is an evidence-based program providing close supervision and consultation with a representative from FFT LLC to monitor implementation and fidelity to the treatment model (www.fftllc.com).
- FFT provides support to families with a child at imminent risk of out-of-home placement.
- FFT supports rapid reunification with children, youth, and their families when there has been an out of home placement or otherwise assist youth transitioning to permanency.
- FFT provides support to children, youth and families open to DCYF or juvenile probation in need of supportive services to achieve their goals.
- Approaches families from a strength-based, relational model with a focus on the role of the therapist to be active and responsible for the engagement and cooperation of the family.
- Founded on acceptance and respect, this model has demonstrated effectiveness in “challenging” or “difficult to engage” youth and families.
- Uses relational assessment and personalized interventions to match with the individuals in the system which produces better outcomes and stronger relapse prevention strategies
- Once a referral is received a Master’s level clinician will contact the family within 24 hours to schedule the first family session. The first session is scheduled within 5 business days whenever possible
- Sessions occur on an as-needed basis with a minimum of one (1) session per week; this depends on the risk factors and behavioral patterns of the family.
- Family therapy sessions are scheduled with the clinician typically during the week however, each family has access to their assigned clinician 24/7.
- Clinicians can carry up to 12 cases.
- Sessions can be held in the home, clinic, or in the community with treatment duration of about 12-18 sessions (or 3-5 months).
- Treatment plan goals are measured during each session in the form of progress notes; official treatment plans are developed within 30 days of intake and reviewed every 90 days.
- FFT is offered throughout the state of Rhode Island and offered in English, Spanish, and Portuguese.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:

- Children and adolescents (11-18 years old) experiencing challenges related to emotional regulation, internalizing or externalizing behaviors, substance use, opposition, defiance, etc.
- For family preservation and reunification.

Exclusionary Criteria:

- Child placed in residential treatment facility with no immediate reunification plan.
- Children younger than 11 years old.

Outcomes:

80% of families will complete the program; Using OQ measures pre- and post-test data, 85% of children and families will show improvement in behaviors; At 6 months, 90% of youth will remain at home; at 12 months, 85% of youth will remain in the home. 100% of staff will demonstrate model fidelity after year 1.

Fact Sheet - Family Centered Treatment® (FCT) - Child & Family

Description:

- Family Centered Treatment is an evidence-based model. FCT specialists and supervisors receive weekly consultation from the Family Centered Treatment Foundation to ensure fidelity to the model.
- FCT provides support to families with a child at imminent risk of out-of-home placement.
- FCT supports rapid reunification with children, youth, and their families when there has been an out of home placement or otherwise assist youth transitioning to permanency.
- FCT provides support to children, youth and families open to DCYF or juvenile probation in need of supportive services to achieve their goals.
- Home Based Family Therapy program which utilizes the caregiver as the catalyst for change with the goal of successful reunification and/or maintenance of the child in their home.
- In addition to the family therapy component of the FCT program, other essential elements include providing treatment for trauma, care coordination, and wraparound services.
- Eligibility includes children ages 0-21 and their family/caretakers.
- Staff have either a Master's or Bachelor's degree in a mental health related field and are certified as Family Centered Treatment Specialists by the FCT Foundation®.
- All staff are required to complete the Family Centered Treatment certification process.
- Each FCT Specialist carries a caseload of 4-6 families providing FCT within families homes a minimum of four (4) hours a week.
- Each FCT therapist will be on call 24/7 for their assigned families and will be available for phone support or additional face-to-face contact.
- Given the small caseload and intense level of treatment, it is common for the FCT Specialist to assist the family with transportation, however they will assist families with linkages to support services such as basic needs programs (food, housing, clothing), healthcare, childcare, parent trainings and other family support services provided by nonprofit organizations and/or government agencies throughout the state.
- Once a referral is received, a clinician will contact the family within 24 hours to schedule the first family session. The first session is scheduled within five (5) business days whenever possible.
- Services include case management and guidance to address all service and support needs.
- The average length of service is six (6) months.
- Family Centered Treatment services are provided in the family's home setting and in the community.
- Monthly updates are provided to DCYF and/or Probation.
- Family Centered Treatment at Child and Family is offered statewide in English and Spanish.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Families within 30-60 days of scheduled reunification.
- Families at risk of having a child removed from the home due to behavioral concerns or parenting issues.
- Addresses behaviors in children such as trauma, defiance, truancy, suicidal ideation, and attachment issues as well as concerns around parenting needs such as structure and boundaries.

Exclusionary Criteria:

- No identified plan for reunification or no identified caregiver

Outcomes:

85% of families enrolled will complete the program; Using CANS pre- and post-test data, 85% of children and families will show improvement in behaviors; 90% of youth will remain in the home after 6 months of termination; 85% of the families served shall be shown to have avoided an out of home placement after 12 months of exit from the program; 100% of staff will demonstrate FCT model fidelity within 6 months.

Fact Sheet – Family Centered Treatment (FCT) - Communities for People

Description:

- FCT is an evidence-based, intensive family and community-based treatment program. It is made up of four unique phases (Joining & Assessment, Restructuring, Valuing Changes and Generalization) which promote improved family functioning with all household members. FCT therapists work with the entire family system.
- The treatment model is focused on the family unit, and through the course of treatment, promotes each family member to value the changes they make in their progress. This is an action-based model that provides the family with in the moment, hands-on opportunities to practice change. FCT differs from other home-based, family-focused programs because it emphasizes the importance of families finding value and developing ownership in the changes being made.
- FCT therapists schedule weekly sessions based on the families' schedules and sessions can be conducted in the evenings and on the weekends, based on family members' schedules. A minimum of four (4) hours face-to-face direct contact per week is expected, this may increase or vary based on the needs of each family.
- Clients served are 0-20 years of age.
- The FCT team includes both Bachelor's level and Master's level clinicians, with each clinician able to carry a caseload of 4-6 families.
- All therapists are trained in the FCT model and must become FCT Certified within one year of hire.
- Initial contact is made with the families within 48-hours upon receiving the referral.
- Duration of services is approximately 6-9 months.
- FCT works with the family primarily in their home, and occasionally in the community.
- FCT therapists provide home-based therapy to help eliminate barriers to treatment, such as transportation, time, and/or family management. FCT clinicians are capable of transporting families for treatment or providing bus pass fare, gas cards, and/or cab fare if necessary. Throughout treatment, FCT therapists provide 24/7 crisis support in addition to client-specific interventions and coping skills training.
- FCT therapists are on call 24 hours a day, seven days a week.
- Languages spoken: English, Spanish and Creole (African).
- Geographic area served: Statewide
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Youth at high-risk for out of home placement, hospitalization, or incarceration.
- Youth and families in the process of reunification.
- Juvenile justice, welfare, and children's behavioral health populations.
- Family systems experiencing domestic violence, history of trauma, client and/or caregiver mental health and/or substance abuse concerns.
- Males and females ages 0-20 with an identified caregiver, either foster home or extended caregiver home.
- Children with development disabilities in certain situations.

Exclusionary Criteria:

- Children without an identified caregiver.
- Active psychosis or untreated substance use.

Fact Sheet – Multi-Systemic Therapy (MST) - NAFI

Description:

- MST is an evidence-based, intensive family and community-based treatment program whose goals are to (1) empower and educate parents with skills and resources so they can parent effectively and without difficulty; and (2) eliminate or significantly reduce the frequency, intensity, and duration of their child's behaviors.
- For youth referred to MST as an alternative to placement, the following three primary desired outcomes: (1) Preserve home placements for youth at risk of removal (2) Decrease repeat antisocial or delinquent behaviors and (3) Empower youth and families to cope with family, peer, school, and neighborhood problems.
- Primary focus is to improve family functioning, which will decrease the youth's risk factors and problematic behaviors.
- MST therapists work primarily with the parents utilizing evidence-based parenting strategies and interventions, individual work with the youth is utilized if determined by the treatment team to be most effective.
- Clients served are from 12 to 17.7 years old.
- Each youth/family is assigned a Master's Level Therapist, with each having a caseload of 4-6 families.
- A minimum of two (2) face-to-face contacts per week, may increase up to five (5) to six (6) times based on need.
- Typical duration of home-based MST services is approximately four 4-6 months. This is determined on a case by case basis; if treatment needs exceed six (6) months, this will be discussed with DCYF team.
- MST is provided within the family's home, community, or school setting based on the needs of the family.
- Progress towards treatment goals are measured and evaluated weekly.
- On call available 24 hours a day (401) 474-4165, seven days a week.
- Languages spoken: English, Spanish staff employed by NAFI.
- Geographic area: Statewide
- Transportation: MST is offered in-home and in the community, eliminating transportation issues for the family.
- Upon referral, initial contact is made within two (2) business days.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Externalizing behaviors of youth such as aggression, fighting, arguing/threatening, destroying property, using drugs and alcohol, disrespectful and disobedient conduct, running away, truancy, and curfew violations often associated with but not limited to juvenile offenders.
- MST can be used to prevent out-of-home placement or assist in rapid reunification. For youth in out-of-home placement, services can be put in place 30 days before reunification.

Exclusionary Criteria:

- Youth living independently.
- Actively suicidal, homicidal or psychotic at time of referral.
- Developmental delays, Autism Spectrum Disorders (assessed at time of referral by the MST treatment team)
- Under 12 years of age (10- 11 years old will be assessed on a case by case basis).

Fact Sheet – Parenting with Love and Limits (PLL) - NAFI

Description:

- PLL is an evidence and community based family therapy program combining group and family therapy for children and adolescents, ages 10-18 who have severe emotional and behavioral problems who need assistance to reunify from group or foster care in addition to preventing youth from placement re-entry.
- The PLL model accomplishes behavior changes in the family by closely structuring progression through the curriculum by the family successfully engaging in and attending six (6) multifamily groups and a minimum of twelve (12) family coaching sessions, developing a community based action team (CBAT) and a minimum of ninety (90) days of PLL Aftercare.
- Primary focus is to restore parental hierarchy, establish healthy communication, improve family functioning, and reduce problematic behaviors utilizing the Structural and Strategic models of therapy.
- Each team is comprised of a Master's level therapist and a Bachelor's level case manager which are directly supervised by the NAFI Program Director and PLL Clinical Supervisor.
- Each team carries a caseload of 10 - 15 families.
- A minimum of one (1) face- to-face contact per week, which can increase based on need-
- Individual families also receive 1 ½ to 2-hour family therapy and trauma based treatment weekly in either outpatient or a home-based setting to practice skills and concepts learned in groups.
- PLL sessions are held within the family home and agency setting, but can occur within a community or school setting based on the needs of the family.
- Typical duration of PLL home-based services is 6-8 months including aftercare.
- PLL provides transportation as needed.
- Cases are reviewed and evaluated for progress bi-weekly.
- On-call available 24 hours a day, seven days a week.
- Languages spoken: English and Spanish
- Geographic area: Statewide
- A referral made simultaneously with placement is optimal as it affords PLL the opportunity to significantly shorten length of stay in placement while preparing the family for reunification.
- Upon referral, initial contact is made within two (2) business days.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best Fit Criteria:

- Youth ages 10-18 living at home, open to FSU or Juvenile Probation, and exhibiting problematic behaviors such as, but not limited to, disrespect, threats or acts of aggression, curfew violation, truancy, substance use and stealing.
- Youth who are in residential care or foster care working toward reunification.
- PLL can be used to prevent out of home placement, or assist with reunification as soon as 30 days after entering placement.

Exclusionary Criteria:

- Lack of identified caregiver.
- Actively suicidal, homicidal or psychotic (six months' stability).
- Caregiver or youth with an Intelligence Quotient (IQ) of less than fifty (50).

