

RHODE ISLAND

*Title IV-B Child and Family Service Plan
2015 – 2019*



DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

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Rhode Island

TITLE IV-B CHILD AND FAMILY SERVICE PLAN

Five Year Plan: 2015 – 2019

Introduction –

The Rhode Island Department of Children, Youth and Families has combined responsibility for child welfare, juvenile corrections and children's behavioral health services. The agency was created in 1980 and is statutorily designated as the "*principal agency of the state to mobilize the human, physical, and financial resources available to plan, develop, and evaluate a comprehensive and integrated statewide program of services designed to ensure the opportunity for children to reach their full potential. Such services shall include prevention, early intervention, outreach, placement, care and treatment, and aftercare programs. The Department shall also serve as an advocate for the needs of children,*" (RIGL 42-72-5).

Through the years, the Department has been guided by strong vision and mission statements that were crafted by a cross-section of the Department's staff. This past year, Department staff developed and promulgated a revised vision and mission statement reflective of the practice transformation that is emphasizing wraparound practice and shared responsibilities for promoting safety, permanency and well-being for children and families:

Vision – *Healthy Children and Youth, Strong Families, Diverse Caring Communities.*

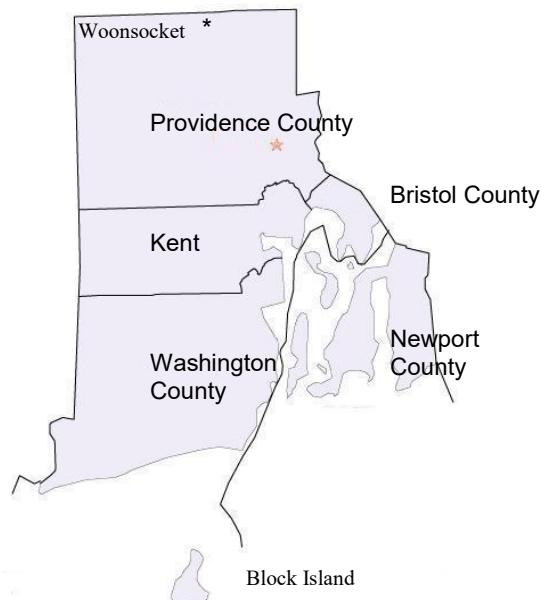
Mission – *Partner with families and communities to raise safe and healthy children and youth in a caring environment.*

Through multiple programs extending through a range of community-based care to residential treatment, the Department provides child protection, child welfare, children's behavioral health and education, preventive services to children at risk of abuse/neglect, support services for children and families in need, and services for youth requiring community supervision or incarceration due to delinquency. This combined responsibility and service structure positions DCYF quite well for working in concert with other state departments, community-based agencies and family representatives to continuously develop and improve strategies through the Title IV-B Child and Family Service Plan that address fundamental needs of children and families. Responsibility for the Title IV-B Child and Family Service Plan is within the Director's Office.

DEPARTMENT COMPOSITION –

The State of Rhode Island is the smallest in the nation with a population of just over 1 million. The DCYF is a State administered child welfare system with a centralized child protection operation -- one of the strongest in the country with response times for investigations ranging from as immediate as 10 minutes to within 24 hours, but all of the investigations that are conducted are initiated within 24 hours. There are four regionalized offices to promote a more community-based service system within the state. Each DCYF Region has a Regional Director and family service units (FSU) with social caseworkers who are responsible for case management and visitation schedules for families with cases open to the Department. Children and families are assigned to family service caseworkers on a regional basis.

Figure 1: County map of Rhode Island



Region IV is the largest family service area geographically, representing 14 communities in the north and northwestern section of the state in Providence County, and includes the City of Woonsocket which is an area most significantly impacted by poverty conditions. Region I is the second largest family service area representing the City of Providence. Region II is the smallest region representing 10 communities along the East Bay of Rhode Island stretching from Bristol County down through Newport. Region III represents the middle and southern part of the state in Kent and Washington Counties; it is the most rural area comprising 14 communities, including the Town of New Shoreham (Block Island).

Juvenile Probation/Parole officers are located throughout the state usually in close proximity, if not inside, the County court houses. Youth sentenced to probation/parole are assigned to the probation/parole office either closest to their residence or in the County in which the charges were filed. The Rhode Island Training School is the state's

only juvenile correctional facility; located in the City of Cranston which is just south of Providence in Kent County.

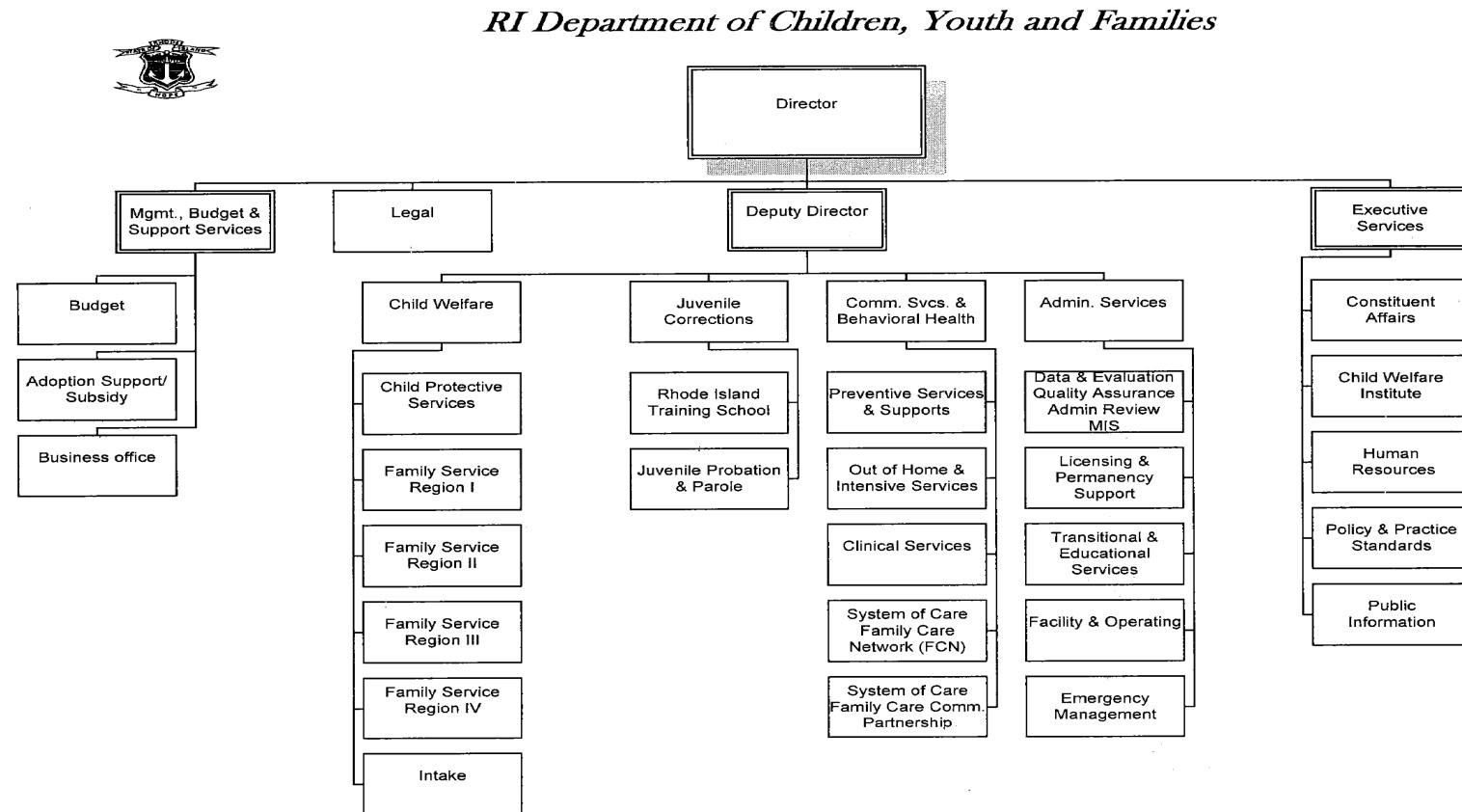
The Department's Central Office is located in the City of Providence. The physical location houses the Region 1 Family Service Units and much of Region IV's Family Service Units as a result of recent consolidation efforts. The Division of Children's Community Services and Behavioral Health is also located in the Providence office. All other functions under Executive Services and Management, Budget and Support Services are at the Providence office as well.

Programs and Direct Services are delivered through three service divisions (Figure 2):

- Child Welfare which includes Child Protective Services (including Intake) and Family Services;
- Juvenile Probation/Parole and Juvenile Corrections (Rhode Island Training School); and
- Children's Community Services and Behavioral Health

The Foster and Adoptive Care Recruitment and Licensing functions are under Support Programs and Direct Services. This office oversees the activities involved with recruitment, training, home studies and licensing of foster homes, as well as recruitment, training, and home studies for adoptive homes; and management of adoption and guardianship subsidies.

Figure 2: DCYF Functional Organizational Chart



Monday, September 29, 2014

SYSTEMS IMPROVEMENTS - DCYF

In recent years, the Department has seen a steady shift in the volume of families requiring DCYF intervention. In the table at the right, data as of

	Active Caseloads – Number of Children					
	As of December 31	2009	2010	2011	2012	2013
# Active Caseloads	7,677	7,384	6,828	6,795	6,990	
# Children in Substitute Care	2,331	2,293	1,988	1,947	2,013	
# Children at Home	2,506	2,344	2,141	2,208	2,456	

December 31 for four years represent a steady decline in active caseloads and in the number of children in substitute care; however, in 2013, the Department experienced an increase in the number of children entering care.

At the same time, the number of children able to be maintained in their own homes under DCYF supervision was greater than the number of children placed in foster care in each year. These trend lines represent steady progress for the Department, as throughout this period there was ongoing preparation with staff and the provider community toward greater emphasis on home and community-based services. Much of this emphasis was focused on the front-end of the Department's service system – helping child protection investigators to work more diligently with families and community providers to avert families from being opened to the DCYF wherever possible and appropriate. Unfortunately, this past year in 2014, the Department saw an increase in removals largely due to domestic violence and substance abuse among parents.

ASSESSMENT OF PERFORMANCE ON NATIONAL MEASURES

These national measures relate to child welfare practices that address concerns for safety and permanency. The permanency outcome measures for which there *is* a standard represent four (4) composite scores for agencies' overall performance in this area. DCYF's performance on these 4 composites is in the following table:

- 1) Timeliness and Permanency of Reunification – (Standard 122.6 or higher)
- 2) Timeliness of Adoptions – (Standard 106.4 or higher)
- 3) Permanency for Children/Youth in Foster Care for Long Periods of Time - (Standard 121.7 or higher)
- 4) Placement Stability – (Standard 101.5 or higher)

DCYF Composite Scores - National Data Profile Report

Permanency Composite 1: Timeliness and Permanency Reunification – (Incorporates components A and B) Standard 122.6 or higher	FFY 2010	FFY 2011	FFY 2012	FFY 2013
	98.1	100.2	104.0	96.7
<i>Component A: Timeliness to Reunification</i>				
1.1) Exits to reunification in less than 12 months (nat'l median = 69.9%, 75 th percentile = 75.2%)	70.2%	68.8%	72.2%	77.5%

Permanency Composite 1: Timeliness and Permanency Reunification – (Incorporates components A and B) Standard 122.6 or higher	FFY 2010	FFY 2011	FFY 2012	FFY 2013
	98.1	100.2	104.0	96.7
1.2) Exits to reunification, median stay – of children in foster care for 8 days or longer, what is median length of stay in months from latest removal from home to reunification – (nat'l median = 6.5 months, 25 th percentile = 5.4 months – lower score is preferable in this measure)	Median = 7.4 months	Median = 8.1 months	Median = 7.2 months	Median = 6.4 months
1.3) Entry cohort reunification in < 12 months (nat'l median = 39.4%, 75 th percentile = 48.4%)	43.5%	44.3%	46.2%	46.8%
<i>Component B: Permanency of Reunification</i>				
1.4) Re-entries to foster care in less than 12 months from previous placement (nat'l median = 15.0%, 25 th percentile = 9.9% - lower score is preferable)	23.4%	21.3%	21.8%	27.8%
Permanency Composite 2: Timeliness of Adoptions – (Incorporates components A, B and C) Standard 106.4 or higher	FFY 2010	FFY 2011	FFY 2012	FFY 2013
	134.5	134.9	142.3	135.0
<i>Component A: Timeliness of Adoptions of Children Discharged from Foster Care</i>				
2.1) Exits to adoption in less than 24 months from date of latest removal from home (nat'l median = 26.8%, 75 th percentile = 36.6%)	41.0%	38.8%	46.2%	34.2%
2.2) Exits to adoption, median length of stay from date of latest removal to discharge to adoption (nat'l median = 32.4 months, 25 th percentile = 27.3 months)	Median = 26.0 months	Median = 26.3 months	Median = 25.1 months	Median = 27.0 months
<i>Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer</i>				
2.3) Children in care 17+ months, adopted by the end of the year (nat'l median = 20.2%, 75 th percentile = 22.7%)	18.1%	20.9%	20.9%	21.7%
2.4) Children in care 17+ months achieving legal freedom within 6 months – legally free means TPR reported to AFCARS for both parents (nat'l median = 8.8%, 75 th percentile = 10.9%)	14.5%	16.0%	16.6%	12.9%
<i>Component C: Progress Toward Adoption of Children Who are Legally Free for Adoption</i>				
2.5) Legally free children adopted in less than 12 months (nat'l median = 45.8%, 75 th percentile = 53.7%)	77.6%	76.4%	79.9%	81.3%

Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time – (Incorporates components A and B) Standard 121.7 or higher	FFY 2010	FFY 2011	FFY 2012	FFY 2013
	127.9	130.6	120.2	132.6
<i>Component A: Achieving Permanency for Children in Foster Care for Long Periods of Time</i>				
3.1) Exits to permanency prior to 18 th birthday for children in care for 24+ months; i.e., adoption, guardianship, or reunification (including living with relative (nat'l median = 25.0%, 75 th percentile = 29.1%)	24.5%	28.2%	26.6%	25.3%
3.2) Exits to permanency for children with TPR (nat'l median = 96.8%, 75 th percentile = 98.0%)	96.4%	95.0%	96.4%	96.4%
<i>Component B: Growing Up in Foster Care</i>				
3.3) Children emancipated who were in foster care for 3 years or more (nat'l median = 47.8%, 25 th percentile = 37.5%)	32.6%	33.2%	44.8%	27.1%
Permanency Composite 4: Placement Stability – Standard 101.5 or higher	FFY 2010	FFY 2011	FFY 2012	FFY 2013
	99.6	98.9	99.2	104.4
4.1) Two or fewer placement settings for children in care for less than 12 months (nat'l median = 83.3%, 75 th percentile = 86.0%)	86.2%	86.8%	87.5%	88.4%
4.2) Two or fewer placement settings for children in care for 12 to 24 months (nat'l median = 59.9%, 75 th percentile = 65.4%)	66.3%	63.2%	65.4%	69.8%
4.3) Two or fewer placement settings for children in care for 24+ months (nat'l median = 33.9%, 75 th percentile = 41.8%)	36.0%	36.0%	34.4%	40.1%

PERFORMANCE ASSESSMENT – OUTCOME DATA

Permanency Composite #1 – Rhode Island performs below the national standard of 122.6 on this measure. This measure is composed of two elements: Timeliness to Reunification and Permanency of Reunification. RI's performance is above the national median on exits to reunification in less than 12 months and entry cohort reunification in <12 months. RI's performance is at the national median for length of stay.

Rhode Island's performance on re-entries to foster care in less than 12 months from previous placement appears to be well below the national median. This is due, in part, to RI's current practice of using the child's physical reunification with their parent as the discharge from all placements date whereas most states use the date the parent's legal status is restored. RI is currently making modifications to our SACWIS system to allow the use of the legal status date (trial home visit) as the discharge date.

Our data shows that older youth experience higher rates of reentry and older youth have higher rates of child behavioral issues. The lack of intensive home based behavioral health services reduces the likelihood that children will remain in the community after

discharge from placement. The department is working to increase the availability of intensive home based behavioral health services through the diligent recruitment and adoption well-being after trauma grants to address this concern. In recent months, the department and our provider partners have begun to implement programs including Trauma System Therapy (community-based), Positive Parenting Program (Triple P), Alternative for Families – Cognitive Behavioral Therapy (AF-CBT), and Trauma Focused Cognitive Behavioral Therapy.

Permanency Composite #2 – Rhode Island performs above the nation standard of 106.4 on this measure. RI's performance is above the national median on all components of this composite: exits to adoption in less than 24 months from date of latest removal from home, exits to adoption median length of stay, children in care 17+ months adopted by the end of the year, children in care 17+ months achieving legal freedom within 6 months, and legally free children adopted in less than 12 months.

The data shows that the number of youth adopted within 24 months has decreased from 46.2% to 34.2%. This decrease is attributable to an increase in the median time to adoption from 25 months to 27 months. FY2013 data suggests that the increase in the number of youth exiting the system to guardianship has impacted the median length of time for the remaining youth to achieve adoption within 24 months. The median length of time for a youth to exit to guardianship is 482 days while the median length of time for a youth to exit to adoption is 1116 days.

Permanency Composite #3 - Rhode Island performs above the nation standard of 121.7 on this measure. RI's performance is above the national median on exists to permanency prior to 18th birthday for children in care for 24+ months and children emancipated who were in foster care for 3 years or more. RI's performance is at the national median for exits to permanency for children with TPR.

Permanency Composite #4 – Rhode Island performs above the nation standard of 101.5 on this measure. RI's performance is above the national median on all components of this composite: two or fewer placement settings for children in care for less than 12 months, two ore fewer placements settings for children in care for 12 to 24 months, two or fewer placement settings for children in care for 24+ months.

Data show that most placement instability is higher among older youth and in particular, older youth in congregate care settings. The department has been working to increase the utilization of foster family homes for all youth including older youth. Over the last 3 years, the percentage of all youth placed in foster family settings has increased from 66.9% to 70.2%. In addition, approximately 10% of youth age 12-16 exit to guardianship who may otherwise have stayed in care and were at risk for further placement instability.

Well Being 1 – Rhode Island continues to perform well in assessing the needs of and involving the mother, father and children in case planning when the youth is in out of home placement. Data in the following chart shows an improvement from 2013 to 2014 in assessing the needs of families and involving participants in case planning when the youth is in placement. Rhode Island continues to struggle in assessing the needs of families and involving them in case planning when the child is at home, especially the needs of and involvement of fathers.

Rhode Island has made significant improvements in caseworker visits with children, particularly when the child is in out of home case. Data for federal fiscal year 2014 will show that RI has met the federal measure of 90% of youth in out of home placement being visited at least once per month and over 60% of those visits occurring in the residence of the child. October 2014 point-in-time shows that 76% of in-home children and 79% of children in placement received a caseworker visit within the previous 30 days. ARU and supervisory review data from 2013 to 2014 show improvement although in-home cases is an area that needs additional work.

Well Being 2 – Data regarding the educational needs of children and youth show an improvement from 2013 to 2014. As with well-being indicator 1, youth in out-of-home placement show a greater strength than children at home.

Well Being 3 – Consistent with well-being indicators 1 and 2, the physical and mental/behavioral health of the child has shown improvement from 2013 to 2014. The state needs to make additional improvements in assessing the needs of youth at home.

Well-being Indicators:
Period: 5/1/13 – 7/31/13

Percentages are those rated as “Strength”

Well-being Indicator	In-Home					Out of Home				
	Region I	Region II	Region III	Region IV	Juvenile Probation	Region I	Region II	Region III	Region IV	Juvenile Probation
Comprehensive Assessment and Services to address needs										
Mother	69%	93%	40%	56%	100%	100%	100%	98%	75%	75%
Father	23%	25%	40%	39%	0%	100%	100%	96%	63%	100%
Child(ren)	77%	63%	90%	72%	0%	100%	100%	100%	99%	83%
Involvement in Case Planning										
Mother	46%	67%	30%	64%	67%	80.43%	100%	98%	81%	100%
Father	15%	19%	30%	30%	0%	70.37%	100%	97%	68%	100%
Youth	44%	77%	11%	76%	67%	80.77%	100%	100%	95%	80%
Caseworker visits with child	46%	81%	60%	28%	33%	100%	100%	91%	98%	83%
Caseworker visits with mother	31%	67%	30%	28%	0%	100%	100%	96%	93%	100%
Caseworker visits with father	15%	13%	30%	13%	0%	100%	100%	100%	88%	NA
Educational Needs of Child	73%	67%	100%	70%	0%	100%	98%	100%	100%	83%
Physical health of child	38%	27%	22%	43%	0%	99%	98%	95%	100%	83%

Well-being Indicator	In-Home					Out of Home				
	Region I	Region II	Region III	Region IV	Juvenile Probation	Region I	Region II	Region III	Region IV	Juvenile Probation
Mental/behavioral health of child	70%	64%	67%	59%	0%	96%	98%	98%	99%	83%

Data Source: RICHIST RPT 199 8/31/13

Note: The numbers are presented by region and by quarter and are small in size. The Department also reviews this data on an aggregated annual basis state-wide and by region to reduce the variability associated with small sample size.

Well-being Indicators:
Period: 5/1/14 – 7/31/14

Percentages are those rated as “Strength”

Well-being Indicator	In-Home					Out of Home				
	Region I	Region II	Region III	Region IV	Juvenile Probation	Region I	Region II	Region III	Region IV	Juvenile Probation
Comprehensive Assessment and Services to address needs										
Mother	50%	90%	50%	86%	100%	100%	98%	100%	100%	100%
Father	50%	20%	33%	52%	0%	100%	88%	98%	100%	100%
Child(ren)	75%	80%	83%	76%	100%	95%	98%	100%	99%	88%
Involvement in Case Planning										
Mother	63%	70%	67%	76%	100%	65%	97%	95%	100%	83%

Well-being Indicator	In-Home					Out of Home				
	Region I	Region II	Region III	Region IV	Juvenile Probation	Region I	Region II	Region III	Region IV	Juvenile Probation
Father	50%	20%	17%	38%	0%	63%	83%	88%	100%	83%
Youth	86%	88%	50%	76%	100%	64%	93%	96%	100%	75%
Caseworker visits with child	50%	70%	83%	57%	50%	98%	89%	100%	99%	100%
Caseworker visits with mother	25%	40%	67%	62%	0%	100%	97%	100%	100%	100%
Caseworker visits with father	25%	30%	17%	24%	0%	100%	85%	100%	96%	100%
Educational Needs of Child	86%	80%	100%	80%	100%	93.22%	93%	100%	97%	100%
Physical health of child	50%	11%	50%	50%	0%	100%	90%	100%	99%	100%
Mental/behavioral health of child	71%	78%	80%	76%	100%	92%	82%	100%	96%	75%

Data Source: RICHIST RPT 199 8/31/14

Note: The numbers are presented by region and by quarter and are small in size. The Department also reviews this data on an aggregated annual basis state-wide and by region to reduce the variability associated with small sample size.

PERFORMANCE ASSESSMENT ON SAFETY OUTCOME MEASURES 1 AND 2 –

The Department is known for having a strong Child Protection Division. In the last CFSR conducted in April 2010, reviewers noted strong performance in the timely initiation of investigations and face-to-face contact occurring in a timely manner. It was also noteworthy that maltreatment was not present in most cases reviewed. However, as the table at the right suggests, the DCYF continues to perform below the national standards on repeat maltreatment and maltreatment in foster care. The Department has made progress from 2012 to 2013 in providing services to prevent the removal of children from home.

National Standards Outcomes and Indicators	Nat'l Stndrd	% Strength 2010	% Strength 2011	% Strength 2012	% Strength 2013
SAFETY OUTCOME 1 Data Profile					
Item 2a: Repeat Maltreatment (National Standard)	94.6%	90.2%	91.5%	93.1%	91.8%
Item 2b: Incidence of child abuse/neglect in foster care (National Standard)	99.68%	98.97%	98.77%	98.96%	98.87%
SAFETY OUTCOME 2 2010 CFSR					
Item 3: Services to Prevent Removal	n/a	76%	95.6%	89.8%	94.4%
Item 4: Risk of Harm	n/a	54%	88.6%	88.56%	87.01%

PERFORMANCE ON CFSR SYSTEMIC FACTORS

In the 2010 Child and Family Service Review, DCYF was rated in substantial conformity on five of the seven systemic factors: Statewide Information System, Quality Assurance System, Staff and Provider Training, Agency Responsiveness to the Community, and Foster and Adoptive Parent Licensing, Recruitment and Retention.

The current status of these systemic factors is:

Statewide Information System - RICHIST continues to be a valuable information tool to the Department. RICHIST has maintained the ability to track and identify the status, demographics, location and service plan goal for the placement of children in foster care. The location of a child's whereabouts is recorded in RICHIST regardless of whether the child is in a paid, unpaid, unlicensed, or voluntary placement. Limitations of RICHIST are due to the fact that this is a 16 year old system and while it currently supports the functional requirements of the department (tracking placements, service plans, costs, demographics, outcomes, etc.), it is limited in its ability to support a mobile, field-based workforce. The department is exploring options to support staff access to RICHIST from the community. As referenced in the System Data Supports section, we are also exploring the feasibility of having ARU staff review a sample population of cases to ensure demographic data such as race, ethnicity, and DOB are accurate as well as placement, status and goals.

Quality Assurance System – The specific activities supporting the quality assurance system are delineated in the Continuous Quality Improvement Quality Assurance section. The data supporting how well the CQI system functions includes a number of research reports published on the DCYF website such as the “Children in Foster Care” report, the Congregate Care: Data Driven Recommendations report and the Predictors of Long-Term Foster Care report. The CQI system also provides Dashboard reports, Quarterly ARU findings, and periodic reports to the regions on outcome measures.

Staff and Provider Training - The Department, through the Child Welfare Institute, maintains its commitment to ensuring that supervisors in Family Service Units and Juvenile Probation staff have the skills, knowledge, and experience to provide effective leadership to promote improvements in safety, permanence and well-being for children, youth and families. The Child Welfare Institute continuously adjusts its training curriculum to support the training needs of department and community provider staff. The Department has made workforce wellness for DCYF staff and staff within the provider community a substantive goal as it directly relates to the ability of the system to deliver quality care and services to children and families.

Agency Responsiveness to the Community - In preparation for the development of the new five year strategic plan for the Child and Family Service Plan, the Department held a daylong planning retreat at the University of Rhode Island Alton Jones facility on March 24, 2014. Key stakeholders were invited to participate including representatives from the Family Court, the Court Appointed Special Advocates (CASA), the Child Advocate, representatives of the two Family Care Networks, the Family Care Community Partnerships (FCCPs), members of the minority community-based service organizations, the Narragansett Indian Tribe, Neighborhood Health Plan of RI (NHP) which is the health plan provider for children in DCYF care, family advocacy representatives and other community-based service providers, with DCYF staff. In addition, the department has established a Family Community Advisory Board to enhance on-going community collaboration. The department also holds quarterly Child Welfare Advisory Committee meeting attended by various public and non-profits stakeholders.

Foster and Adoptive Parent Licensing, Recruitment and Retention – The Department is working towards the standardization of the curriculum utilized for all foster parent training as part of the Diligent Recruitment Grant. The Department and the majority of our specialized foster care providers are now using the TIPS-MAPP curriculum. Also, as part of the grant, the Department has conducted a survey of foster parents. The survey has been completed and is being analyzed.

Case Review System – The department’s case review system includes the department’s 6 and 18-month administrative review process as well as the 12 and 24-month court permanency review. This area was identified as an area needing improvement in the 2010 CFSR review. To improve the case review system, the department clearly delineated when it was appropriate to utilize a compelling reason not to file a termination of parental rights, implemented family team meetings to ensure service plans are developed jointly with families, formalized the process for administrative review findings

to be incorporated into service plans, and established a Joint Family Court/DCYF Permanency Committee.

Service Array and Resource Development - This systemic area was identified as an area needing improvement. To improve the availability and array of services, the department implemented Phase II of the System of Care which contracted with two lead agencies to establish provider networks to provide individualized services to families. As a result of this partnership a number of new services have been implemented to support the needs of families. These services include Trauma System Therapy (community-based), Positive Parenting Program (Triple P), Alternative for Families – Cognitive Behavioral Therapy (AF-CBT), and Trauma Focused Cognitive Behavioral Therapy. The department also provided extended RIteCare medical coverage to parents to support reunification efforts. As part of the overall System of Care in general and Wraparound process, in particular, RI DCYF administers the Wraparound Fidelity Index EZ to families receiving Wraparound. This survey is conducted on an ongoing basis and administered by a RI family partner agency organization. Approximately 87% of the surveys are conducted in-person and in the family's home. According to WFI-EZ caregiver form responses collected between April 2013 and March 2014:

- 48.0% of respondents agreed or strongly agreed to the statement, "*My family was linked to community resources I found valuable.*" (Item B13, N=103)
- 47.6% of respondents agreed or strongly agreed to the statement, "*With help from our wraparound team, we have been able to get community support and services that meet our needs.*" (Item B25, N=102).

