

SPECIALIZED FOSTER CARE SERVICES

Fact Sheet - Family Preservation and Permanency Services: Private Foster Care - Children's Friend

Description:

- To provide high-quality care for children in family-based foster care, including concurrent planning services. The program is designed to achieve safety, reunification, permanency, and child wellbeing in the least restrictive environment. To support foster children including children with complex medical needs, as well as pregnant and parenting youths. The design includes providing high quality foundational supports to all children, birth parents, and/or foster parents. It also includes specialized services.
- Evidence-Based (EB) Services include Promoting First Relationships; Nurturing Parenting Programs; TIPS-MAPP.
- Ages of Clients Served: Direct services for children ages 0-10, their birth parents, and/or foster families, and pregnant and parenting youth. Also includes foster care recruitment services, SAFE home studies, training, and other support activities for 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, and pregnant and parenting youth and sibling placements.
- A minimum of every other week home visit (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.
- Case management and case conferencing, a minimum of every other week.
- Concurrent planning, as appropriate delivered as at a minimum of weekly visits.
- Transportation for supervised visits or medical appointments as needed.
- Flex funds to help birth parents secure necessary concrete supplies to support increased bonding, safety, and/or timely reunification.
- Availability of Service: Most direct services will be provided Monday-Friday, including evening appointments; with the availability of 24/7 on-call support. Foster care recruitment services, training and other support activities will be provided during the work week, evenings, and weekends, as appropriate.
- Staffing Qualifications: For direct service positions, Bachelor's degree or higher. Caseloads range from 12 lower-risk cases to 10 high-risk cases at any given time.
- Initial Contact: Initial contact is responsive to the referral situation, and could be the same day, if needed.
- Duration of Services: Until permanency is achieved; average duration of direct services is anticipated to be 15 months.
- Whichever setting is appropriate for the children, birth parents, and/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. Foster care recruitment, training, and other support activities will occur in community settings and/or conference rooms at Children's Friend, as appropriate.
- 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:

- Children, ages 0-10, in foster care; including children with complex medical needs, or pregnant or parenting youth.
- Children for whom concurrent planning is deemed appropriate.

Exclusionary Criteria:

- Children or adolescents who have severe behavioral and mental health needs.
- Children who require a high-level of step-down care from in-patient psychiatric care, residential treatment, etc.

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 – Therapeutic Foster Care - Alliance Human Service, Inc.

Description:

- Alliance is a CARF accredited, community based, Therapeutic Foster Care program.
- Clients served are between ages 0-21 years.
- Each client is assigned a Bachelor's / Master's level worker, with a case load of 10-12 clients.
- All Alliance Foster Families are MAPP certified, and receive on-going training and support.
- Alliance Foster Families are assessed on a quarterly basis for Health and Safety compliance.
- Upon referral, placement decision is typically made the same day or within 24 hours.
- Upon admission, client needs are assessed and coordinated by a Clinical Support Specialist.
- The client receives two (2) weekly contacts during the first 30 days, then up to 1-4 contacts per week.
- Permanency planning begins upon admission, and is driven by the court's permanency goal.
- The length of stay is determined by the permanency plan.
- A comprehensive Individual Service Plan is completed for each client receiving services, and is reviewed on a quarterly basis.
- Individual Service Plan goals are discussed weekly with the clients and foster families.
- Alliance coordinates all external services, including therapy, school advocacy, medical services, visitation assistance and transportation assistance.
- Alliance provides 24/7 Crisis Intervention and Support to clients and foster families.
- Alliance provides respite services for clients.
- Interpreting services are available as needed.
- Alliance provides services statewide.

Best fit criteria:

- Clients who have experienced neglect, physical and/or sexual abuse or other forms of trauma, as well as stressed family relationships and limited informal support systems.
- Clients with mental health diagnoses or dual diagnosis.
- Clients with high risk behaviors, which may be physical or sexual in nature.
- Clients with complex medical conditions.
- Pregnant or parenting clients.
- Juvenile Justice involvement.

Exclusionary Criteria:

- Due to safety concerns, client requires inpatient psychiatric services or another secured setting.
- Client is medically unstable.
- Client is in need of alcohol or drug detox program.

Fact Sheet – Foster Family Services - Boys Town

Description:

- **Foster Family Services** provides treatment level care for children placed with DCYF. The program is a trauma-informed, strength-based foster care program that serves children from birth through 18 who need temporary out-of-home placement. Program highlights include model-based strategies, behavior assessment, crisis management, clinical oversight, while driving permanency and positive outcomes.
- The Teaching Family Model is the foundation of all Boys Town Programs. Boys Town's foster care program incorporates evidence-based practices that are centered on teaching children skills and how to build healthy relationships, are flexible and individualized, and are well-defined and replicable. This puts children first and ensures their safety, permanency, and well-being.
- Each consultant maintains a caseload of approximately eight (8) youth, while assisting the foster parent in their role as the primary caregiver.
- The foster care consultant is available to the foster parent and youth always and is on call 24/7.
- Foster care consultants are required to have a minimum of a Bachelor's degree in social services while most consultants have Master's degrees in those same areas.
- Boys Town New England accepts referrals for foster care placements 24-hours-a-day, seven-days-a week from the Central Referral Unit (CRU) at DCYF and works to respond within 48 hours of referral. Upon receipt, the Program Director or Supervisor begins the process of seeking an appropriate match with a Boys Town licensed foster home. If a youth referred to Boys Town cannot be appropriately matched we will complete a disposition form and return it to DCYF's CRU in a timely fashion.
- Minimum service delivery includes weekly face-to-face contact with foster parents and youth; the consultant increases contact and consultation as needed.
- Foster parents are responsible for providing transportation for all child's appointments while in their care. This includes medical, dental, educational, counseling and family visitation.
- When appropriate and approved by DCYF, foster parents are encouraged to regularly communicate with the child's parents about the child's progress and needs, as well as scheduling parent participation in activities.
- Service to the youth in care typically runs from six (6) to eight (8) months.
- From the initial clinical assessment, a service plan is developed during the first 30 days of care and is reviewed and updated on a quarterly basis thereafter, or as needed. The Service Plan contains techniques and strategies to reinforce positive behaviors and to decrease trauma-related behaviors while facilitating and coordinating clinical and specialty services. Service planning conforms to Medicaid requirements and includes clinical oversight.
- Boys Town New England has several bilingual employees and can serve Spanish and English-speaking youth. We continue to expand the language capacity of the program.
- TFFS provides services in foster homes located throughout the state of Rhode Island.