Fact Sheet – Positive Parenting Program (Triple P)- The Key Program, Inc.

Description:

- Triple P is an evidence-based model that draws on social learning models of parent-child interaction that highlight the reciprocal and bi-directional nature of parent-child interactions. With clearly defined content, practice standards, and learning objectives, this program model is designed to teach positive strategies and parenting skills and their application to a range of target behaviors and settings.
- Key Program provides Triple P statewide as a home-based service that is geared at working with multi-stressed caretakers of children, ages 0-12 years, who exhibit behavioral or emotional difficulties, such as aggressive or oppositional behavior.
- The Standard Triple P curriculum consists of 10 individual sessions; however, for caretakers whose parenting difficulties are complicated by other sources of family distress, such as relationship conflict, parental depression, or high-levels of stress, an additional five (5) individual sessions may be necessary to provide more practice sessions to enhance parenting skills, mood management strategies, stress coping skills, and partner support skills.
- Triple P Family Specialists deliver session material in two (2) or more home visits per week, based on family need. The Family Specialist also contacts the caretaker throughout the week to follow-up on homework assignments and reinforce what they have learned in that week's sessions.
- DVD video clips, role play, and homework tasks utilized to facilitate skills learning.
- Each Family Specialist has a Bachelor's degree in a human services-related field, is formally trained by Triple P America trainers, and is required to complete Triple P's accreditation process successfully.
- Average caseload size is 10 per worker. Staff work flexible shifts to accommodate the scheduling needs and preference of referred families, as Triple P is delivered in individual sessions in families' home.
- Triple P can be used as a standalone program or in conjunction with other services. Services can begin while child is in foster care if reunification is the permanency goal.
- Upon receipt of referral, initial contact to set up an intake appointment is made within one (1) business day.
- Typical duration of this service is 12-16 weeks, depending on assessed needs of caretaker.
- Services are provided primarily within the caretaker's home, but may also be provided within the community, based on the caretaker's needs and preferences.
- The primary focus of this service is to improve family functioning to promote safety and permanency. It also is designed to achieve a reduction in behavioral and emotional issues in children, as well as a reduction of family risk factors for child maltreatment.
- Languages spoken: English, Spanish, and Khmer
- Geographic area: Statewide
- Has proven to be successful with caretakers who have literacy issues or cognitive or developmental delays
- Referrals are generated through DCYF's Central Referral Unit (CRU)

Best fit criteria:

- Multi-stressed caretakers of children, ages 0-12 years, who exhibit behavioral or emotional issues.
- Caretakers who use dysfunctional parenting techniques, such as coercion, corporal punishment, harsh discipline, criticism, and humiliation.

Exclusionary Criteria:

- Active substance abuse; active psychosis; domestic violence situations that pose current safety threats.

Fact Sheet – Multi-Systemic Therapy (MST)- Providence Center

Description:

- MST is an evidence-based, intensive family and community-based treatment program. It's goal-oriented treatment model that targets factors in each youth's social network that are contributing to his or her antisocial behavior or addiction. Intervention aim to: improve caregivers discipline practices, enhance effective family relationships, decrease associations with deviant peers, increase youth association with pro-social peers, improve youth school or vocational performance, pro-social recreational outlets and develop a support network to help caregivers achieve and maintain positive changes.
- Primary focus is to improve family functioning, which will decrease the youth's risk factors and problematic behaviors. The goals of the MST program are to keep clients in their home, reduce out-of-home placements, keep clients in school, keep clients out of trouble, reduce re-arrest rates, improve family relations and functioning, decrease adolescent psychiatric symptoms, and decrease adolescent drug and alcohol use.
- Clients served are from 12 to 17.5 years old.
- Each youth is assigned a Master's level therapist, with each therapist having a caseload of 4-6.
- A minimum of two (2) face-to-face contacts per week, which may increase up to five (5) to six (6) times based on the family's needs. Typically, clients receive 60 hours of home-based services over four (4) months, along with numerous additional family/counselor contacts occurring each week. At the beginning of treatment, weekly family meetings occur two or three times a week. The number of family meetings will decrease overtime based on clinician recommendation and family progress.
- Typical duration of home-based MST services is approximately three (3) to five (5) months.
- MST is provided primarily within the family's home, but may also occur within the community or school setting based on the needs of the family.
- MST therapists work primarily with the parents utilizing evidence-based parenting strategies and interventions.
- Progress towards treatment goals are measured and evaluated weekly.
- Transportation to certain appointments can be provided, based on the need of the family.
- On-call available 24 hours a day, seven days a week.
- Languages spoken: English, Spanish
- Geographic area: Statewide
- Upon referral, initial contact with family is made within two (2) business days.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Externalizing behaviors of youth such as aggression, fighting, arguing/threatening, destroying property, using drugs and alcohol, disrespectful and disobedient conduct, running away, truancy, and curfew violations often associated with but not limited to juvenile offenders.
- MST can be used to prevent out-of-home placement or assist in rapid reunification. For youth in out-of-home placement, services can be put in place 30 days before reunification

Exclusionary Criteria:

- Lack of a permanent caregiver.
- Actively suicidal, homicidal or psychotic (6 months' stability).
- Diagnosed with schizophrenia.
- Primary referral reason is sexual offender behavior.
- Developmental delays, Autism Spectrum Disorders.
- Under 12 years of age (10 and 11-year-olds will be assessed on a case by case basis).

Fact Sheet – Multi-systemic Therapy (MST) – Tides Family Services

What is MST?

- Community-based, family-driven treatment for antisocial/delinquent behavior in youth.
- Focus is on “Empowering” caregivers (parents) to solve current and future problems.
- MST “client” is the entire ecology of the youth - family, peers, school, neighborhood.
- Highly structured clinical supervision and quality assurance processes.
- MST addresses the multiple factors known to be related to delinquency across the key settings, or systems within which you are embedded.
- MST strive to promote behavior change in the youth natural environment, using the strengths of each system to facilitate change.
- The approach seeks to provide permanency to youth receiving MST by maintaining youth in a family-based setting and assisting families to develop the skills necessary to maintain youth in family-based settings.

Intervention strategies: MST draws from research-based treatment techniques such as Behavior Therapy, Parent Management Training, Cognitive Behavior Therapy, Structural Family Therapy and Strategic Family Therapy.

Coordination of Treatment: MST therapists can coordinate treatment with existing providers/services or services the family may become involved with if it is deemed clinically appropriate for the family.

Ages Served: The program is designed to service youth ages 12 to 17 who are at risk for out of home placement due to antisocial or delinquent behaviors and/or youth involved with the juvenile justice system.

Length of Program: MST is an intensive, short-term program lasting 3-5 months

Staffing:

- A team has 2-4 MSTT's with a minimum of a 50% independently licensed clinical supervise (MST supervisor).
- A single MSTT is assigned to work with the youth and the youth's family, holding sessions at least 2-4 times per week.
- Each MSTT has a caseload of 4-6 families.
- A member of the MST team is available 24 hours a day to ensure therapeutic support is available to families during times of crisis.

DCYF staff are active members of the team, providing input as well as participating in 60-day treatment plan utilization review meetings. Through this process, we pro-actively adjust treatment to address youth and system dynamics.

MST requires all services are delivered in a family home so the family does not need transportation for services. The scheduling of sessions for MSTTs is family driven.

The low caseload size for MST allows MSTT's to remain highly flexible in meeting the schedule needs of families directly limiting the barriers to accessing services.

Referrals are generated through DCYF's Central Referral Unit (CRU).

Inclusionary Criteria:	Exclusionary Criteria:
Delinquent or antisocial youth	Youth is living independently or no primary caregiver is identified.
Age range of 12-17	Youth is actively suicidal, homicidal or psychotic: if a youth has a history of these symptoms, it is assessed on a case by case basis. If a youth becomes actively suicidal, homicidal or psychotic during treatment, MST continues working with the family to manage the crisis and ensure the safety of all involved.
Youth is at imminent risk for placement	Juvenile sex offenders without the presence of other delinquent or anti-social behaviors.
Youth is involved with DCYF	Youth with pervasive development delays as primary reason for referral.
Youth is adjudicated	
Physical aggression at home, school or in the community	
Verbal aggression, verbal threats to harm others	
Substance abuse	
Youth being reunified in the home	
Youth who has an identified primary caregiver	

An identified caregiver may be the parent or another adult the youth may be living with such as an aunt, uncle, grandparent, sibling, or foster parent.

Why are caregivers so Important?

- Many times, the youth’s delinquency and behaviors can decrease and be managed with effective parenting skills.

Fact Sheet - Functional Family Therapy (FFT) - Tides Family Services

Description:

- FFT is an evidence-based, strengths-based model built on the foundation of acceptance and respect.
- FFT utilizes behavioral and cognitive interventions to enhance family interactions to better understand how the presenting issue functions within their family system and increases problem solving skills and parenting skills.
- FFT works with youth ages 10-18 and their caregiver to address the youth's mental health or behavioral needs:
 - Treatment requires the youth and at least one caregiver present for each session
 - The FFT therapist completes a thorough, strengths-based biopsychosocial assessment to determine behavioral needs at home, school and in the community. In addition to the biopsychosocial assessment and FFT assessment tools, TFS requires the Traumatic Events Screening Instrument (TESI) to be completed at intake to assess areas of trauma to be considered. The youth and family complete the Ohio Scales to gather baseline information and inform the initial treatment plan.
- Average duration of treatment: 3-5 months Intervention ranges, on average, 8-12 one-hour sessions for mild cases. Up to 30 sessions of direct service over the course of treatment. The frequency of sessions is based on the current risk of youth and family. FFT increases face-to-face sessions during the engagement phase and/or if there is a change in youth or families' behavior requiring more support. Services are conducted in home-based settings, and can also be provided in schools, child welfare facilities, probation and parole offices/aftercare systems and mental health facilities.
- Team consists of two (2) full-time FFT Therapists and one (1) full-time FFT supervisor.
- Average therapist caseload: 10-12 families; Average supervisor caseload: 5 families
- FFT does not require FFT therapists to be on call 24/7. Instead, FFT therapists work to assist families in the development of skills early on in treatment to independently address crisis situations. Should a family require immediate assistance, TFS has a 24/7/365 on-call system. All families will have direct 24/7/365 access to the TFS clinical on-call (Masters level) always. This support will have the knowledge of the FFT protocols relevant to crisis management. Sessions for FFT are frequently scheduled during evening and weekend hours.
- The frequency of sessions depends on the needs of the family; however, session minimum is one (1) time per week. In addition, TFS is a member of Horizon Health Partners (a multi-agency network that links behavioral healthcare services with other supportive services) and can leverage a vast array of expertise and services through these partner agencies including psychiatric services (billed through private insurance) for not only the youth referred to FFT, but siblings and caregivers as well.
- FFT can follow youth across placement settings when reunification is the immediate goal and the youth and at least one caregiver can participate in each session. In addition, FFT services assist families when youth are AWOL by empowering a family in taking necessary retrieval steps such as filing missing persons reports, contacting friends and families, and utilizing natural supports to assist in these efforts.
- The intake director receives all referrals from DCYF's Central Referral Unit.
- Languages spoken: English and Spanish
- Catchment Area: Statewide

Target Population	Exclusionary Criteria
Delinquent or antisocial youth	Youth is living independently or no primary caregiver is identified.
Age range of 11-18	Youth is actively suicidal, homicidal or psychotic: if a youth has a history of these symptoms, it is assessed on a case by case basis. If a youth becomes actively suicidal, homicidal or psychotic during treatment, FFT continues working with the family to manage the crisis and ensure the safety of all involved.
Youth is low-high risk of placement	Youth in need of sex offender treatment as primary reason for referral.
Youth is involved with DCYF/Probation	
Youth is adjudicated	
Physical aggression at home, school or in the community	
Verbal aggression, verbal threats to harm others	
Substance use	
Youth being reunified in the home	
Youth who has an identified primary caregiver	
Symptoms of mental health or emotional disturbance	

<u>5 Stages of FFT</u>
Engagement
Motivation
Relational Assessment
Behavior Change
Generalization

Each stage has its own goals, focus and intervention strategies and techniques.