Additionally, a question on the ARU foster care/CFSR review of all out-of-home youth in care 6 months or more and on the random sample of in-home cases collects data on the "parent's unresolved service needs". This data is reviewed on a quarterly basis by region and reflects a range based on the quarter and region. For the past two fiscal years completed, FY13 and FY14, the range of unresolved service needs is approximately between 10% to 50% on any given quarter. On this same instrument, a question collects data on the "children's unresolved service need" which an approximate range of 5% to 15% on any given quarter during this same timeframe.

LARGER SYSTEM ENHANCEMENTS –

The Department of Children, Youth and Families is one of four state departments serving children and families under the umbrella of the Executive Office of Health and Human Services (EOHHS). The EOHHS is comprised of the Departments of Children, Youth and Families; Human Services; Behavioral Health, Developmental Disabilities, and Hospitals; and Health. The State has an 1115 Medicaid Waiver through 2018; designed to assist in the development and promotion of a community-based system of care that will reduce reliance on residential treatment or other long-term institutional care – with the intent to provide more flexibility in the delivery of home and community-

based services. The EOHHS has responsibility for coordinating administration and financing of Medicaid benefits across the four departments.

As part of this overall system transformation DCYF has been moving steadily toward implementation of wraparound practice to support a system of care for children, youth and families in order to ensure a more holistic approach to meeting disparate and complex needs of the families who are both either at risk of becoming involved with DCYF or have become involved with the Department through having a child(ren) removed from home.

Family Care Community Partnerships (FCCPs) have been in operation since January 2009 to address the front-end needs of the child welfare and children's behavioral health systems. Their primary function is to avert children and families from becoming involved with DCYF, where possible and feasible, through family preservation and family support programming and services. Data from each of the FCCPs is collected and processed by DCYF's Data Analytic Center at Yale University.

The Department publishes a semi-annual FCCP report. Data from the most recent semi-annual FCCP report, Calendar Year 2013 Quarters 3 and 4 (July 1, 2013 – December 31, 2013) reported a total of 1203 families active with the FCCPs during this period. Among those 1203 families, a total of 2262 children were involved with the FCCPs. The median age of the child involved with the FCCPs is age has dropped to 7, where previously it was 8. Approximately 85% of children involved with the FCCP are reportedly eligible for the FCCPs for reasons of "risk for child abuse/neglect" which is an increase from 81% previously. Twenty two (22%) percent are reportedly eligible for the FCCPs for reasons of "serious emotional disturbance"; these two categories are not mutually exclusive and a child may be in more than one eligibility category. Approximately 60% of FCCP referrals were from DCYF. The largest proportion of families referred by DCYF, were families with an indicated investigation (34%). The Department works closely with the FCCPs through regular meetings to troubleshoot program and practice issues. As referenced above, the number of cases becoming opened to the Department had been declining steadily; however, due to the severity of issues impacting families this year, safety concerns required more direct involvement by DCYF.

For the past two years, the Department has had contracts with two lead agencies implementing Networks of Care, focusing on reducing residential services and increasing community-based supports and services for children and families. In these two years, particularly in the past year, the system has experienced a significant strain resulting in more out-of-state placements to meet the need for children and youth presenting with a higher degree of complexity, including the occurrence of youth involved in sex trafficking activities. This strain on the system has further resulted in the Department and the lead agencies needing to request additional funding to meet the unexpected increase in costs for the out-of-state placements. As a result, the Department and the lead agencies, with assistance from the Governor's office, have begun to assess the structural needs of the system as a whole in order to identify the resources and supports that are necessary for an infrastructure to be effective in supporting the operation of the system of

care. The SOC continues to promote stronger emphasis on developing and enhancing capacity within the communities for family wraparound supports that can maintain children within their own homes and communities. Also important, the emphasis is on trauma-informed care to assure placement with appropriately skilled service providers at varying levels of intensity, including residential treatment.

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Child and Family Service Plan (CFSP) – 2015 – 2019

In preparation for the development of the new five year strategic plan for the Child and Family Service Plan, the Department held a daylong planning retreat at the University of Rhode Island Alton Jones facility on March 24, 2014. Key stakeholders were invited to participate including representatives from the Family Court, the Court Appointed Special Advocates (CASA), the Child Advocate, representatives of the two Family Care Networks, the Family Care Community Partnerships (FCCPs), members of the minority community-based service organizations, the Narragansett Indian Tribe, Neighborhood Health Plan of RI (NHP) which is the health plan provider for children in DCYF care, family advocacy representatives and other community-based service providers, with DCYF staff.

At this planning retreat, the Department outlined three overarching goals that it is targeting in the next five years:

Goal I – Rightsizing and Improving Congregate Care

Goal II – Diligent Recruitment of Foster and Adoptive Homes

Goal III – Improve Health and Well-Being: Healthy Systems Contribute to Workforce Wellness and a Healthy Workforce Engages in Best Practices to Support Positive Outcomes for Families

Workgroups were formed for each of the goals and the participants engaged in a process to assist the Department in identifying feasible strategies designed to collectively reinforce continuing efforts to achieve less reliance on congregate care settings and greater capacity for strong community-based programs and service models to support families in maintaining their children at home and in their own communities.

The Department is also fortunate to have received two federal grants from the Administration on Children and Families (ACF) this year: Diligent Foster Care Recruitment and Adopt Well-Being. These two initiatives dovetail with the Department's strategic plan for improving the capacity for foster homes which will assist in reducing congregate care placements, and in continuing to improve permanency outcomes for children and youth who have been adopted or having permanency goals of adoption by enhancing the knowledge base for trauma assessments and increasing the

type of supports necessary to identify and address critical needs of the children and families. Representatives of these two grant initiatives were key participants in the CFSP planning retreat.

Also coinciding with the development and implementation of the new five year plan is the Department's work preparing to implement the title IV-E Waiver which was awarded to Rhode Island in federal fiscal year 2013. The core intervention in the IV-E waiver is wraparound practice, which is also at the heart of the Department's efforts to right-size and improve congregate care. The Department is planning to implement the IV-E Waiver beginning October 1, 2014. The opportunities that are afforded through the IV-E Waiver will greatly assist DCYF to implement new as well as expand current effective home and community-based practice models.

In the following plan, the outline within each of the goals provides a strategic process for rightsizing and improving congregate care by focusing on increasing and strengthening the array of family preservation and support services and establishing clinical assessments and supports for the Department's Intake staff in order to more effectively avert families from having to come to DCYF. The strategies are also focused on improving the services within the congregate care settings to ensure that youth are receiving the appropriate level of care and for the appropriate length of time within the setting, reducing the utilization of psychotropic medications; and, ensuring that effective aftercare supports and services are available to transition the child back home to maintain stability and permanency within their families and communities. The Department plans to increase foster care capacity by 30% over five years. And, the Department has made workforce wellness for DCYF staff and staff within the provider community a substantive goal as it directly relates to the ability of the system to deliver quality care and services to children and families.

As this plan is a work in progress, the Department is continuing to assess and determine the specific target achievements within each of the five years. The Department will continue to develop the details of the strategies and activities within the plan in the months to come and will make modifications and adjustments as needed to support achievement of the objectives and improved outcomes.

Goal I: Rightsizing and Improving Congregate Care to Minimize Placement Disruptions and Improve Child/Youth Well-Being

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports

Strategies	2015 ➔ 2019	Measure of Progress	Progress in 2014	Outcome/Indicator
	Activities			
1.1 Expand and increase array of family preservation services.	<p>1.1 (a) Establish additional evidence-based practice models that ensure effective family treatment options and choices.</p> <p>1.1 (b) Ensure emphasis on and competence in trauma-focused care for all EBPs.</p> <p>1.1 (c) Implement short-term clinical stabilization crisis response team.</p> <p>1.1 (d) Establish additional services to support non-clinical issues, e.g., behavioral strategies and parenting skills.</p> <p>1.1 (e) Increase community awareness and access for engagement with Family Care Community Partnerships (FCCPs).</p>	<p>Evidence-Based Practice Models are established.</p> <p>EBP staff are trained in trauma-focused care</p> <p>Crisis stabilization response team is established.</p> <p>Non-clinical services focusing on behavioral strategies/parenting skills are established.</p> <p>Increase in community referrals to FCCPs.</p>	<p>1.1 (a) DCYF with System of Care partners has established new evidence-based practice models targeting a range of identified population service needs.</p> <p>1.1 (b) Rhode Island is one of six communities nationally selected to establish a Chadwick Trauma Center to improve services for children through ensuring trauma informed care. The Department is working collaboratively with the Chadwick Trauma Center and provider agencies to have staff trained on trauma-informed practice.</p> <p>DCYF is also working with the state's Medicaid managed care provider (NHP-Beacon) for children in foster care to develop specific services to address the population needs.</p> <p>1.1 (c) NHP-Beacon is establishing a Mobile Crisis Intervention Team which will be operational by the summer 2014.</p>	<p>Safety-1: Children are, first and foremost, protected from abuse and neglect.</p> <p>Safety-2: Children are safely maintained in their homes when possible and appropriate.</p> <p>Systemic Factor V: Service Array and Resource Development.</p>

Goal I: Rightsizing and Improving Congregate Care to Minimize Placement Disruptions and Improve Child/Youth Well-Being

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports

Strategies	2015 ➔ 2019 Activities	Measure of Progress	Progress in 2014	Outcome/Indicator
			1.1 (e) Statewide public awareness campaign theme “I Love My Child... I want what every parent wants” ... promoting the FCCPs was launched for Child Abuse Prevention Month and Children Mental Health Awareness in April-May.	
1.2 Install successful programs designed to divert youth from placement.	<p>1.2 (a) Work with the provider community to identify evidence-based and evidence-informed service models that have demonstrated success in diverting youth from residential placement.</p> <p>1.2(b) Work with provider community to implement identified successful service models.</p> <p>1.2 (c) Establish a clinical assessment support team to work with the DCYF Intake Unit to assist in assessing appropriate intervention to avert placement.</p> <p>1.2 (d) Support implementation of additional community-based</p>	<p>Successful service models are identified.</p> <p>Successful models implemented.</p> <p>Funding diverted from residential programs will be used to expand successful models.</p> <p>Clinical Assessment Support Team established.</p>	<p>1.2 (a) TF-CBT and AF-CBT are currently established. Four additional evidence-based programs have been identified by the provider community this year:</p> <ul style="list-style-type: none"> • Trauma Systems Therapy • Family-Centered Treatment • Triple P • Teen Assertive Community Treatment <p>1.2 (b) These four programs will be implemented in FY 15 with start-up funding contributed by the provider organizations.</p>	<p>Safety-2: Children are safely maintained in their homes when possible and appropriate.</p> <p>Permanency-1: Children have permanency and stability in their living situations.</p> <p>Systemic Factor V:: Service Array and Resource Development.</p>

Goal I: Rightsizing and Improving Congregate Care to Minimize Placement Disruptions and Improve Child/Youth Well-Being

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports

Strategies	2015 ➔ 2019	Measure of Progress	Progress in 2014	Outcome/Indicator
	Activities			
	programs through realized reductions in congregate care settings.	Improve % of youth at home who receive community-based services and do not enter care.		
1.3 Expand and increase the array of community-based services to support reunification, preventing re-entries into care.	1.3 (a) Ensure emphasis on and competence in trauma-focused care for all congregate care staff. 1.3 (b) Identify and address barriers to family involvement when youth is in congregate care. 1.3 (c) Establish transition services that work with families and youth while youth is in congregate care (focus on needs of whole family – parents and youth) 1.3 (d) Ensure family involvement for youth in congregate care.	Improve % of children/youth who are maintained safely in their homes without re-entry.	The Annie E. Casey Foundation Child Welfare Strategy Group conducted a series of stakeholder interviews in Rhode Island with recommendations to support efforts to establish a stronger community-based service delivery system.	Safety-2: Children are safely maintained in their homes when possible and appropriate. Permanency 2: – The continuity of family relationships and connections is preserved for children. Well-Being 1: - Families have enhanced capacity to provide for their children's needs.

Goal I: Rightsizing and Improving Congregate Care to Minimize Placement Disruptions and Improve Child/Youth Well-Being

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports

Strategies	2015 ➔ 2019	Measure of Progress	Progress in 2014	Outcome/Indicator
	Activities			
	1.3 (e) Ensure transition services, including wraparound, continue to provide aftercare support/monitoring for youth/family returning home.			<u>Systemic Factor V:</u> Service Array and Resource Development.

Goal I: Rightsizing and Improving Congregate Care to Minimize Placement Disruptions and Improve Child/Youth Well-Being

Objective: Transform the continuum of child placing agencies to child caring communities

Strategies	2015 - 2019 Activities	Measure of Progress	Progress in 2014	Outcome/Indicator
1.4 Improve the services in congregate care facilities	<p>1.4 (a) Ensure administration of Child and Adolescent Needs and Strengths (CANS) tool in all programs.</p> <p>1.4 (b) Improve management of psychotropic medications.</p> <p>1.4 (c) Identify short-term evidence based intervention models that can be introduced in congregate care facilities.</p> <p>1.4 (d) Ensure staffing patterns in congregate care facilities to provide appropriate clinical supports.</p> <p>1.4 (e) Identify a minimum of one congregate care setting to re-purpose for an identified, needed community service.</p> <p>1.4 (f) Train staff on engaging youth in talking about their placement preferences.</p> <p>1.4 (g) Train staff on family engagement practices, which move beyond visitation.</p>	<p>Increase % of youth demonstrating improved functioning and well-being as shown by CANS score.</p> <p>% reduction in youth receiving 2 or more psychotropic medications.</p> <p>Short-term evidence-based interventions are introduced in congregate care settings.</p> <p>Congregate care setting(s) repurposed to provide community-based services.</p> <p>Congregate care staff are trained on safety management and trauma-informed care practices.</p> <p>Improve the % of youth in congregate care who attain</p>	<p>1.4 (a) CANS is administered currently by a wrap care coordinator or staff within the provider agency.</p> <p>1.4 (b) A Medical Unit has been established with a child and adolescent certified psychiatrist working with DCYF Regional Directors to monitor utilization and ensure reductions in psychotropic medications for youth in care.</p> <p>1.4 (c) Trauma Systems Therapy (TST) has been identified both as a community-based service model and as a practice within the residential milieu. Both approaches are anticipated to be implemented in FY 15.</p>	<p>Safety 1 – Children are first and foremost protected from abuse and neglect</p> <p>Permanency 2 – The continuity of family relationships and connections is preserved for children.</p> <p>Well-being 3 – Children receive adequate services to meet their physical and mental health needs.</p> <p>Systemic Factor III: Quality Assurance System</p>

Goal I: Rightsizing and Improving Congregate Care to Minimize Placement Disruptions and Improve Child/Youth Well-Being

Objective: Transform the continuum of child placing agencies to child caring communities

Strategies	Activities	Measure of Progress	Progress in 2014	Outcome/Indicator
	1.4 (h) Enhance safety management practices in congregate care settings.	permanency. LOS in congregate care is decreased.		
1.5 Ensure implementation of Wraparound Practice with fidelity to National Standard.	1.5 (a) Enhance fidelity to wraparound practice by gradually reducing care coordinator/family ratio to 1:10. 1.5 (b) Increase number of Family Support Partners to augment wraparound practice with families and youth. 1.5 (c) Increase DCYF social worker participation in Family Team Meetings 1.5 (d) Establish teaming approach for	Care coordinator/family ratio is reduced to 1:10 beginning with 6 Family Service Units and 1 Probation Unit in FY 15. Incremental increases will be achieved each year thereafter. Additional FSPs are hired and involved in wraparound processes. Family Team Meeting attendance reflect increased DCYF staff participation. Care Coordinators are co-	The Department submitted its Initial Design and Implementation Report for the IV-E Waiver with the Evaluation design for the demonstration which sets forth the plan for gradually expanding the 1:10 ratio to achieve fidelity to the national standard for wraparound.	Permanency 1: Children have permanency and stability in their living situations Permanency 2 – The continuity of family relationships and connections is preserved for children. Well-Being 1: Families have enhanced capacity to provide for their children's needs Well-Being 2: Children receive services to meet

Goal I: Rightsizing and Improving Congregate Care to Minimize Placement Disruptions and Improve Child/Youth Well-Being

Objective: Transform the continuum of child placing agencies to child caring communities

	2015 - 2019	Measure of Progress	Progress in 2014	Outcome/Indicator
Strategies	Activities			
	wraparound practice through co-location of care coordinators within DCYF Regional Family Service Units and Probation Units.	located within DCYF family service and probation units.		their educational needs. Well-being 3 – Children receive adequate services to meet their physical and mental health needs. Systemic Factor II: Case Review System Systemic Factor III: Quality Assurance System
1.6 Transform the placement system to ensure only youth needing such placements are in congregate care settings.	1.6 (a) Review the process for placement of children in congregate care 1.6 (b) Introduce a new process for placement into congregate care. 1.6 (c) Train child welfare and community providers on congregate care placement policies and practices.	Congregate care placements are gradually reduced by 10% Kinship placements are gradually increased by 10%. Recruited and trained resource families are gradually increased by 10%.	1.6 (a) New placement referral process identified for DCYF to oversee congregate care placements. 1.6 (b) Implemented <i>A Family for Every Child</i> , a strategic initiative to increase the availability of foster and adoptive families in RI. 1.6 (c) Hired a kinship investigator to	Safety 2: Children are safely maintained in their homes whenever possible and appropriate Permanency 1: Children have permanency and stability in their living situations

Goal I: Rightsizing and Improving Congregate Care to Minimize Placement Disruptions and Improve Child/Youth Well-Being

Objective: Transform the continuum of child placing agencies to child caring communities

Strategies	2015 - 2019 Activities	Measure of Progress	Progress in 2014	Outcome/Indicator
	<p>1.6 (d) Recruit more foster families to ensure availability and accessibility of placements that are alternative to congregate care.</p> <p>1.6 (e) Increase the use of kinship placements.</p> <p>1.6 (f) Train child welfare, community providers and resource families on trauma-informed care.</p> <p>1.6 (g) Engage key stakeholders to support effective placement alternatives.</p>	Child welfare and community provider staff are trained on trauma-informed care.	<p>increase capacity to identify and place children/youth with biological and fictive kin.</p> <p>1.6 (d) Introduced clinical services and supports for resource families through the introduction of a licensed clinician position.</p> <p>1.6 (e) Through the <i>Adopt Well-Being</i> initiative, a plan to create a trauma-informed workforce and provide trauma trainings to resource families is being developed.</p> <p>1.6 (g) A presentation of the Child Welfare Assessment and Findings Report from the Casey Foundation has been made to the Child Welfare Advisory Committee, a forum of congregate care providers, the Senate Finance Committee and to the Chief Judge of the Family Court.</p>	<p>Well-Being 1: Families have enhanced capacity to provide for their children's needs</p> <p>Systemic Factor VI: Agency Responsiveness to the Community</p>

Goal I: Rightsizing and Improving Congregate Care to Minimize Placement Disruptions and Improve Child/Youth Well-Being

Objective: Effectively transition youth in publicly supported care with supports and skills necessary for self-sufficiency

Strategies	2015 - 2019 Activities	Measure of Progress	Progress in 2014	Outcome/Indicator
1.7 Improve Educational stability across the life cycle for children in care.	1.7 (a) Ensure that children birth to 5 in DCYF care are adequately prepared and supported for educational achievement.	<ul style="list-style-type: none"> • Increase placement stability • Children will be linked with Early Intervention and Child Find resources as appropriate 	<p>1.7 (a) – The Child Welfare Advisory Committee Subcommittee on the Education of Children and Youth Involved with DCYF developed a report to be submitted to the General Assembly’s Task Force of the same name. This report provides a recommended framework to guide the Task Force’s work.</p> <p>The Joint Task Force on the Education of Children and Youth Involved With DCYF met several times, took testimony from youth, judges, educators and others and developed a report with plans on how to move forward. DCYF and RIDE have integral roles in implementing the recommendations of that report.</p> <p>2014-2015 DCYF Limited Local Education Authority Consolidated Resource plan has included a DCYF Education Coordinator and Transition Coordinator to help ensure a smooth educational transition from any of the three schools within the DCYF LEA to the local LEA of the youth.</p>	<p>Permanency 1: Children have permanency and stability in their living situations.</p> <p>Well-Being 2: Children receive services to meet their educational needs.</p>

Goal I: Rightsizing and Improving Congregate Care to Minimize Placement Disruptions and Improve Child/Youth Well-Being

Objective: Effectively transition youth in publicly supported care with supports and skills necessary for self-sufficiency

Strategies	2015 - 2019 Activities	Measure of Progress	Progress in 2014	Outcome/Indicator
	1.7 (b) Ensure that children between 5 and 14 years of age are adequately prepared and supported for educational achievement.	<ul style="list-style-type: none"> ○ Improved coordination with school systems to ensure continuity of education. 	1.7 (b) – reference 1.7 (a)	<p>Permanency-1: Children have permanency and stability in their living situations.</p> <p>Well-Being 2: Children receive services to meet their educational needs.</p>
	1.7 (c) Ensure that children age 14 and older are adequately prepared and supported for educational achievement.	Foster parents and residential staff will be trained regarding DCYF educational enrollment policies.	1.7 (c) – reference 1.7 (a)	<p>Permanency 1: Children have permanency and stability in their living situations.</p> <p>Well-Being 2: Children receive services to meet their educational needs.</p> <p>Systemic Factor VII: Training</p>

Goal I: Rightsizing and Improving Congregate Care to Minimize Placement Disruptions and Improve Child/Youth Well-Being

Objective: Effectively transition youth in publicly supported care with supports and skills necessary for self-sufficiency

Strategies	2015 - 2019 Activities	Measure of Progress	Progress in 2014	Outcome/Indicator
7.2 Older youth transitioning from care will have full awareness of and access to necessary services and supports to promote self-sufficiency.	7.2 (a) Ensure that youth, DCYF staff, families, providers, and foster parents are aware of the breadth of available services, eligibility criteria and access procedures.	<ul style="list-style-type: none"> ○ Increase placement stability ○ Improved rate of participation of DCYF youth in services and supports 	<p>7.2 (a) – DCYF launched our Consolidated Youth Services Program on July 1, 2010. which provides youth development services to youth 16-21 including after care services for youth closed to DCYF at age 18.</p> <p>As of May 8, 2014 there are over 1,372 unduplicated active participants across all CYS programs.</p> <ul style="list-style-type: none"> - Since inception of CYS, \$260,096 in teen grants was provided. - 316 new youth enrolled in the ASPIRE component with 292 active participants at the end of this reporting period. - Youth have saved and matched for over \$424,529 worth of assets that contribute to their financial well-being. - When youth match for a car, employment rates improve to 61% compared to those who don't match for a car at 48%. - 308 new youth enrolled in Real Connections with 127 active participants at the end of this reporting period. 65% of active youth are matched - CYS achieved an 87% participation rate in our inaugural baseline NYTD survey. 	<p>Permanency 1: Children have permanency and stability in their living situations.</p> <p>Well-Being 2: Children receive services to meet their educational needs.</p> <p>Well-Being 3: Children receive services to meet their physical and mental health needs.</p> <p>Systemic Factor II: Case Review System</p>

Goal I: Rightsizing and Improving Congregate Care to Minimize Placement Disruptions and Improve Child/Youth Well-Being

Objective: Effectively transition youth in publicly supported care with supports and skills necessary for self-sufficiency

Strategies	2015 - 2019 Activities	Measure of Progress	Progress in 2014	Outcome/Indicator
			<ul style="list-style-type: none"> - Follow-up survey 81% participation rate. - CYS achieved an 80% completion rate for the federally required 19 year old surveys. -Follow up 20 year old surveys are underway and 68% of Cohort A have been collected. -Baseline surveys for the 2nd cohort are being collected at a completion rate of 86% - 70% of NYTD youth participate in 3 or more CYS programs. - Ability to engage youth across multiple programs helps them to stay connected, access services, and be available for the required follow ups. 	
	7.2 (b) Establish services for youth who may not be eligible for current aftercare services and/or adult services.	<ul style="list-style-type: none"> ○ Identify population service needs through data queries). ○ Involve career development community in 	7.2 (b) – Based on DCYF policy changes made previously to include the juvenile justice population, JJ youth are able to become involved in CYS prior to end of sentence. Also, the YESS program criteria was expanded in prior yeare to provide services to a greater range of youth ages 18-21.	<p>Permanency 1: Children have permanency and stability in their living situations.</p> <p>Well-Being 2: Children receive services to meet</p>

Goal I: Rightsizing and Improving Congregate Care to Minimize Placement Disruptions and Improve Child/Youth Well-Being

Objective: Effectively transition youth in publicly supported care with supports and skills necessary for self-sufficiency

Strategies	2015 - 2019 Activities	Measure of Progress	Progress in 2014	Outcome/Indicator
		transition planning for youth.	<p>As of May 8, 2014, we were serving 191 active YESS participants at an average annual cost per participant of \$9,500.</p> <p>This year, the Departments Youth Development Team began using the Foster Clubs Transition Toolkit with youth and workers to better inform the transition process and to develop stronger personalized transition plans.</p> <p>CYS and The Voice work well with the Diligent Recruitment team and Adopt Well-Being Rhode Island Initiative to ensure youth voice is represented throughout the planning process.</p>	<p>their educational needs.</p> <p>Well-Being 3: Children receive services to meet their physical and mental health needs.</p> <p>Systemic Factor V: Case Review System</p>

Goal II: Diligent Recruitment for Foster and Adoptive Families to Ensure Every Child has a Safe, Compatible Home

Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.

Strategies	2015 ➔ 2019	Measure of Progress	Progress in 2014	Outcome/Indicator
	Activities			
2.1 Develop additional supports for resource families.	<p>2.1 (a) Expand and increase array of services provided to resource families by DCYF and its partners.</p> <p>2.1 (b) Implement short-term clinical stabilization crisis response team.</p> <p>2.1 (c) Establish additional services to support clinical and non-clinical issues, e.g., after-school care, behavioral strategies, and parenting skills.</p> <p>2.1 (d) Increase community support for resource families.</p> <p>2.1 (e) Improve access to services that are already provided by DCYF and other agencies to resource families but remain underutilized because of various barriers (e.g., respite care).</p>	<p>Crisis stabilization response team is established.</p> <p>Additional services for resource families are introduced and accessed.</p> <p>Community organizations and businesses offer new supports to resource families.</p> <p>Increased utilization of services already offered to resource families by DCYF and its partners.</p> <p>The number of disrupted placements</p>	<p><i>A Family for Every Child</i>, a strategic initiative to increase availability of foster and adoptive families in RI, has been launched. As part of the initiative, DCYF and its partners are reviewing and enhancing the full range of factors that affect the experience of resource families, including the array of services offered to resource families and child welfare workers.</p> <p>2.1 (b) NHP-Beacon is establishing a Mobile Crisis Intervention Team which will be operational by the summer 2014.</p> <p>2.1 (c) Clinical Support Coordinator position is established and on track to be filled in 2014. The position will focus on providing trauma-informed, adoption-competent support to resource families.</p>	<p>Safety 1: Children are, first and foremost, protected from abuse and neglect.</p> <p>Permanency 1: Children have permanency and stability in their living situations</p> <p>Well-Being 1: Families have enhanced capacity to provide for their children's needs</p> <p>Well-Being 3: Children receive adequate services to meet their physical and mental health needs</p>

Goal II: Diligent Recruitment for Foster and Adoptive Families to Ensure Every Child has a Safe, Compatible Home

Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.

Strategies	2015 ➔ 2019	Measure of Progress	Progress in 2014	Outcome/Indicator
	Activities			
	<p>2.1 (f) Review and revise (if necessary) customer service provided to resource families by the staff of DCYF and its partners.</p> <p>2.1 (g) Review and revise (if necessary) training of child welfare workers and resource families to ensure it meets the highest standards and is trauma-informed and adoption-competent.</p> <p>2.1 (h) Enhance matching procedures to improve satisfaction of resource parents and children in care and to decrease the number of placement disruptions.</p>	decreases by 10%.	2.1 (g) <i>Adopt Well-Being RI</i> , an initiative to ensure that the work of DCYF and its partners is trauma-informed and adoption-competent, has been launched.	

Goal II: Diligent Recruitment for Foster and Adoptive Families to Ensure Every Child has a Safe, Compatible Home

Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.