Best fit criteria:

- Target population includes children from birth through 18 who need out-of-home care with risk factors that include severe emotional needs, physical aggression towards adults and children, depression, sexually acting out, school attendance issues and self-harm related behaviors.
- We have the capacity to serve up to 80 children annually and 35-45 youth at any given time.

Exclusionary Criteria:

- Children who require a formal 1:1 ratio for medical or behavioral reasons or children who have a documented history of fire setting behaviors. However, each referral is considered on an individual basis.

Fact Sheet – Professional Foster Home – Boys Town

Description

- The Professional Foster Home provides compassionate care for youth referred by DCYF who have not been successful in traditional community-based foster homes and who need specialized out-of-home services to address their problem behavior and symptoms of trauma to ready them for successful future.
- Boys Town’s Professional Foster Home is an evidence-informed foster care model that is derived from the evidence-based Boys Town Family Teaching Model. It is centered on teaching children skills and how to build healthy relationships and is flexible, individualized, well-defined, and replicable.
- The Professional Foster Home serves children from birth through 18, including sibling groups.
- The Professional Foster Parents who are the primary care agents provide 24/7 supervision and care. Consultation and support is also available and accessible to the Foster Parents 24/7.
- The Foster Parents possess a minimum of a Bachelor’s degree in a related field of study. Director positions require a Master’s degree and experience working with at-risk youth and families. Clinical staff possess a Master’s degree, and the Clinical Supervisor is independently licensed. The home is licensed to serve five children.
- Boys Town promptly responds to both emergency and non-emergency referral requests. Within 24 hours of receipt program and clinical staff review the youth’s referred behavior and clinical needs to assess the most appropriate ways to ensure each youth’s safety, permanency, and well-being.
- The Foster Parents are skillfully trained Boys Town employees who provide treatment and care daily. Program Supervisors, provide coaching, support, and supervision to staff on a consistent basis. Clinical staff provide initial and ongoing assessment to address youth needs.
- The Professional Foster Parents are responsible for scheduling and transporting the youth to their medical, dental and eye care appointments and to emergency healthcare needs.
- Professional Foster Parents, when appropriate and approved by DCYF, are encouraged to schedule contact between youth and their biological family through phone calls, visitations, etc.
- The duration for placement is determined on a case-by-case basis and is driven by the needs identified in a youth’s Service Plan, emphasizing reunification or another permanency placement.
- Contact Information: Sr. Director Program Operations, C: 402.679.3867. Office: Bazarsky Campus, 58 Flanagan Rd, Portsmouth, RI 02871, T: 401.845.2250. Home is located at 125 Flanagan Rd, Portsmouth.
- Treatment Service Plans are developed during the first 30 days and every 90 days to target issues that impair functioning, safety, permanency, and well-being. Clinical Assessments are developed at 30 days and annually. Staff track and document the progress of each youth’s Service Plan goals daily, and review and update the plan monthly with the Consultant.
- Boys Town employs bilingual employees, and serves families speaking Spanish and English.
- The Professional Foster Home serves youth from all geographic areas, throughout the state of Rhode Island.

Best fit criteria:

- The Professional Foster Home provides therapeutic treatment to children that are not appropriate for residential placement-based care or community-based foster care. The Professional Foster Home provides a structured routine, and promotes healthy relationship and social skill development. The Foster Parents incorporate a high-level of behavior modification and individualized treatment to improve social and behavioral functioning.

Exclusionary Criteria:

- Exclusionary program criteria include youth with severe sexual perpetration, and a documented history of arson.