Fact Sheet – Preserving Families Network (PFN) – Tides Family Services

Description:

- PFN is a community based network of care that provides a wide spectrum of programming to meet all levels of need for high-risk families. PFN focuses on youth that are at risk from being removed from their homes and/or have a history of being unsuccessfully maintained in their homes. Youth often are impulsive, aggressive, and in conflict. They have an intense need for structure, supervision, safety, and predictability PFN services target youth and families that historically have limited success meeting desired outcomes and whose needs are not met through traditionally funded/ commercial insurance services.
- PFN is a locally-developed program designed to meet the unique and diverse needs of high-risk youth and their families.
- PFN serves males and females ages 6-21 years old.
- PFN is grounded in two theoretical models: 1) Family System Theory (FST) and 2) Cognitive Behavioral Therapy (CBT). FST maintains that patters of communication between family members call forth, maintain, and perpetuate both problem and non-problematic behavior. CBT focuses on exploring relationships among a person’s thoughts, feelings, and behaviors.
- Available 7 days a week, evenings & weekends with a 24/7 on-call line.
- To ensure staff are available to immediately respond to and provide face to face support, TFS has a 24/7/365 on-call system. All PFN families have direct 24/7 access to their assigned treatment team.
- Families receive treatment through a PFN team, led by a clinician. Clinicians are Master’s level, preferably maintaining a LCSW, LICSW, LMHC or LMFT. Clinicians work collaboratively with behavioral assistants and outreach and tracking caseworkers (Bachelor’s level) in the provision of treatment. The intensity of treatment needs across a caseload ranges, therefore, a clinical caseload is based on 22 direct services hours weekly.
- A contact attempt is made within 24-hours to schedule an intake and assessment.
- Clinical contacts in the home may range from once per week and up to 10 hours weekly. The number of sessions depends on the client’s need and treatment plan. Outreach and tracking services provide home visiting six (6) days a week; crisis response 24/7.
- Overall PFN clinical in-home contacts range from 3-10 hours weekly and are delivered by a clinical team comprised of a clinician and behavioral specialist (BA). The BA works as an extension of the clinician and provides 1-3 hours of clinical work practice skill session including social skills, life skills, family communications, etc.
- The average PFN case is open seven (7) months.
- Service is provided in the client’s home or community. If necessary, office appointments are available.
- Assessments take place at the initial intake, 30-day treatment plan, and every 60 days thereafter for treatment updates & utilization reviews. At each 60-day interval, as treatment goals are evaluated and updated, PFN staff meet with the DCYF caseworker to discuss case progress/barriers and ongoing needs.
- PFN services are delivered in home to ensure the family does not need transportation to access services. PFN staff assist directly or arrange for transportation to immediate needs such as connecting to natural resources/supports; school meetings; psychiatric appointments; social security; etc. including assisting with the development of a sustainable transportation plan as needed.
- PFN services are available in English and Spanish. Able to work with translators to accommodate additional languages.
- PFN delivers services statewide.
- Services can be initiated prior to a youth’s reunification home from a residential facility.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:

Child (age 6-21 years old) and family has DCYF involvement *and* client is at least one of the following:

- Being discharged from RI Training School for Youth or currently involved with probation or parole.
- Placed out-of-state with aim of returning home.
- Currently hospitalized with need for additional services to be discharged.
- In a high end in-state placement with aim of returning home.
- In foster care needing services to maintain placement.
- Client and/or Family have significant family court involvement (including Truancy, Drug, and Re-Entry Court.)
- Child at-risk for imminent risk for out-of-home placement.
- Need for intensive in- home family stabilization, positive interaction with adults on a social, educational, and interpersonal level; and need positive success on the educational and community level.

Exclusionary Criteria:

- There are no set exclusionary criteria.

Mental Health Treatment Services

Fact Sheet – Preserving Families Network (PFN) Stepdown/ Families Strong (FS) - Tides Family Services

Description:

- PFN Stepdown/Families Strong is a locally-developed program designed to meet the unique and diverse needs of high-risk youth and their families. PFN Stepdown/Families Strong integrates behavioral health and child welfare services to meet the complex needs of the target population. Interventions are targeted at the whole family system, including working directly with parents and families' natural supports. PFN Stepdown/ Families Strong provides individualized tailored services to youth in need of intensive support to remain in their homes/communities.
- PFN Stepdown/Families Strong serves males and females ages 6-21 years of age.
- Available 7 days a week, evenings & weekends with a 24/7 on-call line.
- To ensure staff are available to immediately respond to and provide face-to-face support, Tides Family Services has a 24/7/365 on-call system. All PFN families have direct 24/7 access to their treatment team.
- Families receive treatment through a PFN team, led by a clinician. Clinicians are Master's level, preferably maintaining a LCSW, LICSW, LMHC or LMFT. Clinicians work collaboratively with Behavioral Assistants and Outreach and Tracking Caseworkers (Bachelors level) in the provision of treatment.
- Contact is attempted made with the family within 24-hours to schedule an intake and assessment.
- Core PFN Stepdown/Families Strong services include: 1) a unique variety of intensive Home-Based Services (HBS) for youth and families. In-home contacts up to three hours weekly and are delivered by behavioral assistant (BA) under the supervision and direction of a licensed clinician. The BA provides 1-3 hours of skill building sessions including social skills; life skills; family communication; etc. Sessions are targeted toward both the youth and family. The clinical lead for the case meets with the youth/family at least monthly to guide treatment, assess progress and assist with any barriers that present. 2) Outreach and Tracking (OT), an intensive crisis response and supervision and monitoring service delivered through daily home visiting Monday-Saturday with crisis response available on Sunday. Tracking services include transportation from home to school and staff contact youth in-person wherever they are (school, home, in the community, at another agency, etc.). Overall, PFN Stepdown/Families Strong direct service hours average 2-3 hours per week depending on youth and family need and presenting issues. Service is provided in the client's home or community. If necessary, office appointments are available.
- Assessments take place at the initial intake, 30-day treatment plan, and every 60 days thereafter for treatment updates & utilization reviews. At each 60-day interval, as treatment goals are evaluated and updated, PFN staff meet with the DCYF caseworker to discuss case progress/barriers and ongoing needs.
- PFN services are available in English and Spanish. Ability to accommodate additional languages.
- PFN delivers services statewide and services can be initiated prior to a youth's reunification home from a residential facility.

Best fit criteria:

- Child (aged 6-21 years of age), family has DCYF involvement *and* client is at least one of the following:
 - Being discharged from RI Training School for Youth or currently involved with probation or parole.
 - Placed out-of-state with aim of returning home.
 - Currently hospitalized with need for additional services to be discharged.
 - In a high end in-state placement with aim of returning home.
 - In foster care needing services to maintain placement.
 - Client and/or family have significant Family Court involvement (includes Truancy, Drug and Re-Entry Court.)
 - Child at-risk for imminent risk for out-of-home placement.
 - Need for intensive in-home family stabilization, positive interaction with adults on a social, educational, and interpersonal level; and need positive success on the educational and community level.

Exclusionary Criteria:

- There are no set exclusionary criteria.

Fact Sheet – Trauma Systems Therapy (TST) Community – Family Service of Rhode Island

Description:

- TST is a home-based intensive clinical model for children and adolescents who have experienced traumatic events and/or live in environments with ongoing traumatic stress.
- TST is a family-focused, strength-based and well-integrated system of care that was designed to help children gain control over emotions and behavior while simultaneously diminishing ongoing stresses and threats/triggers in the child's home, educational and social environments.
- TST's unique approach gives children and their caregivers the skills needed to decrease emotional and behavioral dysregulation, develop effective coping strategies, foster healthy relationships, and support critical decision-making.
- The program is implemented in birth homes, kinship and foster homes, residential treatment centers, and with pre-adoptive families, following the child across service settings and levels of placement to assure continuity of care while supporting the child's mental health, permanency, and overall wellbeing. TST is also effective for older children aging out of care.
- TST is sustainability focused by leaving the caregiving system with tangible guides and tools post treatment.
- Clients served are typically 4-19 years old.
- Each child and their family are assigned an intervention team which consists of a Master's level clinician (caseload of eight) and Bachelor's level staff (caseload of 12).
- Treatment plans are reviewed with the child and family every 90 days.
- The TST community team meets with the child and his/her caretakers face-to-face 2-3 times per week. Intensity of intervention is based upon family need and phase of treatment.
- Typical duration of TST Community services is approximately 6-9 months.
- Case managers provide support and logistical resources such as transportation/bus passes.
- On-call is available 24 hours a day, seven days a week.
- Services are provided statewide in English and Spanish.
- Upon referral, initial contact is made within two (2) business days.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Community TST will be specifically provided for children and teens who demonstrate difficulty in regulating emotions and behavior when exposed to trauma reminders within their environment, and for systems (such as school, daycare, etc.) to help the child manage dysregulation.

Exclusionary Criteria:

- Generally appropriate for four years of age and up; however, under age five can be assessed for verbal cognitive ability to participate in treatment.
- Severe developmental delays, low functioning autism.

Fact Sheet - Functional Family Therapy© (FFT) - Child & Family

Description:

- FFT is an evidence-based program providing close supervision and consultation with a representative from FFT LLC to monitor implementation and fidelity to the treatment model (www.fftllc.com).
- FFT provides support to families with a child at imminent risk of out-of-home placement.
- FFT supports rapid reunification with children, youth, and their families when there has been an out of home placement or otherwise assist youth transitioning to permanency.
- FFT provides support to children, youth and families open to DCYF or juvenile probation in need of supportive services to achieve their goals.
- Approaches families from a strength-based, relational model with a focus on the role of the therapist to be active and responsible for the engagement and cooperation of the family.
- Founded on acceptance and respect, this model has demonstrated effectiveness in “challenging” or “difficult to engage” youth and families.
- Uses relational assessment and personalized interventions to match with the individuals in the system which produces better outcomes and stronger relapse prevention strategies.
- Once a referral is received a Master’s level clinician will contact the family within 24 hours to schedule the first family session. The first session is scheduled within five (5) business days whenever possible.
- Sessions occur on an as-needed basis with a minimum of one session per week; this depends on the risk factors and behavioral patterns of the family.
- Family therapy sessions are scheduled with the clinician typically during the week however, each family has access to their assigned clinician 24/7.
- Clinicians can carry up to 12 cases.
- Sessions can be held in the home, clinic, or in the community with treatment duration of about 12-18 sessions (or 3-5 months).
- Treatment plan goals are measured during each session in the form of progress notes; official treatment plans are developed within 30 days of intake and reviewed every 90 days.
- FFT is offered throughout the state of Rhode Island and offered in English, Spanish, and Portuguese
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:

- Children and adolescents (11-18 years old) experiencing challenges related to emotional regulation, internalizing or externalizing behaviors, substance use, opposition, defiance, etc.
- For family preservation and reunification.

Exclusionary Criteria:

- Child placed in residential treatment facility with no immediate reunification plan.
- Children younger than 11 years old.

Outcomes:

80% of families will complete the program; Using OQ measures pre- and post-test data, 85% of children and families will show improvement in behaviors; At 6 months, 90% of youth will remain at home; at 12 months, 85% of youth will remain in the home. 100% of staff will demonstrate model fidelity after year 1.