	2015 ➔ 2019	Measure of Progress	Progress in 2014	Outcome/Indicator
Strategies	Activities			
2.2 Increase availability of resource families.	<p>2.2 (a) Recruit additional kinship foster families using Extreme Recruitment model.</p> <p>2.2 (b) Recruit additional non-kinship foster and adoptive families.</p> <p>2.2. (c) Increase public awareness of the need for resource families.</p> <p>2.2 (d) Raise DCYF's profile in traditional and new media.</p> <p>2.2 (e) Build partnerships with community organizations and businesses that can facilitate recruitment of new resource families.</p> <p>2.2 (f) Review regulations to identify barriers that may prevent potential resource families from receiving a foster/adoptive parent license.</p>	<p>The proportion of kinship foster care placements is increased by 10%</p> <p>The number of non-kinship foster families is increased by 10%</p>	<p>2.2 (a) A new Inspector position has been created and is on track to be filled in June 2014. The position will be dedicated to finding and recruiting kinship foster families for children and youth in state care.</p> <p>2.2 (b) As part of <i>A Family for Every Child</i>, DCYF and its partners have begun working on new recruitment strategies.</p>	<p>Permanency 2: The continuity of family relationships and connections is preserved for children.</p> <p>Systemic Factor VII: Foster and Adoptive Parent Licensing, Recruitment and Retention.</p>

Goal II: Diligent Recruitment for Foster and Adoptive Families to Ensure Every Child has a Safe, Compatible Home

Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.

	2015 ➔ 2019	Measure of Progress	Progress in 2014	Outcome/Indicator
Strategies	Activities			
2.3. Increase diversity of non-kinship resource families	<p>2.3 (a) Conduct targeted outreach in communities that are underrepresented in the pool of available resource families relative to the number of children who come from those communities.</p> <p>2.3 (b) Develop training materials in languages spoken in target communities.</p> <p>2.3 (c) Build partnerships with community organizations that can facilitate outreach to target communities.</p> <p>2.3 (d) Develop education/outreach strategies to work with cultural groups that are less familiar with resource parenting.</p> <p>2.3 (e) Enhance cultural competence of DCYF and private agency staff.</p>	<p>The number of resource families from underrepresented communities is increased by 10%.</p> <p>The number of children and youth in state care that are placed within their communities is increased by 10%.</p>	<p>As part of <i>A Family for Every Child</i>, DCYF and its partners are working with a variety of faith-based and culturally-based organizations to increase the number of resource families from underrepresented communities.</p>	<p>Systemic Factor VII: Foster and Adoptive Parent Licensing, Recruitment, and Retention.</p> <p>Permanency 2: The continuity of family relationships and connections is preserved for children.</p>

Goal III: To Improve Health and Well-Being Among Employees, Caregivers and Providers to Enhance the Overall System of Care

Objective: Healthy Systems contribute to workforce wellness and a healthy workforce engages in best practices to support positive outcomes for families.

Strategies	2015 ➔ 2019 Activities	Measure of Progress	Progress in 2014	Outcome/Indicator
3.1 Create a unified definition of wellness that will be adopted and implemented throughout the System of Care	<p>3.1 (a) Create a workforce wellness committee.</p> <p>3.1 (b) Workforce wellness committee will expand to incorporate members beyond DCYF and throughout the SOC.</p> <p>3.1 (c) With input from throughout the system, the workforce wellness committee will create a definition of wellness.</p> <p>3.1 (d) A communication strategy will be developed across the system of care to ensure that shared definition is approved, adopted and implemented.</p>	<p>Wellness committee created at DCYF.</p> <p>System of Care will have shared meaning and definition of wellness which will be communicated system-wide.</p>	<p>3.1 (a) Workforce wellness committee created.</p> <p>3.1 (b) Workforce wellness committee members throughout SOC identified. Workforce wellness committee has ongoing scheduled meetings.</p> <p>3.1 (c) Definition of wellness created. Retreat held in March 2014 for SOC input; one workgroup with internal and external staff focused on health and wellness.</p> <p>3.1 (d) Communications group for the Workforce Wellness Committee created. Strategic communication plan developed to communicate shared definition of wellness.</p>	<p>Safety 1 – Children are, first and foremost, protected from abuse and neglect.</p> <p>Systemic Factor IV: Staff and Provider Training</p>

Goal III: To Improve Health and Well-Being Among Employees, Caregivers and Providers to Enhance the Overall System of Care

Objective: Healthy Systems contribute to workforce wellness and a healthy workforce engages in best practices to support positive outcomes for families.

Strategies	2015 ➔ 2019 Activities	Measure of Progress	Progress in 2014	Outcome/Indicator
3.2 Expand and increase the resources available to ensure workforce and agency wellness.	<p>3.2 (a) Informational briefings will be provided to Court personnel on the SOC on an ongoing basis.</p> <p>3.2 (b) Supportive trainings will be identified by staff through a series of surveys and outreach efforts.</p> <p>3.2 (c) Trauma-informed trainings will be created and implemented for staff across the SOC.</p> <p>3.2 (d) Trainings that support youth voice and choice will be created and implemented for staff across the SOC.</p> <p>3.2 (e) Cross-system peer crisis team members will be selected.</p> <p>3.2 (f) CWI will develop and implement trainings for peer crisis team.</p>	<p>3.2 (a) A series of trainings will be developed for various constituencies to ensure that the importance of wellness is understood and addressed throughout the SOC.</p> <p>3.2 (b) Peer crisis team created and implemented to support staff throughout the SOC.</p>	<p>3.2 (a) Workforce Wellness Committee prioritized court personnel training discussions and developing specific strategy to address the training needs of this specific constituency.</p> <p>3.2 (b) Training created and implemented in partnership with youth and family coordinators and CWI on cultural competency.</p> <p>3.2 (c) Adopt Well-Being Initiative creating plan for trauma-informed systems change, including developing trainings for staff.</p> <p>3.2 (d) On-going conversations between Workforce Wellness Committee, CWI and providers to discuss creation and implementation of supportive staff trainings.</p>	<p>Safety 2 – Children are safely maintained in their homes whenever possible and appropriate</p> <p>Permanency 2 – The continuity of family relationship and connections is preserved for children.</p> <p>Well-being 1 – Families have enhanced capacity to provide for their children's needs.</p> <p>Well-being 3 – Children receive adequate services to meet their physical and health needs.</p>

Goal III: To Improve Health and Well-Being Among Employees, Caregivers and Providers to Enhance the Overall System of Care

Objective: Healthy Systems contribute to workforce wellness and a healthy workforce engages in best practices to support positive outcomes for families.

	2015 ➔ 2019	Measure of Progress	Progress in 2014	Outcome/Indicator
Strategies	Activities			
	<p>3.2 (g) Peer crisis team will develop and communicate process for accessing support.</p> <p>3.2 (h) Peer crisis team will be introduced and accessible to DCYF staff.</p> <p>3.2 (i) Peer crisis team with the support and input of senior staff will evaluate impact of peer crisis team at DCYF and develop strategy to expand to entire SOC.</p>		<p>3.2 (e) DCYF peer crisis team nominated by peers, with final selection and interviews by a subcommittee of the Workforce Wellness Committee.</p> <p>3.2 (f) DCYF peer crisis team trained by staff at CWI.</p> <p>3.2 (g) DCYF peer crisis team created practice standards for its work, which was approved and supported by the senior management team.</p> <p>3.2 (h) Peer crisis team implemented at DCYF</p> <p>3.2 (h) Peer crisis team providing supports to staff at DCYF</p> <p>3.2 (h) Peer crisis team created and</p>	Systemic Factor IV: Staff and Provider Training

Goal III: To Improve Health and Well-Being Among Employees, Caregivers and Providers to Enhance the Overall System of Care

Objective: Healthy Systems contribute to workforce wellness and a healthy workforce engages in best practices to support positive outcomes for families.

	2015 ➔ 2019	Measure of Progress	Progress in 2014	Outcome/Indicator
Strategies	Activities			
			<p>disseminated guidelines for responding to a traumatic event to staff.</p> <p>3.2 (i) Peer crisis team, in partnership with senior staff and workforce wellness committee, evaluating impact of its work.</p>	
3.3 Ensure that wellness expands into the community to prevent child welfare involvement and to achieve safety, permanency and well-being outcomes for children and families.	<p>3.3 (a) Identify challenges with service array, including waitlist and access issues.</p> <p>3.3 (b) Partner with Diligent Recruitment/Adopt Well-Being Workgroup that is engaging in extensive review of RI service array configuration.</p> <p>3.3 (c) Enhance understanding and utilization of family teaming for staff and families.</p> <p>3.3 (d) Train staff on family teaming practices.</p>	<p>Gaps and strengths in service array will be identified.</p> <p>Plan designed to address gaps in service array and to address access and/or underutilization of services.</p> <p>Staff appropriately utilize and implement family teaming efforts.</p>	<p>3.3 (a) Creating and enhancing Community-Based services prioritized within the SOC by senior leadership.</p> <p>3.3 (b) Adopt Well-Being and Diligent Recruitment Array of Service Workgroup created.</p> <p>3.3 (b) IV-E Waiver developed to support additional community-based services.</p> <p>3.3 (c) CWI trained SOC providers on family teaming practices.</p> <p>3.3 (d) CWI, in partnership with</p>	<p>Safety 1 – Children are, first and foremost, protected from abuse and neglect</p> <p>Safety 2 – Children are safely maintained in their homes when possible and appropriate</p> <p>Permanency 2 – The continuity of family relationships and connections is preserved for children</p>

Goal III: To Improve Health and Well-Being Among Employees, Caregivers and Providers to Enhance the Overall System of Care

Objective: Healthy Systems contribute to workforce wellness and a healthy workforce engages in best practices to support positive outcomes for families.

	2015 ➔ 2019	Measure of Progress	Progress in 2014	Outcome/Indicator
Strategies	Activities			
	<p>Train “coaches” to support staff on family teaming practices.</p> <p>3.3 (e) Involve families in creating practices and policies that support family teaming.</p> <p>Ensure that all families are supported through the family teaming process.</p>	<p>Children, youth and families are supported through the family teaming process and achieve their agreed upon outcomes.</p>	<p>community providers, identified additional training needs of staff.</p> <p>3.3 (e) CWI developing a plan to address staff training needs in the area of family teaming.</p>	<p>Well-being 1 – Families have enhanced capacity to provide for their children’s needs</p> <p>Systemic Factor IV: Staff and Provider Training</p>

Title IV-E Waiver – The Department was awarded a title IV-E Waiver for FFY 13. The focus of our demonstration project is: Reducing Reliance on Congregate Care and Increasing Community-Based Service Supports for Children and Families. Wraparound care coordination is the core intervention for the IV-E Waiver which is focusing on children and youth residing in congregate care settings. Wraparound service (WS) is a structured team-based planning process, with specified activities and measurable indicators of model fidelity that promotes development of individualized and coordinated family-driven care. WS is delivered through four phases of family involvement including engagement, plan development, implementation, and transition. It is the Department's intention to gradually implement the wraparound practice with fidelity to the national standard which is to have a caseload ratio of one care coordinator to 10 youth/families. By the end of the demonstration period, fidelity to wraparound practice will be fully implemented.

The demonstration will be statewide. For purposes of the title IV-E Waiver, the target population will focus on children and youth who are ages six to 18. Families in this age group would be eligible for the assignment of a Family Support Team and Network Care Coordinator (NCC) if: 1) a child is placed in a network congregate care placement setting, and 2) there is a caregiver identified as a viable resource for the child to participate in the wraparound service process.

The project outcomes are:

- Increased understanding of child and family needs of children in congregate care
- Improvements in child functioning
- Stability and/or improvements in parental and family functioning
- Reduction in out-of-home and congregate care placements
- Increased placement stability
- Increased permanency
- Reduction in maltreatment

Currently, implementation of the IV-E Waiver is targeted to begin in 2015.

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

The Department for Children, Youth and Families (DCYF), is the state agency responsible for the administration, supervision and oversight of all programs and services required and funded under the CFCIP Program, including the NYTD requirements and the ETV program. As such, DCYF is responsible for providing youth in foster care and formerly in foster care with youth development services and supports to help them transition to adulthood and to achieve permanency and self-sufficiency. DCYF is committed to assisting all youth who are leaving the Department's care prepare to enter adulthood successfully.

On July 1, 2010, the Department entered into a contract with Foster Forward with RICORP as their principal partner for the Consolidated Youth Services Program. This program is a lead agency service delivery model which incorporates all funding for Youth Development and Independent Living Support Services as well as voluntary aftercare services for youth leaving DCYF care at age 18 for all populations with the exception that youth leaving Juvenile Correctional Services are eligible for voluntary aftercare services even if they leave care between their 18th and 19th birthdays.

Consolidated Youth Services Program

Through the CYS program, DCYF provides comprehensive youth development services, directly or through access to existing services funded by other agencies that address the permanency, employment, educational, relational, technical life skills and transition needs of youth who have a variety of strengths and challenges. DCYF assists each youth in achieving the highest level of education, employment, well-being, and self-sufficiency possible based on individual strengths and abilities, in preparation for permanency, independence and successful adulthood. Foster Forward assists the Department in implementing the requirements of the National Youth in Transition Database.

The Department designed the CYS Program to ensure that we provide older youth in the care and custody of the Department, as well as youth aging out and former foster youth, tools, resources and opportunities that will increase the likelihood that they will successfully transition from DCYF care. Services are available to all youth ages 16-21 who are in foster care or who were in foster care after their 16th birthday, including youth who left foster care for kinship guardianship or adoption after their 16th birthday. It is anticipated that youth who are in foster care and are younger than age 16 will primarily obtain similar services through their foster parents and/or the residential programs in which they reside. However, through the leveraging of over \$4.4 million, Foster Forward is able to offer some of this programming (Real Connections, ASPIRE, and Youth Enrichment Grants) to youth as young as 8 and up to the youth's 24th birthday.

The CYS Program includes the following direct and/or indirect service components:

- **Support Services to Youth, including services focused on assisting youth with transitioning to self-sufficiency, and adolescent support services to DCYF staff to include:**
 - Assisting youth with transitioning to self-sufficiency.
 - Providing personal and emotional support to youth aging out of foster care through mentors and the establishment of permanent connections to dedicated adults; and
 - Either directly or through collaboration with other agencies, providing financial, housing, counseling, employment, education and other appropriate services to former foster care recipients between the ages of 18-21 to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood;
 - In 2014, the Department's Youth Development and Educational Support Services Team monitors the CYS contract and the System of Care (SOC) Implementation Team which is developing the across-agency infrastructure to coordinate the SOC for children and youth with SED and their families began meeting weekly and working collaboratively on youth development initiatives.
- **Life Skills Assessment and Individualized Life Skills Education:**
 - The primary Holistic Youth Assessment (HYA) originally used the Ansell Casey Life Skills Assessment (ACLSA). The CYS Program used the ACLSA with additional assessments, including supplements from ACLSA, to help design more thorough and useful learning experiences for participants. Supplemental topics include education, pregnancy, parenting infants and young children, youth values, homeless youth, gay, lesbian, bisexual, transgender, and questioning youth (GLBTQ), and American Indian. This assessment tool was strengths-based and widely accepted as the best-practice model. In March of 2012, Casey family services improved their Life Skills assessment and the ACLSA was replaced with the new Casey Life Skills Assessment (CLSA). The new CLSA evaluates the same component areas as the former ACLSA but has added questions on permanency and youth's confidence in their future. The new CLSA was instituted in the fall of 2012 and Foster Forward, RICORP and DCYF worked together to ensure that all new data could be collected properly in RICHIST.
 - The HYA's take place statewide in a location that best meets the needs of the youth that include but are not limited foster homes, group homes, or the Training School (As of July 1, 2012, the Life Skills Program for youth at the RI Training School ended. No HYA's have been conducted on Training School youth under the CYS contract since will be conducted for these youth since that date.)
 - Upon completion of the HYA, a score report is generated and emailed to the appropriate DCYF staff (e.g., social caseworkers, probation officers, unit managers, etc.), the HYA staff, to any other community provider identified by the youth with whom he/she is working (e.g., agency coordinating transition teams in the second phase of the DCYF system of care redesign), and to the youth. CYS

- staff contacts the DCYF worker and supervisor to review the score report and for which Ansell Casey domains (Career Planning, Communication, Daily Living/Home Management, Housing Education, Money Management, Self Care, Social Relationships, Work Life, Work and Study Skills) the youth needs services and supports. This process remained unchanged with the new CLSA.
- CYS staff, separately and/or in concert with the DCYF worker, reviews the findings with the youth and explains the process to the youth, as well as the array of services and supports that are available to them through Consolidated Youth Services.
 - CYS staff work with the DCYF worker and the youth to customize a life skills experience based on the needs identified in HYA.
 - The primary curriculum for Life Skills education is the Life Skills Learning Guide, Ansell Casey's companion resource. The domains covered in the Guidebook comply with DCYF's currently identified 14 Life Skills area
 - While the Learning Guide is the primary tool for the delivery of education, flexibility in the curriculum is ensured in order to address the youths' needs. RICORP's Life Skills Educational Coordinator has used the Learning Guide to create "Mobile Life Skills Tool Kits" that each Life Skills Instructor utilizes in order to maintain uniformity and consistency with regard to the Life Skills education classes provide across the state.
 - Based on findings from Life Skills program evaluations that other states have done, DCYF, Foster Forward and RICORP are driving programming toward evidence based practices. In January 2013, the CYS Program adapted the curriculum and replaced its format with the evidence based Curriculum from the Institute on Prevention of Pregnancy and Sexually Transmitted Infection among Youth in Foster Care. Rhode Island is one of five states which have adapted the *Making Proud Choices!* evidence-based curriculum to the child welfare population. The evidence-based *Making Proud Choices!* curriculum replaced the existing Life Skills lessons on pregnancy and STI/HIV prevention and healthy relationships. In partnership with the Rhode Island Council of Resource Providers (RICORP), Foster Forward convened a statewide Continuous Improvement Team to explore systems level activities to support the implementation of the curriculum and inform the work of the Institute. This statewide work team helped Foster Forward and RICORP develop and implement the plan to roll out curriculum instruction. Future activities related to this work will include training and support to foster families on what the curriculum entails and how to support their young person in that process, as well as training offered to group home providers on the curriculum components and how they can support and reinforce the learning.
 - In order to ensure youth have the greatest accessibility to Life Skills programming, Life Skills Education Classes take place in geographically diverse sites around the state on a regularly scheduled basis, utilizing community partners (libraries, churches, community centers, etc...) as well as RICORP agency

partners. Classes generally meet twice weekly for two (2) hours for approximately seven (7) to eight (8) weeks. To date in FY 13/14, this has resulted in 34 class offerings, representing over 1000 hours of life skills education at 12 separate site locations. This Life Skills Education programming included: 6 weekend courses, 7 private class sites (for agencies who serve youth who may not be able to attend in the community due to behavioral needs, etc.), and 6 accelerated courses offered both at RICORP and in the community.

- Youth who complete the Life Skills Education Program receive a \$150.00 stipend for the 8 week program completion or \$20 per component, should they opt to only complete components identified as ‘areas of improvement needed’. The stipends are paid to the youth upon completion of the Life Skills program at their graduation ceremony where they are encouraged to invite those individuals they identify as playing a ‘significant role’ in their lives. At the ceremony, Life Skills speak specifically about the strengths of each youth and award a certificate of completion, the \$150.00 stipend check and an ‘independent living basket filled with items that support the youth’s continued path toward self-sufficiency.
- Additionally, the CYS Program uses the National Jim Casey Youth Opportunities Initiative Opportunity Passport™ (locally known as ASPIRE) curriculum for financial management instruction. While not yet an evidence-base practice, this is deemed an evidence-informed practice and is currently undergoing the rigorous evaluation by the National Jim Casey Youth Initiative and the Annie E. Casey Foundation to document whether it can rise to the level of evidence-based. This curriculum has been adapted in 2013 and will be rolled out in its newest form in the fall. The new curriculum is even more youth friendly, contains much more engaging activities, and provides youth with follow up learning opportunities related to financial management that will help inform youth about making and maintaining asset purchases.
- **Educational Services and Supports, including helping to ensure that youth are prepared for post secondary educational training and/or educational opportunities.**
 - Foster Forward and RICORP are leaders in helping to ensure youth succeed educationally for many years. Through Life Skills and ASPIRE, they have worked closely with youth and adult supporters to ensure educational success in high school, to help link youth to supports and services for college preparation and access and to link youth to college support services. The CYS Program brings these and other components together into one program and build on this foundation to increase our collective success with our youth.
- **Employment/Vocational Development Services**
 - The CYS Program is a leader in helping to ensure youth have access to supports and services they need to be successful in career development and workforce readiness. CYS staff work closely with youth and adult supporters to ensure youth are provided the supports and services they need to enter the workforce

- either when they leave DCYF care or after they complete a training or educational program which meets their needs.
- In FY2012, Foster Forward was awarded one of four grants nationally, out of 90 submissions, by the Administration for Children and Families to improve services to youth in the child welfare system. This award puts \$2 million of federal resources through FFY2016 behind the power of Consolidated Youth Services to build a model, implement, and test the effectiveness of increasing relational competencies for youth through the world of work. The grant, known as Works Wonders, serves youth ages 16-21 who are in or who have aged out of the Rhode Island foster care system with a plan to adapt its strategy to serve youth ages 14-15 as well, in year four. The strategy combines an educational and peer group, Employment and Empowerment Group (E²), and support from an Employment Coach to help youth identify and engage in healthy relationships that provide ongoing social support, advocate on their own behalf (psychological empowerment), and connect with the labor market (career development and employment engagement). E² groups will be co-facilitated by a trained child welfare professional and former youth in care. Implementation of the project has begun and youth are currently being served and connected to meaningful learning opportunities in employment.

Through their work with the National Jim Casey Youth Opportunities Initiative, Foster Forward was able to make an introduction and support the roll out of a career development and employment support for the child welfare workforce to facilitate the advancement of youth outcomes. The Workplace Center of Columbia University School of Social Work is currently conducting a project to help child welfare systems (CWS) advance career development and employment support for youth in their care as part of achieving permanency and safety. This project provides technical assistance to develop capacity among these systems to implement evidence-based (EB) career services so that young adults transitioning out of foster care can become successful workforce participants. The goal is to develop an approach that can serve as a model that can be replicated nationally.

- Specific objectives of the Workplace Center Project include: 1) Providing technical assistance to 3 public child welfare systems to assist them with moving toward the inclusion of EB performance standards for the provision of career development and employment services; 2) Establishing effective strategies to promote utilization of career development and employment evidence based practices (EBP) to meet performance standards; 3) Contributing to the evaluates the impact of the utilization strategies on foster care provider organizational learning and practices, and on youth well-being; 4) Developing a national knowledge bank and support network among foster care providers to increase utilization; and 5) Leveraging resources to expand the effort more widely.
- As further evidence of Foster Forward's abilities to leverage CYS investments to secure outside funding for its programs, the ASPIRE Initiative was awarded a

\$75,000 grant each year for three years, beginning July 2013, from the United Way of Rhode Island to support financial education and capability for youth in foster care. ASPIRE was one of only 8 grantees selected for funding under the financial stability grants and notably, was the only youth program funded by the UWRI in this category this cycle.

- **Junior League of Rhode Island**

Through work with Foster Forward, members of the Junior League were introduced to the realities of youth who age out of foster care and some of their struggles, as well as successes. The Junior League of RI identified youth aging out of care as their focus for giving and volunteerism. Over the last year, Junior League members have helped collect donations and furnish an apartment for two CYS participants, donated food for Thanksgiving and Easter, collected new and gently used professional clothing and provided diapers for youth and foster families. Junior League members have also been “friend raising” by doing public awareness building for the foster care population.

- **Assistance with Implementation of NYTD**

- As the Jim Casey Youth Opportunity Initiative agency in Rhode Island, Foster Forward has significant and positive experience in surveying youth on a regular basis. Their survey participation rate of youth in their ASPIRE (Rhode Island’s Jim Casey Program) hovers around 82% twice a year. They lead our efforts in reaching out to youth for the NYTD survey.
- In modifying our SACWIS, the Department provides direct access to specific components of RICHIST for designated CYS staff. This allows us to make semi-automatic referrals for Life Skills, allows CYS staff to enter Life Skills assessment and service information directly into RICHIST, provides a list of the NYTD Survey Populations for CYS and allows CYS staff to enter NYTD survey information directly into RICHIST with the youth.

- **The Voice: The Youth Advocacy & Leadership Board for the Department of Children, Youth & Families**

- This youth advocacy and leadership board provides young adults, ages 14-24, a platform to use their experiences in out-of-home-care to create and facilitate positive change in the child welfare system. As the DCYF’s identified youth advocates for youth in the care of the Department, the mission of The Voice is to: raise awareness of youth indicated issues within the system; seek to EMPOWER, EDUCATE, and PROMOTE youth voice and choice, using a youth to youth approach.
- **In FY 2013/2014 Members of the Voice participated in the following:**
 - NE Youth Coalition of the New England Child Welfare Commissioners and Directors Association;

- Quarterly Meetings
- Monthly Conference Calls
- Youth Leader and Adult Supporter for 1st Annual Youth Leadership Conference Co-Facilitation (July 2013)
- Provided Youth Panel "A Day in the Life" presentation to: RI College ~School of Social Work, University of RI ~HDF Children & Families in Poverty Class, Statewide Children's Mental Health Coalition
- DCYF Child Welfare Advisory Committee (CWAC)
- Family Community Advisory Board
- The ASPIRE Community Advisory Board
- State agency staff and others have met with The Voice on a variety of topics. These include: Janice DeFrances, DCYF Director, Mike Burk, Assistant to the Director; Lori DiPina DCYF Educational Services Coordinator, John Scott, DCYF Community Liaison, Maxim Fetissenko, Assistant Administrator of Community and Planning Services
- Collaborated with Adoption RI and Child & Family's Groovy Girls Program to collect and distribute (free of charge) new and gently used prom dresses to both youth living in foster care and youth in-need throughout the state.
- Annual Summer Resource Fair and BBQ
- Fashion Show

The 3rd Annual Prom Dress Giveaway continued in its collaborative collection effort and included a fashion show to preview the available dresses. The Voice joined with The Groovy Girls (a partnership between Child and Family & Adoption RI) to solicit, collect and distribute prom dresses across the state (free of charge) to any youth in out-of-home placement. This resulted in over 200 new dresses being collected and added to last years inventory, then offered and distributed. Over 200 dresses were distributed at 3 separate Saturday distributions throughout the state. The remaining dresses will be stored away for next year.

Additionally, they added opportunities for any youth interested in tuxedo rentals as well. Ocean Deals 4 You agreed to provide any interested youth a tuxedo rental for \$59.99. This enabled the youth to rent a tuxedo for a significantly low price. RICORP used previously solicited funds to add an additional \$50 for any youth interested.

CYS Alumni Events & Opportunities:

- Annual Thanksgiving Celebration Dinner at the Blue Cross/Blue Shield
- Annual Holiday Craft Making and Dinner
- Annual Halloween Field Trip (Roger Williams Park Zoo Jack O Lantern Spooktacular)
- Annual Six Flags Trip
- Annual Summer BBQ & Resource Fair

Finally, The Voice continuously supports hosts and co-hosts door-openers, focus groups, and Meet-n-Greets & Employment Workshops to service and support the needs of young

adults as they build natural support systems and find appropriate and responsible room mates.

Here is a sampling of door-openers The Voice co-hosted (with staff from the CYS YESS Aftercare Services Program managed through RICORP) or were instrumental in indicating a need for and influencing the method of delivery:

Door Opener Sampling:

- Housing Workshop
- FAFSA Workshop
- Update FAFSA w/ Taxes
- DCYF Higher Ed Workshop
- DMV-State ID
- Job Mixers
- Roommate Meet & Greet
- Resume Building Workshop
- Military Recruitment
- Military Testing Preparation & Training (as requested by YESS Clients done with Recruiters input when available)
- Nutrition & Early Head Start (scheduled June 2013)- through East Bay Community Action Program (EBCAP)
- CPR Training & Certification
- Beacon Health informational meeting
- Year Up Informational Meeting
- Electric Boat Job Opportunity Informational Workshop
- City Year
- Amos House-Construction Training
- Empire Beauty School
- RIRAL G.E.D. Educational Program
- Job Corps Informational Meeting
- Job Application Assistance Workshop
- SOAR
- Voter Registration & Transport to polls
- Work Opportunities Initiative/ORS job coaching
- 10- Week Female Empowerment Group (Collaborative effort with St. Mary's)
- Family Resources in Woonsocket CNA Program
- CCRI Education Preparation Workshop
- EBCAP Youth Center Summer Employment Workshop
- Domestic Violence workshop
- Tenant Rights & Responsibilities Workshops
- Sexual Health Awareness (scheduled June 2013)

Also, the Voice helped recruit youth and participated in The Real Talk Focus group (about adolescent sexual health) in November 2012. This focus group was formed by RICORP & Foster Forward in order to gain information and insight to help guide and move the Pregnancy Prevention Initiative grant forward. As part of the Pregnancy and STI/HIV Prevention Initiative that RICORP & Foster Forward are working on, we held a group conversation for youth currently in care (and those who may have recently left care) about their thoughts/experiences regarding sexual health and sexual health education. The information they shared with us helped to shape the type of supports we will provide youth as they receive the revised sexual health portion of the Life Skills curriculum.