Fact Sheet - ARC 1 and ARC 2 Foster Care - Child & Family

Description:

- ARC (Attachment, Self-Regulation, and Competency) is an evidence informed treatment model.
- ARC-FC is not intended to be a long-term placement option (length of stay is 6-12 months) but will serve to meet the child's treatment needs until he/she is ready to be stepped down to a lower level of placement or reunification.
- ARC 1 foster care: A less intensive treatment foster care level, ARC 1 is intended to support birth to six (6) years as well as children and youth who may not have experienced a CANS identified Severe Emotional Disturbance (SED).
- ARC 2 foster care: Intended for children and youth between the ages of 7-17 years old, ARC 2 is a more intensive program intended for youth who are experiencing complex emotional and or behavior needs.
- Treatment Plan meetings will be held quarterly, at a minimum, and will include the child/youth when age appropriate, and all members of the treatment team.
- 24-hour on-call available at 744-8698; able to accept emergency placements as planned placements from a congregate care setting. Centralized Intake daytime number: 848-4206
- Crisis management, clinical support, and coordination for psychiatric emergencies.
- A comprehensive assessment of the child/adolescent and the development of a treatment plan that identifies short-term and permanency options for the youth, while including birth family in the permanency planning.
- Case managers will provide either weekly (ARC 2) or biweekly (ARC 1) face to face visits to children in the home (depending on the intensity of services required)
- While children and families will receive individual services based on their unique strengths and needs, services will include but not limited to: stabilization and ongoing support of the child/youth; strengthening of birth family connection through frequent and meaningful supervised family visitation services; support of foster family functioning; assessment of functioning levels; advocacy for school, medical and other needs, referrals to community based services as needed; permanency planning, preparation for independent living as appropriate; life skills assessment and instruction; and crisis intervention.
- Core members of Child & Family's ARC-FC team include the Director of Foster Care Programs, recruiter, case managers, foster parent supervisors, and placement coordinator.
- Involve and integrate youth's family, DCYF (FSU/Probation) throughout the entire treatment process to encourage timely reunification.
- Our services are statewide and able to provide services in Spanish.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Youth birth to age 18 with a history of out of home placement and placement disruptions.
- Youth with mild to moderate medical, emotional, or developmental issues depending on the availability of foster parents.

Exclusionary Criteria:

- Active and severe suicidal ideation- not being able to contract for safety; Active and severe aggressive behaviors (towards peers and staff); severe self-injurious behaviors, or active homicidal ideation; Active and severe substance abuse; Active and severe psychotic/manic symptoms and behaviors; Youth who display unprovoked assaultive behaviors.

Outcomes:

95% of children/youth will have a recommended step-down plan within 6 months of placement as evidenced by CANS. 85% of children/youth who discharged to permanency will not re-enter an out of home placement within 12 months; the average length of stay in the agency's treatment foster care program will decrease by 10%

Fact Sheet - TFCO-A Foster Care - Child & Family

Description:

- Treatment Foster Care of Oregon for Adolescents (TFCO-A) is the only evidenced based foster care program. Built on the Social Learning Theory Model, TFCO-A creates opportunities for youth to successfully live in families rather than group or institutional settings, and is a particularly relevant model for diversion from residential treatment due to its emphasis on daily structure, supervision, well-specified consequences, and helping youth to avoid deviant peer associations.
- Placements of youth in TFCO-A are typically 9-12 months in length and rely on intensive, well-coordinated, multi-method interventions conducted within the foster home, with the youth's aftercare family, and directly with the youth through individual therapy, skills coaching, and academic support.
- Because of the intensive nature of the TFCO-A program, youth are expected to participate exclusively in TFCO-A as the sole and comprehensive treatment service (except for psychiatric services if needed). As such, youth who can be successful in traditional or alternative foster homes with strong wraparound technologies and services should ideally not be served in TFCO-A.
- Foster families are limited to one child in the home. However, when appropriate and with the permission of DCYF connections to siblings will be maintained through phone calls and supervised visitations.
- Treatment goals for youth will be focused on reducing criminal behavior and substance use, improving school attendance and grades, reducing association with delinquent peers, establishing pro-social peer relationships, and improving youth's ability to live successfully in a family setting.
- The team consists of a recruiter /daily PDR caller (recruits, trains foster parents and calls foster parents daily to gather data on behaviors and parent stress level);
- a Youth's Therapist- currently a Master's level clinician, will serve as a therapist to youth in the program by facilitator weekly session that will occur within the community and provide high-level of support and guidance;
- a Family Therapist-also currently a Master's level clinician, will provide clinical services to biological families (or other identified long-term placement resource) of the treated youth, as well as conduct weekly therapy sessions and attend weekly clinical meetings.
- Skill Coaches are responsible for meetings with youth weekly afterschool and providing opportunities to practice new skills. Sessions will typically be two hours in length, with an average of 20-25 hours of skill coaching per week; and
- the team leader (weekly support meetings for foster families).
- The TFCO-A model ensures family therapy and child therapy services are not provided by the same person.
- Youth will participate in weekly individual therapy sessions that will focus on developing effect problem-solving skills and social and emotional regulations.
- Parents or guardians will attend weekly family therapy sessions, during which they will be taught effect parenting and family management techniques.
- Our services are statewide and can be provided in Spanish.
- 24-hour on-call available to families. Due to the nature of this evidenced based program, the program is unable to take emergency placements. Central Intake Department daytime number 848-4206.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Youth referred will be between the ages of 12 and 17 (male or female), located in all areas of the state, who need an out of home placement due to serious behavioral and/or emotional problems. The intent will be to seek referrals as a diversion to, or step-down, for children in a more restrictive institutional or group care placement.

Exclusionary Criteria:

- Youth younger than 12 and older than 17. Youth without an identified after-care family (biological or kinship).
- Outcomes: At least 67% of TFCO-A youth will transition to targeted familial environments within a 12-month period. At least 75% of children will maintain placement stability after 12 months of reunification (or another appropriate permanent living situation). 90% of youth will have decreased problem behaviors as evidenced by decreases in CANS behavior domains after six (6) months of treatment.

Fact Sheet – Families for Children Residence Model (FFC-RM) - Communities for People Inc.