Fact Sheet - Family Centered Treatment® (FCT) - Child & Family

Description:

- Family Centered Treatment is an evidence-based model. FCT specialists and supervisors receive weekly consultation from the Family Centered Treatment Foundation to ensure fidelity to the model.
- FCT provides support to families with a child at imminent risk of out-of-home placement;
- FCT supports rapid reunification with children, youth, and their families when there has been an out of home placement or otherwise assist youth transitioning to permanency.
- FCT provides support to children, youth and families open to DCYF or juvenile probation in need of supportive services to achieve their goals.
- Home Based Family Therapy program which utilizes the caregiver as the catalyst for change with the goal of successful reunification and/or maintenance of the child in their home.
- In addition to the family therapy component of the FCT program, other essential elements include providing treatment for trauma, care coordination and wraparound services.
- Eligibility includes children ages 0-21 and their family/caretakers.
- Staff have either a Master's or Bachelor's degrees in a mental health related field and are certified as Family Centered Treatment Specialists by the FCT Foundation®.
- All staff are required to complete the Family Centered Treatment certification process.
- Each FCT Specialist carries a caseload of 4-6 families providing FCT within homes a minimum of four (4) hours a week.
- Each FCT therapist will be on call 24/7 for their assigned families and will be available for phone support or additional face-to-face contact.
- Given the small caseload and intense level of treatment, it is common for the FCT Specialist to assist the family with transportation, however they will assist families with linkages to support services such as basic needs programs (food, housing, clothing), healthcare, childcare, parent trainings and other family support services provided by nonprofit organizations and/or government agencies throughout the state.
- Once a referral is received, a clinician will contact the family within 24 hours to schedule the first family session. The first session is scheduled within five (5) business days whenever possible.
- Services include case management and guidance to address all service and support needs.
- The average length of service is six (6) months.
- Family Centered Treatment services are provided in the home setting as well as in the community.
- Monthly updates are provided to DCYF and/or Probation.
- Family Centered Treatment at Child and Family is offered statewide in English and Spanish.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Families within 30-60 days of scheduled reunification.
- Families at risk of having a child removed from the home due to behavioral concerns or parenting issues.
- Addresses behaviors in children such as trauma, defiance, truancy, suicidal ideation, and attachment issues as well as concerns around parenting needs such as structure and boundaries.

Exclusionary Criteria:

- No identified plan for reunification or no identified caregiver.

Outcomes:

85% of families enrolled will complete the program; Using CANS pre- and post-test data, 85% of children and families will show improvement in behaviors; 90% of youth will remain in the home after 6 months of termination; 85% of the families served shall be shown to have avoided an out of home placement after 12 months of exit from the program; 100% of staff will demonstrate FCT model fidelity within 6 months.

Fact Sheet – Family Centered Treatment (FCT) - Communities for People

Description:

- FCT is an evidence-based, intensive family and community-based treatment program. It is made up of four unique phases (Joining & Assessment, Restructuring, Valuing Changes and Generalization) which promote improved family functioning with all household members. FCT therapists work with the entire family system.
- The treatment model clearly is focused on the family unit, and, through the course of treatment, promotes each family member to value the changes they make in their progress. This is an action-based model that provides the family with in the moment, hands-on opportunities to practice change, FCT differs from other home-based, family-focused programs in that it emphasizes the importance of families finding value and developing ownership in the changes being made.
- FCT therapists schedule weekly sessions based on the families' schedules and sessions can be conducted in the evenings and on the weekends, based on family members' schedules. A minimum of four (4) hours face- to-face direct contact per week is expected, this may increase or vary based on the needs of each family.
- Clients served are 0-20 years of age.
- The FCT team includes both Bachelor level and Masters level clinicians, with each clinician able to carry a caseload of 4-6 families.
- All therapists are trained in the FCT model and must become FCT Certified within one year of hire.
- Initial contact is made with the families within 48 hours upon receiving the referral.
- Duration of services is approximately 6- 9 months.
- FCT works with the family primarily in their home, and occasionally in the community.
- FCT therapists provide home-based therapy to help eliminate barriers to treatment, such as transportation, time, and/or family management. FCT clinicians are capable of transporting families for treatment or providing bus pass fare, gas cards, and/or cab fare if necessary. Throughout treatment, FCT therapists provide 24/7 crisis support in addition to client-specific interventions and coping skills training.
- FCT therapists are on call 24 hours a day, seven days a week.
- Languages spoken: English, Spanish and Creole (African)
- Geographic area served: Statewide
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Youth at high risk for out of home placement, hospitalization, or incarceration.
- Youth and families in the process of reunification.
- Juvenile justice, welfare, and children's behavioral health populations.
- Family systems experiencing domestic violence, history of trauma, client and/or caregiver mental health and/or substance abuse concerns.
- Males and females ages 0-20 years with an identified caregiver, either foster home or extended caregiver home.
- Children with development disabilities in certain situations.

Exclusionary Criteria:

- Children without an identified caregiver.
- Active psychosis or untreated substance use.

Fact Sheet – Parenting with Love and Limits (PLL) - NAFI

Description:

- PLL is an evidence and community based family therapy program combining group and family therapy for children and adolescents, ages 10-18 years who have severe emotional and behavioral problems who need assistance to reunify from group or foster care in addition to preventing youth from placement re-entry.
- The PLL model accomplishes behavior changes in the family by closely structuring progression through the curriculum by the family successfully engaging in and attending six (6) multifamily groups and a minimum of twelve (12) family coaching sessions, developing a community based action team (CBAT) and a minimum of ninety (90) days of PLL Aftercare.
- Primary focus is to restore parental hierarchy, establish healthy communication, improve family functioning, and reduce problematic behaviors utilizing the Structural and Strategic models of therapy.
- Each team is comprised of a Master's Level Therapist and a Bachelor's Level Case Manager which are directly supervised by the NAFI Program Director and PLL Clinical Supervisor.
- Each team carries a caseload of 10-15 families.
- A minimum of one (1) face-to-face contact per week, which can increase based on need.
- Individual families also receive 1 ½ to 2-hour family therapy and trauma based treatment weekly in either outpatient or a home-based setting to practice skills and concepts learned in groups.
- PLL sessions are held within the family home and agency setting, but can occur within a community or school setting based on the needs of the family.
- Typical duration of PLL home-based services is 6-8 months including aftercare.
- PLL provides transportation as needed.
- Cases are reviewed and evaluated for progress bi-weekly.
- On-call available 24 hours a day, seven days a week.
- Languages spoken: English and Spanish
- Geographic area: Statewide
- A referral made simultaneously with placement is optimal as it affords PLL the opportunity to significantly shorten length of stay in placement while preparing the family for reunification.
- Upon referral, initial contact is made within two (2) business days.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best Fit Criteria:

- Youth ages 10-18 years living at home, open to FSU or Juvenile Probation, and exhibiting problematic behaviors such as, but not limited to, disrespect, threats or acts of aggression, curfew violation, truancy, substance use and stealing.
- Youth who are in residential care or foster care working toward reunification.
- PLL can be used to prevent out of home placement, or assist with reunification as soon as 30 days after entering placement.

Exclusionary Criteria:

- Lack of identified caregiver.
- Actively suicidal, homicidal or psychotic (6 months' stability).
- Caregiver or youth with an Intelligence Quotient (IQ) of less than fifty (50).

Fact Sheet – Teen Assertive Community Treatment (TACT) - Providence Center

Description:

- Teen Assertive Community Treatment, TACT, is an individual focused, strengths-based team model that incorporates evidence-informed practices to assist youth and families with stabilizing family relationships and improving individual and family functioning.
- Program objectives are to promote recovery by improving the individual's level of functioning, to reduce symptoms of mental illness, to prevent hospitalization, prevent out of home placement, coordinate physical health, behavioral health and wellness, and to assist the individual in living and participating most fully in the community.
- The primary focus is to maximize the individual's or family's independence, maximize the ability to function effectively in the home and in the community, and to eliminate hospitalization and or residential placement.
- TACT staff work with the individual, family, and others such as school social workers to intervene in a timely manner, using evidence based strategies and interventions.
- The TACT team is comprised of a manager, therapist, nurse, case manager, and psychiatrist. Each youth is assigned a Master's level therapist, nurse, or case manager as primary staff. Each TACT team has 25 youth.
- TACT provides: Individual and family counseling, initial and ongoing psychiatric assessments, medication management, nursing, substance abuse assessment and counseling, wellness/life skills development, case management and care coordination.
- TACT is provided primarily within the family's home, but may also occur within the community, school and office settings based on the needs of the individual/ family.
- Clients served are from 12 to 21 years old.
- A minimum of one face-to-face contact per week, which may increase up to five (5) to six (6) times based on the individual's needs.
- Typical duration of home-based TACT services is approximately six (6) to twelve (12) months.
- Progress towards treatment goals are measured and evaluated every three (3) months.
- Languages spoken: English and Spanish
- TACT staff are on call (phone coverage) for crisis intervention and stabilization 24/7 after hours on weekdays, on weekends, and on holidays.
- Service available Monday through Friday 8:00am – 5:00pm with later appointments available if needed.
- Geographic area: Statewide
- Transportation to appointments can be provided by the TACT case managers when appropriate and based on the needs of the family.
- Upon referral, initial contact with individual/ family is made within two (2) business days.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Adolescents (12 – 21 years old) with mental illness, risk of hospitalization, frequent hospitalizations, intensive/partial hospital care, residential placement, substance abuse, risk of out of home placement, involvement in juvenile justice.

Exclusionary Criteria:

- Developmental delays, Autism Spectrum Disorders

Fact Sheet - Functional Family Therapy (FFT) - Tides Family Services

Description:

- FFT is an evidence-based, strengths-based model built on the foundation of acceptance and respect.
- FFT utilizes behavioral and cognitive interventions to enhance family interactions to better understand how the presenting issue functions within their family system and increases problem solving skills and parenting skills.
- FFT works with youth ages 10-18 and their caregiver to address the youth's mental health or behavioral needs:
 - Treatment requires the youth and at least one caregiver present for each session.
 - The FFT therapist completes a thorough, strengths-based biopsychosocial assessment to determine behavioral needs at home, school and in the community. In addition to the biopsychosocial assessment and FFT assessment tools, TFS requires the Traumatic Events Screening Instruments (TESI) to be completed at intake to assess areas of trauma to be considered. The youth and family complete the Ohio Scales to gather baseline information and inform the initial treatment plan.
- Average duration of treatment: 3-5 months Intervention ranges, on average, 8-12 one hour sessions for mild cases up to 30 sessions of direct service for more difficult situations over the course of treatment. The frequency of sessions is based on the current risk of youth and family. FFT increases face-to-face sessions during the engagement phase and/or if there is a change in youth or families' behavior requiring more support. Services are conducted in home-based settings, and can also be provided in schools, child welfare facilities, probation and parole offices/aftercare systems and mental health facilities.
- Team consists of two (2) full-time FFT Therapists and one (1) full-time FFT Supervisor.
- Average therapist caseload: 10-12 families; Average supervisor caseload: 5 families.
- FFT does not require FFT Therapists to be on call 24/7. Instead, FFT Therapists work to assist families in the development of skills early on in treatment to independently address crisis situations. Should a family require immediate assistance, TFS has a 24/7/365 on call system. All families will have direct 24/7/365 access to the TFS clinical on call (Masters Level) always. This support will have the knowledge of the FFT protocols relevant to crisis management. Sessions for FFT are frequently scheduled during evening and weekend hours.
- The frequency of sessions depends on the needs of the family; however, session minimum is one (1) time per week. In addition, TFS is a member of Horizon Health Partners (a multi-agency network that links behavioral healthcare services with other supportive services) and can leverage a vast array of expertise and services through these partner agencies including psychiatric services (billed through private insurance) for not only the youth referred to FFT, but siblings and caregivers as well.
- FFT can follow youth across placement settings when reunification is the immediate goal and the youth and at least one caregiver can participate in each session. In addition, FFT services assist families when youth are AWOL by empowering a family in taking necessary retrieval steps such as filing missing persons reports, contacting friends and families, and utilizing natural supports to assist in these efforts.
- The intake director receives all referrals from DCYF's Central Referral Unit.
- Languages spoken: English and Spanish
- Catchment Area: Statewide

Target Population	Exclusionary Criteria
Delinquent or antisocial youth	Youth is living independently or no primary caregiver is identified.
Age range of 11-18	Youth is actively suicidal, homicidal or psychotic: if a youth has a history of these symptoms, it is assessed on a case by case basis. If a youth becomes actively suicidal, homicidal or psychotic during treatment, FFT continues working with the family to manage the crisis and ensure the safety of all involved.
Youth is low-high risk of placement	Youth in need of sex offender treatment as primary reason for referral.
Youth is involved with DCYF/Probation	
Youth is adjudicated	
Physical aggression at home, school or in the community	
Verbal aggression, verbal threats to harm others	
Substance use	
Youth being reunified in the home	
Youth who has an identified primary caregiver	
Symptoms of mental health or emotional disturbance	

<u>5 Stages of FFT</u>
Engagement
Motivation
Relational Assessment
Behavior Change
Generalization

Each stage has its own goals, focus and intervention strategies and techniques.