- **Staff Development and Training in Youth Development for DCYF and provider staff**
 - A key component of the CYS Program is to provide additional trainings and support to DCYF and provider staff regarding how to work with youth, ensuring that youth receive the supports and services they need and in developing with youth effective transition and discharge plans. Dedicated DCYF staff as well as CYS staff serve as youth engagement specialists and are co-located in DCYF regional offices. The youth engagement specialists are able to meet with DCYF caseworkers to answer questions specific to older youth. CYS staff also have availed themselves as requested to team meetings within both networks and have provided presentations to the Network Care Coordinators in both networks to ensure they know about, understand how to access, and can support youth involvement in all CYS programs. Additionally, DCYF, CYS staff, and Jessica Nievara-McCluskey from RICORP presented on the CYS Program at the October 2012 Annual Family Court Judges Conference.
- **Program Evaluation and Continuous Quality Improvement**
 - In addition to the NYTD requirements, the Department continues to work with Foster Forward on developing and implementing a strong, outcome-based program evaluation and continuous quality improvement component that has at its center a relational database called ETO by Social Solutions. This tool allows Foster Forward, RICORP and DCYF to view data across programs and has helped to inform program improvements, practice enhancements, and has demonstrated the power and effectiveness of the CYS array of services.
- **Young Adults Establishing Self-Sufficiency (YES) – Voluntary Aftercare Services for Youth Aging out of DCYF Care**
 - Former foster youth who leave our system at age 18 and have yet to reach the age of 21 are offered access to YES, a voluntary aftercare services program, managed through RICORP which provides participating youth assistance with room and board costs as appropriate to the individual needs of the youth. We have extended this to youth leaving the RI Training School and youth leaving a juvenile probation placement at age 18 or between their 18th and 19th birthdays. Room and Board can include rent, rental deposits and utilities based on the

identified needs of the individual youth but does not include the costs of room and board for when a youth is attending college on a full or part time basis if those costs are covered through educational funding streams such as federal grants and loans or Chafee ETV funds. This program can offer emergency assistance with food costs if necessary but generally youth are assisted in accessing income support services for which they may be eligible through other agencies.

- YES participant was selected as National Child Awareness Month (NCAM) Youth Ambassador. The Youth Ambassador was chosen to represent RI with a service project "Going the Distance and Making a Difference", using 'running' as a catalyst to increase resiliency and improve well-being for youth in foster care. This will culminate as a 5K for Youth in Care scheduled in July 2014.

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Post Foster Care Medicaid Coverage Group

Outside of the scope of the CYS Program, the Department, through our partnership with the state Medicaid agency, the Executive Office of Health and Human Services (EOHHS), continues to provide access to health insurance coverage for youth exiting care through the **Post Foster Care Medicaid Coverage Group**. As of January 1, 2014 the Affordable Care Act (ACA) extended the Post Foster Care Medicaid coverage group ("Chafee Medicaid") to youth who aged out of foster care until the youth's 26th birthday became a reality. Now, any youth who left or leaves foster care on or after the youth's 18th birthday (as of January 1, 2007) is eligible for Post Foster Care Medicaid. DCYF automatically enrolls youth aging out in Post Foster Care Medicaid as soon as the youth's case closes to Family Court. However, some young adults who turned 21 before January 1, 2014 will need to be re-enrolled because under the old rules they lost their coverage at age 21. Foster Forward and RICORP are working with The DCYF on the implementation, outreach and education of the Affordable Care Act. The Department is also collaborating with the RI Health Coverage Project, the Economic Progress Institute and RI Kids Count to troubleshoot any issues that may arise and to make sure things go smoothly and help

youth get enrolled. Additionally, the Department is in consultation with EOHHS Medicaid to identify the most effective way to address the health insurance needs of youth not eligible under the ACA extension, such as those with immigration status issues and youth exiting the Rhode Island Training School.

Simultaneously, the Department continues to work with our Healthcare Work Group to look at the current state of healthcare coverage and services for all children and youth involved with the Department, identify the challenges to ensuring that their healthcare needs are being met effectively, and develop and implement a plan of action to overcome these challenges. This Task Force recognized immediately that one area to address is the healthcare needs of older youth in care and those exiting care, including the need to help our youth to become better healthcare consumers.

Child and Family Services Improvement and Innovation Act of 2011

Each child in foster care under the responsibility of the state who has attained 16 years of age receives without cost a copy of any consumer report (as defined in Section 603(d) of the Fair Credit Reporting Act) pertaining to the child each year until the child is discharged from care and receives assistance (including, when feasible, from any court-appointed advocate for the child) in interpreting and resolving any inaccuracies in the report.

Status: DCYF is in discussions with Equifax, Experian and TransUnion as to identify how the process would work and to identify any barriers to electronic submissions preventing DCYF from being in compliance with Child and Family Services Improvement and Innovation Act of 2011. We continue to work with our MIS staff and the credit reporting agencies to implement a system to run these checks.

Chafee Foster Care Independence Program Plan 2015-2019

The Department for Children, Youth and Families (DCYF), is the state agency responsible for the administration, supervision and oversight of all programs and services required and funded under the CFCIP Program, including the NYTD requirements and the ETV program. As such, DCYF is responsible for providing youth in foster care and formerly in foster care with youth development services and supports to help them transition to adulthood and to achieve permanency and self-sufficiency. DCYF is committed to assisting all youth who are leaving the Department's care prepare to enter adulthood successfully and will cooperate in any national evaluations of the effects of the programs in achieving the purposes of CFCIP.

On July 1, 2010, the Department entered into a contract with Foster Forward for the Consolidated Youth Services Program. This program is a lead agency service delivery model which incorporates all funding for Youth Development and Independent Living Support Services as well as voluntary aftercare services for youth leaving DCYF care at age 18 for all populations with the exception that youth leaving Juvenile Correctional Services are eligible for voluntary aftercare services even if they leave care between their 18th and 19th birthdays.

The Department will initially continue the Consolidated Youth Services Program and identify ways to enhance youth development and educational support services to older youth in care. Our primary focus will be to ensure out of home placement setting, in particular congregate care settings incorporate the principals of positive youth development more fully into the environments and culture. These efforts will align with the Department's System of Care and our initiative of rightsizing congregate care.

During the 2015-2019 Child and Family Service Plan our primary focus will be to ensure out of home placement settings, in particular congregate care settings, incorporate the principals of positive youth development more fully into the environments and culture. These efforts will align with the Department's System of Care and our initiative of rightsizing congregate care.

Through the CYS program, DCYF will continue to provide comprehensive youth development services, directly or through access to existing services funded by other agencies that address the permanency, employment, educational, relational, technical life skills and transition needs of youth who have a variety of strengths and challenges. DCYF assists each youth in achieving the highest level of education, employment, well-being, and self-sufficiency possible based on individual strengths and abilities, in preparation for permanency, independence and successful adulthood. Other than funding there are no administrative or statutory barriers of reaching youth. While the Department does reach a broad range of youth, at this time the state has no plans of extending Title IV-E foster care assistance to young people age 18-21. Foster Forward continues to assist the Department in implementing the requirements of the National Youth in Transition Database.

The Department designed the CYS Program to ensure that we provide older youth in the care and custody of the Department, as well as youth aging out and former foster

youth, tools, resources and opportunities that will increase the likelihood that they will successfully transition from DCYF care. Services are available to all youth ages 16-21 who are in foster care or who were in foster care after their 16th birthday, including youth who left foster care for kinship guardianship or adoption after their 16th birthday. It is anticipated that youth who are in foster care and are younger than age 16 will primarily obtain similar services through their foster parents and/or the residential programs in which they reside. However, through the leveraging of over \$4.4 million, Foster Forward is able to offer some of this programming (Real Connections, ASPIRE, and Youth Enrichment Grants) to youth as young as 8 and up to the youth's 24th birthday. The Department will continue and expand these services as funding and opportunities become available. Additionally, the Department's youth development staff participates in meetings of the Voice and other formal and informal discussions with youth which helped in the development of this plan.

In March 2014, the Department held a two day planning retreat for the purpose of involving a broad array of stakeholders in the development of the Child and Family Service Plan for 2015 - 2019 which included feedback regarding the Chafee Foster Care Independence Program (CFCIP) and the Chafee Education and Training Voucher Program (ETV). Participants included members of The Voice, (the foster youth advocacy organization for youth in foster care and young adults formerly in foster care), the SAMHSA-funded System of Care Grant Youth Coordinator, Allison Theriault who also is a former DCYF foster youth, and representatives of the Narragansett Indian Tribe.

The CYS Program continues to include the following direct and/or indirect service components:

- **Support Services to Youth, including services focused on assisting youth with transitioning to self-sufficiency, and adolescent support services to DCYF staff to include:**
 - Assisting youth with transitioning to self-sufficiency
 - Providing personal and emotional support to youth aging out of foster care through mentors and the establishment of permanent connections to dedicated adults; and
 - Either directly or through collaboration with other agencies, providing financial, housing, counseling, employment, education and other appropriate services to former foster care recipients between the ages of 18-21 to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood;
 - In 2014, the Department's Youth Development and Educational Support Services Team monitors the CYS contract and the System of Care (SOC) Implementation Team which is developing the across-agency infrastructure to coordinate the SOC for children and youth with SED and their families began meeting weekly and working collaboratively on youth development initiatives. The SAMHSA-funded System of Care Grant Youth Coordinator, Allison Theriault who is a former DCYF foster youth and John Scott, the DCYF Community Liaison sit on

this team. Together Allison and John also attend the weekly Voice meetings to share youth development information with The Voice and to bring information back to the Department. The Voice is DCYF's identified youth advocates for youth in the care of the Department and help to raise awareness of youth indicated issues within the system.

- **Life Skills Assessment and Individualized Life Skills Education:**

- The primary Holistic Youth Assessment (HYA) originally used the Ansell Casey Life Skills Assessment (ACLSA). The CYS Program used the ACLSA with additional assessments, including supplements from ACLSA, to help design more thorough and useful learning experiences for participants. Supplemental topics include education, pregnancy, parenting infants and young children, youth values, homeless youth, gay, lesbian, bisexual, transgender, and questioning youth (GLBTQ), and American Indian. This assessment tool was strengths-based and widely accepted as the best-practice model. In March of 2012, Casey family services improved their Life Skills assessment and the ACLSA was replaced with the new Casey Life Skills Assessment (CLSA). The new CLSA evaluates the same component areas as the former ACLSA but has added questions on permanency and youth's confidence in their future. The new CLSA was instituted in the fall of 2012 and Foster Forward, RICORP and DCYF worked together to ensure that all new data could be collected properly in RICHIST.
- If a youth is in care at the age of 16 the Department continues to focus on permanency yet assumes that there is a strong likelihood the youth will age out of care. At that point we conduct the HYA which is used to inform transition and permanency planning. The HYA's take place statewide in a location that best meets the needs of the youth that include but are not limited foster homes, group homes, or the Training School (As of July 1, 2012, the Life Skills Program for youth at the RI Training School ended. No HYA's have been conducted on Training School youth under the CYS contract since will be conducted for these youth since that date.)
- Upon completion of the HYA, a score report is generated and emailed to the appropriate DCYF staff (e.g., social caseworkers, probation officers, unit managers, etc.), the HYA staff, to any other community provider identified by the youth with whom he/she is working (e.g., agency coordinating transition teams in the second phase of the DCYF system of care redesign), and to the youth. CYS staff contacts the DCYF worker and supervisor to review the score report and for which Ansell Casey domains (Career Planning, Communication, Daily Living/Home Management, Housing Education, Money Management, Self Care, Social Relationships, Work Life, Work and Study Skills) the youth needs services and supports. This process remained unchanged with the new CLSA.
- CYS staff, separately and/or in concert with the DCYF worker, reviews the findings with the youth and explains the process to the youth, as well as the array

of services and supports that are available to them through Consolidated Youth Services.

- CYS staff work with the DCYF worker and the youth to customize a life skills experience based on the needs identified in HYA.
- The primary curriculum for Life Skills education is the Life Skills Learning Guide, Ansell Casey's companion resource. The domains covered in the Guidebook comply with DCYF's currently identified 14 Life Skills area
- While the Learning Guide is the primary tool for the delivery of education, flexibility in the curriculum is ensured in order to address the youths' needs. RICORP's Life Skills Educational Coordinator has used the Learning Guide to create "Mobile Life Skills Tool Kits" that each Life Skills Instructor utilizes in order to maintain uniformity and consistency with regard to the Life Skills education classes provide across the state.
- Based on findings from Life Skills program evaluations that other states have done, DCYF, Foster Forward and RICORP are driving programming toward evidence based practices. In January 2013, the CYS Program adapted the curriculum and replaced its format with the evidence based Curriculum from the Institute on Prevention of Pregnancy and Sexually Transmitted Infection among Youth in Foster Care. Rhode Island is one of five states which have adapted the *Making Proud Choices!* evidence-based curriculum to the child welfare population. The evidence-based *Making Proud Choices!* curriculum replaced the existing Life Skills lessons on pregnancy and STI/HIV prevention and healthy relationships. In partnership with the Rhode Island Council of Resource Providers (RICORP), Foster Forward convened a statewide Continuous Improvement Team to explore systems level activities to support the implementation of the curriculum and inform the work of the Institute. This statewide work team helped Foster Forward and RICORP develop and implement the plan to roll out curriculum instruction. Future activities related to this work will include training and support to foster families on what the curriculum entails and how to support their young person in that process, as well as training offered to group home providers on the curriculum components and how they can support and reinforce the learning.
- In order to ensure youth have the greatest accessibility to Life Skills programming, Life Skills Education Classes take place in geographically diverse sites around the state on a regularly scheduled basis, utilizing community partners (libraries, churches, community centers, etc...) as well as RICORP agency partners. Classes generally meet twice weekly for two (2) hours for approximately seven (7) to eight (8) weeks. To date in FY 13/14, this has resulted in 34 class offerings, representing over 1000 hours of life skills education at 12 separate site locations. This Life Skills Education programming included: 6 weekend courses, 7 private class sites (for agencies who serve youth who may not be able to attend in the community due to behavioral needs, etc.), and 6 accelerated courses offered both at RICORP and in the community.

- Youth who complete the Life Skills Education Program receive a \$150.00 stipend for the 8 week program completion or \$20 per component, should they opt to only complete components identified as ‘areas of improvement needed’. The stipends are paid to the youth upon completion of the Life Skills program at their graduation ceremony where they are encouraged to invite those individuals they identify as playing a ‘significant role’ in their lives. At the ceremony, Life Skills speak specifically about the strengths of each youth and award a certificate of completion, the \$150.00 stipend check and an ‘independent living basket filled with items that support the youth’s continued path toward self-sufficiency.
- Additionally, the Department is working with the CYS providers to develop a financial coaching and technical assistance component for Life Skills. This is intended to more effectively intergrate life skills into the residential care and foster homes.
- The CYS Program uses the National Jim Casey Youth Opportunities Initiative Opportunity Passport™ (locally known as ASPIRE) curriculum for financial management instruction. While not yet an evidence-base practice, this is deemed an evidence-informed practice and is currently undergoing the rigorous evaluation by the National Jim Casey Youth Initiative and the Annie E. Casey Foundation to document whether it can rise to the level of evidence-based. This curriculum has been adapted in 2013 and will be rolled out in its newest form in the fall. The new curriculum is even more youth friendly, contains much more engaging activities, and provides youth with follow up learning opportunities related to financial management that will help inform youth about making and maintaining asset purchases. Depending on the evaluation of a new financial coaching component being piloted, we may modify this program to include individual.
- **Educational Services and Supports, including helping to ensure that youth are prepared for post secondary educational training and/or educational opportunities.**
 - Foster Forward and RICORP are leaders in helping to ensure youth succeed educationally for many years. Through Life Skills and ASPIRE, they have worked closely with youth and adult supporters to ensure educational success in high school, to help link youth to supports and services for college preparation and access and to link youth to college support services. The CYS Program brings these and other components together into one program and build on this foundation to increase our collective success with our youth.
- **Employment/Vocational Development Services**
 - The CYS Program is a leader in helping to ensure youth have access to supports and services they need to be successful in career development and workforce readiness. CYS staff work closely with youth and adult supporters to ensure youth are provided the supports and services they need to enter the workforce either when they leave DCYF care or after they complete a training or educational program which meets their needs.

- In FY2012, Foster Forward was awarded one of four grants nationally, out of 90 submissions, by the Administration for Children and Families to improve services to youth in the child welfare system. This award puts \$2 million of federal resources through FFY2016 behind the power of Consolidated Youth Services to build a model, implement, and test the effectiveness of increasing relational competencies for youth through the world of work. The grant, known as Works Wonders, serves youth ages 16-21 who are in or who have aged out of the Rhode Island foster care system with a plan to adapt its strategy to serve youth ages 14-15 as well, in year four. The strategy combines an educational and peer group, Employment and Empowerment Group (E²), and support from an Employment Coach to help youth identify and engage in healthy relationships that provide ongoing social support, advocate on their own behalf (psychological empowerment), and connect with the labor market (career development and employment engagement). E² groups will be co-facilitated by a trained child welfare professional and former youth in care. Implementation of the project has begun and youth are currently being served and connected to meaningful learning opportunities in employment.

Through their work with the National Jim Casey Youth Opportunities Initiative, Foster Forward was able to make an introduction and support the roll out of a career development and employment support for the child welfare workforce to facilitate the advancement of youth outcomes. The Workplace Center of Columbia University School of Social Work is currently conducting a project to help child welfare systems (CWS) advance career development and employment support for youth in their care as part of achieving permanency and safety. This project provides technical assistance to develop capacity among these systems to implement evidence-based (EB) career services so that young adults transitioning out of foster care can become successful workforce participants. The goal is to develop an approach that can serve as a model that can be replicated nationally.

Specific objectives of the Workplace Center Project include: 1) Providing technical assistance to 3 public child welfare systems to assist them with moving toward the inclusion of EB performance standards for the provision of career development and employment services; 2) Establishing effective strategies to promote utilization of career development and employment evidence based practices (EBP) to meet performance standards; 3) Contributing to the research that evaluates the impact of the utilization strategies on foster care provider organizational learning and practices, and on youth well-being; 4) Developing a national knowledge bank and support network among foster care providers to increase utilization; and 5) Leveraging resources to expand the effort more widely.

- As further evidence of Foster Forward's abilities to leverage CYS investments to secure outside funding for its programs, the ASPIRE Initiative was awarded a \$75,000 grant each year for three years, beginning July 2013, from the United Way of Rhode Island to support financial education and capability for youth in foster care. ASPIRE was one of only 8 grantees selected for funding under the

- financial stability grants and notably, was the only youth program funded by the UWRI in this category this cycle.
- The Department's Division of Juvenile Correctional Services in collaboration with Farm Fresh Rhode Island (FFRI) a 501c3 not-for-profit founded in 2004 working on growing a local food system that values the environment, health and quality of life of RI farmers and eaters. Together in 2009, we created a project for youth on probation called the Harvest Kitchen Project. Youth on probation ages 16-20 that have been interviewed and selected to participate in a 15 week culinary arts training program and exposed to paid internships throughout Rhode Island. The youth receive a stipend for attending the program four days a week, as well as participating in attending the Farmers Market. While in the Harvest Kitchen the youth go through the process of creating a product from recipe development, approval, production and distribution of their products. Youth sell their products at Rhode Island farmers markets throughout the state and retail locations in RI and MA. Youth are also exposed to a variety of community service opportunities from cooking within local soup kitchen to helping neighborhood community gardens plant their crops

In January of 2012 the Harvest Kitchen expanded into the Rhode Island Training School (RITS). This expansion into two (2) Certified Kitchens allowed the Harvest Kitchen to meet the growing demands for both Harvest Kitchen products and allowed the RITS youth to be better prepared for Harvest Kitchen opportunities for the competitive slots within the program. Once accepted into the Harvest Kitchen Project in the community, all trainees will be afforded the same opportunities such as further community service opportunities, culinary training, paid internships and employment opportunities.

There is a possibility of broadening the Harvest Kitchen to youth who are not involved with Juvenile Correctional Services over the next couple of years as there have been some discussion of a third certified kitchen opening.

- **Junior League of Rhode Island**

Through work with Foster Forward, members of the Junior League were introduced to the realities of youth who age out of foster care and some of their struggles, as well as successes. The Junior League of RI identified youth aging out of care as their focus for giving and volunteerism. Over the last year, Junior League members have helped collect donations and furnish an apartment for two CYS participants, donated food for Thanksgiving and Easter, collected new and gently used professional clothing and provided diapers for youth and foster families. Junior League members have also been "friend raising" by doing public awareness building for the foster care population.

- **Assistance with Implementation of NYTD**

- As the Jim Casey Youth Opportunity Initiative agency in Rhode Island, Foster Forward has significant and positive experience in surveying youth on a regular basis. Their survey participation rate of youth in their ASPIRE (Rhode Island's

Jim Casey Program) hovers around 82% twice a year. They lead our efforts in reaching out to youth for the NYTD survey.

- In modifying our SACWIS, the Department provides direct access to specific components of RICHIST for designated CYS staff. This allows us to make semi-automatic referrals for Life Skills, allows CYS staff to enter Life Skills assessment and service information directly into RICHIST, provides a list of the NYTD Survey Populations for CYS and allows CYS staff to enter NYTD survey information directly into RICHIST with the youth.
- **The Voice: The Youth Advocacy & Leadership Board for the Department of Children, Youth & Families**
 - This youth advocacy and leadership board provides young adults, ages 14-24, a platform to use their experiences in out-of-home-care to create and facilitate positive change in the child welfare system. As the DCYF's identified youth advocates for youth in the care of the Department, the mission of The Voice is to: raise awareness of youth indicated issues within the system; seek to EMPOWER, EDUCATE, and PROMOTE youth voice and choice, using a youth to youth approach.
- **Staff Development and Training in Youth Development for DCYF and provider staff**
 - A key component of the CYS Program is to provide additional trainings and support to DCYF and provider staff regarding how to work with youth, ensuring that youth receive the supports and services they need and in developing with youth effective transition and discharge plans. Dedicated DCYF staff as well as CYS staff serve as youth engagement specialists and are co-located in DCYF regional offices. The youth engagement specialists are able to meet with DCYF caseworkers to answer questions specific to older youth. CYS staff also have availed themselves as requested to team meetings within both networks and have provided presentations to the Network Care Coordinators in both networks to ensure they know about, understand how to access, and can support youth involvement in all CYS programs. Additionally, DCYF, CYS staff, and Jessica Nievara-McCluskey from RICORP presented on the CYS Program at the October 2012 Annual Family Court Judges Conference.
 - The Youth Development and Educational Support Services team will work with the Child Welfare Institute to develop and implement a series of trainings for DCYF staff and community partners focused on improving how we work with young adults in a positive youth development framework and improving outcomes for youth.
- **Program Evaluation and Continuous Quality Improvement**
 - In addition to the NYTD requirements, the Department continues to work with Foster Forward on developing and implementing a strong, outcome-based program evaluation and continuous quality improvement component that has at its center a relational database called ETO by Social Solutions. This tool allows Foster Forward, RICORP and DCYF to view data across programs and has helped

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- **Leveraged Opportunities:** The Department continues to make significant strides in strengthening our relationships with sister state agencies and community partners over the past year. This in turn has provided us, directly and through our providers, greater opportunities to provide services to our older youth. Examples of this include:

- **RI Department of Labor and Training (DLT) Youth Workforce Development:** The Department has an ongoing collaboration with the Department of Labor and Training and DLT funded efforts. The

Department sits as a member of the Plan Management Team for DLT's Unified Workforce Plan and the Director is a member of the Governor's Workforce Cabinet. The Department works closely with the Greater Rhode Island Workforce Investment Board and the Providence/Cranston Workforce Investment Board ensure access to Workforce Investment Act (WIA) funded programs by utilizing a streamlined application process we co-developed with those groups.

DCYF is also a member of DLT's grant application planning committee that solidifies federal funds from the US Department of Labor's Workforce Innovation Fund. Mike Burk, Assistant to the Director and Lori DiPina sit on several committee's and task forces of the Governor's Workforce Board and DLT.

In addition, we will continue to collaborate with DLT and in order to streamline the application process for older youth and youth that have aged out care to the adult programs at the DLT's netWORKri Centers. NetWORKri services such as; on-the-job training, apprenticeship, WIA approved training programs and work-readiness workshops which will increase the youth's ability to find gainful employment.

- **ASPIRE [Rhode Island's Jim Casey Youth Opportunities Initiative (JCYOI)]:** The mission of the ASPIRE Initiative component of the CYS Program is to increase the percentage and number of older youth who achieve permanency before they would age out of care; improve the successful transition of youth in foster care to adulthood through the following strategies: develop opportunities for youth engagement; increase financial knowledge and stability; actively involve systems and partners in building education and employment supports; document results; identify and disseminate best practices, and galvanize public will and guiding Several key DCYF staff members, including the Assistant to the Director, participate in the ASPIRE Community Advisory Board that will continue to meet quarterly to guide the work in Rhode Island. ASPIRE is also directly linked to the Life Skills component of the CYS Program by allowing graduates of Life Skills to automatically enrolled in the ASPIRE Opportunity Passport Program without having to participate in separate ASPIRE financial literacy training.
- **Housing/Runaway and Homeless youth:** The Department continues to take a leadership role within the state's Housing and Homelessness Prevention Community. Dr. Janice DeFrances, DCYF Director, is a member of the Interagency Council on Housing and Homelessness. Mike Burk, Assistant to the Director, sits on various policy and implementation committees addressing Housing and Homelessness and chairs the External Grievance Committee, which hears grievance appeals from individuals and families who are involved with the state's adult and family shelter system, for the state's Office of Housing and Community Development (OHCD).

The Department will continue to collaborate with traditional homeless service providers in responding to the needs of our clients and support the work of the larger housing and homeless prevention community.

- **Joint Legislative Task Force and Child Welfare Advisory Committee (CWAC), Subcommittee on the Education of Children and Youth Involved with DCYF:** The Department will continue to co-chair the CWAC Education Subcommittee. The Department will develop and implement a more effective truancy component realizing the importance of educational success and stability and cross system collaboration to improve the educational outcomes for foster children.

Post Foster Care Medicaid Coverage Group

Outside of the scope of the CYS Program, the Department, through our partnership with the state Medicaid agency, the Executive Office of Health and Human Services (EOHHS), continues to provide access to health insurance coverage for youth exiting care through the Post Foster Care Medicaid Coverage Group. As of January 1, 2014 the Affordable Care Act (ACA) extended the Post Foster Care Medicaid coverage group (“Chafee Medicaid”) to youth who aged out of foster care until the youth’s 26th birthday became a reality. Now, any youth who left or leaves foster care on or after the youth’s 18th birthday (as of January 1, 2007) is eligible for Post Foster Care Medicaid. DCYF automatically enrolls youth aging out in Post Foster Care Medicaid as soon as the youth’s case closes to Family Court. However, some young adults who turned 21 before January 1, 2014 will need to be re-enrolled because under the old rules they lost their coverage at age 21. Foster Forward and RICORP are working with The DCYF on the implementation, outreach and education of the Affordable Care Act. The Department is also collaborating with the RI Health Coverage Project, the Economic Progress Institute and RI Kids Count to troubleshoot any issues that may arise and to make sure things go smoothly and help youth get enrolled. Additionally, the Department is in consultation with EOHHS Medicaid to identify the most effective way to address the health insurance needs of youth not eligible under the ACA extension, such as those with immigration status issues and youth exiting the Rhode Island Training School.

Simultaneously, the Department continues to work with our Healthcare Work Group to look at the current state of healthcare coverage and services for all children and youth involved with the Department, identify the challenges to ensuring that their healthcare needs are being met effectively, and develop and implement a plan of action to overcome these challenges. This Task Force recognized immediately that one area to address is the healthcare needs of older youth in care and those exiting care, including the need to help our youth to become better healthcare consumers.

2015-2019 Goals

Goal 1: The Department will enter into a new CYS Program contract with Foster Forward for FY 2015 and develop a plan for our youth development services for FY 2016 and beyond.