Description:

- FFC-Residence Model, (FFC-RM) is a unique hybrid foster home program that has components of specialized foster care as well as residential care. It is designed to serve youth who have proven difficult to place in specialized foster home settings. The program supports youth with clinical, social work, and behavioral management staff.
- The program offers coordination, transportation, and supervision of family visitation for youth in the program.
- Staff 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.
- Clients served are from 0 to 21 years old.
- Each youth is assigned a Bachelor's level social worker (8:1 caseload), Master's level clinician (12:1 caseload) and Behavioral Specialist (4:1 caseload).
- Once a youth has been identified, transition into the home can begin immediately. However, due to the nature of placement in a family setting, intake into the home will be determined by the youth's treatment team.
- Families receive a minimum of two (2) face-to-face contacts per week, with additional telephone and collateral contact readily available. Youth will have a minimum of three (3) face -to-face visits weekly with the social worker, including at least one family meeting. The primary support is complemented by individual, group and family therapy by the clinician. Frequency of therapy is individualized but is designed to be at a minimum weekly and can be increased to whatever level is needed, especially at times of crisis.
- The Behavioral Specialist provide direct support to the four (4) youth in the home for 40 hours per week.
- Anticipated duration of service is approximately three (3) to nine (9) months.
- Services are provided primarily within the resource family's home, but may also occur within the community or school setting based on the needs of the youth.
- On-call provides after hours support and is utilized for crisis intervention, clinical consultation, and preliminary mental health evaluations, and is available to youth and birth/resource families as well as DCYF.
- In addition to after hours, on call support, we provide transportation, and coordinate youth and families' transportation needs for routine and emergency appointments.
- Initial treatment plans are developed within 30 days; subsequent reviews every 90 days. Progress towards treatment goals are measured and evaluated weekly.
- Languages currently spoken: English, Spanish and Portuguese.
- Geographic area: The program can work with youth and their families statewide, however our current residence home is in Providence.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- The primary target age range for the program is adolescents (ages 13-20), however, younger children may also be accepted in the case of sibling groups or in the case of a child with significant demands for behavioral and treatment supports.
- Youth who are currently "stuck" in congregate care.
- Youth transitioning from residential/hospital treatment.
- Larger sibling groups.

Exclusionary Criteria:

- Actively suicidal, homicidal or psychotic.
- Primary referral reason is sexual offender behavior.
- Profound developmental delays, significant Autism Spectrum Disorders.

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

Description:

- FFC is a specialized foster care program designed to serve youth who, due to their behavioral presentations and clinical needs, cannot be served in traditional, public agency foster homes. The program has also served as a family-based treatment setting for both diversion and step-down from residential care, inpatient hospitalization, as well as substance abuse services.
- Staff work with 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 offers coordination, transportation, and supervision of family visitation for youth in the program as well as respite coordination as needed.
- Clients served are from birth to 20 years of age.
- Services are readily available through evening and weekends, on-call emergency support available 24/7.
- Each youth is assigned a Bachelor's level social worker (8:1 caseload) as well as a Master's level clinician (12:1 caseload).
- Once a youth has been matched to an available resource home, transition can begin immediately. However, due to the nature of placement in a family setting, intake into the home will be determined by the youth's treatment team.
- The program's social worker sees youth two (2) to (3) times per week. The clinician sees each youth for a minimum of one (1) hour of individual counseling weekly. This frequency may increase based on the family's needs.
- Typical service duration is approximately six (6) to nine (9) months.
- FFC 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.
- Initial treatment plans are developed within 30 days; subsequent reviews every 90 days.
- Referrals are generated through DCYF's Central Referral Unit (CRU).
- Progress towards treatment goals are measured and evaluated weekly.
- Languages spoken: English, Spanish
- Geographic area: Statewide

Best fit criteria:

- Children and adolescents who have been removed from their family of origin and have significant emotional and behavioral challenges.
- Youth who require a higher level of care and supervision than is usually found in a traditional or kinship foster care placement.

Exclusionary Criteria:

- Actively suicidal, homicidal or psychotic.
- Active or recent fire setting.
- Primary referral reason is sexual offender behavior.

Fact Sheet - Treatment Foster Care (TFC) - Community Care Alliance

Description:

- TFC provides a wide range of services and supports to children in foster care, who can benefit from a therapeutic foster home environment and consistent clinical services. We provide weekly face-to-face intervention with foster children, often in the context of their foster family. Services focus on all life domains, especially emotional and behavioral health, education, life skill development, and relationship development.
- Youth and foster families benefit from our services. Foster families receive regular individual and group training. Children receive intervention by both case managers and clinicians. Supports are also provided to biological parents when possible, in their efforts to reach reunification.
- Each child is assigned a case manager, who is responsible for ensuring timely and competent provision of services and for coordinating communication amongst all parties involved with the child's care.
- A TFC clinician completes a Biopsychosocial Assessment upon intake and annual for each child. Children who present with a need for mental health treatment receive individual counseling by a TFC clinician, typically focusing on adjustment to foster care or foster home, grief/loss and separation from family and permanency.
- TFC monitors each client's social skills and development in the home, at school and in the community, and provides opportunities to nurture each child's strengths and address any concerns. Clients are enrolled in programs and activities designed to support their social emotional development and individual interests. Children are supported in developing relationship with peers and community, the foster family, and their extended family.
- TFC monitors each client's educational progress and needs, maintains regular communications with school staff and educational advocate (if assigned) and advocates for appropriate placement and services to meet each child's educational goals.
- The TFC program ensures that each youth receives appropriate and timely medical specialty and dental care.
- TFC promotes the development of progressive independence and independent living skills for all clients, setting goals and objectives as appropriate to the child's age and developmental level. This includes poor hygiene, nutrition, financial literacy, accountability, and other areas that may be identified by the child or treatment team.
- Older children are encouraged to further build their independent living skills by seeking employment, learning to drive, developing financial management skills, developing skills in navigation of community resources, participating in life skills classes, or engaging in other activities that may better prepare them for adulthood.
- For clients who will be aging out of foster care and transitioning to independent living. TFC assists the client in preparing for this event and phase of life. A transitional plan is made at least six (6) months prior to discharge, which addresses all life domains and focusses on supports needed to transition to independence. Clients are encouraged to maintain contact with foster family, birth family, and kin and provided with support in making such arrangements unless specifically contraindicated because of child safety issues.
- In collaboration with DCYF, TFC team members may play a more active role in visitation between parent and children. This may include transportation of youths for visitation and/or supervision of visitation.
- Services are typically provided Monday-Friday, 8:30-5:00 pm, or later as needed on a case to case basis. Families have 24/7 access to an Emergency Crisis Line.
- Services are provided by bachelor's level case managers and licensed master's level social workers (LCSW), with oversight by two (2) independently licensed clinicians.

- Staff caseload is approximately fifteen (15), with the ideal caseload of 10-12. We may serve up to 32 youth at any time.
- Youth receive a minimum of weekly visits with a clinician or case manager. Sessions take place in the home, school, day care, or community setting. Foster parents receive a minimum of monthly sessions for additional support.
- Treatment plans are reviewed every 90 days. We hold treatment plan meetings quarterly to review the treatment plan with every member of the team (parent, foster parent, DCYF, other providers). Consistent collaboration takes place with all members of the child's treatment and service team.
- Services are available in English.
- TFC is a state-wide program.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Youth who do not require a group setting, and can benefit from living in a family setting.
- Youth who require consistent support by a case manager/clinician.

Exclusionary Criteria:

- Youth with significant fire-setting or sexually acting out behavior may not be an ideal fit, dependent upon availability of an appropriate foster home.
- Youth with complex medical needs are not an ideal fit for our program.

Fact Sheet - Medically Fragile Treatment Foster Care - Devereux

Description:

- Devereux provides treatment foster care placements for medically involved children and youth in the custody of DCYF with the goal of transitioning them to their home and community with sustained positive outcomes.
- Devereux utilizes the evidence based, Risking Connection and Positive Behavior Interventions and Support (PBIS) to support service delivery.
- Collaboration with both internal and external medical teams will ensure sustainable permanency outcomes and prevention of disruption of medically fragile children placed in therapeutic foster care.
- Clients served are between the ages of 0-21 years old.
- Services to individuals with special needs will focus on specialized recruitment of foster parents who are willing and capable of caring for the medical needs of children. This may include medical professionals (CNAs, Nurses, EMTs, etc.), families with experience with medical issues and families willing to work with medical providers to develop required specialized skills.
- All Medically Fragile TFC homes have access to Devereux's 24-hour emergency on-call system. The on-call system is designed to provide crisis management, support, navigation of risk management, and parent coaching.
- All foster care case managers and recruiters have a minimum of a bachelor's degree and are supervised by Master's level supervisors. Caseloads average 1:8 in accordance with the National Family Focused Treatment Association (FFTA) standards.
- Devereux staff guarantee to engage in their first face-to-face meeting (after intake) with the client and foster family within 48 hours (2 business days) of placement.
- Devereux case managers meet with the client/foster families up to five (5) days per week and will be scheduled based upon their needs.
- The staff will engage in a minimum of weekly home visits where progress and barriers toward treatment objectives will be discussed and evaluated with the child and family.
- Devereux's services are intended to ensure their unique medical needs are being met, stabilize the clients, and support their permanency goals. Devereux will work collaboratively with identified permanency providers to secure permanency outcomes. Foster parents ensure that children are transported and accompanied to all routine, emergency, preventive or screening appointment relating to medical, dental, nutritional, pre-or post-natal, behavioral health or safety needs.
- Foster parents are permitted to work outside of the home. At least one parent is required to be available to respond to immediate and ongoing needs to meet the myriad of issues presented by the child.
- Length of service is dependent on client's permanency plan.
- Devereux' services are provided in the foster home, the community, a medical setting or school based setting based on the needs of the client and family. Foster parent support the social and recreational needs of the child, ensure that the child has access to the community and afterschool activities, provide transportation, and attend events.
- Treatment plans, Clinical Biopsychosocial Assessments, CANS, OHIO's and ASQ's are completed within 30 days of intake and quarterly thereafter. Progress and barriers of treatment plan objectives are reviewed during weekly home visits.
- Devereux is currently equipped to provide services in English and Vietnamese.
- Geographic area: Statewide
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Children and youth in the custody of DCYF who have a medical condition and require a treatment foster care placement.

Exclusionary Criteria:

- Child/youth requires a level of support that the program and/or foster parents cannot accommodate.
- Child/youth or guardian refuses to adhere to or authorize essential medical treatments or procedures.
- Child/youth with medical conditions that have not been stabilized.