Fact Sheet – Preserving Families Network (PFN) – Tides Family Services

Description:

- PFN is a community based network of care that provides a wide spectrum of programming to meet all levels of need for high risk families. PFN focuses on youth that are at risk from being removed from their homes and/or have a history of being unsuccessfully maintained in their homes. Youth often are impulsive, aggressive, and in conflict. They have an intense need for structure, supervision, safety, and predictability. PFN services target youth and families that historically have limited success meeting desired outcomes and whose needs are not met through traditionally funded or commercial insurance services.
- PFN is a locally-developed program designed to meet the unique and diverse needs of high-risk youth and their families.
- PFN serves males and females ages 6-21 years.
- PFN is grounded in two theoretical models: 1) Family System Theory (FST) and 2) Cognitive Behavioral Therapy (CBT). FST maintains that patterns of communication between family members call forth, maintain, and perpetuate both problem and non-problematic behavior. CBT focuses on exploring relationships among a person's thoughts, feelings, and behaviors.
- Available 7 days a week, evenings & weekends with a 24/7 on-call line.
- To ensure staff are available to immediately respond to and provide face to face support, TFS has a 24/7/365 on-call system. All PFN families have direct 24/7 access to their assigned treatment team.
- Families receive treatment through a PFN team, led by a clinician. Clinicians are Master's level, preferably maintaining a LCSW, LICSW, LMHC or LMFT. Clinicians work collaboratively with Behavioral Assistants and Outreach and Tracking Caseworkers (Bachelors level) in the provision of treatment. The intensity of treatment needs across caseloads range; therefore, a clinical caseload is based on 22 direct services hours weekly.
- A contact attempt is made within 24-hours to schedule an intake and assessment.
- Clinical contacts in the home may range from once per week and up to 10 hours weekly. The number of sessions depends on the client's need and treatment plan. Outreach and Tracking services provide home visiting six (6) days a week; crisis response 24/7.
- Overall PFN clinical in-home contacts range 3-10 hours weekly and are delivered by a clinical team comprised of a Clinician and Behavioral Specialist (BA.) The BA works as an extension of the Clinician and provides 1-3 hours of clinical work practice skill session including social skills, life skills, family communications, etc.
- The average PFN case is open seven (7) months.
- Service is provided in the client's home or community. If necessary, office appointments are available.
- Assessments take place at the initial intake, 30-day treatment plan, and every 60 days thereafter for treatment updates & utilization reviews. At each 60-day interval, as treatment goals are evaluated and updated, PFN staff meet with the DCYF caseworker to discuss case progress/barriers and ongoing needs.
- PFN services are delivered in home to ensure the family does not need transportation to access services. PFN staff assist directly or arrange for transportation to immediate needs such as connecting to natural resources/supports; school meetings; psychiatric appointments; social security; etc. including assisting with the development of a sustainable transportation plan as needed.
- PFN services are available in English and Spanish. Able to work with translators to accommodate additional languages.
- PFN delivers services statewide.
- Services can be initiated prior to a youth's reunification home from a residential facility.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

Child (aged 6-21 years) and family has DCYF involvement *and* client is at least one of the following:

- Being discharged from RI Training School for Youth or currently involved with probation or parole.
- Placed out-of-state with aim of returning home.
- Currently hospitalized with need for additional services to be discharged.
- In a high end in-state placement with aim of returning home.
- In foster care needing services to maintain placement.
- Client and/or family have significant family court involvement (including Truancy, Drug and Re-Entry Court.)
- Child at-risk for imminent risk for out-of-home placement.
- Need for intensive in-home family stabilization, positive interaction with adults on a social, educational, and interpersonal level; and need positive success on the educational and community level.

Exclusionary Criteria:

- There are no set exclusionary criteria.

Parent Training and Skill Building Programs

Fact Sheet – Positive Parenting Program (Triple P) – The Key Program

Description:

- Triple P is an evidence-based model that draws on social learning models of parent-child interaction that highlight the reciprocal and bi-directional nature of parent-child interactions. With clearly defined content, practice standards, and learning objectives, this program model is designed to teach positive strategies and parenting skills and their application to a range of target behaviors and settings.
- Key Program provides Triple P statewide as a home-based service that is geared at working with multi-stressed caretakers of children, ages 0-12 years, who exhibit behavioral or emotional difficulties, such as aggressive or oppositional behavior.
- The Standard Triple P curriculum consists of 10 individual sessions; however, for caretakers whose parenting difficulties are complicated by other sources of family distress, such as relationship conflict, parental depression, or high levels of stress, an additional 5 individual sessions may be necessary to provide more practice sessions to enhance parenting skills, mood management strategies, stress coping skills, and partner support skills.
- Triple P Family Specialists deliver session material in two (2) or more home visits per week, based on family need. The Family Specialist also contacts the caretaker throughout the week to follow-up on homework assignments and reinforce what they have learned in that week's sessions.
- DVD video clips, role play, and homework tasks are utilized to facilitate skills learning.
- Each Family Specialist has a Bachelor's degree in a human services-related field, is formally trained by Triple P America trainers, and is required to complete Triple P's accreditation process successfully.
- Average caseload size is 10 per worker. Staff work flexible shifts to accommodate the scheduling needs and preference of referred families, as Triple P is delivered in individual sessions in families' home.
- Triple P can be used as a standalone program or in conjunction with other services. Services can begin while child is in foster care if reunification is the permanency goal.
- Upon receipt of referral, initial contact to set up an intake appointment is made within one (1) business day.
- Typical duration of this service is 12-16 weeks, depending on assessed needs of caretaker.
- Services are provided primarily within the caretaker's home, but may also be provided within the community, based on the caretaker's needs and preferences.
- The primary focus of this service is to improve family functioning to promote safety and permanency. It also is designed to achieve a reduction in behavioral and emotional issues in children, as well as a reduction of family risk factors for child maltreatment.
- Languages spoken: English, Spanish, and Khmer
- Geographic area: Statewide
- Has proven to be successful with caretakers who have literacy issues or cognitive or developmental delays.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Multi-stressed caretakers of children, ages 0-12 years, who exhibit behavioral or emotional issues.
- Caretakers who use dysfunctional parenting techniques, such as coercion, corporal punishment, harsh discipline, criticism, and humiliation.

Exclusionary Criteria:

- Active substance abuse; active psychosis; domestic violence situations that pose current safety threats.

Fact Sheet – SafeCare – Family Services of RI

Description:

- SafeCare is an evidence-based parent training program that targets parents/caretakers of children birth to five (5) with known risk factors for and/or a history of child neglect and abuse.
- SafeCare program will be a 20 to 22-week program with home visits typically once per week.
- Includes 18-20 structured curriculum sessions consisting of three modules: Health, Home Safety, and Parent-Child/Infant interactions plus an initial assessment and final re-assessment.
- Staffing will consist of one (1) full-time SafeCare Coach and 1.75 full-time equivalent SafeCare home visitors, each a BA or equivalent level professional.
- Caseloads will average no more than thirteen (13) families. Staff will be supervised by a Master's level, independently licensed, SafeCare clinical supervisor responsible for ensuring--through weekly individual and/or group supervisions--that clinically appropriate, Medicaid-compliant services are delivered and documented to all program participants.
- Sessions utilize the SafeCare training process in which each behavior/skill is explained, modeled and then practiced by the participants with the SafeCare home visitor providing positive and corrective feedback to promote skill acquisition.
- SafeCare provides services in the parents/caretaker's home, avoiding transportation barriers.
- SafeCare should begin from six (6) weeks up to 12 weeks prior to the planned reunification but then sessions will continue after reunification for another 10-16 weeks.
- FSRI On-call is available twenty-four (24) hours a day, seven (7) days a week.
- Languages spoken: English and Spanish
- Geographic area: Central Falls, Pawtucket, Providence, Cranston, Warwick, and West Warwick

Best fit criteria:

- SafeCare is a program designed to alleviate risk factors associated with abuse and neglect.
- Researchs show this model as successful with parents with a variety of stress and risk factors associated with poor outcomes for children--including parents with depression, young parents, parents with multiple children, and parents with a history of other mental health problems. Substance abuse or some intellectual disabilities are not exclusionary criteria if other necessary services and supports for those conditions are also being utilized.

Exclusionary Criteria:

- Families whose children are all over five (5) years of age.
- Families with children requiring significantly specialized parental care due to trauma and/or behavioral health needs. (SafeCare is not specialized parenting or behavioral health treatment.)
- Parents/caregivers who need, but are not yet engaged with, behavioral health treatment and/or domestic violence services.
- Parents/caretakers who do not have frequent or consistent contact/visits with their children (because children must be present for at least some of the parent/child Interaction module and parents/caretakers need opportunities to practice skills being learned).

Fact Sheet – Parent Partner Services – Parenting Capabilities for Successful Reunification (4A) – Parent Support Network

Description:

- Parent Partner Service's primary focus for this service will be parent/caretakers and their children and youth who are involved with DCYF working on reunification statewide. Parents of children in out of home care face a relatively brief period within which to successfully demonstrate progress in their effort to reunify. This progress includes engagement in their case plan, involvement in services, and visitation with children.
- PSN Parent Partner Services are focused on mentoring and educating the parent/families to lead and make decisions about the array of services, supports and resources they will access and receive for their child and family. Parent Partners will increase parental capabilities and skills with the delivery of the evidence based Nurturing Parenting Program.
- Parent Partner Services are evidence-based and recognized by the California Evidence Based Clearing House for Child Welfare and by the Center for Medicaid Services (CMS). Parent Partners work primarily with the parents utilizing evidence-based peer based approaches and parenting strategies and interventions.
- Parent Partner Services include ongoing telephone and face-to-face peer support; information and referral; individual and group parent education; service system navigation and warm transfers, ongoing adult education and vocational assistance; assist with unsupervised and supervised visitation; and attendance at medical, treatment, service, and educational related meetings. All Parents/family caregivers will have a family support plan built upon agreed goals and action steps within their treatment or service plans.
- Parent education evidence based curriculums delivered include Nurturing Parenting Program, 24/7 Dad, and Inside/Out Dad. Parent Partners are trauma informed certified and receive ongoing training and clinical guidance.
- Parents/family caregivers of children and youth from birth to 21 years old and open to DCYF.
- Each family is assigned a Parent Partner who is a parent/family caregiver who has lived experience either raising a child or youth with serious behavioral (mental health and substance use) challenges and/or experience with child welfare and other service system involvement.
- Parent Partners are required to have a high school diploma/GED and be certified or actively working on Rhode Island Peer Recovery Specialist and/or Community Health Care Workers certificates with the RI Certification Board.
- Parent Partners receive individual and/or group clinical supervision weekly by a Licensed Independent Clinical Social Worker (LICSW). Daily supervision by an experienced non-clinical peer specialist supervisor with over 20 years of peer service delivery.
- A minimum of two (2) face to face contacts per week, which may increase up to five (5) to six (6) times based on the family's needs.
- Parent Partners are assigned a caseload of approximately 10+12 families, depending on the number of children and youth within the family.
- Typical duration of Parent Partner Services is six (6) months of intensive services (4- 6 hours per week) for approximately six (6) months (up to 12 months or until DCYF closes) and stepping down to a single service requests (two hours per week) as needed by the family.
- Parent Partner Services occur in the home, community, treatment centers, schools, and other agency settings.
- The initial plan is developed within 45 days of the initial contact. Progress towards family support plan goals are measured and evaluated weekly.