- The Department intends to procure youth development services either through reprocurement or develop other methods of procuring youth development services.

Goal 2: The Department will meet the expectations of NYTD on an annual basis

- Ensure ongoing served population reporting requirements are met
(Ongoing: 2015-2019)
- Use data from served population reports and surveys to inform and improve practice within DCYF and with external partners (Ongoing: 2015-2019)
- Achieve the federally required participation rates in each reporting year.
- DCYF will continue to provide analysis and reporting of NYTD data. Rhode Island DCYF is a state administered and managed child welfare agency. NYTD data is therefore collected only on a statewide basis.
- DCYF's CYS Team has been meeting regularly with representatives from DCYF's Data & Evaluation team. Together we have implemented a plan for DCYF extract and analyze all the NYTD data we have collected since NYTD began on October 1, 2010. The timeline for this to occur is January 2015. DCYF will implement strategies to address all of NYTD's site visit concerns. These concerns include:

Data mapping concerns (Observation #2 – Element 14, Observation #5 – Element 18, Observation #6 – Element 19);

Inability to collect certain elements in combination with other elements (Observation #1 – Element 11);

Concerns about unreported data on served population youth (Observation #8 – Elements 20-33, Observation #10 – Element 29, Observation #11, Element 31, Observation #12 – Element 32, Observation #13 – Element 33);

Concerns about unreported data on baseline population youth (Observations #14 and #15); and

Concerns about how the State is defining and reporting information on NYTD elements (Observation #3 – Element 15, Observation #4 – Element 15, Observation #7 – Element 36).

The Federal team also identified eight other areas where “**action is recommended**” to improve NYTD data quality and integrity or to improve the State’s overall efforts to implement, analyze and use NYTD data. These observations included:

Concerns about underreported data due to inconsistent data entry (Observation #9 – Element 22)

Concerns about data entry field parameters that may prevent the State from collecting and reporting accurate data (Observation 16 – Element 35)

Concerns about documentation reflecting only allowable NYTD element values (Observation #17 – Element 49);

Concerns about survey prompt language (Observation 18 – Elements 40, 43, 44, 47, 49, 54, 55)

Concerns about informed consent/assent form language (Observation #19);

Concerns about the State's plans to analyze, use and disseminate NYTD data (Observation #20); and

Concerns about the State's ability to fully engage and inform stakeholders about the purpose, use and proper collection of NYTD data (Observation #21 and #22).

- Implement survey with 2nd cohort with the goal of achieving these identified participation rates in each reporting year: 2014- 95% in care youth and 75% out of care youth; 2016 – 95% in care youth and 80% out of care youth; 2018 – 95% in care youth and 85% out of care youth

Goal 3: The Department in consultation with the Child Welfare Institute will develop training plans which provides effective training opportunities to staff and community agencies in regard to working with older youth in care, those aging out or who have left care and building strong personalized transition plans.

- Implement Training Program on Youth Development by April 2015 for continued staff development of DCYF employees.
- Increased Training Opportunities for Personalized Transition Planning for continued staff development of DCYF employees.

Goal 4: The Department will be in full compliance with the Child and Family Services Improvement and Innovation Act of 2011.

- DCYF will finalize MOU's Equifax, Experian and TransUnion within 6 months
- DCYF will make any necessary infrastructure for electronic submissions within 6 months
- Implement training for staff on Child and Family Services Improvement and Innovation Act of 2011 and how conduct credit checks for youth in their caseloads.

Goal 5: The Department will engage youth and work with youth as partners in decision making.

- The Department will continue to utilize and promote “The Voice” as the youth advocacy and leadership board for the Department.

Goal 6: Consultation and collaboration with Indian Tribes

The Department will continue to build upon the active and positive relationship with the Child Welfare representative of the Narragansett Indian Tribe, which is Rhode Island's only federally recognized tribe. In preparation for the 2015-2019 five year Child

and Family Service Plan, the Tribal representative was a key participant in the CFSP planning retreat held in March of this year.

The Department will continue its Cooperative Agreement with the Tribe to ensure ongoing coordination and collaboration in the implementation and assessment of the CFSP, and monitoring improvement of the state's compliance with the ICWA. To date, the relationship between the state and the Narragansett Tribe has been good regarding this coordination, and we see no barriers at this time.

The Department's policy on the Indian Child Welfare Act represents the agreement between the state and the Tribe regarding responsibilities for providing child welfare services and protections for tribal children, as the Tribe's Director for Child and Family Services was consulted in the development of this policy.

The Department's ICWA policy guides all activity related to managing cases where a child/family is found to have Indian heritage and our SACWIS system (RICHIST) is designed with a checklist for social workers to complete which assists with ensuring the identification and notification for families relative to rights and privileges in accordance with ICWA. This mechanism also ensures that necessary documentation is provided to the Department's legal counsel. However, the system is not currently designed to produce a quantifiable report on activities related to ICWA. In this past state fiscal year, the Narragansett Tribal Liaison working with the Child Protection Division reports that she has received 79 inquiries for verification of Indian heritage.

The Department will continue its collaborative efforts with the Narragansett Tribe throughout this new five year Child and Family Service Plan. The services and supports that are provided to youth in the Department's care through the Chafee Foster Care Independence Program (CFCIP) are inclusive of Indian youth. The Narragansett Tribe has not requested to directly administer or receive CFCIP or ETV funds.

The Department will provide the Narragansett Tribe with a copy of the 2015-2019 Child and Family Service Plan once it has been approved.

Goal 7: The Department will improve upon assisting youth in developing personalized transition plans for youth in out of home care.

- Transition planning will begin 6 months after a youth turns 16 years of age and update every 6 months. A required discharge plan must be in place 90 days prior to being discharged from care.
 - 35% of all youth in out of home care will have effective transition planning in place by October 2015; 60 % by October 2016; 90% by October 2017; Full compliance by 2019.

Goal 8: The Department will develop a protocol to promote a safe transition to independence by reducing the risk that youth and young adults in the child welfare system will be victims of trafficking.

- The Department has begun working with the Rhode Island Family Court, Hasbro Children's Hospital, local law enforcement officials and Day One, the RI sexual assault and trauma resource center to address the issue for both children in care and those transitioning into adulthood.

Chafee Foster Care Independence Program Plan 2014-2015 Budget

FFY2014 Allocation (anticipated)	\$ 601,292	
FY 2014 Allocation (actual)		\$569185
Difference between Anticipated and Actual		\$ 32,107
Revenue/Expenditure Description	Original	Amended
Consolidated Youth Services	\$ 600,991	\$ 568,900
IL Coordinator/Youth Development Support		
Audit	\$ 301	\$ 285

FFY2014 Allocation (anticipated)	\$569,185
Revenue/Expenditure Description	Amount
Consolidated Youth Services Program	\$569,185
IL Coordinator/Youth Development Support	\$
Audit	\$ 285

It should be noted that the total annualized budget for the Consolidated Youth Services Program for FY 2014 is \$2,581,185 with \$568,900 of this funded through CFCIP funds and \$1,975,000 of this funded through State General Revenue funds which is dedicated to YESS Aftercare Services. The additional CFCIP funding in each program year is used to support salaries and administrative costs associated with staff working to provide continued youth development support.

Chafee Education and Training Voucher Program

Rhode Island's commitment to ensuring that foster care and former foster care youth have access to postsecondary educational opportunities continues to grow and expand while at the same time we are addressing some of our shortfalls. ETV funding can be used for any postsecondary educational and training program that is approved by the US Department of Education for Title IV student assistance programs with a cap of \$5,000 per student per academic year. Our ETV allocation for Federal Fiscal Year (FFY) 2012 was \$227,400. Our FFY 2013 allocation is \$201,691, which represents a decrease from FFY 2012 of \$25,709.

Our DCYF Higher Education Grant Program funding, an annual allocation of \$200,000, can be used only for full-time students attending one of Rhode Island's three

public higher education institutions – the University of Rhode Island (URI), Rhode Island College (RIC) and the Community College of Rhode Island (CCRI). There is no per student cap on these state funds at this time.

Youth and young adults interested in receiving postsecondary educational funds must complete their FAFSA and a DCYF Postsecondary Education Tuition Assistance Program application no later than June 1st of each year. The eligibility criteria for each of the subprograms (DCYF Higher Education Opportunity Incentive Grant and ETV voucher) are based on state and federal laws and regulations and are clearly articulated in the application. Youth who have been placed in subsidized guardianships or adopted on or after their 16th birthday are eligible for ETV funding. The Department treats all funds under this program as the funding of last resort after all other non-loan funding sources (e.g., Pell Grants, scholarships) are considered and uses funds only to cover further unmet need to the extent possible based on available funds and the total number of youth participating.

The Department, in collaboration with the RI Higher Education Assistance Authority, launched our new web-based integrated DCYF Post Secondary Education Tuition Assistance Program (PETAP) Application for the 2010-11 academic years. For the first time, the Department now has a system that allows for retrieval of cost of attendance and financial aid package information from the schools the students are attending so that we can have a true sense of the student's unmet need.

The 2011-12 Academic Year was our second full year of using this new system and we continue to work to find a level of comfort in balancing the funds committed at the start of the year with the attrition rates of students by the conclusion of the year. While we had hoped to provide each student with funds to cover 50% of their unmet need, we were able to fund them only at a 35% rate (up from 30% the previous year). For the 2011-12 academic year, 160 youth applied for funding and, of those applicants, 57 youth actually attended school and received funding. This assistance totaled \$186,461 from all funds [ETV - \$93,981; DCYF Higher Education Funds - \$92,480]. ETV awards ranged from \$233 - \$5,000 and DCYF Higher Education Awards ranged from \$1,295 - \$4,979. These figures are adjusted from the June 2012 report to reflect actual figures for the year. All data related to awards and the numbers of unduplicated participants is derived from the applicant database that is managed by RIHEAA. Queries are made of the database to determine these data.

For the 2012-13 Academic Year, we provided award amounts equal to 40% of a student's unmet unless the student was eligible only for ETV funds and this amount exceeded \$5,000. In those few circumstances, the award was capped at the \$5,000 maximum. For the 2012-13 academic year, 232 youth applied for funding and, of those applicants, 60 youth actually attended school and received funding. This assistance totaled \$215,223 from all funds [ETV - \$118,932; DCYF Higher Education Funds - \$96,291]. ETV awards ranged from \$402 - \$5,000 and DCYF Higher Education Awards ranged from \$802 - \$4,839. (**Please note that we are still in the process of reconciling accounts with various schools so the numbers of paid participants and the dollar amounts and allocation of awards across funding streams are preliminary only.**)

Objectives for 2015-2019:

- **Identify a mechanism and/or formula to institute a per student per year maximum award amount in order to meet the needs of the greatest number of youth with the available funding.**
 - The Department will continue to monitor this issue and determine if such a cap is necessary.
- **Continue to increase outreach to youth in postsecondary programs who have aged out of care to ensure that they can continue receiving financial supports for their educational program (Ongoing: 2015-2019).**
 - There is much crossover between youth involved in our YESS Aftercare Services Program and youth attending post secondary educational institutions. YESS case managers are used often to ensure outreach to young adults. As well, with our new web-based application system, we now have current email addresses on all youth attending school and use that to communicate with them. Additionally, our CYS program provides updates via their Facebook page.
 - The Department will continue its work on developing and implementing stronger support systems at the public and private post secondary schools and will develop as part of our Adolescent Development and Educational Supports training program through the CWI components related to enhancing youth success in the post secondary arena.
- **Continue to increase the role of the DCYF Higher Education Advisory Board in identifying and leveraging additional resources for youth (Ongoing: 2015-2019)**
 - The Department views the expansion of this role as critical to our ability to outreach more effectively to youth to ensure that they are able to access necessary and appropriate supports while attending college.
 - The Department will continue to work through the summit workgroups to address identified post secondary challenges.
- **Through CWAC Educational Subcommittee we will target junior high school and high school students to build awareness of high school and college preparation.**
 - Identify and collaborate with existing community organizations to help educate youth on high school and college expectations.
 - Working with Guidance Counselors Association and others on developing effective secondary transition planning for DCYF youth.
 - Disseminate and train DCYF workers on new graduation requirements on NECAP and post secondary waivers.
 - Conduct Regional Workshops to help youth better understand the landscape of college opportunities; help answer questions about the SAT and ACT; deliver information about the DCYF Higher Education Program and FAFSA.

Fund Administration

DCYF's application process is now all web-based with the RI Higher Education Assistance Authority with award determinations made based on the youth's unmet need after considering the cost of attendance for that youth and other financial aid awarded. For the 2013-14 academic year, the Department provided students with no more than 35% of their unmet need (some students receiving only ETV funds may have received a lesser percentage because they hit the \$5,000 federal cap for individual participants).

The Assistant to the Director verifies applicant eligibility by examining the youth's record in our RICHIST system, which includes ensuring they meet citizenship/immigration status requirements to receive ETV funds.

TECHNICAL ASSISTANCE –

The Department has not requested any technical assistance from the Children's Bureau TA Network in support of the CFSP goals at this time. Currently, there are no TA needs requests anticipated.

ONGOING TRAINING TO ENSURE THE COMPETENCIES

Ongoing and newly developed curricula reflect trends and practice driven by RI's core competencies. RI adapted its core competencies for child welfare practice from the State of Iowa's *Individual Learning Needs Survey*. RI has directly linked its core competencies to RI's Child and Family Services Review. Training addresses the combined needs of caseworkers, supervisors, managers and administrators as well as system of care partners and other community partners. The Child Welfare Institute's (CWI) training includes pre-service, graduated levels of in-service curricula(Cores II, III and other In-Service), and community training in support of meeting the needs of children, youth and families involved with DCYF.

Pre-service activity has increased during this report period with classes graduating and another two current in process. In January of 2012, CWI began its 15th pre-service class which consisted of 12 prospective family service staff and two probation staff, where 9 Family Service Staff and 2 Probation staff successfully completed training. Fiscal 2014 was a busy one for pre-service with CWI inviting three new groups of staff to participate in pre-service training. Class 16 began in July of 2013 with 21 of the original 24 prospective family service staff successfully completing pre-service. In January 2014, Class 17 began pre-service in January of 2014 with 18 prospective family service staff and 1 child protective staff. Class 17 will complete pre-service in August of 2014. In May of 2014 and concurrent with class 17, CWI welcomed its 18th class. Class 18 includes thirteen prospective family service staff and will conclude in December of 2014.

In-Service (Core Competencies and Other-in Service Trainings) trainings and professional development opportunities were across our line staff, supervisory and community provider staff. Since the previous Child and Family Service Plan, DCYF staff have benefited from numerous training and professional development opportunities: FY 2013 - 167 training and professional develop opportunities (875.5 hours); and FY 2014 (September 2013 to March 2014) - 78 training and professional develop opportunities (508 hours). Trainings included:

- July 2012 – January 2014 - 16 incentive credit trainings were held between;
- July 2012 – January 2014 - 3 Core II trainings that were 6 hours or less were held during the same time frame;
- April and July of 2013 - 6 rounds of Question, Persuade & Refer (QPR) Youth Suicide Prevention trainings were held across DCYF and provider agencies to support prevention efforts;
- Creation and implementation of new curricula focusing on diversity and cultural competence
 - Sexual Orientation, Gender Identity, & Working with the LGBTQQ Community (18 hours) - offered three times between April 2013 and May 2014

- Understanding & Implementing Cultural Competence (18 hours) - piloted June of 2013 with expectations to offer again in 2014; and
 - Cultural Competence When Working with Immigrants & Refugees in RI (3 hours) - offered three times between May and June 2013 with expectations for continued offerings in 2014.
- Creation and implementation of new curricula focusing on trauma informed practice
 - Strengthening Families: A Child Welfare Perspective (18 hours) - offered 4 times between April and December of 2013;
 - Trauma Informed Child Welfare Practice - (18 hours) - offered twice between November 2013 and April 2014; and
 - Introduction to Trauma Informed Child Welfare Practice for System of Care Staff (3 hours) - offered at minimum four times annually beginning September 2013.

Core Supervisor Training was augmented with new courses being implemented in the winter of 2014. During the fall of 2012 and into 2013, DCYF in partnership with the University of Rhode Island's Center for Human Services developed a permanency-planning guide to support the ongoing training of supervisors across DCYF's divisions. Regional meetings with supervisors were held with intention of sharing the permanency-planning guide with supervisors as a tool for supportive supervision. In addition to this supplemental training tool, regional focus groups for supervisors across DCYF were organized as an empowerment process that allowed supervisors to identify their successes as well as identifying the types of support they needed to best support themselves and their staff.

Community/RI System of Care Training represents another significant area of training that exists to support DCYF's System of Care (SOC), its Phase I – Family Care Community Partnership staff, and Phase II – Networks of care staff. Within Phase I SOC training, CWI coordinated and documented ongoing sessions of Team Based Wraparound Training (4 day training) for FCCP staff at minimum twice annually or more frequently if needed. Beginning July 2013, CWI finalized, co-facilitated and documented required training for Phase I and II staffs' wraparound certification. Ongoing support training in CWI's Lab was coordinated and documented by CWI for external trainers new and advanced RI Family Information System (RIFIS) users and functional assessment and data tool training sessions.

Within Phase II SOC training, CWI updated, implemented and documented the ongoing Phase II required training. The **Building Wraparound RI** curriculum was created to facilitate preliminary relationship building between DCYF and community staff. Following the full implementation of Phase II and the increased awareness of staff, this curriculum was phased out. Phase II training included three core curricula: **Online**

Training; Wraparound Group Facilitation Training; and Expanding Practice through Family Team Meetings (FTM). Online training was released November 2011 and continues to be offered on a monthly basis to all DCYF staff and RI SOC partners' staff and served over 500 staff (approximately 58% DCYF, 42% community staff). **Wraparound RI: Group Facilitation**, in introductory wraparound skills class for community staff continues to be offered quarterly and has served over 90 staff. **Expanding Practice through Family Team Meetings** continues to be offered quarterly since its and has served over 80 staff Additional Phase II curricula were developed with smaller scale implementations. Modification to the original 3 day *Creating Child Welfare & Juvenile Corrections Partnerships in RI's System of Care* course were made to allow for more diversity of content and flexibility of delivery. Current required non-wraparound Phase II training include the following:

- Safety & Risk (1/2 Day) - All FCN Staff
- Advanced Family Support Partner Training (2 days)
- FCN Super-users are required to attend Phase II RICHIST and to bring content back to their agencies, where they will train Coach-Supervisor and NCC staff (1-2 days)
- WrapRI Data Tools (CANS 1 day and certification) - Coach-Supervisors and NCCs & Achievement of CANS certification
- Child Welfare & Juvenile Corrections: Navigating the DCYF System ($\frac{1}{2}$ day) - All Staff
- Domestic Violence (1/2 day)
- Mental Health & the Family System (1/2 day)
- Addiction & the Family System (1/2 day)
- Trauma Informed Care (1/2 day)
- Visual Diagnosis (2 hrs)
- Sexual Abuse (1/2 day)
- Education Continuum (1 day) - All FCCP Staff
- Online - Understanding Child Welfare Visitation: Theory & Practical Implications (all FCN staff) -pending

To date these combined non-wraparound courses have been approximately 2-4 times annually resulting in an additional 40 training per year offered to support the RI System of Care and the certification of its wraparound staff.

During the final quarter of Fiscal year 14 and moving forward to the coming year, the Child Welfare Institute will be focusing its efforts on the creation of new training related to working with different cultures. A 40-hour *Spanish for Human Service Staff*

and an 18-hour Spanish Culture course for clerical staff are currently being developed for release in July and October of 2014. The Child Welfare Institute will also be launching the next step in its certification process for the RI System of Care, including the creation of RI Super-Coach staff supports and the augmentation of wraparound certification opportunities for administrators in wrap agencies and for DCYF staff.

CONTINUOUS QUALITY IMPROVEMENT QUALITY ASSURANCE –

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

- RICHIST – DCYF Management Information System
- Administrative Case Reviews for Family Service and Juvenile Probation cases and CFSR-like in-home reviews
- Data Analysis and Program Evaluation (comprised of DCYF staff and contracted services through Yale University's Consultation Center)
- Monthly CQI Meetings – cross divisional representation
- CQI Feedback Loop through multiple channels (ie. FSU regional and probation supervisory meetings, Child Welfare Advisory Committee, Family Care Community Partnership Board meetings, Family Care Network meetings)

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

Rhode Island Child Information System (RICHIST): The RICHIST system generates approximately 600 automated reports for monitoring and continuous quality improvement. Selected reports are disseminated to Department staff respective of their professional responsibilities. The reports are automatically emailed to Department recipients on a monthly basis and can be graphed over time to view trends in the data. This information is used for program planning and evaluation, in particular when new initiatives are implemented. The information is also used by DCYF administrators and supervisors to make data driven decisions, track division or unit benchmarks and in staff supervision.

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

Administrative Case Reviews and CFSR-like in-home reviews: The CQI operation maintains a case review process in the DCYF regions which substantially mirrors the process used in the Federal CFSR instrument. For out-of-home cases, the ARU staff have enhanced their functions to integrate into their 6 month reviews CQI principles

that includes a review instrument that substantially mirrors the Federal CFSR. For in-home cases, Regional supervisors in the Family Service Units (FSU) participate in a monthly case review process which consists of randomly chosen cases using a standard supervisory review tool that mirrors the safety and well-being sections of the Federal CFSR instrument.

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

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

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

The monthly in-home case review continues as a self-review of randomly selected in-home cases by supervisors, and workers if available. Data from 30 reviews is collected each month; 5 from Juvenile Probation Units and 25 from Family Service Units. The goal is to ensure proportional representation from the four FSU regions. All 30 reviews are checked for quality. A RICHIST report presenting the reviewed in-home reviewed cases on the state level and by region is generated and sent to the FSU Regional Directors, Probation Administrator, and Senior Executive Staff. These reports are also shared during CQI FSU regional supervisory meetings and Probation supervisory meetings.

This RICHIST automated review process was also implemented for ARU in May 2011 for out-of-home cases. The process for these cases is that prior to and during the administrative review activity, the Administrative Review Officer collects case information from the family section located in RICHIST, from hard file copies, from face to face contact with case participants, and from submitted provider reports. The information is entered into the review form located in the ARU Case Review section in RICHIST

This information is captured on an individual child/family level from the review form in the MIS system and is able to be reported in an aggregated format to provide an overview for analysis and planning purposes.

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

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

Data Analysis and Program Evaluation: Continuous Quality Improvement work is led through the RI DCYF Data and Evaluation unit and the Rhode Island Data Analytic Center (DAC). The Data and Evaluation unit staff meeting weekly to review DCYF initiatives, activities, and policy changes specific to data needs, monitoring and evaluation. Data reports on safety, permanency, and well-being are reviewed as well as program outcomes on the various programs DCYF children and families are involved with such as – Family Care Community Partnerships, Family Care Network programs, Multisystemic Therapy, Wraparound Practice, Psychotropic Medication Utilization, and on an ongoing basis new programs implemented within the service array RI DCYF families and children are involved with. Based on this work, data reports, surveillance reports and program evaluation reports are developed, disseminated, presented and posted on the RI DCYF website to inform policy, practice, program development and data driven supervision. The Data and Evaluation unit is also involved with assisting RI DCYF in applying for grants by writing the Evaluation Sections, often in collaboration with Yale University (RI DCYF contracted evaluator). As the RI DCYF recognizes the importance of data analytic infrastructure, in 2013 RI DCYF hired another epidemiologist and is in the process of hiring another epidemiologist. Both of these positions are Federal Grant funded.

The DAC is a collaborative endeavor of the Department with the Yale University School of Medicine and System of Care Network Lead partners, local Family Support Agency, Neighborhood Health Plan (local Medicaid managed care agency) to provide evaluation, research consultation, and data analytic capacity for the Department divisions of child welfare, behavioral health, and juvenile corrections. The meetings occur bi-weekly.

Monthly CQI Meetings: Departmental staff representing diverse units from across DCYF meet on a monthly basis to review cases on the following indicators:

- Repeat maltreatment – all indicated cases in the respective month
- Maltreatment in foster care – all indicated cases in the respective month
- Foster care re-entries – all in the respective month
- Foster care entries – random sample in the respective month

The purpose is multifold. Cases are reviewed for quality assurance and CQI purposes to ensure there are no false positives or false negatives. Cases are also reviewed to determine systemic factors the Department could implement to reduce the incidence of these indicators. Cases are reviewed to determine trends in the incidence of these indicators across subpopulations, over time and in response to any practice and/or policy interventions or changes. A standardized assessment form is used to collect the data and provide summary reports.

CQI Feedback Loop: DCYF uses multiple channels in the CQI feedback loop. Among them are

- Bi-weekly Data Analytic Meetings: Various DCYF representatives, University staff, DCYF providers and stakeholders, family support agencies, and health plan payers meet to review data to inform practice, policy, and system-wide changes.
- Semi-annual data meetings with Family Service Unit and Juvenile Probation: Semi-annual meetings occur in the DCYF FSU 4 regions and Juvenile Probation to share data and information specific to their region and discuss underlying factors potentially contributing to the findings and identify programmatic and systemic changes to address contributing factors
- Family Community Advisory Boards (FCAB): The FCAB is a statewide advisory group of the Family Community Care Partnership. The FCCP is a network designed system regionally located in 4 areas of RI to provide preventive, community-based services aimed to maintain family preservation and divert children and youth from entering DCYF.
- Operation Meetings with SOC Network Leads
- RICHIST reports and dashboards

Based on the review of data within the various forums, the Department's administration is able to implement changes where necessary to address continuous quality improvement objectives. Data is also shared with the Child Welfare Institute on a quarterly and ad hoc basis to inform Departmental training needs.

ADDITIONAL CHANGES IN THE PAST YEAR AND PLANS FOR CHANGES IN THE FUTURE

In addition to the additional CQI processes, the Data and Evaluation unit has worked closely with the Department's Children's Community and Behavioral Services in the CSBH provider record review. CSBH staff conduct an annual onsite record reviews of a random sample of provider records. The instrument developed was a collaborative effort among the Data and Evaluation unit and CSBH and includes CFSR like areas such

as comprehensive assessments conducted, services put in place to meet those needs, additional permanency areas and well-being areas covering physical, behavioral and educational. Based on these reviews, the Department generates individual provider reports and aggregated reports of all providers. The individual provider reports provide detailed information to the provider and what the Department expects to improve. The aggregated reports provide state level data and ongoing surveillance of these outcomes on a system level.

CQI is exploring some potential enhancements in addition to the new staff referenced above, to further integrate and institutionalize CQI in the coming years.

The Department is exploring a mechanism consistent with the Agency for Children and Families CQI guidance to include a representative sample of both in and out-of-home case record reviews inclusive of family related interviews. The Department is seeking the most efficient and effective means to integrate this process and not burden the system. One approach the Department is currently exploring is to integrate this representative case review process with existing ARU and in-home review processes mentioned above.

INDIAN CHILD WELFARE ACT (ICWA)

Rhode Island has only one Federally recognized Tribe, the Narragansett Tribe. The Narragansett Tribe does not operate its own child welfare system and relies on the Department to assist with all of the aspects of this State's child welfare auspices. The Department has an internal Policy (#700.0170 attached) reflective of the Federal Indian Child Welfare Act (ICWA). DCYF Administrators and the Narragansett Tribe representatives have agreed that DCYF would use its Policy relating to ICWA as a basis for a State-Tribe agreement. This policy addresses critical considerations relating to:

- Identification of Indian children;
- Notification of Indian parents and Tribes of State proceedings involving Indian children and their right to intervene;
- Special placement preferences for Indian children;
- Active efforts to prevent breakup of the Indian family; and
- Tribal right to intervene in State proceedings.

As such, this Policy represents the understanding between the Department and the Tribe as it relates to the responsibility for providing protections for Tribal children who are in state custody, as referenced in Section 422(b). In addition the Department is also responsible for the following services and protections:

- Operation of a case review system for Narragansett affiliated children in foster care (Administrative Review Unit bi-annually)
- A pre-placement and preventative services program for Narragansett affiliated children at risk of entering foster care to remain safely with their families (Family Care Community Partnerships)
- A service program (Partners in Permanency) for Narragansett affiliated children in foster care to facilitate reunification with their families, when safe and appropriate, or to place a child in an adoptive home, legal guardianship or other planned permanent living arrangement
- DCYF will finalize MOU's Equifax, Experian and TransUnion within 6 months
- DCYF will make any necessary infrastructure for electronic submissions within 6 months
- Implement training for staff on Child and Family Services Improvement and Innovation Act of 2011 and how to conduct credit checks for Narragansett affiliated youth in their caseloads.