Fact Sheet – Therapeutic Foster Care – Devereux

Description:

- Devereux provides therapeutic foster care placements for children and youth in the custody of DCYF with the goal of transitioning them to their home and community with sustained positive outcomes.
- The goal is to have foster youth live in a normal home-based environment and to have an opportunity to form a positive and healthy relationship with member of their foster family. In addition, they will learn life skills as well as receive therapeutic interventions tailored to their needs.
- Devereux utilizes Positive Behavior Interventions and Support (PBIS) and Risking Connection as the evidenced based models supporting service delivery.
- Clients served are between the ages of 0-21 years old.
- Services are provided to clients and their foster families 7 days per week and 24 hours per day.
- All foster care case managers and recruiters have a minimum of a Bachelor's degree and are supervised by Master's level supervisors. Caseloads average 1:8 in accordance with the National Family Focused Treatment Association (FFTA) standards.
- Devereux staff guarantee to engage in their first face-to-face meeting (after intake) with the client and foster family within 48 hours (2 business days) of placement.
- Devereux case managers meet with the client/foster families up to five (5) days per week and will be scheduled based upon their needs. TFC case managers make home visits a minimum of once per week.
- Devereux's services are intended to both stabilize the clients and support their permanency goals. Devereux will work collaboratively with identified permanency providers to secure permanency outcomes.
- Length of service is dependent on client's permanency plan.
- Devereux's services are provided in the foster home, the community or school based setting based on the needs of the client and family.
- Treatment plans, Clinical Biopsychosocial Assessments, CANS, OHIO's and ASQ's are completed within 30 days of intake and quarterly thereafter. Progress and barriers of treatment plan objectives are reviewed during weekly home visits.
- Foster parents are permitted to work outside of the home. At least one parent is required to be available to respond to immediate and ongoing needs, to meet the myriad of issues presented by youth.
- Foster parent support the social and recreational needs of the youth; ensure that the youth has access to the community and afterschool activities; provide transportation; and attend events.
- Foster parents ensure that youth are transported to and are accompanied for, all routine, emergency, preventive or screening appointments relating to medical, dental, nutritional, pre-or post-natal, behavioral health, and safety needs.
- Devereux is currently equipped to provide services in English and Vietnamese.
- Referrals are generated through DCYF's Central Referral Unit (CRU)
- Geographic area: Statewide

Best fit criteria:

- Children and youth in the custody of DCYF who are not able to remain in the care of their families and require a therapeutic foster care placement setting.

Exclusionary Criteria:

- Children and youth who are actively suicidal and homicidal.

Fact Sheet –Trauma Systems Therapy (TST) Treatment Foster Care (TFC)- Family Service of RI (FSRI)

Description:

- TST Treatment Foster Care is a trauma-focused, strength-based, culturally-responsive approach to foster care which is grounded in the evidence-informed Trauma Systems Therapy (TST). Under this model, FSRI assists youth who have experienced trauma to develop skills to regulate behaviors and emotions, while improving the ability of the caregiver and the service system to support youth well-being.
- TST team partners with DCYF to encourage participation of biological parents where reunification is a goal.
- The TST TFC team will help to coordinate efforts to connect youth in the program with their siblings, kin, and natural supports to enhance the safety net of the child.
- While the program can accommodate youth of all ages (0-21 years), attention will be paid to building capacity for adolescents, sibling sets, LGBTQQI youth, and youth who have had difficulty in previous foster placement, and all impacted by trauma and struggle with emotional and behavioral dysregulation.
- TST TFC team consists of three Master’s level clinicians, three case managers, a part-time clinical director, a part-time vice president, and a part-time foster parent recruiter/mentor serving 33 families a year.
- The youth will meet with the TST clinician and case manager at least weekly or more frequently as determined by TST assessment—in the home and/or community.
- The team will support foster parents, biological parents and the child(ren) through weekly home-based contact, clinical services, case management, advocacy and transportation assistance.
- Initial assessments will be completed in 30 days with ongoing case plans completed within 60 days.
- TST TFC’s recruiter/mentor with “lived experience” engages potential foster parents; in accordance with best practice, FSRI’s recruiter’s experience closely resembles that of the foster parents.
- On-call available 24 hours a day, seven days a week. FSRI will provide in-person response to stabilize the child and family and address any immediate risk that occurs.
- Services are provided statewide in English and Spanish.
- Upon referral, initial contact with family is made within one business day.
- Referrals are generated through the Department’s Central Referral Unit (CRU).

Best fit criteria:

- 0-21 years old, male or female, individuals and siblings.
- Exposure to traumatic event(s).
- Completion of Child Symptom Stress Disorder Checklist (CSDC).
- Emotional and/or behavioral dysregulation.
- Caregiver in need of support/intervention.
- System in need of support intervention.

Treatment areas not addressed in TST but will be considered for placement in foster care program:

- Major mental illness (active untreated Schizophrenia, psychosis or sociopathy).
- Developmental delays.
- Treatment areas not addressed in TST.
- Active suicidal/homicidal ideation/behaviors.
- Fire setting/animal cruelty.
- Current risk of sexual offending.