- Parent Partners are available to serve across the statewide, weekdays 9:00 – 5:00 pm, scheduled nights and weekends.
- PSN will provide gas cards and/or taxis to support clients in getting to their treatment or visitation appointments when it is cost effective and promotes self-efficacy.
- Because Parent Partner Services are non-clinical, they would not be the first response; they will make sure that all families have a crisis plan in place as to which clinical provider is identified as 24/7 clinical response.
- Current Parent Partner staff speak English, Spanish and Portuguese and utilize interpretation.
- Upon referral, initial contact with family is made within two (2) business days. Initial face-to-face with the parents/family/caregiver occurs within five (5) business days of referral.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Parent Partner services should be highly encouraged and voluntary.
- Parents who are hard to engage, build trust and positive communication; need ongoing peer support, education, mentoring and advocacy; improve and practice their parenting to build protective capacity and positive parent and child interaction and healthy development.
- Parents who have children and youth with serious emotional disturbance, have multi-agency needs, and are transitioning from out of home placement to home.
- Parents who are in recovery for mental health, substance use and/or other chronic health needs or who are incarcerated at RI Adult Corrections and working on re-entry and reunification.

Exclusionary Criteria:

- Parents who after numerous attempts refuse to engage with Parent Partner Services.

Special Populations and Services

Fact Sheet – Multi-Systemic Therapy for Problem Sexual Behavior (MST- PSB) - NAFI

Description:

- MST is an evidence-based, intensive family and community-based treatment program whose successfully demonstrated: (1) reduced rates of out of home placements for youth exhibiting Problematic Sexual Behavior (PSB) (2) decreased involvement in court system (3) extensive improvements in client/family functioning (4) increased motivation toward achieving life, academic or vocational goals (5) decreased problem sexual behavior and mental health problems for youth (6) increased cohesiveness between family, schools and community.
- MST interventions aim to (a) reduce caregiver and youth denial about the sexual offenses (b) remove barriers to effective parenting (c) enhance parenting knowledge (d) promote affection and communication among family.
- Primary focus is to improve family functioning, which will decrease the youth's risk factors and problematic behaviors.
- MST therapists work primarily with parents utilizing evidence-based parenting strategies and interventions, individual work with the youth is utilized if treatment team determines to be most effective.
- Clients served are from 12-18 years of age.
- Each youth is assigned a Master's level therapist, with each therapist having a caseload of four (4).
- Minimum of two (2) face-to-face contacts week, may increase up to five (5) to six (6) times based on need.
- Typical duration of home-based MST services is approximately five (5) to seven (7) months.
- MST is provided within the family's home, community or school setting based on the needs of the family.
- Progress towards treatment goals are measured and evaluated weekly.
- Upon referral, initial contact with family is made within two (2) business days.
- On-call available 24 hours a day, seven days a week.
- Languages spoken: English, Spanish speaking staff employed by NAFI.
- Geographic area: Statewide
- MST is offered in-home and in the community, eliminating transportation issues for a family.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Youth with PSB with an identifiable victim(s).
- Youth with PSB as the main referral behavior, but may also present with externalizing behaviors such as aggression, fighting, arguing/threatening, destroying property, using drugs and alcohol, disrespectful and disobedient conduct, running away, truancy, and curfew violations often associated with but not limited to juvenile offenders.
- MST can be used to prevent out-of-home placement or assist in rapid reunification. For youth in out-of-home placement, services can be put in place 30 days before reunification.

Exclusionary Criteria:

- Youth living independently.
- Actively suicidal, homicidal or psychotic at time of referral.
- Developmental delays, Autism Spectrum Disorders (can be assessed at time of referral by MST-PSB team).
- Caregiver is in complete denial that the PSB occurred.
- There must be one caregiver who acknowledges that PSB occurred and who will actively engage in safety planning and management (some level of minimization may be present)

Fact Sheet – Supporting Teens and Adults At-Risk (STAAR) – St. Mary’s Home for Children

Description:

- STAAR is an intensive home-based clinical and case management service for high-risk and sexually exploited youth and their families.
- Children/youth up to age 18 (21 for dependent children), with a confirmed history of Commercial Sexual Exploitation of Children (CSEC) involvement OR identified high-risk youth which includes frequently running away, gang involvement, spending time with known trafficking victims or traffickers, involvement in the child welfare system; members of the LGBTQ community; and victims of child sexual abuse.
- The program model is to provide home/community-based services to survivors of sexual exploitation/human trafficking and high-risk youth.
- Services provided by a clinician, a case manager, and a survivor/mentor (group therapy only).
- Upon referral, initial contact with family is made within two (2) business days.
- Each family received 6-8 hours of clinical in-home supports and 6-8 hours of case management in home support for 4 to 6 months.
- Length of service: Typical duration of home-based STAAR services is 4-6 months.
- Interventions focus on safety, social competence, life skills, victim support, educational support, mental health services, and substance abuse screening and referral.
- Youth can access Equine Assisted Psychotherapy, Individual Therapy, Group Therapy (My Life, My Choice) and Family Therapy. Referrals made for psychiatric care.
- Caregivers will be provided psychoeducation on parenting a child who has experienced trauma utilizing our Families Impacted by Sexual Abuse (FISA) Curriculum, (formerly NOP Curriculum).
- Primary focus is to keep survivors and high-risk youth safe in their communities, reduce the risk of re-victimization, and decrease placement disruptions improve family functioning.
- A clinical team provides individual, group and family therapy, caretaker support and education and case management. Other services include transportation assistance, aftercare planning which includes referrals to appropriate services at discharge, financial assistance for funding extracurricular activities, building a support network, transportation to ongoing treatment/group appointments and access to 24/7 on call support.
- Team coordinates bimonthly Provider Team meetings.
- Progress towards treatment goals is reviewed monthly.
- On call available 24 hours a day, seven days a week.
- Services in English, Spanish, Haitian Creole, and American Sign Language.
- Geographic area: Statewide

Best fit criteria:

- A confirmed history of Commercial Sexual Exploitation of Children (CSEC)/Human Trafficking involvement or identified high-risk youth, defined as: frequently running away; gang involvement; spending time with known trafficking victims or traffickers; involvement in the child welfare system; members of the LGBTQ community; or victims of child sexual abuse.
- At risk of placement disruption (biological, foster, pre-adoptive and/or adoptive) or risk of placement in congregate care.
- Youth who are attempting to transition back to their homes after hospitalization, group home or residential care; services may begin while the youth is in congregate care.

Exclusionary Criteria:

- Significant safety concerns, such as active homicidal or suicidal ideation.

Fact Sheet – Parent and Family Empowerment Program (PFEP) – The Groden Network

Description:

- PFEP is an evidence-based treatment program for families of children with autism and other developmental and behavioral challenges.
- PFEP includes an array of services including parent group training, parent-child interaction therapy and family therapy in both clinic and home/community settings.
- PFEP is a two-tiered, with a specialized program for parents with intellectual disabilities (tier two)
- The program serves families of children ages 3-21 years.
- Upon referral, initial contact with the family is made within two (2) business days.
- Course of treatment is assessment driven and individualized to meet the needs of the family.
- Tier one parent groups meet once per week for 12 weeks.
- Tier two parent groups meet twice weekly for 12 weeks.
- Tier one families receive clinic and/or home-based family based treatment once/week for the duration needed.
- Tier two families receive home based family treatment two to three times/week for 2-hour sessions for the duration needed.
- Case management is provided to help families access community resources.
- Crisis management is provided with on-call system 24 hours/day, 7 days/week
- Geographic area: Statewide

Best fit criteria:

- Parents with or without intellectual disabilities with children with autism, developmental disabilities, and/or challenging behaviors (tantrums, aggression, oppositional).
- Parents in need of parenting and behavior management strategies.

Exclusionary Criteria:

- Parents with severe psychiatric diagnoses (psychosis, schizophrenia).
- Children or parents with active suicidal, homicidal ideation or psychotic symptoms.

Fact Sheet – Family Preservation Program (FPP) – The Groden Network

Description:

- FPP is a home-based family preservation program servicing children and adolescents with autism and developmental disabilities. The goal is to prevent out-of-home placement or post-reunification services after foster care or residential care.
- FPP provides the parent-caregiver the education, skill building, clinical assessment and applied behavior analytic therapy to strengthen the family system.
- Clients served range in age from birth to 21 years old.
- Upon referral, initial contact with the family is made within two (2) business days.
- FPP is designed to be short-term – approximately four to six months. Hours spent on the case by the Clinical Director, Clinical Supervisor, and Behavior Specialist are based on the needs of the family.
- FPP’s treatment model is a component of the Groden Center’s continuum of services that is based on empirically-validated options and represents best-practice in the treatment of severe behavior challenges.
- FPP provides case management and respite services.
- Clinical services include assessment, individualized treatment planning and implementation, parent/family training and support, crisis management, coordination of care, and discharge planning.
- On call available 24 hours a day, seven days a week.
- Geographic area: Statewide
- Languages spoken: English and Spanish

Best fit criteria:

- Individuals with autism and developmental disabilities with behavior challenges.
- Provide supports to families at home and in the community.
- Used to prevent out-of-home placement or assist in reunification.
- Requires that parents/caregivers be active participants in the assessment of needs, development of an intervention plan, and implementation of strategies.

Exclusionary Criteria:

- Lack of permanent caregiver.
- Actively suicidal, homicidal or psychotic.
- Emergency management referrals in lieu of psychiatric hospitalization.
- Client and/or family who refuse to participate in FPP treatment.

Fact Sheet- Familias Unidas - The Providence Children & Youth Cabinet

Description:

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.

- Intervention Preventative for Hispanic youth, adolescents, & families
- Evidence-based – Blueprints Certified
- Early Adolescence (10-14) & Late Adolescence (15-18)- Primary Referral
- Multiple Caretakers in Household Can Attend
- 10-12 weeks which consist of 8 Group Sessions 2 hours each with parents/caretakers & 2-4 Family Visit 1 hour each with adolescent & family
- Contact for DCYF: Sarah Summers- sarah_summers@cycprovidence.org
- Each group is combined with two facilitators. One Clinician and one Family Support Staff.
- Initial contact is made within 5 business days of receiving referral.
- Clients meet for 10-12 weeks.
- Weekly 2 hours group sessions & 1-hour family visits
- Families complete Pre- & Post Surveys as well as weekly satisfaction surveys.
- Spanish & English Language (Potential Dialects)
- Primary Locations: Providence, Central Falls (*Open to families statewide*)
- Incentives Provided to Families
- Meals Provided to Families

Best fit criteria: Any level of possible risk for current or future is referable.