The relationship between the Narragansett Tribe and DCYF remains good, particularly within Child Protective Services (CPS). The Department consults regularly with Ms. Wenonah Harris, the Administrator of the Narragansett Tribal Family and Children's Services. The Tribe and the Department are continuing work toward development of a standardized process that will improve coordination and information exchange between the two systems to ensure actions are in the best interest of Tribal children in compliance with the Indian Child Welfare Act. The Department and Tribe have

a Cooperative Agreement which provides for a Tribal representative to be co-located within CPS. The Tribal liaison began work in May 2011. The Department and the Tribe have renewed the Cooperative Agreement to continue this on-site contact, which has improved communication and understanding between DCYF child protection investigators and intake staff and the Tribe regarding jurisdictional matters in child protection cases. The Department and the Tribal liaison have also revised an authorization form to be used by Child Protection staff with prospective Tribal members. The prospective Tribal member will sign the form authorizing the Department to contact the Tribe in order to obtain Narragansett Tribal membership status of the involved individual(s).

It is acknowledged that the Department has new staff within Family Service Units who may not be familiar with the requirements under ICWA. The Department continues its work with the Tribe's representative to troubleshoot these issues and ensure ICWA training as part of the core training curriculum offered at the Child Welfare Institute. There have been a series of ICWA trainings held targeting DCYF staff including Family Service Units, CPS, Juvenile Corrections and attorneys. The most recent training was held in March – April 2011, conducted by a nationally known expert on the federal Indian Child Welfare Act provisions. A separate training was held at this time for Judges and Magistrates at Family Court.

In preparation for the 2015-2019 five year Child and Family Service Plan, the Tribal representative was a key participant in the CFSP planning retreat held in March of this year.

The Department will continue its Cooperative Agreement with the Tribe to ensure ongoing coordination and collaboration in the implementation and assessment of the CFSP, and monitoring improvement of the state's compliance with the ICWA. To date, the relationship between the state and the Narragansett Tribe has been good regarding this coordination, and we see no barriers at this time.

The Department's ICWA policy guides all activity related to managing cases where a child/family is found to have Indian heritage and our SACWIS system (RICHIST) is designed with a checklist for social workers to complete which assists with ensuring the identification and notification for families relative to rights and privileges in accordance with ICWA. This mechanism also ensures that necessary documentation is provided to the Department's legal counsel. However, the system is not currently designed to produce a quantifiable report on activities related to ICWA. In this past state fiscal year, the Narragansett Tribal Liaison working with the Child Protection Division reports that she has received 79 inquiries for verification of Indian heritage.

The Department will continue its collaborative efforts with the Narragansett Tribe throughout this new five year Child and Family Service Plan. The services and supports that are provided to youth in the Department's care through the Chafee Foster Care Independence Program (CFCIP) are inclusive of Indian youth.

The Department will provide the Narragansett Tribe with a copy of the 2015-2019 Child and Family Service Plan once it has been approved.

Adam Walsh Child Protection and Safety Act of 2006 – The federally enacted Adam Walsh Child Protection and Safety Act establishes statutory requirements for states to conduct background checks on prospective foster and adoptive parents and any other adult living in the prospective foster/adoptive home prior to finally approving the home for placement of a child. Such background clearances require states to check child abuse and neglect registries in each State in which the prospective foster/adoptive parents, as well as any other adult(s) living in the home, have resided in the preceding 5 years. The intent of this law is to protect children from violent crime with particular emphasis on preventing sex offenders' from having access to children. A critical provision in this federal law is that it provides child protection/child welfare agencies access to national crime information databases (NCID) specifically for purposes of investigating or responding to reports of child abuse, neglect, or exploitation.

Rhode Island's DCYF has four computers in its Child Protective Services Division with interface capability to access three additional national databases: the FBI's Interstate Identification Index, known as the Triple I; the National Crime Information Center (NCIC); and the International Justice and Public Safety Information Sharing System (NLETS).

The Triple I system is an interstate/Federal-State computer system that currently provides the means of conducting national criminal history searches to determine whether a person has a record anywhere in the country. This electronic search can take as little as thirty seconds.

The NCIC is an automated nationally accessible database of criminal justice and justice-related records maintained by the FBI that includes "hot files" of wanted and missing persons and stolen property. This search capability is valuable, because it provides information on persons who may not have a criminal history, but may be wanted for the commission of a crime.

NLETS is a computerized, high speed message switching system maintained by the States that provides for the interstate exchange of criminal justice related information among local, State, and Federal criminal justice agencies. For DCYF's purposes, this system includes drivers' license data on a State by State basis.

CHILD MALTREATMENT DEATHS

The Department uses information from its Child Protection Services (CPS) Investigation Division, Departmental investigations, Medical Examiner's Office, law enforcement agencies, hospitals and other medical care providers as appropriate, as well as the Child Advocate's Office and child death review forums. If there was information

on a child whose death occurred while in care, the Department would have that information.

CHILDREN AT GREATEST RISK OF MALTREATMENT

The Department has identified the population of children who are reportedly at greatest risk of maltreatment as:

- Children age 5 and younger
- Children who are Black/African American, or Hispanic
- Children who are from families with low socioeconomic status
- Children with a family history of DCYF involvement or past history of maltreatment

The Department monitors and evaluates child maltreatment using multiple methods, the NCANDS and AFCARS data as a surveillance system, monthly continuous quality assurance meetings, targeted research studies and analysis employing advanced statistical analysis. Based on these multi-methods, DCYF employs CQI meetings to identify evidence-based programs demonstrating effectiveness with populations at elevated risk for maltreatment. These CQI meetings are inclusive of DCYF staff - child welfare, juvenile justice, children's behavioral health and licensing – as well as community providers.

CHILDREN UNDER THE AGE OF FIVE

The Department makes every effort to ensure that appropriate settings and services are available to meet the needs of all children in care, and particularly as it relates to children under the age of five as these youngsters may be considered the most vulnerable.

Currently, there are less than 600 children under the age of five in foster care settings, with approximately 137 who have been in the care of the Department for lengths of time ranging from more than 16 months to over three years. The population of children under five represents approximately 61% white, 16% multi-racial, 17% African American, less than 1% Asian, and 6% undetermined. All children are placed in a foster home. Forty-six (46%) percent are in relative care; 41% in generic foster homes and 13% are in specialized foster care homes.

The Department defines children without a permanent home as having been in care for 15 months or longer. For purposes of projecting the number of children under the age of five that are likely to remain in care without a permanent home for more than 15 months, the Department conducted an analysis using two sets of data. The first analysis was based on AFCARS data for federal fiscal years 2006 through 2011. This data demonstrated that approximately 930 to 1,100 children under the age of 5 were in DCYF care at some point in each of the FFYs examined. This includes children who entered care as well as children in this age range who were already in placement. The second set of data was used to study episodes of long-term foster care, based on calendar

years 2006 through 2008, and including eight months of calendar year 2009. In this analysis, it was shown that close to 500 children annually entered care under the age of five, and between 40% to 50% of these children (estimated between 186 to 232) are likely to remain in care for extended periods of 15 months or more.

The Department is projecting that the number of children under the age of 5 that will be in care in FY 15 will be close to 600. This projection is based on data of children in this age range in DCYF care at the end of state fiscal year 2014 (SFY 14) with the length of time in care averaging 12 months. Several efforts are currently underway as part of the Early Care-Child Welfare assistance grant through the Administration for Children and Families to establish a method for DCYF to identify and follow these children and provide oversight on age-appropriate services. For example, the Department has entered into a Memorandum of Understanding (MOU) with the Rhode Island Head Start Directors Association to improve collaboration that will enhance opportunities to support and track service referrals for child welfare populations age 3-5. This MOU also supports plans to access capacity within the Early Head Start program for children under three involved in the child welfare system. The MOU focuses on information sharing, access to programming, technical assistance and training.

The previously identified ACF grant is also working to address the screening assessment and service delivery needs of child welfare involved children age birth to five. The primary approach being used to meet this need is the development of a multi-tiered system of supports and services. The application of developmental screening in health homes that serve the most at risk populations is the first layer of this support system. In addition to developmental screening being carried out by pediatricians in health settings, DCYF is updating and revising the referral policy for early intervention in an effort to ensure that children who are victims of neglect and abuse are provided appropriate and timely services. The final tier of this system will be DCYF working with the RI Department of Education to develop plans in which Child Outreach Screenings will be administered more effectively with children in foster care between the ages of 3-5 years.

The above mentioned ACF grant has also developed a trauma-informed positive behavior support curriculum and training that has been piloted to a cross-system set of providers in the northern part of the state. This cross-system group has included Head Start, early childhood mental health providers and DCYF contracted preventions workers. With very positive results from the data collected on the training, the department has the objective of offering the training and information to all early care educators throughout the state. This effort would build capacity to effectively serve child welfare involved children places in early care settings and help them prepare for kindergarten and future educational success.

Targeted Services:

The Department makes referrals where appropriate to Early Intervention service providers. Over the past eleven months, through May 2014, there were 409 referrals made to Early Intervention providers for children who were involved in an indicated case

of maltreatment. Another 159 children were identified by child protection investigators as already being involved with an Early Intervention program. In addition, 197 children were referred to the infant-toddler home visiting program, First Connections, for services and additional community supports.

The Department is also engaged in numerous activities through collaborations with community-based agencies and other state departments to support permanency planning and the development needs of these vulnerable children. These initiatives include:

ACF Child Welfare-Early Care and Education Partnership: Building on the accomplishments of the prior ACF early childhood grant the second grant has a focus on several key areas related to services and supports for child welfare involved populations. This infrastructure grant has three main goals-

- 1) Unify the process for screening, assessment and services delivery for children birth to five in the child welfare system. A variety of approaches are being implemented with strong partnerships being built among the various state agencies and departments. Efforts include interagency policy alignment, tiered approaches to screening of developmental delay and focused interagency referral processes to utilize new MIECHV funding for evidenced based home visiting programs.
- 2) Develop a trauma informed-positive behavior support curriculum and training for early care educators and other cross system partners. This training has been piloted in one region of the state with very positive outcome evaluation. Training participants showed statistically significant knowledge gain in related content and expressed very high levels of satisfaction with the training and follow up coaching supports. Evaluation also demonstrated a consistent retention of knowledge gain over the six month follow up coaching process. Currently grant staff are meeting with staff from the newly formed Center for Early Learning Professionals in order to transition the content of the pilot training into standard training that will be offered to early care educators throughout the state. These efforts will help to support early care educators in trauma informed practice. This infusion of concepts and skills will directly support the needs of child welfare involved children who have experienced trauma in early childhood and are placed in high quality early care settings.
- 3) Develop implementation plans that follow the original ACF early childhood grant to ensure that child welfare involved pre-school aged children have access to Head Start and other high quality early care settings. A variety of promotion and strategic efforts are underway to improve the rate of enrollment of children in foster care to High Quality early learning environments.

Race to the Top/Early Learning Challenge: Rhode Island has been awarded a fifty million dollar competitive grant for the Race to the Top/Early Learning Challenge program jointly administered by the U.S. Departments of Education and Health and Human Services. The Rhode Island Department of Education (RIDE) is the lead agency

for this four year grant. DCYF is collaborating with RIDE on this initiative and will receive three million dollars over the four years of the grant to improve early learning and early childhood development opportunities for children involved with the child welfare system. The funds will support two Child Development Specialists working with DCYF to improve the quality of services in child care homes and centers. They will conduct environmental rating scales on all of the child care centers and homes to assess quality and work with providers to develop quality improvement plans where needs are identified. They will also assist with the implementation of the quality improvement plans and track progress through data collection. A data assistant will also work with the Department of Health, Department of Human Services, and RIDE to develop and link a statewide data system that will have the ability to track children, staff, staff qualifications, staff professional development, and child assessments and outcomes in relation to school readiness.

Early Intervention Interagency Coordinating Council (ICC) Child Welfare Committee: The Department is represented on the ICC and works with members to promote understanding and better coordination of services involving children under the age of three who are involved with the child welfare system. A Child Welfare Committee was recently re-established to focus more attention on improving activities at the practice level between Department social workers and EI providers. The Goals of this Committee are as follows:

- Ensure coordination of services for referrals from DCYF to EI.
- Review DCYF and EI policies and staff training to ensure all children under 3 with a substantiated case of child maltreatment, who are eligible, are referred to EI.
- Improve data collection on this population as well as referrals, screening, eligibility determinations and participation in EI.
- Improve the practices of EI providers serving children in foster care to ensure providers are effectively able to address parenting practices with very vulnerable families.
- Identify the resources currently used to meet the developmental needs of children under age 3 with a substantiated case of child maltreatment who are not eligible for EI or whose families do not choose to participate in EI.
- Review the state's resources available to young children under 3 who are victims of maltreatment and make recommendations regarding the feasibility and appropriateness of expanding eligibility for EI services so that all children within the child welfare system are automatically eligible to receive EI services and are contacted and encouraged to participate.

Based on the work of this group over the past 18 months substantial progress has been made in the above mentioned areas. Interagency agreements are being drafted and aligned and additional efforts are being considered to improve EI approaches to practice through collaborative training efforts between the Child Welfare Institute and EI's primary training resource The Sherlock Center. We anticipate that interagency policy alignment and revised data processes will be completed by December 2014.

Assessment Instruments to Inform Child Trauma and Treatment:

The Department uses the Child Assessment of Needs and Strengths (CANS) as the instrument to determine level of service intensity needs to be implemented by the residential providers. The CANS is a comprehensive tool most appropriate for use in an integrated system of care as this version can be used with a variety of populations (e.g. behavioral health, child welfare, juvenile justice). The CANS is particularly aligned with the principles of the wraparound process in the System of Care because it mirrors much of the same information that is gathered through the Strengths, Needs and Cultural Discovery (SNCD) process. The SNCD is an assessment process working with a family through family team meetings that develops a treatment plan based on the child and families' areas of satisfaction and need, and addressed in a manner that is respectful of the family's culture. The processes for the CANS and SNCD can occur in combination and inform each other.

The Department requires that care coordinators who facilitate the wraparound process for the youth in congregate care settings, or designated staff within the programs if there is no care coordinator assigned, administer the CANS within 30 days of the first face-to-face contact with family, upon transition to a different level of service intensity or every 6 months, and upon transition. Identified staff have been trained and certified to administer the CANS within each of the programs.

Two additional age-based functional assessments are also be administered as appropriate; the Ohio Scale will be used for adolescents and the Ages and Stages is designed for use with younger children. A third assessment developed by the Annie E. Casey Foundation is the Child Well-Being Survey. These four instruments are being administered through the residential programs as a means of helping the Department to understand the effect of trauma on the children coming into care and the treatment most appropriate to meet their needs.

CASEWORKER VISITS WITH CHILDREN IN FOSTER CARE –

The DCYF established its baseline for caseworker visits with children using data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) for FFY 2007 (October 1, 2006 to September 30, 2007). During this period, there were 3,567 children identified in the AFCARS file who were in placement for at least one full calendar month during FFY 2007. Of this number, 830 youth residing in foster care in-state and out-of-state were used to calculate the baseline, based on the following methodology:

Monthly Caseworker Visits with Children – FFY 2007 Baseline		Total Percentage
830 children with visits / 3567 with valid placements	Worker visits with child	23.27%
902 at home visit months / 3,862 total visit months	Visit in child's residence	23.36%

- The aggregate number of children served in foster care,
- The number of children visited each and every calendar month that they were in foster care,
- The total number of visit months for children who were visited each and every month that they were in foster care, and
- The total number of visit months in which at least one child visit occurred in the child's residence.

Over the years, the Department has used different strategies to improve caseworker visits since the baseline was established; however, the realities are that it has been an ongoing challenge to achieve the face-to-face visitations with each youth as federally required.

	Projections		Performance	
	FTF	In Residence	FTF	In Residence
FFY 07 Baseline -			23.27%	23.36%
FFY 08 –	25%	27%	28.12%	23.23%
FFY 09 –	40%	35%	37.79%	43.31%
FFY 10 –	65%	43%	42.82%	46.79%
FFY 11 –	90%	50%	57.89%	59.59%
FFY 12 –	90%	50%	85.00%	57.00%
FFY 13 –	90%	50%	81.00%	56.00%

Unfortunately, the Department has not been able to reach the required 90% target for monthly caseworker visits. As the performance data represent, the Department was able to achieve 85% of the monthly face-to-face visit requirements in FFY 12; however, in FFY 13, the performance dipped. The Department is surpassing projections for the visits taking place in the child's residence.

The Department submitted a plan to the Administration for Children and Families (ACF) with identified action steps to achieve 90% face-to-face visitation. Key aspects of the action plan include having the assistance of select staff within the Departments contracted programs to work in concert with DCYF social caseworkers to ensure greater opportunities to meet the requirements for face-to-face contacts with the children in care, both in state and out-of-state.

Under current DCYF Policy (700.0165 attached) in accordance with federal guidelines, the monthly face-to-face visit can be made by any worker to whom the Department has assigned or contracted case management or visitation responsibilities. This definition allows the Department to classify visits made by service providers, within our contracted programs, who are assigned specific roles, to conduct face-to-face visits. Among the roles designated to conduct "face to face visits" are Wraparound Care Coordinators, Family Support Partners, Clinicians/Case Managers providing supervision/assessment/skills training through visitation. This does not relieve the DCYF worker who is assigned primary responsibility for case management from conducting monthly face-to-face visits.

Additionally, in an effort to provide regular feedback to DCYF Family Service Unit staff on progress, there are monthly and quarterly data reports for social casework supervisors to alert them to the children who are missing face-to-face contact

confirmation. The quarterly report lets social casework staff know which children are missing a face-to-face confirmation for any month during the quarter.

Visitation Policy – The Department's policy relative to social caseworker visits with children and parents (caregivers) on their caseloads requires monthly visits by social caseworkers, juvenile probation workers, or any worker that the Department has assigned case responsibility to for all children in foster care, including children in out-of-state placement.

Type of Placement	June 2011	June 2012	June 2013	May 2014
Distant Out of State	8	7	4	9
Nearby Out of State	55	37	54	72
<i>Total Out of State</i>	63	44	58	81

As of May 14, 2014, there were 81 youth residing in residential treatment programs located out-of-state

representing an increase from the prior reductions that were experienced. The children placed in nearby out-of-state locations typically include placements in Massachusetts and Connecticut. These out-of-state placements are made due to the level of complex needs that the children have which are not able to be met by the in-state residential programs.

The Policy further states that Social Caseworkers in Family Services Units (FSU) and Juvenile Probation Officers are responsible to maintain regular contact, in person and by telephone, with the children and families served by the Department. In person contact with the child, the child's family and, if the child is in placement, the child's caretaker is essential in developing and maintaining effective working relationships. Through ongoing contact, the worker should assess and document whether or not:

- The child is receiving adequate care and supervision in his or her home or in out of home placement;
- The parents and child, if of appropriate age, are actively participating in service planning;
- There are effective services in place to address areas of need identified through the initial and ongoing comprehensive family assessment and service planning process to ensure the safety, permanency and well-being of the children;
- Progress is being made towards achieving long-term positive behavioral changes outlined in the Service Plan Agreement (DCYF #032); or, if there is a lack of progress, identification of specific barriers that are impeding progress.

Additionally, when a child is in placement, the worker should address whether or not visitation and other forms of contact are occurring between the child and family, including siblings, and if the level of contact is appropriate. The worker is responsible to keep parents informed of changes made in a child's placement and to provide parents with current information regarding the child's education, health and development.

Efforts must also be made to encourage a positive relationship between the child and parents and to preserve connections for a child with his or her extended family, community and culture. Frequent and consistent communication with the child and his or her caretaker is important in assessing the child's progress in placement and any ongoing issues of concern. The frequency of contact between the worker and child and the worker and the child's family is established in the Service Plan Agreement. All contacts with the child, family and caretaker must be documented in RICHIST.

The Department has utilized the Monthly Caseworker Visit Grant to purchase, update and maintain laptops, and going forward we will explore the use of other mobile devices that will allow workers to have the technical ability to conduct their visits and streamline information sharing, documentation and support. The Department will strive to ensure that workers have the most recent technology to facilitate their visits. In addition the Department, partially through this grant, reimburses the workers for their transportation expenses.

ADOPTION INCENTIVES

The Department has not received any Adoption Incentive funding for the past few years; however, in the event the Department is fortunate to receive funding in the future we would be very pleased and would use the additional funding to support recruitment and retention of adoptive parents, as well as invest in preservation services and supports to prevent disruptions.

The FY2010 APSR reported: "The Department has received an award for Adoption Incentive payments in the amount of \$208,000.00, and these funds have been used to promote and support permanency development activities for children and youth through the services provided by Adoption Rhode Island."

The FY2011 APSR reported: "The Department received an initial FY 2010 award for Adoption Incentive payments in the amount of \$198,403, and a subsequent award for \$25,597 bringing the total Adoption Incentive funds for FY 2010 to \$224,000. The Department contracted \$148,000 of this amount with Adoption RI to support the Department's efforts to address barriers to permanency and improve outcomes for children in care. Adoption RI is facilitating the activities of a couple of internal DCYF workgroups that are focusing on improving communication and coordination between Family Service Unit social work staff and Legal staff in preparing for Court proceedings; as well as looking at ways to address the Department's concerns regarding cases with compelling reasons not to file for termination of parental rights."

All funds received through the Adoption Incentive awards have been expended to support the Department's efforts to improve processes and procedures relating to permanency outcomes for children and families.

The Department has been partnering with Adoption RI and The Dave Thomas Foundation to fund one full-time family recruiter to provide child-focused recruitment to

a caseload of children in the care of DCYF with case plan goals of Adoption. This position is through the Wendy's Wonderful Kids (WWK) model. The recruiter has maintained a caseload of no more than 20 children.

This recruiter provides Child-Focused a recruitment strategy that includes:

Initial child referral: Contact the child's caseworker to introduce the role of Wendy's Wonderful Kids, gather initial referral information, establish date to begin case file review and schedule initial meeting with child.

Relationship with child: Meet with the child in person, monthly at a minimum, to develop trust and openness.

Case record review: Conduct an in-depth review of the existing case file. An exhaustive case record review may take several days.

This year, as a result of the tremendous success of the current recruiter, the Dave Thomas Foundation approached the Department and Adoption RI with a proposal to fund another WWK recruiter. It was agreed that the Department would fund one position and the Dave Thomas Foundation would in turn "match" and fund another recruiter, bringing the total number of WWK recruiters to three. Both new recruiters will be trained to the Wendy's Wonderful Kids Recruitment Strategy which is funded by the Dave Thomas Foundation.

INTERNATIONAL ADOPTIONS –

In FY 2013, there were 6 children flagged as international adoptions who were removed from home largely due to behavioral problems. The youth were from India, Ethiopia, Korea, Kazakhstan, Russia and Ecuador. These youth do not meet the reporting criteria as clarified in the ACF Child Welfare Policy Manual which references that "[s]tates need not report a child who enters foster care after finalized adoption if the parents' legal rights to the child remain intact."

The Department does provide adoption preparation and post adoption support services through a Title IV-B funded contract for families who have adopted children through public child welfare systems. These support services would also be available for families whose children were adopted internationally, but subsequently had a case opened to DCYF. Services include education and support groups, counseling, case management, crisis intervention and respite services. Additionally, the Department offers referral and assistance with linking families with services funded through other state agencies.

DECISION-MAKING ON PROGRAM AND SERVICE INVESTMENTS -

The Department adheres to procurement procedures which require proposals to be submitted through a Request for Proposals (RFP) process.

An internal review body within DCYF is comprised of representatives from Child Welfare, Juvenile Corrections, Children's Behavioral Health, and Management and Budget. This body reviews and scores proposals and recommends the selection(s) to the Department Director for finalization. For the most part, the programs funded through IV-B, parts 1 and 2, have been supported for many years continuously. With the development of the Family Care Community Partnerships, funding from selected family preservation and support programs in IV-B, parts 1 and 2 were pooled with other funds to support the solicitation for FCCP programming.

This decision was based on the growing philosophy around the country that family voice and choice and the proven practice of Wraparound is in the best interest of families and communities. Rhode Island was one of the first states in the nation to take the principles of Wraparound, typically fitted to challenges faced by families afflicted by serious emotional disturbances, and applied it to child welfare interventions. Families struggling with the reasons behind child maltreatment often viewed as being "unengaged" without the court's intervening were soon found to be highly engaged through the programming chosen to use this model the FCCP's. The FCCP's are statewide and serve families from every range of life and socio-economic level.

All of the programs supported with title IV-B funds are provided through community-based agencies.

CHILD AND FAMILY SERVICE CONTINUUM –

The Department contracts with a broad range of vendors to provide publicly funded programming throughout a continuum of services for the population of children and families it serves which include child welfare, children's behavioral health and juvenile corrections. All of these services are provided on a statewide basis. On an annual basis, the Department provides services to approximately 9-thousand children/families.

Through other federal initiatives; e.g., the Community-Based Child Abuse Prevention (CBCAP) program, the Department has integrated the work of the Family Care Community Partnerships (FCCPs) to engage a statewide network of primary, secondary and tertiary child abuse and neglect prevention programs. Our Intake Administrator is familiar with these services as the Department looks for strong prevention-focused support programs to assist in diverting families from DCYF involvement, where appropriate.

The FCCPs are in year five and have diverted hundreds of families from the Department and afforded them home-based, culturally competent and strength based services and supports. Using the practice model of Wraparound, where the family's team "wraps" around the family, the team supports the family and assists guiding them away from the reasons they sought assistance. This program primarily serves families who are at risk for DCYF intervention due to; trouble meeting basic needs, parental or youth mental health/substance abuse, assistance with parenting skills, and/or juvenile

delinquency. The FCCPs have regional (4) Family and Community Advisory Boards made up of community partners, parents and youth. In addition there is one Statewide FCAB. The design is to ensure a flow of information, promoting open dialogue among the FCCPs and external stakeholders.

Funding through the Child Abuse Prevention and Treatment Act (CAPTA), as amended, supports a co-location nurse liaison from an Early Intervention program, working with DCYF's child protective services to implement a regularized referral process for children under the age of three to an Early Intervention program or other appropriate early child development and family support program.

All federally funded programs complement the state's continuum which includes prevention and early intervention programming for family preservation and support; substitute care living arrangements which include relative, kinship, and non-relative foster care homes, as well as therapeutic foster homes, shelters, group homes, residential counseling centers and residential treatment centers; supervised living apartments and independent living apartments; and aftercare programming which includes subsidized adoption, subsidized guardianships, continued independent living services and supports for youth between the ages of 18-21, probation services, and end of sentence case management support for youth leaving the Rhode Island Training School. Wraparound case management structures and programs, funded by DCYF, are available for children and families as a prevention/intervention service as well as for children residing in congregate care settings. A description of the continuum of services is included in the appendices.

The Department has an Early Education Partnership grant from the Administration on Children and Families (ACF) to Expand Protective Factors for Children with Child Welfare Involvement. This effort is focused on implementation of workforce development curricula to establish a competency base for early care and education programs, which will incorporate the Michigan-based Infant Mental Health Competency Guidelines. To date the curricula has been piloted in one region of the state and findings will support a more broad based implementation of trauma informed care for early care and education staff throughout the state. This infrastructure grant also has a focus on policy alignment among state agencies to improve screening and services delivery for children age birth to 5 involved with the child welfare system. Efforts are also underway to promote the use of high quality early care for children in foster care to promote well-being and future educational success. All of these efforts are being coordinated through a leadership committee comprised of early childhood development practitioners, policy and child welfare staff.

The coordination of services has been an area of undertaking for the Department. The Department did not want to "reinvent the wheel" due to budget constraints, as well as best practice to share information across the continuum. In that vein, the Department co-leads the Child Welfare Advisory Group, which is made up of senior level staff from the courts, the provider community, grass roots organizations, faith-based organizations, and parent advocacy centers and youth groups for instance. Monthly meetings are held where

the topics change due to what is trending in the State at the time but each member is asked to report and share a status of their agency's programming.

In addition, the Department works very closely with its sister agency, the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH). A representative from the Department sits on the Governor's Council on Behavioral Health, another attends the Governor's Task Force on Drug Overdose. Another way the Department is collaborating with partner is:

SAMHSA System of Care Expansion-Implementation Cooperative Agreement

This initiative began October 1, 2012 and is scheduled to end September 30, 2016. The project follows a one year planning grant. This planning grant was guided by a comprehensive community team consisting of state department representatives from OHHS, BHDDH, Health, RIDE and DCYF, as well as leads from the FCCPs, Networks, families and youth.

This current grant builds capacity within the Department to expand access to services for children and youth who are seriously emotionally disabled to high fidelity wraparound, community based services, and an array of evidence-based practices particularly those addressing trauma. The grant positions include a Finance Specialist, Epidemiologist, MIS specialist, and Program Developer within the Department. It also supports a Family Leadership Coordinator and Youth Leadership Coordinator hired through the family advocacy entity for children's mental health in the State.