Exclusionary Criteria:

- None

Fact Sheet – Treatment Foster Care Oregon-Adolescent (TFCO-A) - NAFI

Description:

- TFCO-A (Treatment Foster Care of Oregon - Adolescent) is an evidence-based program that is aimed at creating an opportunity for youth to live successfully in a family environment, as an alternative to residential or institutional settings. The goals of the program are: to help caregivers with whom the youth will live with upon discharge develop skills to manage and support youth success, to reduce placement disruption, reduce problem behaviors, and to prepare family to function in the community. This is achieved by providing the support of a short-term, highly structured foster home in tandem with family therapy and skill building in preparation for the youth's return home.
- TFCO-A is an evidence-based model which works in conjunction with model developers for model fidelity.
- TFCO relies on intensive, well-coordinated, multi-method interventions conducted in the foster home, with the youth's aftercare family, and with the youth through individual therapy, skills coaching, and academic support. The intervention characteristics include: behavioral emphasis, strength based, point and level system, foster homes, "matching," birth family/aftercare resource involvement services, 24-hour support.
- This program is designed to serve clients age 12-17 years.
- TFCO-A is aimed at providing services for 8-12 months for up to 10 youth at a time.
- Client meetings will be individualized on weekdays and weekends.
- Staffing includes supervisors and therapists at a Master's level, and case managers at a Bachelor's Level.
- Foster parents report to program on daily basis, and clients are seen 3x/week. Clients are seen at least weekly by both the individual therapist and the skills coach, and participates in weekly family therapy.
- The youth therapist meets weekly with the youth. The family therapist provides clinical services to the biological families. The skills coach also meets weekly with the youth.
- Because of the intensive nature of TFCO programs, youth are expected to participate exclusively in TFCO as the sole and comprehensive treatment service (except for psychiatric services if needed).
- Initial treatment plans will be completed within the first 30 days, and then updated every 90 days.
- The program provides 24/7 on call support through the program supervisor/team leader. That phone number will be available at time of start-up.
- Foster homes will be located and licensed throughout the state of RI.
- Foster parents are required to complete a minimum of 16 hours of training each year.
- NAFI provides both English and Spanish speaking staff.
- Due to the population served and the design of the program, the placement process takes 2-4 weeks from time of referral. Once placed in a foster home, the client is seen by a therapist within 48 hours.
- This program operates statewide.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Juvenile offenders, criminal behavior, aggression, property destruction, conduct, truancy, and other defiant behaviors.
- Youth must have an identified aftercare caretaker/resource who will participate in program.
- Youth that have not been successful in in-home/preservation programs.
- Youth returning from highly restrictive institutions.

Exclusionary Criteria:

- Acutely suicidal, homicidal, or psychotic behavior.
- Youth whose primary treatment focus is substance abuse or problem sexual behavior
- Youth with impaired cognitive functioning that prohibits understanding the guidelines of the program

Fact Sheet – Therapeutic Foster Care - NAFI

Description:

- The goals of the program are to place children in the least restrictive environment working to: eliminate inappropriate behaviors; provide community integration; support the child's mental health and emotional needs; and to include parents/kin in the child's treatment to enhance reunification. The treatment team aims to stabilize behavior while teaching skills, and to promote values necessary to function productively and independently in the community.
- Therapeutic Foster Care is an evidence-informed program. NAFI has implemented internal measures to evaluate outcomes and successes.
- Children ranging in age from 4-18 are eligible for the program.
- Staffing qualifications include supervisors and therapists at a Master's level, and case managers at a Bachelor's Level. Each case manager carries a case load of 6-7 clients at a time.
- Each client is seen face-to-face at a minimum of weekly, however, this will be increased as necessary. Case management services include face-to-face contact with the child for a minimum of one hour per week.
- Case managers manage all aspects of the child's case, including regular contact with DCYF, school personnel, biological family, as well as, working with the foster parents to focus on optimal behavior strategies and interventions. They will also attend all meetings to advocate for the child.
- Each case which has an identified viable care giver is assigned to the family outreach worker. The goal is to initiate and maintain regular contact and inclusion with families, primarily in their home. The purpose is to offer a bridge between child and family, while identifying and working on the needs of the family to assist reunification. This includes assisting with behavioral interventions during family visitation: acting as an advocate for the family with DCYF; providing the family with education and access to community resources focused on promoting physical well-being and mental health.
- Average length of stay in Therapeutic Foster Care is nine (9) months.
- All services are provided in the foster home, school, and in the community.
- Initial service plan and standard assessments are completed by the 30th day of placement, and then reviewed and updated every 90 days.
- Foster parents are required to provide all transportation. This includes transportation for all medical, dental, and mental health appointments; as well as any services or activities as outlined in the child's service plan that will enhance the quality of the child's life, such as specialty groups, extracurricular activities, and peer interactions. They are expected to provide transportation to family visitation. If they are unable to provide transportation for visitation, NAFI staff will assist in ensuring the child is transported.
- Foster Parents are required to attend 16 hours of additional training each year.
- NAFI offers all foster parents the ability to utilize respite care.
- The program provides 24/7 on call support through the on-call phone (401-623-0657) as well as an administrative on call phone system, (401-623-9264).
- The current languages spoken are: English, Spanish
- Geographic are served: statewide
- Once a referral is accepted and matched with a foster home, contact is made within 24 hours.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Youth needing emotional and social stabilization
- Youth that have experienced abuse, neglect and/or behavioral problems, including aggression, arguing, disrespect, school problems, and truancy.
- Therapeutic Foster Care can be used with children who have been in group care and are ready to be integrated into a family and a community setting

Exclusionary Criteria:

- Actively suicidal, homicidal or showing psychotic behavior

Fact Sheet – Assessment Foster Care - NAFI

Description:

- Assessment Foster Care is a short-term, 90-day program aimed at placing children in the least restrictive setting while conducting a comprehensive assessment of the child's needs. This assessment results in a thorough recommendation to identify next steps in the areas of placement, school, behavior, and mental health.
- All NAFI programs utilize the Normative Approach, which is a research based, evidence informed practice that builds pro-social, mission driven communities within the program.
- Every effort is made to include and support the child's biological family to encourage and strengthen the parent-child relationship.
- Specialty therapy and assessments will be referred to community based providers.
- This program is designed to serve clients ages 6-18 years.
- Staffing qualifications include supervisors and therapists at a Master's level, and case managers at a Bachelor's level.
- Caseloads for both clinicians and case managers are 7-9 children.
- Clients are seen minimally once per week by both the case manager (minimum 2 hours a week) and the program Clinician. This will be increased based on necessary and determined by the treatment team.
- Assessment Foster Care is a 90-day program.
- Foster homes are located and licensed throughout the state of RI.
- Foster Parents are required to attend 16 hours of additional training each year.
- NAFI offers all foster parents the ability to utilize respite care.
- Program clinicians and case managers will meet in the foster home, bio home, school or community based on need.
- Family therapy will be incorporated with the child's identified care giver, if deemed appropriate, in the bio home, caregiver home, or NAFI office. Transportation will be provided by the program staff.
- Initial treatment plans will be completed within the first 30 days of placement. At the 45-day mark a treatment team meeting is held to begin the formal transition/discharge process to ensure successful discharge at 90 days.
- This program operates statewide.
- Foster Parents are required to provide all transportation for children in their care.
- The program provides 24/7 on call support through the on-call phone (401-623-0657) as well as an administrative on call phone system, (401-623-9264).
- NAFI provides both English and Spanish speaking staff.
- Once a call is received by the CRU, notification will be made within one hour as to whether an identified foster home match is available. Once the child is accepted and matched with an assessment foster home, initial contact is made with the client within 24 hours. Referrals to this program are planned, emergency, and/or as part of the DCYF 24-hour after-hours process.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Youth needing emotional and social stabilization.
- Youth needing immediate, emergency placement in lieu of a shelter placement.
- Youth that have experienced abuse, neglect, and/or behavioral problems, including aggression, arguing, disrespect, school problems, and truancy.
- Youth that need acute assessment.
- Children considered to be high risk populations, such as, LGBTIQQAAP, minority youth, medically fragile youth, and pregnant teens.

Exclusionary Criteria:

- Actively suicidal, homicidal, or violent and represent a danger to themselves or other showing psychotic behavior.
- Known history of fire-setting behaviors
- Sexually aggressive or offending youth

Fact Sheet – Professional Family Living Arrangement (PFLA) – The Groden Center

Description:

- PFLA is home-based residential care [treatment foster care (TFC) program] for children and youth with severe emotional and developmental disabilities who are either unable to continue living at home or not ready to return home following a more restrictive placement.
- The PFLA treatment model is based on Applied Behavior Analysis (ABA), a science that effectively alters maladaptive behavior patterns.
- PFLA Providers (foster parents) are carefully selected, licensed in foster care, and trained in both parenting and professional skills.
- Clients served are between the ages of birth to 21 years.
- The PFLA program has oversight of a licensed clinical psychologist and master-level clinicians (BCBA, LICSW, LCSW, M. Ed, MA) who work with the PFLA Providers in assessing the client, developing home programs, coordinating the transition between home and PFLA, and monitoring the client's progress.
- PFLA Clinician's caseload is an average of seven (7) clients.
- The PFLA clinician provide case management and coordination with other service providers including medical, counseling and recreational facilities. They also monitor the child's school placement and attend school meetings as appropriate.
- Each client's placement in PFLA, including the length of care, is based on the DCYF Case Plan which defines permanency goals. Historically, placements have lasted from six months to over three years. Typically, reunification with the client's family has taken approximately a year.
- To the extent possible, clients will be placed in a culturally appropriate home within a family constellation where consistent care is provided with access to typical neighborhood and community experiences.
- Along with clinical goals, PFLA treatment plans include permanency goals with strategies and tasks which include: addressing behaviors that place the client at risk for placement disruptions; training of the client's family or adoptive family on parenting skills and implementation of the client's Behavior Support Plan; coordinating with other service providers if the goal is independent living; and providing opportunities for healthy, functional relationships with family or mentors, regardless of the permanency goal.
- Progress towards treatment goals and progress is reviewed weekly by the entire clinical team, including the licensed psychologist.
- PFLA Clinicians and Program Director are on-call for PFLA Providers and PFLA clients 24 hours a day, 7 days a week.
- PFLA staff members speak languages other than English or have access to translators if needed.
- Geographic area: Statewide.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best Fit Criteria:

- Child/youth who needs emergency placement or requires a planned transition to a foster home. (Emergency placement is based on referral information received and whether there is an appropriate PFLA Provider match available at the time of the referral).
- Child/youth with Autism Spectrum Disorder, developmental disabilities, and/or behavior challenges.
- Child/youth with diagnoses such as: Autism, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, Reactive Attachment Disorder.

Exclusionary Criteria:

- Child/youth with high-end medical needs.
- Certain behaviors may be considered as criteria for exclusion, depending on their frequency, intensity, duration, and recent history.
- Emergency management referrals in lieu of psychiatric hospitalization.
- Child/youth who refuse to participate in treatment foster care.