Program Type:

- Alcohol Prevention and Treatment
- Drug Prevention/Treatment
- Parent Training

Exclusionary Criteria: None

Miscellaneous

Fact Sheet – Modified Outreach & Tracking (O&T) Stepdown - Tides Family Services

Description:

- Outreach and Tracking is a family-focused program that provides intensive contact with youth while working with their families to address therapeutic needs. This approach encourages individual and family responsibility, develops educational, job and life skills and empowers the entire family.
- The program is modeled after an intensive supervision program for at risk adolescents in Baltimore, Maryland, called the “Choices” program. Tides sent three employees down to Baltimore for a week of “immersion” training in 1994, and has modeled a similar program for at-risk youth and their families here in Rhode Island.
- Modified Outreach and Tracking Option:
 - Youth and families in need of Outreach and Tracking services, but requiring less than daily intervention a modified outreach and tracking program is available. This modified service incorporates all the service elements of the outreach and tracking program but at a lesser frequency and intensity.
 - Modified Outreach and Tracking Service Components; frequency and intensity: OT is an intensive monitoring, supervision and crisis response and service delivered through home visiting occurring 2-3 times throughout a week, Monday-Saturday. Face-to-face crisis response is available on Sunday as needed. On average, families utilize 1-2 hours of OT services per week. If increased service hours are clinically indicated as needed to effect positive change for the family, a referral to full Outreach and Tracking Services or other indicated service will be made.
- To improve client outcomes, Tides utilizes a strength-based, trauma-informed family-focused approach. Our services are community based. We focus on building trust and establishing a therapeutic relationship with the families served.
- The program is available 7 days a week with 24/7 emergency on-call access to a supervisor and 24/7 agency-wide clinical support.
- The supervisor attempts to contact the client’s family within 24 hours of receiving the referral.
- Youth are seen in school, at home and in the community multiple times a day Monday- Saturday with a 24/7/365 crisis on-call system. Recreational activities are planned on nights and weekends.
- The program is an independent, home-based service model that can be “stand alone” or combined service that consists of multiple daily face-to-face contacts between caseworkers, youth and their families. Tracking youth face-to-face in the community is the central activity in which OT caseworkers spend most of their time. Specifically, tracking involves in person, intensive monitoring of youth in the community including at school, home, other agencies etc.
- Some additional services components include: Assisting in court-related matters, connecting youth to community therapeutic recreation.
- Activities, school advocacy and truant support, case coordination with outside providers, etc.
- Average length of stay is six months.
- The family and youth are assessed at minimum four times to determine the family's goals for treatment, youth risk and functioning, and treatment progress--at the initial assessment, 30-day treatment plan, and every 60 days thereafter for treatment updates & utilization reviews. Due to the complexity of youth and family needs, a set time frame is not determined at onset.
- Services are available in English, Spanish and Creole.
- The service area is Pawtucket, Central Falls, Woonsocket, Providence and Kent County areas. There is flexibility to provide services in other areas upon request from DCYF.

Best fit criteria:

- Youth ages 6 to 21 and their families who were at-risk to become further involved in the juvenile justice system and/or the child welfare system.
- Examples include-1) youth is being discharged from RI Training School for Youth; 2) youth resides in out-of-state placement with aim of returning home; 3) youth is hospitalized and needs additional services to be discharged; 4) youth is in-state placement with aim of returning home; 5) youth is in foster care needing services in order to maintain placement; 6) youth/family have significant family court involvement (including Truancy, Drug and Re-Entry Court); 7) youth is at imminent risk for out-of-home placement; or 8) youth is involved with probation or parole.

Exclusionary Criteria:

- No exclusionary criteria.
- The agency maintains a “no reject, no eject policy” for all referrals. If a referral is determined to be outside of our expertise and/or the target population DCYF is notified immediately.

Fact Sheet – Teen Focus – Wendy’s Wonderful Kids - Adoption Rhode Island

Description:

- **Primary Focus:** The primary areas of focus of the *Teen Focus* program are to (1) keep older youth stable in supportive living arrangements while striving towards legal and relational permanency through adoption, guardianship, and/or the development of a network of peer and adult supports, (2) achieve educational and vocational goals, (3) prepare for adulthood through life skills development.
 - As part of a multi-disciplinary team Teen Permanency Coordinators will work with youth to achieve relational and emotional permanency through family search and engagement and other opportunities to build and sustain lifelong relationships, implementing evidence-based evidence-informed models outlined below.
 - Educational Advocates will support positive educational outcomes for children, including high school graduation, exploration of post-secondary education opportunities, increased community involvement, and extracurricular activities
- **Evidence-Based Programming:** Adoption Rhode Island (ARI) has maintained fidelity to the child-focused recruitment model *Wendy’s Wonderful Kids (WWK)* I as a grantee of the Dave Thomas Foundation for Adoption for the past 10 years. This model includes eight (8) steps of child-focused recruitment, including: Initial case referral, Relationship with child, Case record review, Assessment, Permanency Preparation, Network Building, Recruitment Plan, and Diligent Search. Fidelity to the *WWK* model is demonstrated through quarterly reports, site visits, participation in a national evaluation and accountability to our site manager. Additionally, ARI will also continue in its application of the evidence-informed 3-5-7 Model®, contracting for on-going consultation from its founder, Darla Henry, to ensure fidelity to the model’s principles, which include Clarification, Integration, and Actualization of a child’s life story.
- **Service Availability:** Monday-Friday, flexible hours.
- **Teen Focus Multi-disciplinary team includes:**
 - Three (3) Bachelor’s Level Permanency Specialists with caseloads of 18, 54 youth served per year.
 - Two (2) Bachelor’s Level Educational Advocates.
 - One (1) Master’s Level Program Coordinator to supervise team.

Initial Contact with Client: 2-4 business days after completion of Intake Assessment with the youth’s primary worker (FSU/Probation/RITS).

- **How frequently do you meet with the client?**
 - Members of the Teen Focus team will meet with youth 3-4 times per month face-to-face with additional contact by phone, email, or other contact.
- **What is the duration of services?** Youth may remain enrolled in *Teen Focus* for the length of time they are open to the Department. Youth who achieve permanency through reunification, guardianship, or adoption or those who close to the Department due to age, will be discharged from *Teen Focus* and referred to Adoption Rhode Island’s outpatient clinical supports, if applicable
- **Treatment Planning and Evaluation:** Quarterly, unless otherwise specified.
- **Languages Spoken:** English
- **Geographic Area:** Statewide

Best fit criteria:

- Youth, ages 13-18, with permanency goal of Another Permanent Planned Living Arrangement (APPLA), unless otherwise approved by DCYF.

Exclusionary Criteria:

- Youth with primary goal of adoption or reunification. However, if youth have a concurrent APPLA goal, a referral to the *Teen Focus* program may be appropriate and should be determined between the youth's DCYF/RITS worker and CRU on a case by case basis.

Fact Sheet – Commercial Sexual Exploitation of Children (CSEC) Mentoring Program – Day One

Description:

- Day One’s CSEC Mentoring Program provides consistent support and transformational relationships critical to helping young CSES victims leave “the life.”
- The Mentoring Program utilizes a strengths-based approach, combined with wrap-around Multi-Disciplinary Team (MDT) and trauma-informed clinical care.
- Empowers young victims to leave exploiters and engage in activities that rebuild a sense of self.
- The mentoring program is managed by a licensed clinician.
- Serves girls ages 12-18 years throughout Rhode Island.
- Offers services 24 hours a day, 7 days a week with an emergency on-call when needed.
- Connects young victims to a mentor; CSEC mentors may be either CSEC survivors who have been “out of the life” for at least five years, or CSEC-informed individuals.
- Mentors are assigned within 48-hours of referral.
- Offers victims an individualized service plan, which includes a meeting with their mentor at least one time per week. Program participants are also offered the opportunity to participate in weekly group with all girls involved in the Mentor Program.
- CSEC Mentoring Program can serve up to ten (10) concurrent referrals.
- Services are provided in the home and/or in the community.
- The delivery of services is based on the individualized service plan and varies from six to twelve months. Service goals are completed within the first 30 days and reviewed every three months.
- Language needs of referred clients’ families can be met through volunteer advocates and Day One bilingual staff.

Best Fit Criteria:

- The target population for the CSEC Mentoring Program is girls who have been involved in CSEC or girls who are at imminent risk in Rhode Island and are open to the Department of Children Youth and Families.

Exclusionary Criteria:

- The program is not a fit for youth who have severe mental health issues or severe cognitive limitations.

Fact Sheet – Trauma Treatment, Evaluation, Assessment, and Management (TTEAM) – Day One

Description:

- TTEAM response is a home / community based service that includes thorough trauma evaluation, assessment of child and family needs, management and intervention and development of individualized, comprehensive, measurable treatment plans.
- TTEAM collaborates with DCYF and the RI Children’s Advocacy Center to identify children and caregivers who will benefit from this intensive service.
- Treatment plans include objectives for all those involved in the child’s care and healing process.
- Serves children and teens ages 3-18 throughout Rhode Island.
- Offers services 24 hours a day, 7 days a week with an emergency on call when needed.
- Capacity is twenty (20) concurrent referrals, with a limit of ten (10) clients per clinician.
- The delivery of services is based on the individualized treatment plans delivered for three (3) months.
- Services are provided in the home and community.
- Service features daily check-ins, and four (4) hours of individual and family contact per week.
- Clinicians are supervised by a Licensed Clinical Supervisor.
- Service will take place in-home, and/or at the Clinical Office of Day One, located at 100 Medway Street, Providence, RI 02906.
- The program serves all geographical areas in Rhode Island.
- Languages spoken by staff include English, Spanish and Portuguese.

Best Fit Criteria:

- TTEAM is a three-month intervention for children in DCYF care, with complex trauma histories and their non-offending caregivers, and begins with a thorough, multi-setting trauma evaluation.