In the first 15 months the initiative has introduced a system-wide Rating Tool for Implementation of the System of Care Approach to 90 individuals, representing individuals from both Family Care Networks, FCCPs, and the Department. This data has been analyzed and is about to be presented to the DCYF leadership. Data has also been analyzed related to outcomes in the Juvenile Justice population, removals and discharges, family team meetings, Wraparound fidelity, and consumer satisfaction. The MIS specialist has worked to incorporate Department data into the state human services data warehouse, providing enhanced data analysis and reporting capacity for the RI System of Care.

The Family Leadership Coordinator has trained 14 families relating to participation on advisory boards for their roles on regional FCABs and one Statewide FCAB. The project has also supported the individual providing ongoing Family Support Provider training and certification. The Youth Coordinator has facilitated a one day Leadership Academy for youth, and continued to work with those youth and the Yale evaluators to carry out five (5) youth focus groups that will influence a youth strategic plan.

Inter-Departmental Collaboration – the Department works collaboratively with the sister state agencies under the Executive Office of Health and Human Services to coordinate efforts for families in need of basic needs assistance, early child development

services that are supported through the Maternal Child Health Home Visiting (MCHHV) programs with the Department of Health (DOH), Head Start and Early Head Start through the Department of Human Services (DHS), other Medicaid covered services through EOHHS, and importantly, with the Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH), which provides adult mental health services, and behavioral health services for adults and youth.

Analysis of Service Gaps – the Department has recognized that there is beginning to be a wait-list for the Providence Children’s Museum Visitation program. This program has established outcomes demonstrating improvement in the timeliness of reunifications. The Department is exploring options for increasing the capacity for this program. In addition under the Diligent Recruitment grant (see page 8) there is a service strength and gap analysis being completed.

TITLE IV-B, SUBPART 1 – CHANGE IN PROGRAM PURPOSE

The enactment of the Child and Family Services Improvement Act of 2006 establishes certain changes in the program purpose of Title IV-B, subpart 1 as it relates to child welfare services. The program purpose is to protect and promote the welfare of all children; prevent the neglect, abuse or exploitation of children; support at-risk families through services which allow children to remain with their families or return to their families in a timely manner; promote the safety, permanence and well-being of children in foster care and adoptive families; and provide training, professional development and support to ensure a well-qualified workforce.

Service Descriptions: Funding from Title IV-B, subpart 1 is used to support five programs relating to child welfare outcomes promoting safety, permanence and well-being. These programs are:

- **Family Care Community Partnerships (FCCP)** – this program provides emergency and stabilization services for families in crisis where children are at risk for removal from home due to concerns relating to child abuse, neglect, and dependency. Services include case management and crisis intervention 24/7. This program offers family stabilization services for up to 120 days for families. Services are statewide within the FCCPs. Capacity is anticipated to be 200 at any given time.
- **Adoption Preparation and Support** – this program began as a federal demonstration project funded through ACF and is being continued through Title IV-B, subpart 1 funds. Services assist families in preparation for adoption of DCYF involved children, and provide ongoing support including counseling; advocacy; therapeutic recreation, parent education, and crisis intervention as necessary to assist and preserve adoptive families.

- **Adoption Rhode Island** – this program works solely with DCYF as the adoption exchange information and referral program. ARI provides matching services for waiting children and interested families, and also provides support services for children waiting for adoption. The program has expanded to provide additional support for the Department in development of the Regional Permanency Support Teams. This function provides necessary technical assistance and support for workers to be able to make the best and most informed decisions; e.g., gathering information from the case record to search for potential family connections and resources, and help the FSU worker to organization the information needed for full disclosure presentations.
- **Foster Forward (formerly RI Foster Parents Association)** – this program provides an educational and supportive service for current foster families and assists with recruiting efforts to attract new foster families. The program is an advocacy organization that supports recreational and skill development activities for foster families and youth in care.
- The Department had in previous years funded a foster recruitment program through the Urban League. However, the agency had to curtail operations in the late winter and the Department needed to shift this funding. We are currently working with the Dave Thomas Foundation to hire two **Wendy's Wonderful Kids** family recruiters. One funded through IV-B, Part 2 and the other matched by The Foundation with the Foundation supplying the training for these positions.

PROGRAM AND SERVICE DEVELOPMENT - *Family Support*

The Parent Support Network of Rhode Island was begun primarily to assist families of children with serious emotional disturbance (SED) who had no formal involvement with the child welfare agency. However, there is greater appreciation now for the trauma associated with child abuse/neglect and the impact that involvement in the child welfare system has on children and their families. The Parent Support Network, with funding through IV-B, part 2, is providing additional support for families; some of this is through the FCCPs. Families assisted by PSN, typically, are looking for assistance because they're experiencing challenging behaviors with their teenagers.

The Department is also allocating IV-B, part 2 funding to support the Family Care Community Partnership (FCCP) to provide resources for family support services for families either referred by DCYF or who are seeking assistance on their own.

The Partners in Permanency program, which was developed by Children's Friend and Service in October 2000 as a demonstration project with funding from the U.S. Department of Health and Human Services, Administration on Children and Families, is

now funded with Title IV-B, part 2 dollars. This program was quite impressive as a model for concurrent planning. It dovetails effectively with the Department's efforts to promote family-centered practice and to support concurrent planning practice changes within the Regions. This program bridges the categories for *family support* and *adoption promotion/support* and is available statewide.

Family Preservation -

The Department also provides IV-B funding to the FCCPs to support family preservation services for those families who are more likely to be referred by Child Protective Services and may require more intensive services to address issues relating to parenting skills; difficulties with discipline, adult conflict, and financial problems. This program is available statewide.

Time-limited Reunification –

The Department of Children, Youth and Families in collaboration with the Providence Children's Museum has evolved a successful and innovative therapeutic visitation program which is nationally recognized. The Families Together Therapeutic Visitation program has now been in operation for more than 20 years. This program, funded by IV-B, part 2, is operating in all four of the DCYF regional office locations, allowing visitation program consultants to be out-stationed into our Regions. The Families Together program consultants work with our supervisors and social caseworkers to develop stronger capacity for supervising visitations, providing education on child development and behavior management; and, providing helpful, constructive feedback to parents following visitations. The Families Together program also works with the Child Welfare Institute to provide pre-service trainings on therapeutic visitation. The program also provides a visitation specialist/parent educator component to further assist in supporting permanency outcome goals. This program has been recognized nationally by Harvard University's Innovations in Government program; it has been presented nationally as a promising practice at several child welfare conferences and through the national association of Children's Museums. This program is available statewide.

Adoption Promotion and Support -

Funding through Title IV-B, part 1 supports the work of Foster Forward (formerly the Rhode Island Foster Parents' Association) which works closely with the Department to provide training, education and support for foster and adoptive families. The Adoption Promotion and Support program through Children's Friend and Service is also supported with funding through Title IV-B, part 1. This contract provides preparation and post adoption support services that include 24/7 crisis intervention availability by phone, education and support groups, case management, counseling and respite. The Department, working with Adoption Rhode Island, has established a permanency team function in the Regions which is assisting social caseworkers in developing recruitment plans for children with a goal of adoption, assisting with case record research to identify potential family connections and resources; and, provide supportive guidance to address

barriers for foster parents interested in adopting. This activity is supported through IV-B, part 1 funding.

The Partners in Permanency program, referenced above, bridges the categories for family support and adoption promotion/support. The services that are provided focus on concurrent planning and provide both biological and foster/pre-adoptive families necessary support for permanency planning that is in the best interest of the child. The funding for this program is evenly apportioned between the two categories. Both programs are available statewide.

Policies and Procedures for Abandoned Newborns: The Department promulgated its policy regarding activities and procedures relating to abandoned infants in February 2003, following the enactment of Rhode Island's Safe Haven for Infants Act (RIGL 23-13.1). This policy sets forth guidance to allow a parent to anonymously relinquish an infant (less than 30 days old) without facing prosecution, provided that certain conditions apply regarding the manner in which the infant was voluntary placed with staff in a medical or public safety facility and that there is no evidence that the infant has been harmed, or the victim of abuse or neglect.

Staff Development and Training: Title IV-B, subpart 1 funds do not support training activities. The IV-E Training Plan is included in the appendices. These services are supported through state revenue and IV-E reimbursement. There have been training modules developed to address the implementation of wraparound as a family engagement and service planning process, and more cross-training involving community participation. Also, updates have been made to core curricula which include pre-service for Child Support Technicians (CST), in-service for social caseworker II classifications and for the CSTs. The Department also has a training curriculum for Juvenile Probation and Parole staff which contains core requirements as well as topical subjects. A training of trainers (TOT) approach was established to implement the training and ensure that the curriculum could be maintained.

The Department also supports staff development training relating to juvenile sex offender treatment. This training has been developed through collaboration with a consortium of DCYF contracted providers and Day One (Sexual Assault and Trauma Resource Center) for workers in DCYF's contracted residential facilities, contract monitoring staff, juvenile probation and parole staff, as well as outpatient clinicians who provide services to this population.

CHANGES IN SERVICES OR PROGRAM DESIGN

None of the programs or services funded under IV-B have been determined to be ineffective. However, as noted earlier, changes have been made to the adoption recruitment efforts as a result of difficulties impacting the Urban League's capacity to operate.

MAINTENANCE OF EFFORT -

The Department of Children, Youth and Families continues to demonstrate a strong maintenance of effort in its expenditures for child and family services. In FY 1992, as the base year, the DCYF allocated approximately \$3.4-million on community-based programs to assist families who were at risk of becoming involved with the Department. In fiscal year 2012, the Department continued to exceed its base year expenditures, allocating an estimated \$7.1-million for ongoing family support and preservation services. These funds support services such as the Family Care Community Partnerships, family stabilization services, and early intervention-type programming which assists vulnerable families with children in age ranges from birth to three and older. These community-based services also provide necessary care and intervention for families whose children are experiencing behavioral challenges and may be at risk for out-of-home placement.

ALLOCATION OF FUNDS -

In this Child and Family Service Program Improvement Plan application, the Department is requesting an allocation of \$830,860 in Title IV-B, part 1 funds, and an allocation of \$874,748 in Title IV-B, part 2 funds. Additionally, the Department requests \$55,059 for ongoing efforts to improve performance in monthly caseworker visits; as well as an allocation of \$115,418 in CAPTA funds. The Department is also requesting \$569,185 in funds through the Chafee Foster Care Independence Program, and \$183,162 in Chafee Education and Training Vouchers. These funds will continue to support the programs that have been identified or established in the Child and Family Service Planning efforts, and through the planning for the Chafee Foster Care Independence Program.

Title IV-B, Part 1 Appropriation:

The Department of Children, Youth and Families anticipates receiving \$830,860 in FY 2015 in its Title IV-B, Part 1 allocation. Funds in this allocation are used to support crisis intervention and programming aimed at providing additional support to keep families from coming into care; foster parent support; and adoption promotion and support. These service needs have continued to be identified through the planning process for the Child and Family Service Plan.

Title IV-B, Part 2 Appropriation:

The Department anticipates receiving an allocation of \$874,748 in Title IV-B, Part 2 funds for FY 2015. These funds will continue to support the Department's initiatives in compliance with the Adoption and Safe Families Act, focusing on therapeutic visitation; family advocacy/support program initiatives; and adoption promotion and support, as described previously under Program and Service Development. Funding for family support services will be allocated 22% of the

appropriation; family preservation services will be allocated 21%; time-limited reunification services will receive 30%; and, adoption promotion and support programs will receive 27% of IV-B, Part 2 funding. The Families Together Therapeutic Visitation program as a time-limited reunification service is nationally recognized as a promising practice. In this application, DCYF is also requesting \$57,004 in funding to support activities relating to Monthly Caseworker Visits.

Child Abuse Prevention and Treatment Act Appropriation:

The Department anticipates receiving \$115,418 in FY 2015. These funds continue support for the Citizen Review Panel, and are being used in the maintenance of the Early Intervention service referral process through the Child Protective Services Intake Unit. The Department has a contract with an Early Intervention Program to provide a registered nurse working as a co-location liaison with the Child Protective Services (CPS) investigators and intake staff. The nurse is familiar with the early intervention services network and is assisting DCYF in determining the appropriate referrals to be made to the Early Intervention providers, or whether referrals of children under the age of three should be made to other early child development and family support programs within the community.

The Department is also supporting co-location of the Narragansett Tribal representative in CPS with CAPTA funding.

Chafee Foster Care Independence Program Appropriation:

The Department anticipates an allocation of \$569,185 in the CFCIP allocation, and \$183,162 in Educational Training Vouchers (ETVs) in FY 2015. These funds will continue to support strategies aimed at helping youth transitioning to self-sufficiency; receiving the education; training and services necessary to obtain employment; prepare for and enter post-secondary training and educational institutions; provide personal and emotional support to youth through mentors; and continuing to provide additional appropriate support and services for youth leaving the child welfare system.

Monthly Caseworker Visits Program Appropriation:

The Department anticipates an allocation of \$55,059 in the MCV funds for FY 2015. The Department has spent prior funding allocations relating to monthly caseworker visits to purchase laptop equipment to assist social caseworkers with their field documentation activities. This equipment is very light and easily portable; and, has the added value of being equipped with security measures to ensure that any information that is input into the computer is not retained on or retrievable from the device. We have also used funding to support the costs of travel for social workers to conduct their face to face visits with children. The FY 15 MCV allocation will be used to continue to maintain the computer equipment, and supporting the quality of caseworker visits.

Other Expenditures –

The Department is planning to implement its title IV-E Waiver demonstration project in 2015. In preparation for implementation, the Administration for Children and Families (ACF) approved a Developmental Cost Plan for the Department which allows reimbursement to just under \$800-thousand for costs associated with waiver preparation. As of March 31, 2014, the Department has claimed a gross amount of \$175,411 with the federal reimbursement share of \$87,706.

Department does not currently have any Adoption Incentive funding.

The ‘Diligent Recruitment of Families for Children in the Foster Care System’ (HHS-2013-ACF-ACYF-CO-0593) grant is for \$2-million over five years (\$400,000 per year) for Diligent Foster Care Recruitment. The Department has titled this initiative *A Family for Every Child*. The objective of this grant is to increase the number of resource families – including kinship, foster, concurrent and adoptive – by 30 percent by the end of the five year period. This effort will provide additional needed resources to assist the waiver demonstration efforts by providing a broader array of family homes for children/youth who are transitioning from congregate care settings to a lesser level of care, but not yet ready to reunify if that is the permanency goal. The Department has recognized that the lack of appropriate family homes has posed a problem for keeping children out of congregate care. We expect that the increased capacity that is planned for these resources will be effective in averting children/youth from being placed into a group home or other congregate care setting.

The Trauma Focused Care grant is a Cooperative Agreement with the Children’s Bureau for \$2.5 million over five years (\$500,000 per year) to establish an integrated model of service delivery and workforce development that is infused with staff competence in adoption and trauma-informed practice. This effort is designed to address the needs of children and youth awaiting adoption, with a special focus on the appropriate use of psychotropic medications through the development of a universal trauma screening and assessment process. There will be training and support for the provider community to increase the number of behavioral health and child welfare providers trained in evidence-based trauma screening, assessment and treatment models. There will also be training and support for families (birth and resource parents and kinship families) around management of trauma-related behaviors and accessing available trauma treatment and pre-and post-adoption support services. This initiative, known as *Adopt Well-Being Rhode Island: System Transformation After Trauma*, will support the Title IV-E waiver by strengthening the child welfare system and provider community to enhance our collective ability to support adoptive families and address the needs of the children and caregivers more effectively to prevent children from requiring residential placement and re-entering the child welfare system.

The Department received the *System of Care Expansion Implementation* grant awarded in federal fiscal year 2013 by the Substance Abuse Mental Health Services Administration (SAMHSA). This is a \$4-million Cooperative Agreement over four years

(\$1-million per year). This grant is assisting the Department in establishing the infrastructure necessary to support the system of care by facilitating an integrated approach to financial planning, data collection and analysis, and program development across the state agencies responsible for children and families. The data will assist in identifying effective community-based strategies that reduce the utilization of costly and restrictive out-of-home placements, including psychiatric hospitalization. This grant resource also supports the inclusion and involvement of children, youth and families with Youth/Family Peer Mentors helping to develop outreach and advocacy roles, and with family organizations conducting satisfaction surveys ensuring that families feel empowered to advocate for themselves in relation to their service needs.

DCYF was also awarded an infrastructure grant from ACF in October, 2012 for the Rhode Island Early Learning Partnerships to Expand Protective Factors for Children with Child Welfare Involvement. This two year grant supports a project between DCYF and the Sherlock Center at Rhode Island College that focuses on building out an infrastructure between child welfare and early childhood systems to ameliorate the effect of exposure to trauma and improve social-emotional well-being for infants and young children in the child welfare system. This work also coordinates with activities of the early childhood Race to the Top Initiative in which DCYF is a collaborative partner with the Department of Education.

The Department has no payment limitations to report relating to IV-B, Part 1 funding for any services relating to child care, foster care maintenance, or adoption assistance in reference to FY 2005. The Department did not allocate IV-B, Part 1 funding for these services in FY 2005, and has not used IV-B, Part 1 funds for this purpose as these services are supported with general revenue. In FY 2005, the DCYF expended \$2,838,725 in general revenue on services associated with foster care maintenance, as defined in Section 475(4) of the Act. Rhode Island did not use any State funds spent on foster care maintenance as match for IV-B, Part 1 in FY 2005.

CFS 101, Part III Funding Difference In Estimated to Actual Expenditures –

In the CFS 101, Part III form, the Department represented estimated expenditures for each of the grants for FY 2012 based on the awards that had been given for the prior fiscal year. The actual awards that were subsequently issued for FY 2012 had a decrease in funding for IV-B, Parts 1 and 2; however, the appropriation for Caseworker Visit funds remained the same.

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www.dcyf.ri.gov

Appendices

Implementing the Indian Child Welfare Act
Worker/Client Contact Policy
Continuum of Services
IV-E Training Plan

Implementing the Indian Child Welfare Act

Rhode Island Department of Children, Youth and Families
Policy: 700.0170

Effective Date: April 10, 1989
Version: 4

Revised Date: February 24, 2014

The Rhode Island Department of Children, Youth and Families (DCYF) provides services to Indian families that are culturally relevant and consistent with the mandates of the Indian Child Welfare Act (ICWA) (PL 95-608). The Department utilizes the principles of family centered practice in its delivery of child welfare services and recognizes the importance of maintaining connections between children and their heritage. The Department supports early contact and active engagement with a child's tribe to ensure that services provided reflect the unique values of Indian culture and meet the safety, permanency and well-being requirements of the Adoption and Safe Families Act (ASFA) (PL 150-89).

ICWA provides protection for the rights of Indian children, families and tribes and sets guidelines for the individual states to follow in handling child welfare cases involving Indian children. It is the intent of the ICWA to serve the best interests of Indian children by strengthening Indian families and preserving the cultural identity of Indian children. ICWA further protects Indian children from removal from their tribes and assures that tribes are given the opportunity to raise Indian children when placement outside of the natural home is necessary. In compliance with state and federal law, the child's health, safety and well-being are the paramount concerns in making reasonable efforts towards reunification with parents or guardians.

Related Procedure...

Implementing the Indian Child Welfare Act
Transfer of Placement and Care of Child to a Tribal IV-E Agency

Related Policies...

Voluntary Placement
Termination of Parental Rights
Obtaining Custody of Child through the Dependent/Neglected/Abused Petition
Removal of Child from Home

Implementing the Indian Child Welfare Act

Procedure From Policy 700.0170: Implementing the Indian Child Welfare Act

-
- A. It is important to determine if a child is of Indian descent as soon as possible after he/she becomes active with the Department to ensure that the child's best interests are considered in accordance with the ICWA.
 - 1. Child Protective Services (CPS) Investigative Staff and Child Protective Intake Staff
 - a. During the preliminary stages of a CPS investigation, the Child Protective Investigator (CPI) inquires if there is any Indian heritage in the family. If the CPI is unable to gather this information, the Intake worker attempts to determine the background of the child when he/she receives the case.
 - b. If there is no Indian heritage, this information is documented by the Intake worker in RICHIST (refer to RICHIST Window Help: Case Maintenance). If the CPI has determined that there is Indian heritage, this information is forwarded to Intake. The CPI may proceed with emergency placement as needed (refer to RICHIST Window Help: Indian Child Welfare Checklist Window).
 - c. If there is Indian heritage, the following information is included in RICHIST (refer to RICHIST Window Help: Case Maintenance):
 - i. Indian child's name, date of birth and birthplace
 - ii. Parents' names (including mother's maiden name) or names of Indian custodian, dates of birth and birthplaces
 - iii. Indian child's tribal affiliation
 - d. Information contained in Subsection c. above is forwarded immediately to DCYF Legal Counsel. All necessary parties will be notified prior to any court proceedings by DCYF Legal Counsel.
 - i. Legal Counsel notifies the Indian child's parent or Indian custodian and the Indian child's tribe, by registered mail with return receipt requested, of the pending proceedings and of their right of intervention.
 - ii. If parent and/or tribe is unknown, Legal Counsel notifies the Secretary of the Interior's Bureau of Indian Affairs by registered mail with return receipt requested.
 - iii. Legal Counsel forwards a copy of the applicable correspondence to the primary service worker. Primary service worker incorporates into the case record.

2. Family Service Unit and Probation Staff
 - a. If there is no documentation in the case record regarding a child's Indian heritage, the primary service worker inquires if there is any Indian heritage and follows procedures outlined above.
 - b. The primary service worker informs the family that they are entitled to rights and privileges in accordance with the ICWA.
- B. ICWA protects the rights of Indian children, families and tribes and sets guidelines for the individual states to follow in handling child welfare cases involving Indian children. Procedures outlined below are followed when there is a Family Court Hearing for the foster placement or the termination of parental rights (TPR) of an Indian child.
 1. Hearing for Voluntary Placement/TPR:
 - a. If it has been determined that a child is of Indian descent and the parent(s) desires to voluntarily place the child, customary DCYF procedures (refer to DCYF Policy: 700.0015, Voluntary Placement) are followed with the addition of the following:
 - i. Child must be at least ten days of age. If younger than ten days, consult DCYF Legal Counsel.
 - ii. Parental request must be executed in writing at a Family Court Hearing and certified by the presiding Judge. Worker consults with DCYF Legal Counsel for protocol.
 - b. If the parent of an Indian child desires to voluntarily terminate parental rights, customary Department procedures (refer to DCYF Policy: 1100.0020, Termination of Parental Rights) are followed with the addition of the following:
 - i. Worker informs DCYF Legal Counsel that child is of Indian descent and discusses the appropriateness of the action. Legal Counsel will prepare the applicable documents for the procedure.
 - ii. Parental request must be executed in writing at a Family Court Hearing. Consult with DCYF Legal Counsel for protocol.
 2. Hearing for Involuntary Placement/TPR – In compliance with the ICWA, no foster care placement or termination of parental rights proceedings shall be held until at least ten days after receipt of the notice of the pending proceedings by the parent or Indian custodian and the tribe or the Secretary of the Interior.

- a. The Court must be satisfied that placement/TPR is the last resort after all active efforts to maintain the child at home have failed.
 - b. For involuntary placement, in compliance with the ICWA, the Department must prove with clear and convincing evidence, based on the testimony of expert witnesses that further care by the parent would result in serious emotional or physical damage to the child.
 - c. For a TPR, in compliance with the ICWA, a determination must be made supported by evidence beyond a reasonable doubt, including testimony of a qualified witness, that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child.
3. The Department makes every attempt to locate and engage absent parents and paternal relatives as critical partners in meeting the permanency needs of Indian children and youth. If a putative father notifies the Department that he may be the father of a child in care, steps must be taken to determine paternity (refer to DCYF Policy: 1100.0000, Obtaining Custody of Child through the Dependent/Neglected/Abused Petition).

C. Emergency Placement:

1. If an Indian child is at risk of physical harm, he/she may be removed from the home on an emergency basis for his/her protection (refer to DCYF Policy: 500.0075, Removal of Child from Home).
2. As soon as the child is placed, the procedures regarding the placement of an Indian child must be followed (refer to RICHIST Window Help: Indian Child Welfare Checklist Window).

D. Placement of an Indian Child in a Placement Resource or Pre-adoptive Home

1. Selection of a Placement Resource - Placement Unit staff attempt to find a placement within a reasonable distance of the child's home and in the least restrictive environment to meet the special needs of the identified Indian child:
 - a. The Placement Unit's search for and selection of the placement occurs in conjunction with the tribe's representative in the following order of preference:
 - i. A member of the Indian child's extended family;
 - ii. A foster home licensed, approved or specified by the Indian child's tribe;
 - iii. An Indian foster home licensed or approved by an authorized non-Indian licensing authority;

- iv. An institution for children approved by an Indian tribe or operated by an Indian organization that has a program suitable to meet the Indian child's needs.
 - b. When no preferred placement is available as specified above, active efforts are made to place the Indian child with a family committed to enabling the child to have an extended family visitation and participate in the cultural, spiritual, religious, and ceremonial activities of the Indian child's tribe.
 - c. Deviation from the order of preference is made only when the Department can show good cause for such deviation and a final determination is made by the Tribe and sanctioned by the Family Court.
2. Selection of an Adoptive Home
- a. The search for and selection of the home occurs in conjunction with the tribe's representative in the following order of preference:
 - i. A member of the Indian child's extended family
 - ii. Other members of the Indian child's tribe
 - iii. Other Indian family
 - iv. Non-Indian family
 - b. Deviation from the order of preference is made only when the Department can show good cause for such deviation and a final determination is made by the Tribe and sanctioned by the Family Court.
- E. The Department determines the child's eligibility in compliance with DCYF Policy 1000.0000: Federal Benefits for Children in DCYF Care prior to the transfer of placement and care responsibility to a Tribal title IV-E agency or Indian Tribe with a title IV-E agreement.
- 1. The Department cooperates to support the transfer of placement and care responsibility to a Tribal title IV-E agency or an Indian Tribe with a title IV-E agreement in the same manner a child or youth would be transferred to another state, in compliance with DCYF Policy 700.0060, Interstate Compact on the Placement of Children (ICPC).
 - 2. The Department ensures that an Indian child involved in a transfer retains his or her eligibility for title IV-E and Medicaid.
 - 3. The Department provides all essential documents and information necessary to continue a child's eligibility under title IV-E and Medicaid to the Tribal title IV-E agency or Indian Tribe with a title IV-E agreement.

- a. Copies of all judicial determinations regarding contrary to the welfare and reasonable efforts are provided.
 - b. Department provides the Indian Tribe with any information that relates to the child's potential or actual eligibility for other Federal benefits.
4. The Department provides the Indian Tribe with the child's case plan, including health and educational records.
 5. The Department provides all information and documentation of the child's placement settings, including a copy of the most recent provider's license or approval.

Worker/Client Contact Policy

Rhode Island Department of Children, Youth and Families

Policy: 700.0165

Effective Date: April 10, 1989

Revised Date: November 16, 2009

Version: 3

Social Caseworkers in Family Services Units (FSU) and Juvenile Probation Officers are responsible to maintain regular contact, in person and by telephone, with the children and families served by the Department. In person contact with the child, the child's family

and, if the child is in placement, the child's caretaker is essential in developing and maintaining effective working relationships. Through ongoing contact, the worker should assess and document whether or not:

- The child is receiving adequate care and supervision in his or her home or in out of home placement;
- The parents and child, if of appropriate age, are actively participating in service planning;
- There are effective services in place to address areas of need identified through the initial and ongoing comprehensive family assessment and service planning process to ensure the safety, permanency and well-being of the children;
- Progress is being made towards achieving long-term positive behavioral changes outlined in the Service Plan Agreement (DCYF #032); or, if there is a lack of progress, identification of specific barriers that are impeding progress.

Additionally, when a child is in placement, the worker should address whether or not visitation and other forms of contact are occurring between the child and family, including siblings, and if the level of contact is appropriate. The worker is responsible to keep parents informed of changes made in a child's placement and to provide parents with current information regarding the child'

s education, health and development. Efforts must also be made to encourage a positive relationship between the child and parents and to preserve connections for a child with his or her extended family, community and culture. Frequent and consistent communication with the child and his or her caretaker is important in assessing the child's progress in placement and any ongoing issues of concern. The frequency of contact between the worker and child and the worker and the child's family is established in the Service Plan Agreement. All contacts with the child, family and caretaker must be documented in RICHIST.