Fact Sheet – Tides Outreach and Tracking Program – Tides Family Services

Description:

- Outreach and Tracking (OT) is a family-focused program that provides intensive contact with youth while working with their families to address therapeutic needs. *This approach encourages individual and family responsibility, develops educational, job and life skills and empowers the entire family.*
- The program is modeled after an intensive supervision program for at risk adolescents in Baltimore, Maryland, called the “Choices” program. Tides’ sent three employees down to Baltimore for a week of “immersion” training in 1994, and has modeled a similar program for at-risk youth and their families here in Rhode Island.
- To improve client outcomes, TFS utilizes a strength-based, trauma-informed family-focused approach. Our services are community based. We focus on building trust and establishing a therapeutic relationship with the families served.
- Age served: Youth ages 6 to 21 and their families who were at-risk to become further involved in the juvenile justice system and/or the child welfare system.
- The program is available 7 days a week with 24/7 emergency on-call access to a supervisor and 24/7 agency-wide clinical support.
- The team is staffed by a supervisor and teams of BA level caseworkers. A team of 2-3 provides direct services to approximately 25 youth.
- The Supervisor attempts to contact the client’s family within 24 hours of receiving the referral.
- Youth are seen in school, at home and in the community multiple times a day Monday through Saturday with a 24/7/365 crisis on-call system. Recreational activities are planned on nights and weekends.
- The program is an independent, home-based service model that can be “stand alone” or combined service that consists of multiple daily face-to-face contacts between caseworkers, youth, and their families. Tracking youth face-to-face in the community is the central activity in which OT caseworkers spend most of their time. Specifically, tracking involves in person, intensive monitoring of youth in the community including at school, home, other agencies etc.
- Some additional services components include: assisting in court-related Matters, connecting youth to community therapeutic recreation activities, school advocacy and truant support, case coordination with outside providers, etc.
- Average length of stay is six (6) months.
- The family and youth are assessed at minimum four (4) times to determine the family's goals for treatment, youth risk and functioning, and treatment progress--at the initial assessment, 30-day treatment plan, and every 60 days thereafter for treatment updates & utilization reviews. Due to the complexity of youth and family needs, a set period is not determined at onset.
- OT Services are delivered in family’s home so the family does not need transportation for services.
- OT staff assist directly, or arrange for, transportation to immediate needs such as-connecting to natural resources/supports; school meetings; psychiatric appointments; social security; etc. including assisting with the development of a suitable (on-going) transportation plan as needed.
- Services are available in English, Spanish and Creole.
- The service area is Pawtucket, Central Falls, Woonsocket, Providence and Kent County areas. *There is flexibility to provide services in other areas upon request from DCYF.*

Best fit criteria:

- Youth ages 6 to 21 and their families who were at-risk to become further involved in the juvenile justice system and/or the child welfare system.
- Examples include 1) youth is being discharged from RI Training School for Youth; 2) youth resides in out-of-state placement with aim of returning home; 3) youth is hospitalized and needs additional services to be discharged; 4) youth is in-state placement with aim of returning home; 5) youth is in foster care needing services in order to maintain placement; 6) youth/family have significant family court involvement (including Truancy, Drug and Re-Entry Court); 7) youth is at imminent risk for out-of-home placement; or 8) youth is involved with probation or parole.

Exclusionary Criteria:

- No exclusionary criteria.
- The agency maintains a “no reject, no eject policy” for all referrals. If a referral is determined to be outside of our expertise and/or the target population DCYF is notified immediately.

Fact Sheet – Youth Advocate Programs (YAP)

Description:

- YAP’s wraparound advocacy model utilizes evidence-based and evidence informed interventions to prevent or safely integrate youth from out of home placement back into their home community through intensive family community-based interventions.
- YAP works with the highest risk and most complex need youth and families across several systems including child welfare, juvenile justice, and behavior health.
- Services are designed for male and female youth ages 12 to 17+ years old, although all cases will be accepted.
- Each youth is served by an Assistant Director (AD) who is supplemented by 1-2 Advocates. The AD is responsible for the intake, assessment and implementation of client services as well as the overall case management and direction of the advocate staff. Advocates are part-time para-professional staff that carry a caseload of 2-3 families. They are available 24/7, and are responsible for connecting families to community resources and providing direct services such as transportation, mentoring, coaching, teaching parenting skills, modeling, and tutoring. They also can participate in our Supported Training Program, which is paid by YAP and supervised by local employer sites.
- YAP initiates services 6-8 weeks prior to youth’s discharge from placement, when applicable. If a youth moves to foster or congregate care setting YAP can continue to provide services with the goal of expedited reunification or permanency with another resource.
- The level of service for this program will be an average of 12 hours with 3-5 face-to-face contacts per week per family with service intensity adjusted based on individual needs.
- The average length of service will be 4-6 months.
- YAP services are holistic and serve the entire family unit, addressing issues as they arise.
- Ancillary (flex funds) are utilized when families have no other resources to maintain safety and stability
- Services will occur in homes, schools and neighborhoods at times and locations most needed by the family.
- YAP’s wraparound model engages the youth, family, as well as invested others in facilitating the creation of an Individualized Service Plan (ISP) which is developed within the first 30 days and acts as the blueprint for service delivery. Goals are based upon the strengths and needs of the family and are agreed upon by all parties, who form the Child and Family Team. The program Director will also provide individual and or group sessions in the Strengthening Family curriculum.
- The Program Director and AD’s are responsible for providing weekly face-to-face supervision to advocates and monitor goal progress throughout the duration of the case.
- YAP provides 24/7 crisis intervention and support.
- Languages spoken: English, Spanish and Portuguese. YAP has translation services for other languages.
- Geographic area: Statewide.
- Referrals are made through DCYF’s Central Referral Unit (CRU).
- YAP outreaches to the family within 48 hours of the referral.

Best fit criteria:

- The program is designed to promote family stability, increase pro-social behaviors, build decision-making skills, and strengthen relationships.
- YAP can be used to prevent out-of-home placement or assist in rapid reunification.

Exclusionary Criteria:

- YAP adheres to a “No Eject, No Reject” principle and will make every effort to promote success with every youth and family referred.

Direct Referrals

Fact Sheet – Harvest Kitchen – Farm Fresh Rhode Island

Description:

- Harvest Kitchen is a 20-week culinary job skills training program serving adjudicated youth, ages 16-20.
- The program currently serves Providence, Pawtucket, and Central Falls and is conducted in English.
- Youth are provided with vocational and educational support, life-skills instruction, mentorship and connection to other services when needed.
- Youth enrolled in Harvest Kitchen receive a minimum wage stipend contingent upon on their attendance, behavior, and adherence to required participation criteria.
- The job training program operates in a professional commercial kitchen at 2 Bayley Street in downtown Pawtucket.
- Youth participants gain on-the-job culinary experience while assisting to create a line of high-quality preserved foods using ingredients sourced from local farmers and are offered the opportunity to gain sales and marketing experience by selling products at local farmer's markets.
- Youth are placed in a five-week community-based internship after successful completion of 15 weeks of training with Harvest Kitchen.
- In addition to on-the-job experience and continued support, successful completion of the program includes training in and receipt of the nationally recognized ServSafe Food Handler's Certification.
- Beginning in the Spring of 2017, the training program will operate two sessions Monday-Friday; a day-time session will operate from 10:30am-1:30pm, and an afternoon session from 3:30-6:30 pm.
- Harvest Kitchen staff are experienced in both education and cooking skills, and work with youth at a 4:1 student to teacher ratio.
- Upon enrollment, teachers work with youth to create goals and learning plans. Staff educators conduct progress reports with trainees every five (5) weeks to review goals and to provide trainees with feedback to ensure that their learning experience is effective and well supported.
- Support for successful re-entry extends beyond the program curriculum as staff help youth in obtaining RI State ID, opening bank accounts, enrolling in federal assistance programs, and other case-by-case required support.
- Staff educators conduct progress reports with trainees every five (5) weeks, reports and evaluations are shared with Probation and the Court upon request.
- Program provides RIPTA bus passes as needed to get to and from work, internship sites, and field trip destinations. Program cannot provide additional bus passes if lost or stolen.
- The program will can work with youth prior to release from secure placements.
- Once per month on Saturday, Harvest Kitchen offers community service hours for youth on probation.

Best fit criteria:

- Youth on probation.
- Youth motivated to learn job skills and find employment.
- Youth particularly interested in culinary skills.
- Youth able to get to Kitchen in Pawtucket.

Exclusionary Criteria:

- Youth younger than 16.
- Youth unable to get to Kitchen due to pre-existing obligations.
- Youth reporting safety concerns.

Fact Sheet – Foster Forward - Family Support Program (FSP)

Description:

The Family Support Program offers supports for kinship and nonrelative DCYF foster families. Families will receive immediate response to material resource needs including cribs and beds for kinship caregivers and short-term supplies and clothes needed to accept placement for both kinship and DCYF foster parents. Foster family outreach and engagement will be provided by Kinship Navigators for kinship families and DCYF foster parent mentors to navigate system benefits (SNAP, WIC, daycare, etc.), run peer support groups and coordinate family activities and respite exchange. Families who require more intensive support will be assigned to one of two dedicated case managers. Family Support also offers statewide events including the Halloween Costume giveaway, the Holiday Gifts Campaign with toy distribution through Hasbro and Foster Parent Appreciation Month activities. Foster Forward also administers Youth Enrichment grants of up to \$300 per year per child for foster children to promote normalcy and inclusion in community activities:

- The services are available during business day and some evenings with 24/7 help line
- The staff consists of a Program Coordinator (MSW) who supervises two (2) Kinship Navigators, the Lead for the Foster Parent Mentors, and two (2) case managers (BSW). Project Direction provided by Clinical Director (Psy.D).
- Between 800-900 families will be served overall, up to 50 foster families at a time in case management, 30-60 families served at any time by the Foster Parent Mentors, and about 500 families at a time will receive kinship navigator services. Cribs and beds will be available for up to 100 kinship families and youth enrichment grants will be available for up to 300 children and youth.
- Families will be contacted within one business day of referral for kinship caregivers and within one week of referral for nonrelative caregivers.
- The program will meet with the client as needed.
- Services will be reevaluated every 90 days and cases will be open for six (6) months but may be extended for up to a year based on need.
- Services will be provided at the office and at various locations in the community.
- Treatment plan goals will be measured/evaluated every 90 days.
- Languages Spoken: Spanish and TBD
- Geographic Area served: Statewide

Best fit criteria:

The target population for Foster Forward's Family Support Program is all DCYF relative and nonrelative caregivers. DCYF should provide Foster Forward an updated list of all current foster families for universal outreach and service through activities and events and further provide real time notice through RICHIST for new relative caregivers and new placements with all nonrelative caregivers. Many families will be effectively served through Kinship Navigation, many new families may want monthly peer-based mentoring during the first year of their fostering experience and a smaller number of families may require more intensive case management support.

Exclusionary Criteria:

Foster Forward's Family Support Program excludes therapeutic foster families. The Family Support Program offers an array of programming that can be effectively delivered as a standalone service for most families, but we recognize that there may be some families who need intensive home-based visiting or additional in home behavioral management programs that we do not provide. If such services were needed, Foster Forward would not open those families to case management or would suspend case management services if there was a more appropriate case management option available. Foster families receiving case management from another provider would still receive general resources, Kinship Navigation and access to a Foster Parent mentor through Foster Forward.

Fact Sheet – Safe Families Collaborative Program - RI Coalition Against Domestic Violence

Description:

- The primary focus is to address the co-occurrence of domestic violence and child abuse. This is a unique collaborative program, involving a partnership between the RI Coalition Against Domestic Violence, the Blackstone Valley Advocacy Center and DCYF.
- This is an evidence-informed program, based on best practices.
- The clients are primarily over the age of 18, since this program targets the non-offending parent in the family, referred through DCYF.
- Program participants have access to the RICADV which is a statewide collaboration involving a network of local member agencies that offer counseling, support groups, education programs, court advocacy services and other support services/resources (immigration support, RI office of Crime Victims Compensation Funds etc.) for both males and females that are victims of DV.
- The service is available Monday – Friday, 9:00 – 5:00 pm, although the 24-hour Helpline and crisis intervention services are available 24/7 through referrals to the Helpline.
- Victims of Crime Helpline is 800-494-8100 for 24/7 domestic violence victims.
- The qualifications for the advocates includes a Bachelor's degree. Caseloads vary depending on the referrals from DCYF.
- Contact is initiated as soon as possible (the same day whenever able) as the referral is received.
- The frequency of the meetings is set up based on the client's need, with an average of 10 contacts per client.
- Service duration varies depending on the client's need, but generally will exist for up to a year.
- Services can be provided at a variety of locations including the family home if deemed safe.
- The advocates are based in the regional DCYF offices to offer consultation to DCYF and FCCP staff, but work with clients in the community.
- Treatment plans and goals are evaluated every three (3) months.
- Advocates speak Spanish and English
- This program is statewide and serves clients from all communities.

Best fit criteria:

This program is designed for families when the non-offending parent is a victim of domestic violence (emotional, physical, sexual and/or psychological abuse).

Exclusionary Criteria:

All victims of domestic violence are appropriate for this program. There are no exclusionary criteria.