It is the Department's policy, in accordance with Federal Law (PL 109-288, Child and Family Services Improvement Act of 2006), to ensure that children in foster care are visited at least once per month, or more frequently as needed, to ensure their safety, well-being and attainment of their permanency goals. The caseworker for purposes of this mandate includes any worker that the Department has assigned or contracted case management or visitation responsibilities. For a child placed out of state, whether in a treatment facility or foster home, the visit can be made by the worker from the sending state, the receiving state in which the child has been placed or a private agency under contract with either state. During this visit the worker should ensure that the placement continues to be the most appropriate and least restrictive safe setting, consistent with the best interest and special needs of the child. For children living at home active in FSU, the worker should have face to face contact with the child and the child's family, at a minimum, one time each month. Certain circumstances may require more frequent or less frequent contact. For youth living at home active on Probation, the worker must visit

the youth and family in accordance with contact frequency standards outlined in DCYF Policy 800.0005: Juvenile Probation Supervision.

In the event that the worker is unable to establish regular contact with the child or children in a family, despite repeated efforts to do so, the worker must consult with legal counsel to determine if legal action is indicated.

Related Procedure...
Worker/Client Contact

Worker/Client Contact

Procedure from Policy 700.0165: Worker/Client Contact

A. Contact with Child in Foster Care Placement

1. The worker must have face to face contact at least one time per month with each child in foster care and the majority of monthly visits must take place in the child's foster home or foster placement. The worker should speak with the child alone.
 2. This requirement applies to children placed away from their parents or guardians and for whom the State agency has placement and care responsibility. This includes, but is not limited to foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child-care institutions and pre-adoptive homes regardless of whether the foster care facility is licensed and whether payments are made by the State or local agency for the care of the child or whether there is Federal matching of any payments that are made.
 3. The monthly visit must be well-planned and focused on issues pertinent to Service Planning, service delivery and goal attainment to ensure the safety, permanency and well-being of the child.
 4. The monthly visit can be made by any worker that the Department has assigned or contracted case management or visitation responsibilities, including but not limited to:
 - a. FSU Social Caseworkers, Child Support Technicians, supervisors and administrators.
 - b. Juvenile Probation Officers, Juvenile Probation and Parole Service Technicians, supervisors and administrators.
- B. Contact with Child at Home
1. For children living at home active in FSU, the worker should have face to face contact with the child and the child's family, at a minimum, one time each month.

Certain circumstances may require more frequent or less frequent contact. In these situations, the following procedures apply.

- a. Worker and supervisor discuss the need for more or less frequent contact. Supervisor must approve all situations involving frequency of contact between the worker and child that is less than one time per month.
 - b. Frequency is established in the service plan unless worker is visiting child more frequently on a temporary basis.
 - c. Decisions must be documented in case activity notes in RICHIST.
2. For youth living at home active on Probation, the worker must visit the youth and family in accordance with contact frequency standards outlined in DCYF Policy 800.0005: Juvenile Probation Supervision.
 3. In the event that a parent will not allow worker to have face to face contact with a child living in the home, the worker should arrange a legal consult to determine if legal action is necessary.
- C. Contact with Child's Parent(s)
1. The FSU worker should see the child's parent(s) at least one time per month.
 - a. If the situation requires more or less frequent contact, worker follows procedures below:
 - i. Worker and supervisor discuss the need for more or less frequent contact. Supervisor must approve all situations involving frequency of contact between the worker and parent that is less than one time per month.
 - ii. Frequency is established in the service plan unless worker is visiting child more frequently on a temporary basis.
 - b. Parent(s) must be kept informed of changes in a child's placement and should be provided with current information regarding the child's education, health and development.
 2. The Probation worker must visit the parent(s) in accordance with contact frequency standards outlined in DCYF Policy 800.0005: Juvenile Probation Supervision.
- D. Contact with Child's Caretaker (Child in Placement)
1. The worker should see the child's caretaker, at least for a short period of time, each time the worker sees the child.

2. Worker must keep the child's caretaker informed of the child's visitation schedule, upcoming court hearings and other information necessary to safely and appropriately care for the child in placement. The DCYF #187, Guide to Sharing Information outlines the types of information that can be shared with caretakers. The worker is encouraged to use this guide and provide it to the caretaker.
- E. Telephone Contact
 1. Worker provides the child, if of appropriate age, with the worker's office address and telephone number and the name, office address and telephone number of the supervisor and administrator.
 2. Worker provides parents, and, if appropriate, members of the extended family with the worker's office address and telephone number and the name, office address and telephone number of the supervisor and administrator. Parents and appropriate extended family members should be encouraged to have frequent telephone contact with the worker.
 3. Worker provides caretaker with the office address and telephone number of the worker and the name, office address and telephone number of the supervisor and administrator. Caretaker should be encouraged to maintain frequent contact with the worker regarding the child's progress in placement.
- F. Each contact with the child, the child's family and, if the child is in placement, the child's caretaker must be documented in a Case Activity Note in RICHIST.
 1. Documentation should include a description of subjects discussed.
 2. Documentation for an in-person contact should include the names of individuals present during the visit.
 3. Documentation of monthly caseworker visits must address issues pertinent to service planning, service delivery and goal attainment to ensure the safety, permanency and well-being of the child (refer to RICHIST Window Help, Case Activity Notes).

Department of Children, Youth and Families
- Community and Home-Based Non-Residential Services for Children and Families

Program Name	<i>Family Care Community Partnerships (FCCPs)</i>	<i>Parent Education</i>	<i>Parent Aide</i>
Program Description	<p>Designed as regional access points for delivering family supports and services for children, youth and families who are at risk for or may become involved with DCYF. Services include:</p> <ul style="list-style-type: none"> • Wraparound family support through identification of needs and service planning to provide formal and informal supports to promote protective capacity and assist families to remain intact. • Case management for families in need of comprehensive, emergency services specifically referred by Child Protective Services. • Family Support services designed to assist in strengthening parenting capacity with children between the ages of birth to 5 years who are at risk for developmental delay. • Flexible, non-traditional case management and supports for youth returning from the Training School and voluntarily agree to participate in aftercare services. 	<ul style="list-style-type: none"> • Provides information relating to parenting and child care that will enable parents to provide a nurturing, safe environment for their children. • Program provides parents with information and guidance regarding crisis resolution, appropriate child rearing practices, household management and community resources. • Services are agency-based. 	<ul style="list-style-type: none"> • Provides emotional support, education information and modeling for families whose children are at risk for abuse/neglect. • Services are home-based for family preservation and family reunification. • Services are for 6 months, typically with home visits 2-3 times per week. • Program helps parents with child care, discipline techniques, home management, and problem-solving skills.
Population Served	<ul style="list-style-type: none"> • Children referred as a result of a child protection investigation on allegations of child abuse/neglect • Children experiencing serious emotional disturbances (SED), and are in need of public assistance • Youth who are at risk for placement due to parents seeking a law enforcement intervention (e.g., potentially a Family Court order on a petition for wayward/disobedient behavior) • Children/youth who have a developmental disability and their parents can no longer care for their child 	<ul style="list-style-type: none"> • Parent education programs serve families involved with DCYF who are either at risk for abuse, neglect, or serious family breakdown or who have been identified as abusive or neglectful. 	<ul style="list-style-type: none"> • Parent aide programs serve families involved with DCYF who are either at risk for abuse, neglect, or serious family breakdown or who have been identified as abusive or neglectful. These services are more intensive than parent education services.

Department of Children, Youth and Families

- Community and Home-Based Non-Residential Services for Children and Families *cont'd*

Program Name	Youth Diversionary Program (YDP)	Outreach and Tracking	Intensive Home-Community-Based Services
Program Description	<ul style="list-style-type: none"> • Designed to prevent delinquency and strengthen families with children ages 9 through 17. • Services are for 90 days. • Services target truancy, running away from home or risk of involvement in juvenile justice system. 	<ul style="list-style-type: none"> • Services provided to youth 7-20 years of age, but more focused on 12 -17 in some programs. • Intensive supervision program. • Prevention of out-of-home placement or aftercare for youth returning home or to their community. • Services designed to assist youth understand and manage their difficult behavior, and assist parents to improve their parenting skills. • Services may be connected to DCYF programs as part of the continuum for aftercare. 	<p>Services are evidence-based or evidence-informed and are team-based, typically with a clinician and case manager, working with youth and families in their homes and communities. Services are provided 2+ hours per week depending on the treatment plan and service model, and may last 4 to 9 months, depending on the model. Services include:</p> <ul style="list-style-type: none"> • Multi-Systemic Therapy (MST) • Parenting with Love and Limits (PLL) • Preserving Family Networks (PFN) • TF-CBT • AF-CBT • Strengthening Families • Triple-P • Family-Centered Treatment • Teen Assertive Community Treatment • Trauma Systems Therapy
Population Served	<ul style="list-style-type: none"> • Referrals from schools, police, parents, self referrals, and community-based agencies. • Youth referred to YDP cannot have a status with DCYF. 	<ul style="list-style-type: none"> • Youth may or may not be active with DCYF. • Behavior issues include disobedience, anger, aggression, truancy, drop out, running away, drug involvement or delinquent offenses. 	<ul style="list-style-type: none"> • Services are provided to families with high risk or high need children and youth in DCYF care who require a combination of services to effectively transition from residential treatment or prevent placement into a residential program.

Levels of Residential Care –

Community-Based: Represents the least restrictive placement option. These programs utilize the public school system and mental health services are usually provided by community agencies.

<i>Specialized/Treatment Foster Care</i>	<i>Shelter Care</i>	<i>Group Care</i>	<i>Supervised Living</i>	<i>Independent Living</i>	<i>Step-Down</i>
The programs provide foster care with clinical support services for children and youth of all ages. These programs have been developed to provide a range of service intensity for children and youth who may have minor behavioral and emotional issues, as well as the more difficult children and youth with psychiatric and/or emotional and behavioral disorders.	These programs provide short-term assessment and treatment and/or behavioral management programming to children and youth whose living situations have disrupted and who need a period of stabilization while services are being identified and coordinated, or while longer term placements are being identified.	Structured homelike environment which provides 24 hour supervision. Programs provide long-term care with case management services. Children and youth need assistance with accomplishing developmental tasks. There is usually significant family dysfunction, and disturbances in interpersonal relationships, emotions and conduct.	These programs provide overnight staff and minimum supervision in small living units for older adolescents who demonstrate some independent living skills, but need more assistance. Some are for more specialized populations with more intensive supervision and treatment, as well as case management services, for psychiatric and/or emotionally disordered youth.	These programs provide case management services to older adolescents and young adults who are living in agency supported independent apartments.	These programs provide clinically intensive crisis management and treatment. These programs serve as traditional placements for children and youth leaving hospitals or treatment centers and may be effective in preventing hospitalization.

Residential Treatment: This level of care represents self-contained programs which usually provide comprehensive services including but not limited to certified special education and/or regular educational programs and clinical services.

<i>Highly Supervised</i>	<i>Highly Structured</i>	<i>Psychiatrically Supervised</i>	<i>Secure Setting</i>
These programs are staff secure/staff intensive, providing a therapeutic homelike setting with comprehensive clinical services for emotionally disturbed children and youth with significant disturbance of conduct and interpersonal relationships. Children and youth typically are provided with self-contained non-public education and have special education needs.	These programs are also staff secure/staff intensive, providing a self-contained setting with behavior management and control. Provides psychiatric consultation and comprehensive clinical services. Best suited to youth who are diagnosed with conduct, adjustment, and serious AXIS II disorders. Structure is needed to improve treatment outcomes.	A self-contained setting which provides treatment of psychiatrically disordered and/or severely emotionally disturbed children and youth. These programs have mental health treatment teams and psychiatric supervision which includes medication monitoring.	This is a locked setting which utilizes a program of behavioral management and control. Best suited to clients who are diagnosed with serious AXIS II disorders or conduct disorders and who demonstrate severe aggressive behaviors (not psychogenic) and suicidal gesturing.

Psychiatric Hospital: Secure/Psychiatric Treatment – provides medical, psychiatric treatment and educational services. Rhode Island has two psychiatric hospitals serving children/youth. Bradley Hospital is a children's hospital. Butler Hospital is primarily an adult psychiatric hospital, but also serves a small population of youth.

DEPARTMENT SPONSORED TRAINING ACTIVITIES – Title IV-E Training Plan

Introduction –

The Department of Children, Youth and Families has a cooperative agreement with the Rhode Island College School of Social Work to provide training services in support of the Child Welfare Institute (CWI). For state fiscal year 2015, this contract is for \$796,672.82. The CWI plays a significant role in preparing new DCYF employees for their responsibilities as social caseworkers. The CWI also provides a mandatory in-service curriculum of 20 training hours per year, as required by RIGL 42-72-5(b)(10).

The six-month pre-service training class is offered three times a year for new social workers beginning work with the Department. In each of these six month courses, 336 hours of classroom training and site visits are planned, integrated with work in the field. Each topic requires between 3 and 18 hours of class time. The pre-service modules also include 20 hours of training with the RICHIST (SACWIS) data system.

Workers begin their pre-service experience through an integrated process of classroom training and practical field experience by assignment to a Family Service Unit (FSU) within the Regions. Workers are affiliated with their FSU unit on the first day of their orientation which allows the student workers to remain in their Region, with their new supervisory unit for the first week. Over the succeeding two to three weeks, the class receives intensive, formalized classroom instruction. Subsequently, the workers will remain in their Region for 4 days a week and in the Institute 1 day a week. This approach provides new workers strong support earlier in the training process – within their regions and from co-workers, as well as from the Child Welfare Institute staff. In January 2014, Class 17 began pre-service in January of 2014 with 18 prospective family service staff and 1 child protective staff. Class 17 will complete pre-service in August of 2014. In May of 2014 and concurrent with class 17, CWI welcomed its 18th class. Class 18 includes thirteen prospective family service staff and will conclude in December of 2014.

Training Plan –

The training plan is supported by cooperative agreements with Rhode Island College and the University of Rhode Island. Associated costs are allocated into Title IV-E training, Medicaid training, and TANF training in accordance with the State's approved cost allocation plan. The portion of the contract that relates to IV-E reimbursable pre-service and in-service training is multiplied by a blended IV-E eligibility penetration rate. This blended rate is inclusive of the adoption penetration rate which was 64.40% as of June 28, 2014, the guardianship penetration rate which was 23.13%, and the foster care eligibility penetration rate which was 31.85% at that time. The resulting amount is then claimed as IV-E Training which is reimbursed at the 75% training rate where applicable. For those courses included in the training plan on topics that are not allowable at the 75%

training rate, the resulting amount is then claimed as general administration which is reimbursed at the 50% match rate, where applicable.

Three specific types of training are represented in the IV-E cost allocation plan:

- Adoption workers who train prospective adoptive parents
- The Rhode Island College (RIC) Child Welfare Institute (Pre-Service)
The Institute provides training for all newly hired social workers and child protective services workers, though CPS workers are not claimed to Title IV-E.
- General ongoing training activities (In-Service)
The institute includes a community collaboration cross training which integrates community provider participation. The community participants are not currently claimed to Title IV-E; however, it is the Department's intent to review the community participation in relation to applicable IV-E claiming in accordance with the provisions of the Fostering Connections to Success and Increasing Adoptions Act of 2008. As the Department identifies the applicable IV-E training participation in relation to claiming, a revised training plan with clarifications will be submitted.

A small amount of training costs is also captured through the Random Moments Time Study (RMTS). An outline of how the Title IV-E Training programs are applied regarding their location and duration of training activity, as well as the cost allocation methodology for IV-E claiming are referenced as follows:

PRE-SERVICE FOSTER CARE/ADOPTION TRAINING MODULES

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

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

<i>Course</i>	<i>Syllabus</i>	<i>IV-E Functions Addressed</i>
Meeting 1: Welcome To	Acquaints leaders and participants with the TIPS-MAPP Program and each other. This meeting explains the process	Preparation for prospective foster or adoptive parents and

Course	Syllabus	IV-E Functions Addressed
The PS-MAPP Group Preparation And Selection Program	of becoming a foster or adoptive parent and the legal foundations for child welfare services. With a focus on safety, well-being and permanence, participants will meet several children and parents (in a video) who have been involved with foster care and adoption.	members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 2: Where the MAPP Leads: A Foster Care and Adoption Experience	This meeting provides an overview of a foster care and adoption experience from the perspective of clients (children and parents,) foster parents, adoptive parents, and child welfare workers. Case examples of eight children will be used to help participants consider the safety, well-being and permanence needs of children who have been abused, neglected or maltreated.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 3: Losses and Gains	Explores the impact of separation on the growth and development of children, and the impact of foster care and adoptive placement on the emotions and behaviors of children and parents. Examines personal losses (death, divorce, infertility, children leaving the home) and how difficult life experiences affect success as adoptive parents or foster parents. Emphasizes the partnership roles of foster parents, adoptive parents, and social workers in turning separation losses into gains.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 4: Helping Children With Attachments	Explores the subject of attachment and child development. Focuses on how attachments are formed and the special needs of children in foster care and adoption (especially in the area of building self-concept and appropriate behavior.) Discusses the partnership roles of foster parents, adoptive parents, and social workers in helping children with attachments.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 5: Helping Children Learn To Manage Their Behaviors	Discusses techniques for managing behavior, with an emphasis on alternatives to physical punishment. Topics include special issues related to discipline for children who have been physically or sexually abused or neglected. Techniques to be discussed include being a “behavior detective,” reinforcement, time out, mutual problem solving, structuring and setting limits, negotiating, and contracting. Emphasizes the partnership among foster parents, adoptive parents and child welfare workers.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 6: Helping Children With Birth Family Connections	Examines the importance of helping children in care maintain and build upon their identity, self-concept, and connections. Considers issues such as how children’s cultures and ethnic backgrounds help shape their identity; the connections children risk losing when they enter care; and why visits and contacts with the birth families and previous foster families are important.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 7: Gains and Losses: Helping	Discusses family reunification as the primary case planning goal as well as alternatives like foster care, adoption, and independent living. Examines disruption and its impact on children, families and agency staff. This meeting also focuses on the partnership role of child welfare workers,	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children

Course	Syllabus	IV-E Functions Addressed
Children Leave Foster Care	foster parents and adoptive parents in helping children move home, into an adoptive home or into independent living.	receiving Title IV-E assistance.
Meeting 8: Understanding the Impact Of Fostering and Adopting	Prospective foster and adoptive parents will explore the impact of fostering and adopting on their own families. Discussions and activities examine how fostering and adopting can affect prospective parents' relationships with a partner, their own children and relationships with extended family.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 9: Perspectives in Adoptive Parenting and Foster Parenting- Teamwork and Partnership	This meeting continues the examination of the impact of fostering and adopting on families and builds skills for shared parenting. A parent panel of current foster and adoptive parents from Rhode Island's licensed families will discuss details of their experiences with the group.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 10: Endings and Beginnings	The purpose of this meeting will be to assess group member's strengths and needs as foster parents or adoptive parents. There also will be time to say good-bye... the ending. As the preparation/mutual selection process is coming to an end, so begins the transition into becoming a foster or adoptive family... the beginning.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.

The cost allocation plan methodology for training costs associated with the costs outlined in this section is contained within the DCYF cost allocation plan narrative that is approved by Cost Allocation Services (CAS) (formerly the Division of Cost Allocation (DCA)). Training dollars expended for the quarter are allocated to Title IV-E Foster Care Training, Title IV-E Adoption Assistance Training, Title IV-E Guardianship Assistance Training, and Child Welfare Services/Title IV-B based on the eligibility rate for each population.

PRE-SERVICE TRAINING –

Pre-Service Training is provided to newly hired social workers, child support technicians, and child protective workers. (Costs for child protective workers who participate in the pre-service training are not claimed to Title IV-E.) The training modules are performed by DCYF staff and Rhode Island College staff at the RIC Child

Welfare Institute. The training is long-term for trainees. Trainers split their time between Pre-Service and In-Service trainings.

IN-SERVICE TRAINING –

In-Service Training is provided to all DCYF staff, excluding those at the Training School. DCYF and Rhode Island College staffs perform the trainings primarily at the RIC Child Welfare Institute. The training is short term.

ESTIMATED TOTAL COST/COST ALLOCATION METHODOLOGY

As referenced earlier in accordance with the State's approved cost allocation plan, there are three training cost pools for Title IV-E claiming categories:

- Adoption Services,
- Pre-Service, and
- In-Service.

The cost allocation methodology for these pools is as follows:

- **Adoption Services Training**

- Costs in this pool are related to salary and operating costs for staff who provide adoption training services.
- The Title IV-E adoption penetration rate is applied to this cost pool. The statistic – NUMBER OF CHILDREN DETERMINED ELIGIBLE FOR TITLE IV-E ADOPT. ASST. and ALL OTHER SUBSIDIZED ADOPTION (CWS, TRAINING) – sends the allowable portion to Final Receiver 201.7 – IV-E Adoption Asst/S&L Training, to which the FFP rate of 75% is applied on the Title IV-E 1 claim.

- **Pre-Service - Staff Development and Training – Administration**

- This cost pool is developed as follows:

There are trainer salary costs identified and directly coded to Pre-Service, as well as costs from Rhode Island College, including overhead, for their training staff. Staff participating in the pre-service training (trainees) are moved from the social worker cost pool to pre-service. If they only spent a portion of the quarter in training, only a portion of the cost would have been included. These two costs – the cost of the workers enrolled in training plus any operating costs – are added together to form the cost pool.

This cost pool is allocated via an allocation statistic based on the Rhode Island College Pre-Service curriculum for that quarter and varies based on the trainings that occur. This statistic is updated each quarter and normally identifies trainings related to

Title IV-E, Medicaid, TANF, State dollars, etc. For the overhead from the Rhode Island College training contracts, this cost is allocated, based on the same curriculum statistic; however, it is not claimed to Title IV-E at 75%, just 50%. This overhead cost is captured in cost pool 15.4 in the Cost Allocation Plan.

This statistic for 15.2 sends costs to the intermediate accounts 110.1, 110.2, 110.3, and 110.7. Costs are then allocated as follows:

110.1 – Title IV-E Allowable – TRG Institute is allocated by NUMBER OF CHILDREN DETERMINED ELIGIBLE FOR TITLE IV-E & ALL OTHER (BLENDED FC & AA, TRAINING). The IV-E allowable amount is then sent to Final Receiver 201.5 and 201.7. This amount is then applied against the 75% FFP rate on the Title IV-E 1 claim.

110.2 – Title XIX Allowable – TRG Institute is allocated by NUMBER OF PLACEMENTS DETERMINED Eligible FOR TITLE XIX & CHILD WELFARE SERVICES (TRAINING - BLENDED). The Title XIX allowable amount is then sent to Final Receiver 203.3. The amount is then claimed to Medicaid and applied against the 50% FFP rate.

110.3 – TANF Allowable – TRG Institute – is allocated direct to TANF Emergency Assistance (Admin).

110.4 – All Other – TRG Institute – is allocated direct to “All Other” and not claimed.

110.7 – General Administration – TRG Institute is allocated by NUMBER OF EMPLOYEES. The General Administration amount is then allocated as general administrative costs across all DCYF. This is to capture training courses that teach general administrative tasks, such as Microsoft Word training and Case Activity Notes training.

The statistic for 15.4 sends costs to intermediate accounts 110.3, 110.4, 110.5, 110.6, and 110.7. Costs are then allocated as follows:

110.3 – TANF Allowable – TRG Institute – is allocated direct to TANF Emergency Assistance (Admin.)

110.4 – All Other – TRG Institute – is allocated direct to “All Other” and not claimed.

110.5 – Title IV-E Allowable – TRG Institute is allocated by NUMBER OF CHILDREN DETERMINED ELIGIBLE FOR TITLE IV-E & ALL OTHER (BLENDED FC & AA, TRAINING) – 50%. The IV-E allowable amount is then sent to Final Receiver 201.1 and this amount is then applied against the 50% FFP rate on the Title IV-E 1 claim.

110.6 – Title XIX Allowable – TRG Institute is allocated by NUMBER OF PLACEMENTS DETERMINED ELIGIBLE FOR TITLE XIX & CHILD WELFARE SERVICES (TRAINING – BLENDED) – 50%. The Title XIX allowable amount is then sent to Final Receiver 203.1. The amount is then claimed to Medicaid and applied against the 50% FFP rate.

110.7 – General Administration – TRG Institute is allocated by NUMBER OF EMPLOYEES. The General Administration amount is then allocated as general administrative costs across all of DCYF. This is to capture training courses that teach general administrative tasks, such as Microsoft Word training and Case Activity Notes training.

- **In-Service - Employee Training**

- This cost pool is created by first taking the University of Rhode Island contract amount and dividing it, based on the overhead rate, into two cost pools, 15.3 and 15.5. Also, workers receive random moments through the RMTS when they are participating in or leading in-service trainings. Activities coded to the corresponding activity in the RMTS are allocated based on the same statistic described below for 15.5 (not allocating costs to Title IV-E 75%).

This cost pool is allocated via an allocation statistic based on the Rhode Island College/URI In-Service curriculum for that quarter and varies based on the trainings that occur. This statistic is updated each quarter and normally identifies trainings related to Title IV-E, Medicaid, TANF, State dollars, etc. For the overhead from the Rhode Island College/URI training contracts, this cost is allocated, based on the same curriculum statistic; however, it is not claimed to Title IV-E at 75%, just 50%. This overhead cost is captured in cost pool 15.5.

This statistic for 15.3 sends costs to the intermediate accounts 110.1, 110.2, 110.3, 110.4, and 110.7. Costs are then allocated as follows:

110.1 – Title IV-E Allowable – TRG Institute is allocated by NUMBER OF CHILDREN DETERMINED ELIGIBLE FOR TITLE IV-E & ALL OTHER (BLENDED FC & AA, TRAINING). The IV-E allowable amount is then sent to Final Receiver 201.5 and 201.7. This amount is then applied against the 75% FFP rate on the Title IV-E 1 claim.

110.2 – Title XIX Allowable – TRG Institute is allocated by NUMBER OF PLACEMENTS DETERMINED ELIGIBLE FOR TITEL XIX & CHILD WELFARE SERVICES (TRAINING – BLENDED). The Title XIX allowable amount is then sent to Final Receiver 203.3. The amount is then claimed to Medicaid and applied against the 50% FFP rate.

110.3 – TANF Allowable – TRG Institute – is allowable direct to TANF Emergency Assistance (Admin.).

110.4 – All Other – TRG Institute – is allocated direct to “All Other” and not claimed.

110.7 – General Administration – TRG Institute is allocated by NUMBER OF EMPLOYEES. The General Administration amount is then allocated as general administrative tasks, such as Microsoft Word training and Case Activity Notes training.

The statistic for 15.5 send costs to intermediate accounts 110.3, 110.4, 110.5, 110.6, and 110.7. Costs are then allocated as follows:

110.3 – TANF Allowable – TRG Institute – is allocated direct to TANF Emergency Assistance (Admin.).

110.4 – All Other – TRG Institute – is allocated direct to “All Other” and not claimed.

110.5 – Title IV-E Allowable – TRG Institute is allocated by NUMBER OF CHILDREN DETERMINED ELIGIBLE FOR TITLE IV-E & ALL OTHER (BLENDED FC & AA, TRAINING) – 50%. Title IV-E allowable amount is then sent to Final Receiver 201.1 and 201.6. This amount is then applied against the 50% FFP rate on the Title IV-E 1 claim.

110.6 – Title XIX Allowable – TRG Institute is allocated by NUMBER OF PLACEMENTS DETERMINED ELIGIBLE FOR TITLE XIX & CHILD WELFARE SERVICES (TRAINING – BLENDED) – 50%. The Title XIX allowable amount is then sent to Final Receiver 203.1. The amount is then claimed to Medicaid and applied against the 50% FFP rate.

110.7 – General Administration – TRG Institute is allocated by NUMBER OF EMPLOYEES. The General Administration amount is then allocated as general administrative costs across all of DCYF. This is to capture training courses that teach general administrative tasks, such as Microsoft Word training and Case Activity Notes training.

COST VIA THE RMTS

The Random Moment Time Study (RMTS) has two activities, one called “In-Service Training” and the other called “Pre-Service Training.” When a worker codes a portion of their time to the in-service activity, it is allocated based on the In-Service curriculum entirely at 50% for Title IV-E allowable courses. When a worker codes a portion of their time to the pre-service activity it is allocated Direct to All Other since DCYF utilizes a methodology to recode their salaries, based on the number of days spent in pre-service trainings, to another cost pool.

RHODE ISLAND COLLEGE INDIRECT COSTS

The State intends to claim RIC and URI indirect costs (incurred by the college and university) as set forth in the State's approved Cost Allocation Plan. These indirects, based on the indirect cost rate of the university and college respectively, are claimed, where allowable, to federal funding sources at FFP 50% and never at the enhanced FFP 75% rate.

IV-E TRAINING MODULES

The training modules that are claimed to IV-E and other federal reimbursement allocations are provided in a separate document.